Grand Rounds in the 21st Century: Fixing the Historical Model While Learning Novel Approaches to CME

Moving from Passive to Active

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Presenters

Dr. Annette Mallory Donawa, Assistant Dean and Director, Office of Continuing Medical Education, Johns Hopkins University

Tymothi Peters, Director, Office of Continuing Medical Education, University of California, San Francisco School of Medicine

Josh Snead, Program Development, Oakstone Publishing

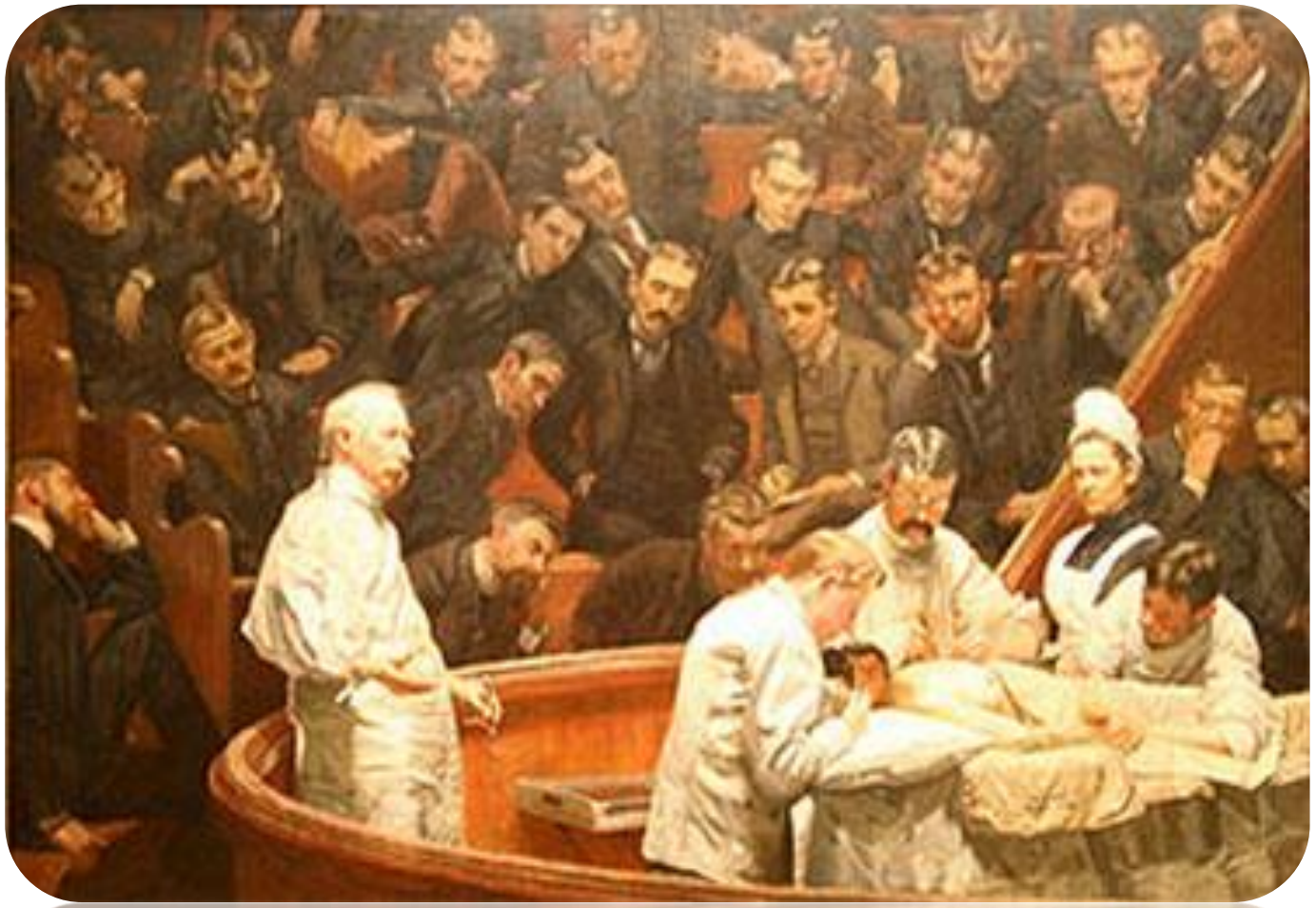
Key themes for today

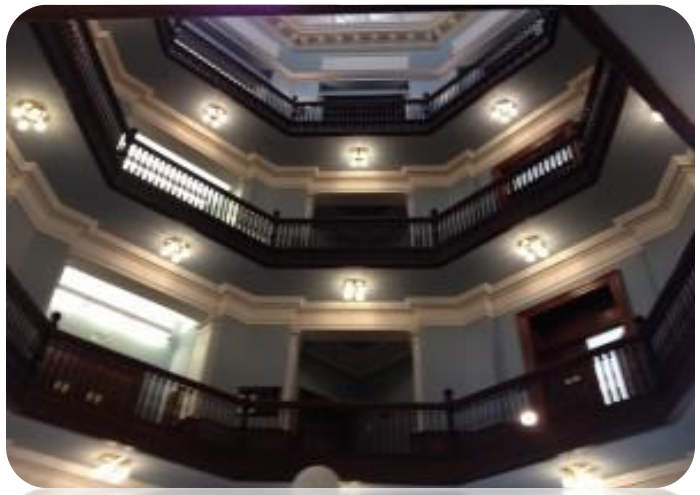
Massive Market Forces are Driving Transformation in CME.

We will explore:

- History of Grand Rounds
- Two new models of learning in CME: Moving from passive to active
- How new models of learning can align clinical quality improvement with CME activities

William Osler, the first professor of medicine at Johns Hopkins started giving Grand Rounds in 1889.

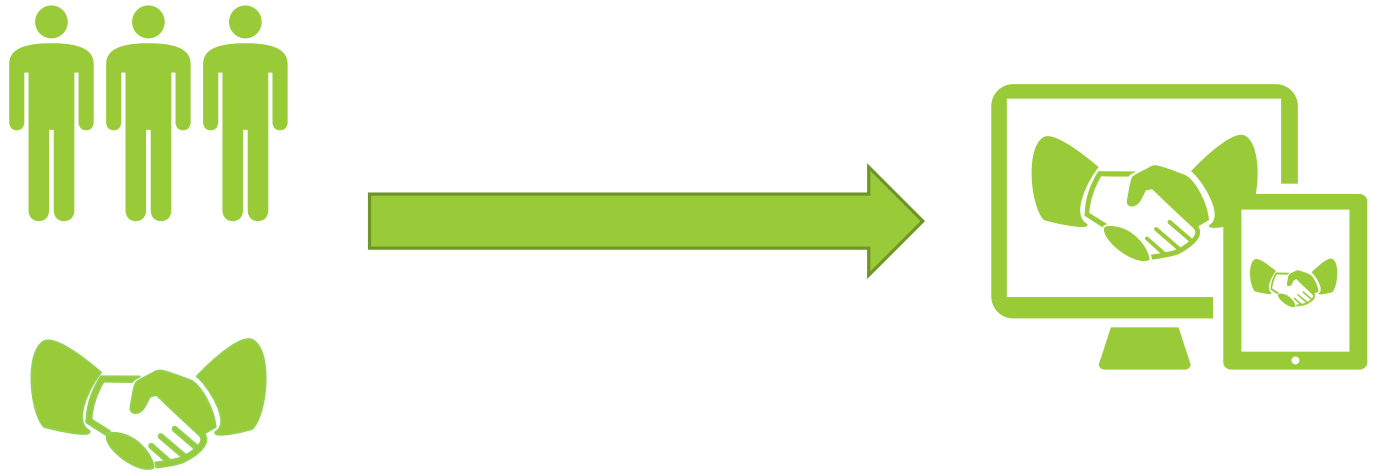




The more it changes….

The push to reform CME is not new. Efforts to remove perceived commercial influences from sponsored CME events have decreased the amount of commercially funded CME in academic medicine. Attempts to make CME more interactive have resulted in classes that incorporate innovative simulated learning. **But by and large, CME, and especially Grand Rounds remains rooted in an older tradition.**

People Moved and Gained Power



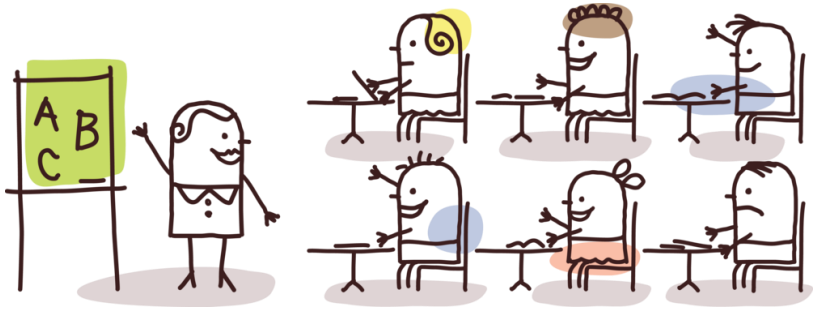
Physical

Virtual

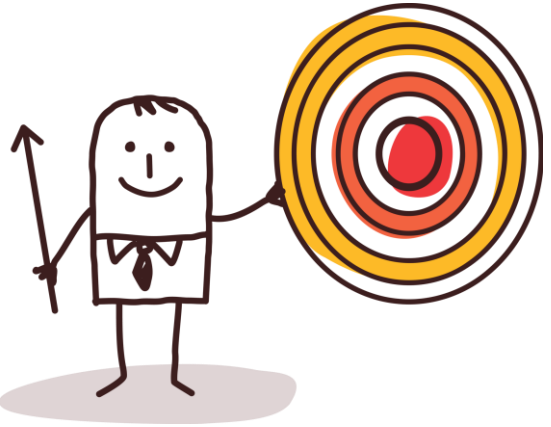
Communication channels have changed

Meaningful behavior change (moving from *Passive* to *Active*) Requires

New Thinking & New Tools



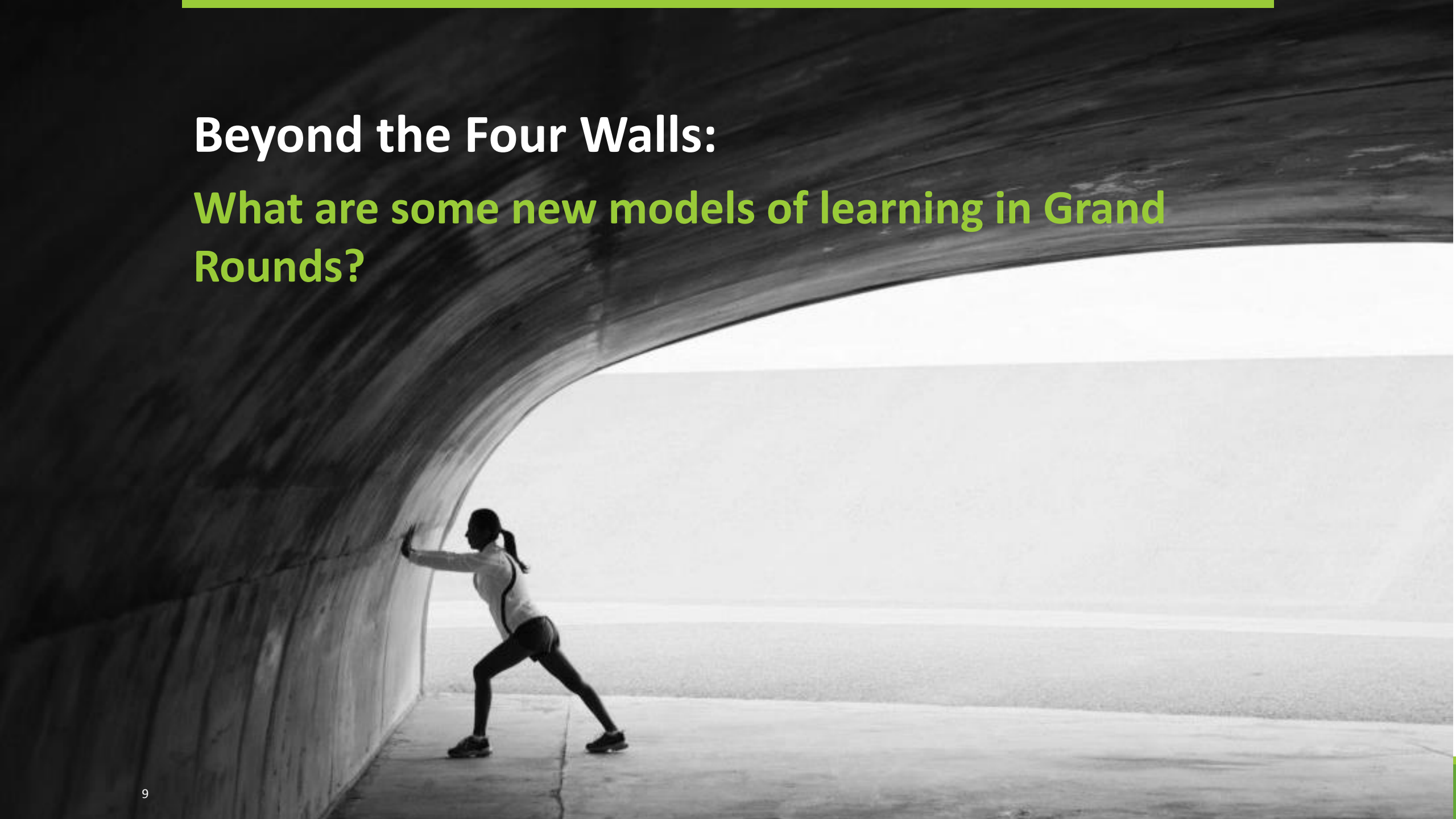
Didactic Information



Effective Application

Beyond the Four Walls:

What are some new models of learning in Grand Rounds?



The core components of any learning endeavor are knowledge, comprehension, application, analysis, synthesis and evaluation.

Bloom's Taxonomy; Bloom et al, ***Taxonomy of Educational Objectives, Handbook I:*** *The Cognitive Domain.* New York: David McKay Co Inc. 1956.

Andragogy assumptions

1. Adult learners require a reason to learn a particular task, skill or piece of information – relevance is important
2. Self-motivation and responsibility drive learning
3. Each adult learner has different experiences, therefore one size does not fit all
4. Most adults have developed their skills to focus on problem-based or task-based learning

Knowles, M. S. (1968). **Andragogy, not pedagogy**. *Adult Leadership, 16*(10), 350–352, 386.

The ultimate goal

To go beyond simply issuing certificates of attendance to physicians and instead move toward helping them demonstrably improve their performance.

New CME Model Makes Learning a Dynamic Process. AAMC Reporter: May 2012

New models of learning

1. Problem-based learning
2. The flipped classroom/live group discussion format

Making it realistic so that it can be meaningful and applicable.

Problem-based learning

The UCSF Practice Inquiry

1. Clarify and agree working definitions and unclear terms and concepts.
2. Define the problems; agree which phenomena need explanation.
3. Analyze the problem (brainstorm).
4. Arrange possible explanations and working hypotheses.
5. Generate and prioritize learning objectives.
6. Research the learning objectives.
7. Report back, synthesize explanations, and apply newly acquired information to the problem

Spencer & Jordan (1999). **Learner-centered approach in medical education.** British Medical Journal, 318, 1280-1283.

PBL benefits….andragogy revisited

1. Adult learners require a reason to learn a particular task, skill or piece of information – relevance is important
2. Each adult learner has different experiences, therefore one size does not fit all
3. Most adults have developed their skills to focus on problem-based or task-based learning

Suggested Reading

1. Sommers, L., Launer, J. Clinical Uncertainty in Clinical Care: The Challenge of Collaborative Engagement. Ed. 1. 2014. Springer-Verlag, New York.
2. Spencer, J.A. & Jordan, R.K. (1999). Learner-centered approach in medical education. British Medical Journal, 318, 1280-1283.
3. Sample PBL workbook used in a medical school in Australia: http://www.nd.edu.au/__data/assets/pdf_file/0019/125614/MED100-PBL-Booklet-for-Students.pdf

The Flipped Classroom

Online learning/live group discussion

A mixture of direct instruction and constructivism: students who may have missed the event can keep up because they can watch the videos at any time.

Presentation time, previously used by the presenter to deliver the lecture, is now used for application of the knowledge, problem solving, and practical experience.

"A better way to learn and teach is for the student to watch the video, listen to the podcast and read the blogpost even before the teaching session begins." - Nickson

Flipping the Medical Classroom, Chris Nickson, 2012

The Flipped Classroom

Online learning/live group discussion

"But in an era with a perfect video-delivery platform — one that serves up billions of YouTube views and millions of TED Talks on such things as technology, entertainment, and design — why would anyone waste precious class time with lecture?"

—Prober and Heath

Prober, C.G., Heath, C. (2012). **Lecture Halls without Lectures-A Proposal for Medical Education.** NEJM. 366(18): 1657-1659. .

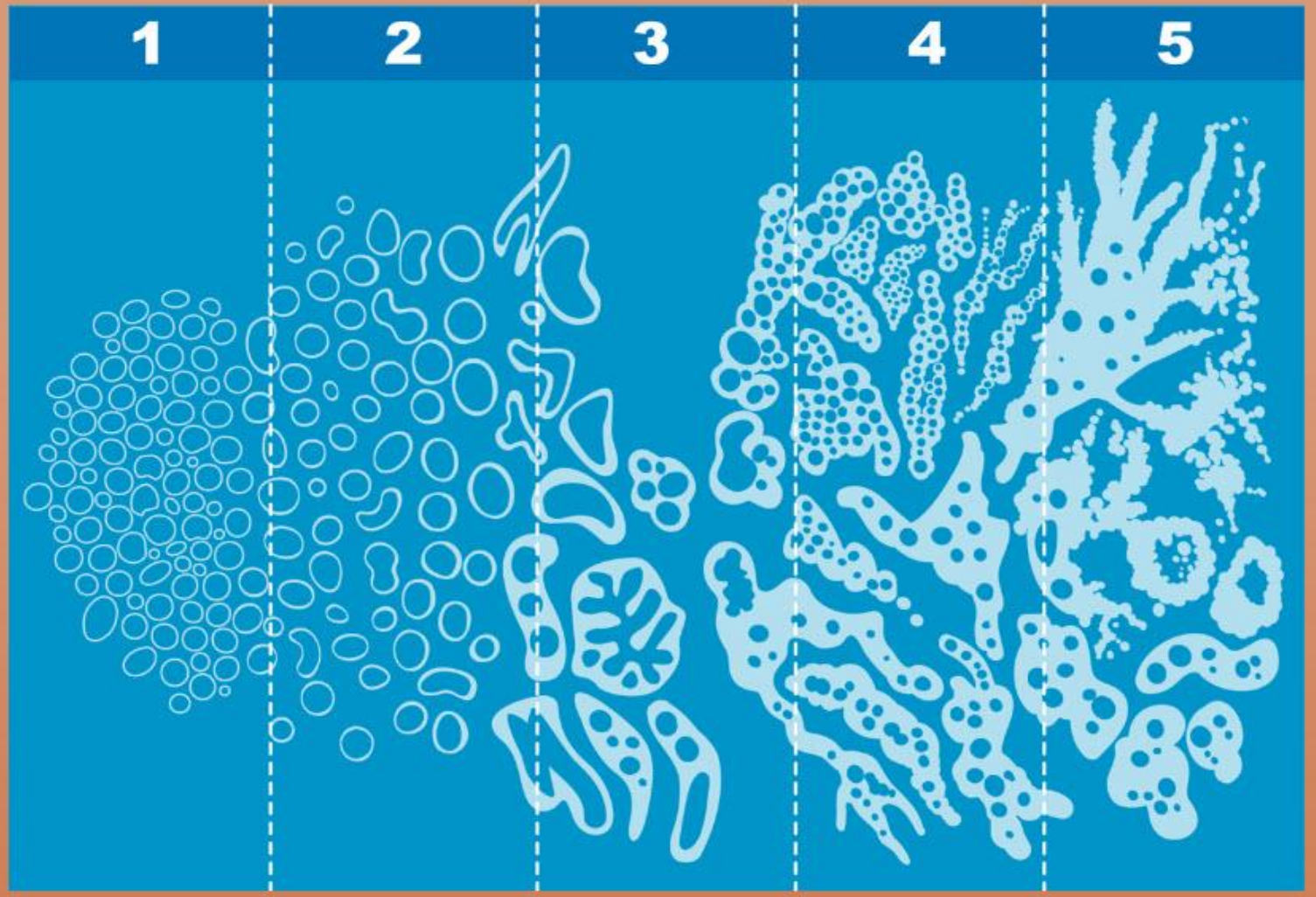
"Flipping" the Grand Rounds Model to bring the patient to the physician…

Flipped classroom benefits

- Efficiency
- Reproducible, scalable, and customizable content
- Student centered content
- Increased student to teacher interaction
- Increase student and student interaction
- Students assume the responsibility for learning

Prostate Cancer

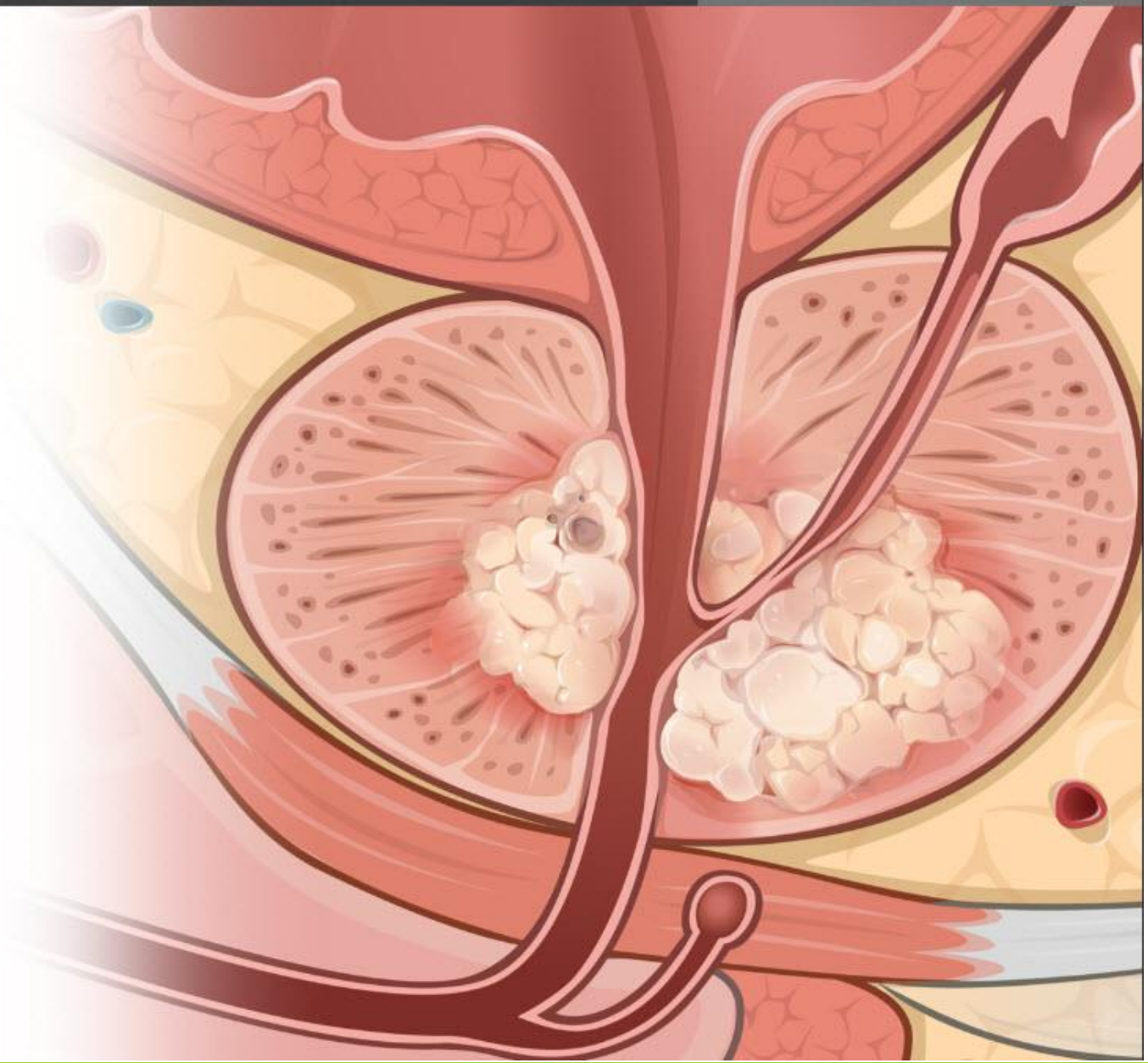
Philip Kantoff MD ,
Dana-Farber Cancer Institute,
Professor of Medicine,
Harvard Medical School



Gleason Score

Risk Factors

- Male Gender
- Aging
- Race and Ethnic Background
- Dietary Factors
- Genetic Factors



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- Aging
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- Dietary Factors
- Genetic Factors

Further Reading:Risk Factors

For more information on prostate cancer risk factors that can provide insight on treatment and prevention of the disease, consult the following supplemental reading:

Patel AR, Klein EA. Risk factors for prostate cancer. Nat Clin Pract Urol. 2009;6(2):87-95.


Brian's Precatheterization Preparation
Patient Perspective (Brian)
00:09 / 01:17
41 of 55


Ethan's Story
Ethan at Age 6
Ethan's parents
Normal appearance in the first year of life.
Key points
Ethan at Age 6
Dr. Greenberg
Dr. Aida
Cameron and Sara
Patient's Chart
00:09 / 01:57
9 of 22


The DSM-IV-TR Diagnostic Criteria for Autistic Disorder
Key points
Ethan at Age 6
Dr. Greenberg
Dr. Aida
Cameron and Sara
Patient's Chart
00:11 / 02:41
11 of 22

Suggested Reading

1. Flipping the Medical Classroom, August 15, 2012 by Chris Nickson. http://iteachem.net/2012/08/flipping-the-medical-classroom/. Accessed October 3, 2015.
2. Prober, C.G., Heath, C. (2012). Lecture Halls without Lectures-A Proposal for Medical Education. NEJM. 366(18): 1657-1659. PubMed PMID: 22551125.
3. Lambert, C. (2012). Twilight of the Lecture. Harvard Magazine. Mar-Apr. 23-27. http://harvardmagazine.com/2012/03/twilight-of-the-lecture. Accessed October 5, 2015.
4. Hodges, B.D. (2010). A Tea-Steeping or i-DocModel for Medical Education? Acad. Med. 85(9): S34-S44. PubMed PMID: 20736582.

Beyond the Four Walls:

How will new models of learning align clinical quality improvement with CME activities?

A PBL Success Story

- In 2011, at the University of Kansas Hospital, the incidence of venous thromboembolism (VTE) was unacceptably high.
- The group examined 300 cases and identified the causes it believed led to the complication.
- The team developed an education plan centered on identifying risk factors for VTE and diagnosing and treating the condition. Small-group sessions complemented didactic learning, and physicians carried "badge buddies," which listed the risk factors for VTE. Nurses were trained to work with physicians to prevent and detect VTE, and pharmacists assisted physicians by risk-assessing admitted patients.
- Result: Incidence of VTE dropped by 35%

New CME Model Makes Learning a Dynamic Process. AAMC Reporter: May 2012


Change is an imperative. Let’s move it forward.