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

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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 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
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.

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

The ultimate goal

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

PBL benefits....andragogy revisited

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Suggested Reading


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
“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

“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
Risk Factors

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- Aging
- Race and Ethnic Background
- 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:

Normal appearance in the first year of life.

The DSM-IV-TR Diagnostic Criteria for Autistic Disorder
Suggested Reading


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