BEDSIDE OBSERVATION AND FEEDBACK PRACTICES IN INTERNAL MEDICINE

A SURVEY STUDY

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INTERNATIONAL CONFERENCE ON RESIDENCY EDUCATION
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“Medicine is learned by the bedside and not in the classroom”

- Sir William Osler
THE DEATH OF BEDSIDE ROUNding

1700s: 100%  
1960s: 75%  
2000s: 25%  
Now: 5-20%?

“Computer Rounds”  
Time Constraints  
Lack of Expert Educators
CBD emphasizes importance of multiple direct assessments
- Internal Medicine rollout Jul 2019
- Bedside direct observation and feedback for EPA completion?
- Bedside assessment practices poorly characterized

WORK-BASED ASSESSMENTS AT THE BEDSIDE

- History Taking
- Invasive Procedures
- Physical Exams
- Clinical Reasoning
- Communication
- Professionalism

Bedside Skills
To quantify current practices regarding the use of bedside observation and feedback in assessing clinical skills during internal medicine training.
- Web-based survey tool
- Last 1 week of daytime teaching experiences
- Filled out once per rotation
- Distributed over 6 months
- All CTU learners at 5 hospitals

McMaster University CTU Teams

Hamilton Sites
- Hamilton General
  - 3 Teams
- Juravinski
  - 3 Teams
- St. Joseph’s
  - 3 Teams

Peripheral Sites
- Kitchener-Waterloo
  - 1 Team
- Niagara Campus
  - 1 Team
- Overall response rate = 63%
- n = 189 in final analysis
Teaching occurs on 4 patients per week

18% reported no bedside teaching

Average roster size (Hamilton) ~20-25 patients per team
BEDSIDE SKILL OBSERVATION

Skills Observed At Least Once

<table>
<thead>
<tr>
<th>Skill</th>
<th>% Respondents Observed Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking</td>
<td>100%</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>100%</td>
</tr>
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<td>Clinical Decision Making</td>
<td>100%</td>
</tr>
<tr>
<td>Procedural Skill</td>
<td>100%</td>
</tr>
<tr>
<td>Medical Update</td>
<td>100%</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>100%</td>
</tr>
<tr>
<td>Any Skill</td>
<td>100%</td>
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% Respondents Observed Once
BEDSIDE SKILL OBSERVATION

Skills Observed At Least Once

% Respondents Observed Once

- History Taking
- Physical Exam
- Clinical Decision Making
- Procedural Skill
- Medical Update
- Discharge Planning
- Any Skill
Observation significantly lower for junior trainees
**SKILL OBSERVATION BY TRAINEE LEVEL**

Observation significantly lower for junior trainees

- **History Taking**
  - Clerk
  - Junior
  - Senior

- **Physical Examination**
  - Clerk
  - Junior
  - Senior

- **Clinical Decision Making**
  - Clerk
  - Junior
  - Senior

- **Procedural Skills**
  - Clerk
  - Junior
  - Senior

- **Patient/Family Update**
  - Clerk
  - Junior
  - Senior

- **Discharge Instructions**
  - Clerk
  - Junior
  - Senior

*+, † p < 0.05, corrected
PROVISION OF FEEDBACK

Feedback Frequency Distribution

- History Taking (45)
- Physical Examination (85)
- Clinical Decision Making (107)
- Medical Update (73)
- Discharge Planning (41)
- Procedural Skills (34)

% of Eligible Respondents

% of observations
- 0-20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%
PROVISION OF FEEDBACK

Feedback Frequency Distribution

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% of observations

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- 20-40%
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- 60-80%
- 80-100%
CONCLUSION

- Bedside observation is an underutilized tool for learner assessment
- More regular feedback provision is needed
- Special focus on certain fundamental skills required
THANK YOU!

Team Members
- Michael Ke Wang, GIM PGY4, McMaster University
- Christopher Foster, Endo PGY5, Western University
- Ramy Khalil, Rheum PGY4, Queens University

Principal Investigator
- Daniel Brandt Vegas
  Division of General Internal Medicine, McMaster University
Three themes:
- Teaching quantity
- Observation quantity
- Feedback quantity and quality

Cognitive interviewing

Survey piloted for 1 month
### Respondent Demographics and Team Educational Roles

<table>
<thead>
<tr>
<th>Training Level</th>
<th>Medical Student</th>
<th>16%</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Junior (PGY1)</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>Senior (PGY2-5)</td>
<td>28%</td>
</tr>
<tr>
<td>Team Teachers</td>
<td>SMR Present</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>JA Present</td>
<td>21%</td>
</tr>
<tr>
<td>Team BST Leader</td>
<td>Attending Physician</td>
<td>60-80%</td>
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**BEDSIDE TEACHING**

- Teaching on 4 patients per week
  - 2 patients per day
  - 2 days per week

- Average roster size (Hamilton): 20-25 patients per team

- **One-fifth** (18%) reported no bedside teaching

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**Quantity of Bedside Teaching**

- *† p < 0.05, corrected

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QUALITY OF FEEDBACK

- Feedback given often felt to be “definitely” or “extremely” useful by learners.

- No significant difference in feedback quality given by senior residents versus attending physicians.
SUMMARY OF FINDINGS

- Use of bedside teaching continues to decline
- Bedside observation and feedback remain under-utilized tools for learner assessment
- Assessment of history taking particularly neglected
- Feedback found to be useful when given
Maximizing bedside opportunities for learner assessment can help fulfill the completion of Entrustable Professional Activities for CBD.

Possible strategies:
- Greater incorporation of assessment into existing bedside education
- Focused assessments on often neglected clinical skills (e.g. histories)
- Reminding assessors to provide regular feedback after observation
- Use of senior residents to provide observation and feedback