Leadership & Professional Development: Ultra-Brief Teaching; It's Now or Never

Alan M Hall MD[1,2]*, Joseph R Sweigart MD[1,3]

[1]*Division of Hospital Medicine, University of Kentucky College of Medicine, Lexington, Kentucky;* [2]*Division of Hospital Pediatrics, University of Kentucky College of Medicine, Lexington, Kentucky;* [3]*Lexington VA Medical Center, Lexington, Kentucky.*

"The most valuable of all talents is that of never using two words when one will do."

—Thomas Jefferson

Attendings, residents, and medical students identify education as a top purpose of team rounds.[1] Learners report being dissatisfied with teaching on rounds most of the time.[2] Time with learners is a finite resource that has become even more precious with increasing clinical demands and work hour restrictions.[3] Attendings report insufficient time to teach on rounds, and often neglect teaching because of time constraints.[4] What can we do to in the face of this conflict between time and teaching?

One approach to this problem is what we call "ultra-brief, deliberate teaching sessions." These sessions, or UBDTs, led by clinicians, create dedicated time for teaching on service. UBDTs ideally occur before team rounds because, in our experience, this is when the team is most unified and focused. Our sessions are time-limited (5 minutes or less) and designed so they are applicable to clinical scenarios the team is actively facing. Other learners can also lead these sessions with faculty coaching. Sessions of germane size and scope include: (1) Focus on a single clinical question from the previous day; (2) Discuss *Choosing Wisely*® recommendations from a single specialty; (3) Provide a concise cognitive framework for a diagnostic or treatment dilemma (eg, draw a simple algorithm to evaluate causes of hyponatremia); (4) Review one image or electrocardiogram; (5) Present one case-based multiple-choice question; (6) Prime the team with a structured approach to a difficult conversation (eg, opioid discussions, goals of care).

As an example, if our team orders intravenous antihypertensives overnight, a UBDT session on asymptomatic hypertension would occur. The first minute may involve a discussion on the definition of hypertensive emergency versus asymptomatic hypertension. Next, we spend one minute asking learners the common causes of inpatient hypertension (eg, missed medications, pain, anxiety, withdrawal), highlighting that this warrants a bedside assessment. For two minutes, we next discuss the management options for asymptomatic hypertension with an emphasis on the avoidance of intravenous antihypertensives, tying this back to our current patient. Questions are welcomed, and a one-page summary of the major points and references is distributed during or after the talk. A repository of common topics and summaries may be a useful faculty development resource to be shared.

We have found UBDTs to be easy to implement for a variety of clinician educators. Because they are so brief and focused, they are also fun to create and share among teaching faculty. Importantly, these sessions should not delay clinical work. To ensure the avoidance of this trap, don't select a topic that is too large or involves complex clinical reasoning, exceeds 5 minutes, or lead a UBDT session in a distracting environment or without preparation.

While we have not found a way to slow down time, UBDT sessions prior to the start of rounds can prioritize teaching, ensure the delivery of important content, and engage learners without significantly delaying clinical work. We invite you to try one!

***Corresponding Author:** Alan M. Hall, MD; E-mail: alan.hall@uky.edu; Telephone: 859-323-6047.

Received: May 4, 2019; **Accepted**: May 6, 2019

DOI 10.12788/jhm.3239

Acknowledgments

The authors thank John Ragsdale, MD, MS for his leadership and support for UBDTs.

Disclosures: We have no relevant conflicts of interest to report. No payment or services from a third party were received for any aspect of this submitted work. We have no financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what was written in this submitted work.

References

1. Hulland O, Farnan J, Rabinowitz R, et al. What's the Purpose of Rounds? A Qualitative Study Examining the Perception of Faculty and Students. *J Hosp Med.* 2017;12(11):892-897. https://doi.org/10.12788/jhm.2835
2. Merritt FW, Noble MN, Prochazka AV, et al. Attending rounds: What do the all-star teachers do? *Med Teach.* 2017;39(1):100-104. https://doi.org/10.1080/0142159X.2017.1248914
3. Stickrath C, Noble M, Prochazka A, et al. Attending rounds in the current era: what is and is not happening. *JAMA Intern Med.* 2013;173(12):1084-1089. https://doi.org/10.1001/jamainternmed.2013.6041.
4. Crumlish CM, Yialamas MA, McMahon GT. Quantification of Bedside Teaching by an Academic Hospitalist Group. *J Hosp Med.* 2009;4(5);304-307. https://doi.org/10.1002/jhm.540