

References

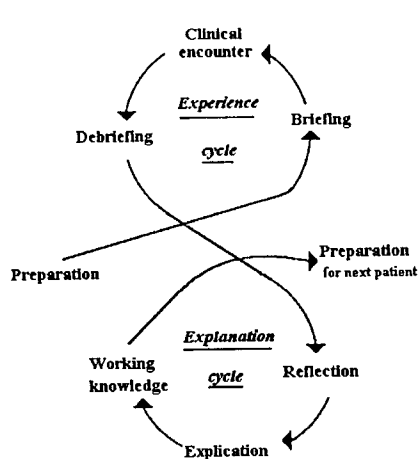
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THE MEDICAL TEACHER

Planning bedside teaching — 3. Briefing before seeing the patient

Ken Cox



Briefing prepares both the patient and the student for the clinical encounter. The term brief represents a letter of instructions. Originally referring to a letter from the Pope on matters of discipline, the word has wide currency in law as a summary of facts and points of law in a case, and as a set of instructions for a military operation. Here, the adequately prepared student is briefed (usually in the corridor) before seeing the patient.

Briefing the patient

What does the patient offer in clinical teaching? Exactly how do clinical teachers seek the patient's permission to participate, and clarify what part they are willing and able to play in the clinical teaching session?

Learning triad

The patient is often spoken of as "clinical material", and dealt with as an object with a

disease in which the game is to seek out the evidence and name the disease. Clinical teachers in our studies were more often observed not to introduce themselves and their students to the patient than to introduce themselves, let alone brief the patient before the teaching session. Yet the patient can make a considerable contribution to the teaching session.

It can be bad medicine not to involve the patient, as a source of clinical data, whatever the teacher's attitudes about manners and the sharing of responsibility with the patient! Introduction and eliciting of cooperation also model both care in preparation for clinical teaching and the professional relationship with patients.

Treat your students as you would have them treat their patients.²

Three people are involved in each episode of clinical teaching — the patient, the clinical teacher and the trainee or student. While more than one student may be present, and learning vicariously from watching, only one student interacts with the patient at a time. The three can be called the **learning triad**.

Communication can flow in six possible directions — patient to teacher and back, patient to student and back, and student to teacher and back. Questions in any of these six exchanges will differ in focus and purpose.

Patients will agree to be a part of the learning triad, to questioning about their illness, to demonstration of their clinical evidence, to supervision of their care by students or trainees,

to giving feedback on the trainee's performance, and even to contributing in assessment of the trainee's performance.

But patients also want teachers to introduce themselves, to inform them of what the bedside session is about, to translate medical terms so that the patient can follow the discussion. They also want to know the teaching sequence, the schedule of ward rounds and other planned activities in advance, and not to be too tired by a long round.³

Don't underestimate the conflict of interest between doctor, student and patient. Each of the three in the triad is pursuing a different agenda. Whether the teaching relationship is pleasant and cooperative, or resentful and dismissive, depends on the negotiation among the three, particularly clinical teacher and patient. If a clinical teacher is insensitive to the needs of the patient, the same insensitivity is likely to be demonstrated to the student.

Briefing the students

Briefing provides an orientation to a particular patient, what is likely to be experienced, and what is important to look for. Clinical teaching in medicine has been likened to walking round a zoo, in which the voyeurs move from cage to cage to note the distinctive features of the animals on display. Even if you are not interested in the patient as a fellow human being, briefing of your students beforehand can prepare them for recognition of clinical features so that useful data are not overlooked. Exactly how do you brief a trainee or student for meeting the patient?

Instructions

Instructions can be given on what is expected of the student, the rules about what to do and what not to do, and limits set about how far to go.

Purpose and goals

Briefing makes clear why this patient is being seen (the purpose of the clinical encounter), and what the student is expected to learn (the goals intended to be achieved).

Warnings may be needed

How much does the patient know about his or her disease and prognosis? What may or may not be said in front of the patient? Does the patient have tenderness which requires a cautious approach? Or joint stiffness which makes examination difficult and limited?

Negotiating roles and clarifying expectations

Who will do what? What will the students do? What will be the patient's role? The source of clinical data? A discussant of the illness? A provider of feedback to the students on their performance?

Checking preparedness and level of understanding for this patient

Teachers unfamiliar with new students or trainees must establish "where they're up to" in their learning and practice. Teachers need to sit down with their students, and have them explain the varieties of experience they've had so far, what maladies they've seen, what skills they've learned, what gaps they recognise in their abilities, and what level of organisation they've reached in planning their personal clinical learning.

Without this level of clarity, teaching may be over their heads, or repeating what every other teacher has already taken them through. Such discussion assesses the general level of readiness. Next, however, the teacher needs to establish whether trainees or students have sufficient knowledge to comprehend the specific features of the current patient, whether they have a frame of reference into which their observations about the malady in this patient can be fitted.

Planning the clinical activities to be undertaken

What is the story of this patient? What can be learned here? What is to be looked at? What should we be doing when we visit a patient like this? What are the particulars in such a situation? What is important to explore? And to check? Are there any other people to include?

Questions from students

What uncertainties are in the students' minds? What could usefully be clarified before going in to see the patient?

Reviewing and checking

At the end of the briefing it may be worth ensuring understanding by a summary review, followed by checking for any residual uncertainty.

What is covered in the briefing calls for balance by the teacher. Too detailed a briefing pre-empts learning by discovery. Too strict a set of instructions turns the experience into a demonstration or a drill. Too cursory a briefing misses out on preparing the student for opportunities or phenomena which may not be recognised unaided. No briefing at all may well be dangerous to the patient and a negative experience for the student as well.

Preparing students to perceive some aspects of the story, the physical signs or the patient's general condition enables them to anticipate, and to avoid failure to notice, but may also focus them too closely on a limited set of observations.

How many of you go through a reasonably serious briefing before each patient interaction? From the direct observations of clinical teaching by graduate students in the School of Medical

Education, University of New South Wales, few do. Most briefings, when they do occur, focus on the story, the signs, and the state of the disease. Little time is spent checking with students on what their questions are, and where a patient like this fits into their patterns of understanding.

As you plan your briefing, then, think about your expectation of the students (your rules), your relationship with the students (your roles), the steps you want to cover during the briefing, and the skills you need to carry them out. With those components in mind, you can better evaluate your effectiveness in briefing.

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Briefing patients elicits their cooperation and prepares them for participation in the interaction. Briefing prepares students for what to expect in the patient, and how they are expected to behave. Briefing the students prepares the teacher for their level of understanding and the gaps in their knowledge and skills.

The next article looks at teaching around the patient, the clinical interaction.

Books Received

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