Presenting in the Presence of Patients
Increasing Direct Observation & Clinical Efficiency

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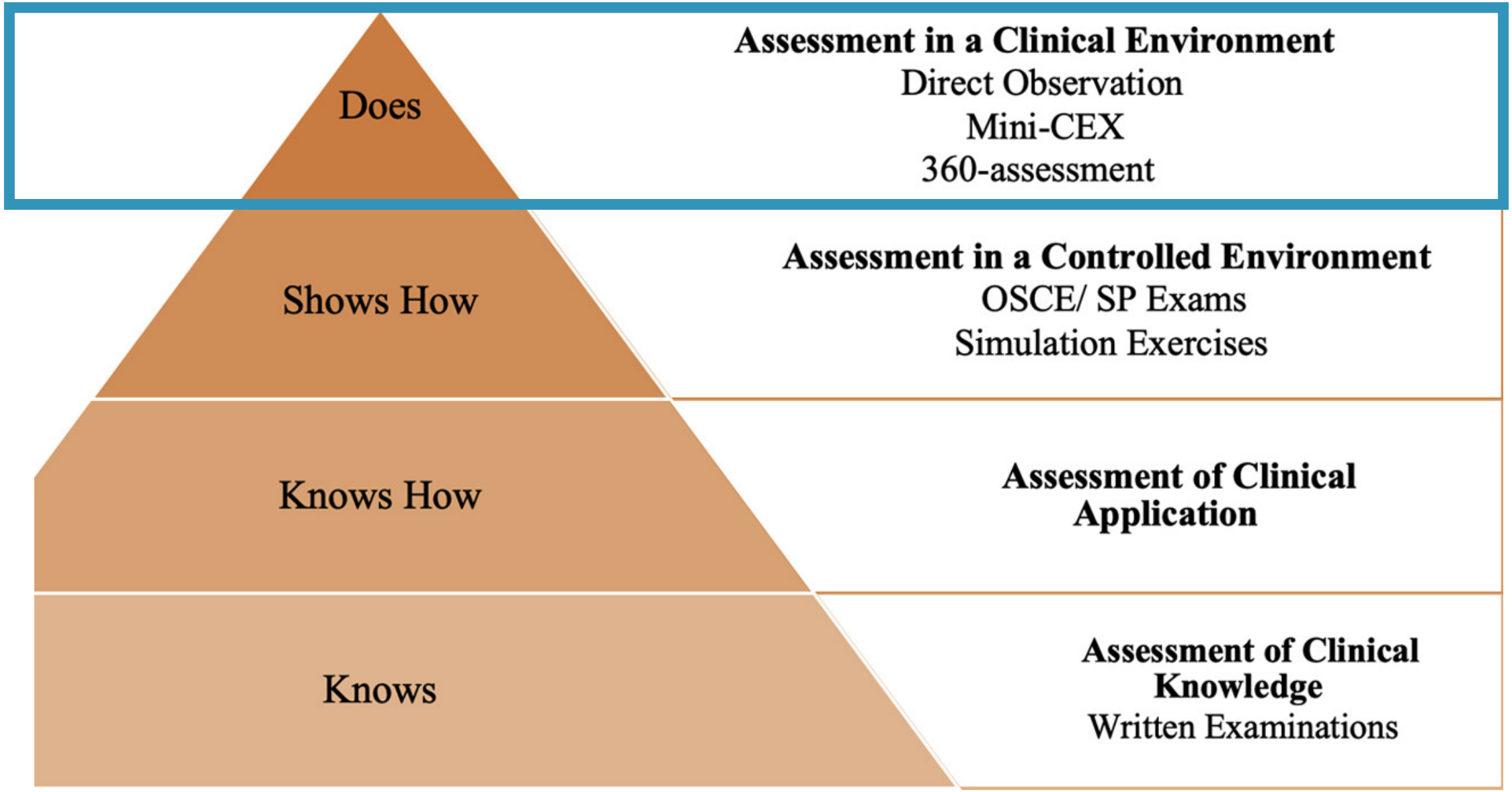
NO DISCLOSURES

What would you like to accomplish with direct observation?

Direct Observation – Role in Health Professions Education



Ten Cate et al. Entrustment Decision Making: Extending Miller's Pyramid. Acad Med. 2021

Direct Observation – Competencies beyond Knowledge

Patient Care

- Agenda setting
- Targeted history taking
- Hypothesis-driven exam
- Prerounds / Precharting
- Procedural skills
- Intervisit care

Interpersonal Communication

- Shared decision making
- Motivational interviewing
- Managing conflict
- Breaking bad news
- Goals of care

What are your challenges to implementing more direct observation?

Presenting in the Presence of Patients to Increase Direct Observation & Clinical Efficiency

What is your reaction when you hear the words "**bedside presentation**?"

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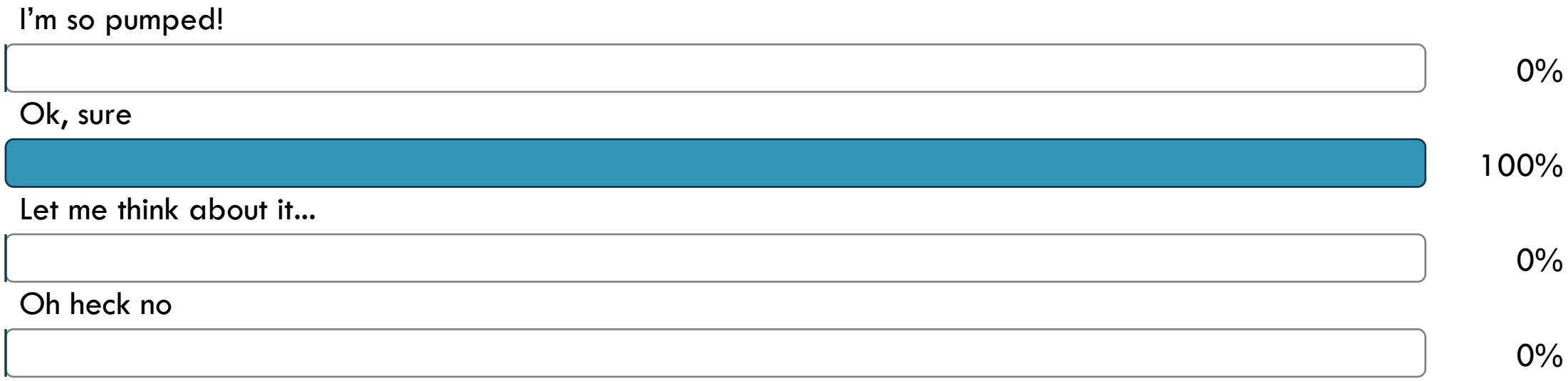
Preparing Results

What is your reaction when you hear the words “**bedside presentation**?"



During clinical encounters, how often do you **present in the presence of the patient**?

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During clinical encounters how often do you **present in the presence of the patient**?

LEARNING OBJECTIVES

Explain benefits of presenting in the presence of patients (PIPP) for patients, trainees, and educators

Identify bedside presentation truths vs myths

Incorporate presentations in the presence of patients when supervising clinical encounters using a 5-step framework

Benefits of PIPP

Learners

- Improved knowledge and clinical skills
- Improved communication skills
- Clinical skills directly observed
- Improved quality of feedback
- Humanizes medicine / enhanced patient centered focus

Peters and Ten Cate. Perspect Med Educ. 2014
Janicik and Fletcher. Med Teach. 2003

Teacher

- Diagnose learners via direct observation
- Verification without repetition
- Role model professionalism/communication
- More face time with learners & patients

Ngo et al. Pediatr Clin North Am. 2019
Gordon et al. Med Teach. 2022

Patients

- More **perceived time** with doctors
- Improved understanding of illness / plan
- Majority preferred bedside presentations

Gonzalo et al. Acad Med. 2014
Rogers et al. Acad Med. 2003

Lehmann et al. NEJM. 1997.

Learners

- Fear of time sink
- Preserving trainee-patient trust
- Performance anxiety
- Discussing sensitive issues
- “I don’t know what’s going on.”
- Fear of asking questions
- Jargon vs medical communication
- Lack of buy-in / engagement

Challenges of PIPP

Teacher

- Fear of time sink
- Preserving trainee-patient trust
- Lack of confidence in bedside skills
- Teaching too much / too little

Patients

- Confusion with medical jargon
- The talkative / tangential patient
- The “difficult” patient
- Patient discomfort / privacy

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Bedside presentations take **LONGER** than traditional presentatons (conference room / hallway)

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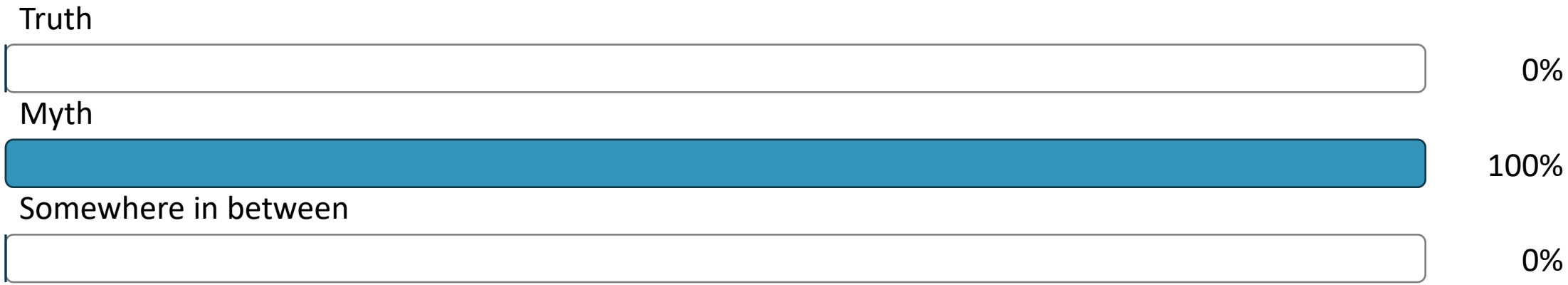

BEDSIDE PRESENTATION MYTH

PIPP does NOT take longer that "usual" presentations (aka conference room / hallway)

Bedside vs Conference Room Presentations

23.7min vs **22.2min**

p= .45

Peterson, 2008

RCT GIM / Specialty clinics

17min vs **19min**

p= .09

Powers, 2017

RCT Fam Med Clinic

15min vs 16 min / pt

98min vs 95min / rounds day

p= .42 // p= .52

Gonzalo, 2010

RCT Inpatient Wards

Patients **PREFER bedside presentations** compared to traditional precepting models

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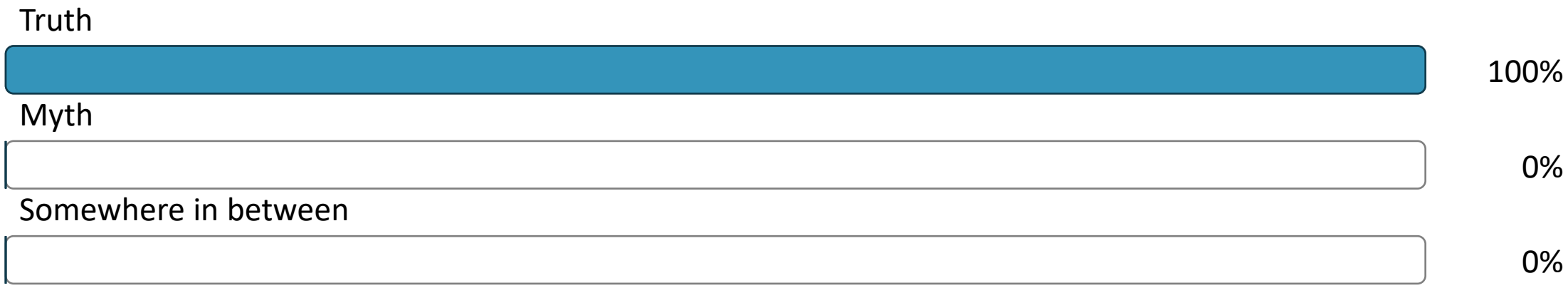

BEDSIDE PRESENTATION FACT

Patients PREFER bedside presentations

>86% patients preferred in room presentations
Rogers 2003, Anderson 2002, Landry 2007

More comfortable w/ plan
Anderson 2002

Increased understanding of disease/treatment plan
Gonzalo 2014, Rogers 2003

Perceived time spent with physicians adequate / higher than control
Peterson 2008, Dunham 2009, Powers 2017
Lehman 1997, Gonzalo 2010

No difference in visit satisfaction scores
Peterson 2008, Anderson 2002,
Metzger 2020, Dunham 2009,
Lehman 1997 (trend to positive)

More confusion re medical terminology, but not bothered
Powers 2017

Trainees **DO NOT** think PIPP offers valuable learning experiences

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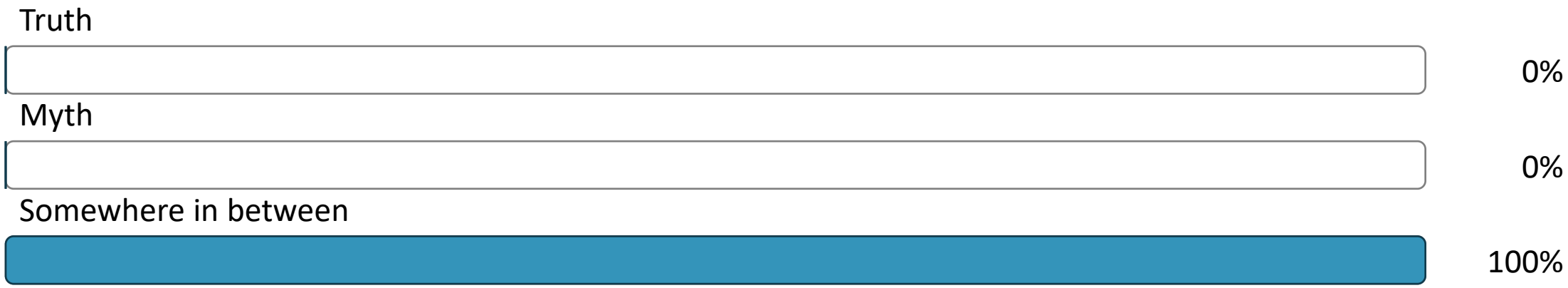

BEDSIDE TEACHING MYTH?

?Learners do not find value in bedside presentations?

62% - bedside rounding is important skill
34% - learned more with bedside rounds
Merchant 2014

Received higher quality of feedback with bedside presentations
Lesley 2002

Felt bedside presentations were better for patient care
Gonzalo 2010
Peterson 2008

11% felt reduction in autonomy
Anderson 2002

Less comfortable asking questions during in room presentations
Anderson 2002, Powers 2017, Landry 2007
Vanderberg 2020, Merchant 2014

Unchanged autonomy, ability to ask questions, time for teaching, fear of performing poorly
Peterson 2008

Challenges of PIPP

Learners

- ~~Fear of time sink~~
- ~~Preserving trainee-patient trust~~ ?
- Performance anxiety
- ~~Discussing sensitive issues~~
- "I don't know what's going on."
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Teacher

- ~~Fear of time sink~~
- ~~Preserving trainee-patient trust~~ ?
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BEDSIDE PRESENTATION JOURNEY

2014

- Most overnight admits
- Most level 4 clinic visits
- Rounds varied by attending

2017

~ All patients

2020

- New admits / consults
- Selected known patients
- Varied by call day

2022

- Most PGY1s
- PGY2-3 level 4s

LEARNING OBJECTIVES

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Incorporate PIPP into your supervision practice using a 5-step framework

PRESENTING IN PRESENCE OF PATIENTS

PRESENTING IN PRESENCE OF PATIENTS

Prepare Learner | Prepare Patient | PIPP | Teach | Debrief

Get Buy In	I value hearing your presentations in front of the patient because…
Normalize Awkwardness	It's normal for this to feel awkward when you first try it. It will feel more natural with more reps!
Presentation Expectations	Try to engage the patient by making eye contact with them every now and then. Please avoid jargon in your history. Otherwise present as you normally would, then summarize in lay terms for the patient.
Anticipate Coaching	Because this is a new skill, please expect to receive coaching from me on your presentations. I also welcome your feedback on this process.
Patient Exceptions	If your patient does not speak English, is too anxious, or might re-experience trauma with us talking in the room with them, we should avoid presenting in the room.

PRESENTING IN PRESENCE OF PATIENTS

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Get Buy In

I value hearing your presentations in front of the patient because…

Nor… Awk…

Pres… Expe…

Anti… Coaching

welcome your feedback on this process.

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Pro Tip:

Even better if you can demonstrate your preferred bedside presentation style to your learners before you have them do it themselves!

PRESENTING IN PRESENCE OF PATIENTS

Prepare Learner | **Prepare Patient** | PIPP | Teach | Debrief

Set Up	Dr. X is going to summarize your story for me and propose some next steps
Invite Engagement	Please jump in if you feel like we are getting something incorrect.
Expect Shop Talk	You will hear us use some “shop talk.” We will explain these to you and answer your questions towards the end of Dr. X presentation.
Expect Teaching	You may hear me asking Dr. X some questions or making changes to their plan. This is very normal for Dr. X’s level of training My favorite answer from trainees is “I don’t know” because that means I get to do my job and teach!”

PRESENTING IN PRESENCE OF PATIENTS

Prepare Learner → Prepare Patient → **PIPP** → Teach → Debrief

Stand back and observe ☺

Diagnose your learner / Diagnose your patient

3rd person (she/he/they)	Alternating 3rd & 2nd person	2nd person (you)

Patient Engagement / Presenter & Attending Cognitive Effort

Full jargon presentation Summarize @ end	Lay term history Jargoned objective, A&P Summarize @ end	Lay term history Jargoned objective, A&P Select translation throughout	No Jargon

PRESENTING IN PRESENCE OF PATIENTS

Prepare Learner | Prepare Patient | PIPP | **Teach** | Debrief

Use One Minute Preceptor or SNAPPS to probe clinical reasoning

Avoid “what am I thinking” / recall questions

Reinforce parts of the plan that are correct

Gently correct parts of the plan that you would change. Use "we" language

Ask trainee to summarize diagnoses and plans with patient, answer questions

Thank the patient for helping you teach!

PRESENTING IN PRESENCE OF PATIENTS

Prepare Learner → Prepare Patient → PIPP → Summarize → **Debrief**

Reflect on Presentation

What went well with that presentation?
What would you say differently?
Did any part of that feel awkward to you?

Offer reinforcing / modifying feedback on the presentation outside the room

Jargon: When you said X, the patient looked confused…

Engagement: You did a great job making eye contact with the patient intermittently, and checking in on some of the HPI facts to keep them engaged

Patient-centered communication: I heard you say this patient had a "dirty" urine drug screen. I suggest saying "positive for cocaine" because…

PRESENTING IN PRESENCE OF PATIENTS DEMO

Please observe and reflect on the following during the video:

Use of 3rd person vs 2nd person during presentation	Use of jargon vs lay terms	What feedback would you give the "learner" about her bedside presentation?	What feedback would you give the "attending" about his bedside teaching?

Demo Video (taken out for file size purposes)

DEMO OBSERVATIONS?

Use of 3rd person vs 2nd person during presentation	Use of jargon vs lay terms	What feedback would you give the "learner" about her bedside presentation?	What feedback would you give the "attending" about his bedside teaching?

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BEDSIDE TEACHING RESOURCES