

# Stepping in to help: precepting learners at the bedside

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# Learning Objectives

1. Reflect on the challenges of supporting learners with difficult communication at the bedside
2. Describe the elements of a successful faculty “step-in” to support a learner with difficult communication
3. Practice using the Point and Describe skill when debriefing with a learner
4. Anticipate and plan for pitfalls in using the Bedside Coaching Map in real encounters

# Before we begin...

## Bedside Communication Coaching Feedback Drill: Point and Describe

Educator	Learner
Looking back, was there anything you might have done differently?	I saw the patient was getting upset.
How did the patient respond after I stepped in?	She calmed down and shared important goals.

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Looking back, was there anything you might have done differently?	I'm not sure.
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## Bedside Feedback Coaching Model

### Before the Visit: Setting a Learning Goal

Step	The words	Rationale	Tips
1	"What's challenging about this case for you?"	Asking for what is challenging engages the learner	Focus the learner on what they struggle with doing, not what pts/families do.
2	"What skill or strategy could help you with that challenge?"	You need to translate the learner's challenge into a specific skill that the learner can practice	First give the learner a chance to come up with a skill, but if they can't ask permission and offer a suggestion.
3	"I'll watch for that so I can give you feedback after the conversation."	Sets expectation for brief post-conversation follow-up	You may want to make the expectation even more specific by saying "just 5 minutes or so."
4	"If you ever feel unsure about what to do next, just look over at me, and I'll step in."	Sets up safety net for learner	You may normalize the idea that you may choose to intervene to add something.

Observe/Perform Bedside Encounter (see next page for stepping in guidance)

### After the Visit: Debrief and Identify a Take Home Point

Step	The words	Rationale	Tips
1	"How did it go?"	Takes emotional temperature of the learner	If emotion is high, respond briefly to the emotion before going to next question. Resist the temptation to explore the learner's self-evaluation.
2	"What did you do well?"	Refocus the learner on what they accomplished	Reinforce what they should continue. Reframe what went well as a skill.
3	"Looking back, was there anything you might have done differently?" After learner sees it...  How did the patient respond after I stepped in?  What did I do to change the patient's response?	Your teaching goal is to develop buy-in for one thing the learner wants to change and help them see a new skill that could work.	If the learner doesn't notice anything, try to Point and Describe (if needed). Then, see if the learner observed your intervention and what the effect was.
4	"What's your take-home point?"	Assesses whether the learner has grasped the key lesson. Cements that lesson in a take-home point.	Frame it in terms of what they can do the next time they encounter this situation. Be satisfied with one good take-home point rather than try to correct every mis-step.

## Objective 1:

Reflect on the challenges of supporting learners with difficult communication at the bedside



**What do you worry might happen if you step in to help out?**

## Objective 2:

Describe the elements of a successful faculty “step-in” to support a learner with difficult communication



**What might be going on with your learner or the patient/family that you decide you should step in?**

## Reasons to Step In/Call Time Out During the Encounter

Problem	Description/Examples
Learner Distress	<ul style="list-style-type: none"><li>• Hesitation: “ummm...”, “Uhhhh”</li><li>• Stuck in a repetitive loop</li><li>• Same mistake twice</li></ul>
Patient Distress	<ul style="list-style-type: none"><li>• Escalating emotion</li></ul>
Missed Opportunities	<ul style="list-style-type: none"><li>• Stuck in a repetitive loop</li><li>• Missing informational or emotional cues at least twice</li></ul>
Process Problems	<ul style="list-style-type: none"><li>• Use of medical jargon</li><li>• Difficulty relaying medical information clearly or concisely</li></ul>



# Let's see it in action: the Step-In

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### Observe/Perform Bedside Encounter *(see next page for stepping in guidance)*

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3	"Looking back, was there anything you might have done differently?" After learner sees it...  How did the patient respond after I stepped in?  What did I do to change the patient's response?	Your teaching goal is to develop buy-in for <u>one</u> thing the learner wants to change and help them see a new skill that could work.	If the learner doesn't notice anything, try to Point and Describe (if needed). Then, see if the learner observed your intervention and what the effect was.
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# Key Points for a successful Step In


- Your learner knows to expect it
- It's done in a timely manner (not too early, not too late), so that:
  - The learner recognizes that they were at their learning edge, and needed your help
  - The patient's rapport with the learner is preserved
  - The learner and patient are safe

# Key Points for a successful Hand Back

- You set the learner up for success by clearly describing what their next task is
- Offer your learner the option to jump back in, or to watch you continue the encounter.

## Objective 3:

Practice using the Point and Describe skill when debriefing with a learner

The image features a white background with two red curtains on the left and right sides, framing the central text. The curtains have a vertical pleated texture. The text is centered and reads: 

Let's see it in action:  
the Debrief with  
Point and Describe

# Let's practice!



## Bedside Communication Coaching Feedback Drill: Point and Describe

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Educator	Learner 3
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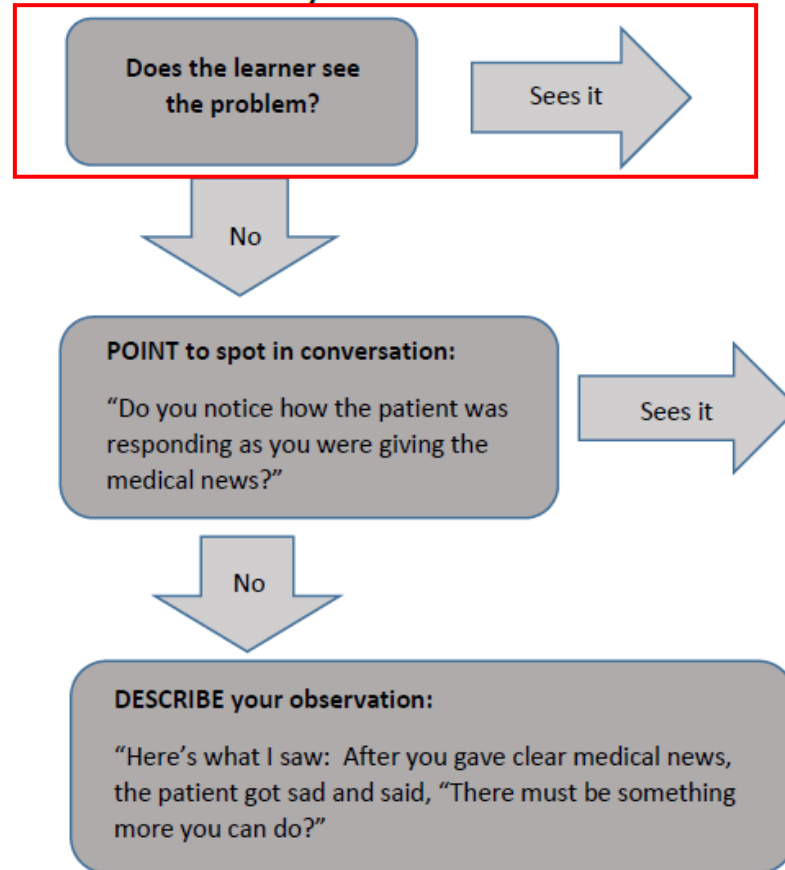
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Point and Describe to help your learner see their Learning Opportunity

Getting to the Learning Opportunity: "Looking back, was there anything you might have done differently?"



**Reflect on Skilled Action → Outcome:**

"How did the patient respond differently after I stepped in?"

"What did I do differently to create that change?"



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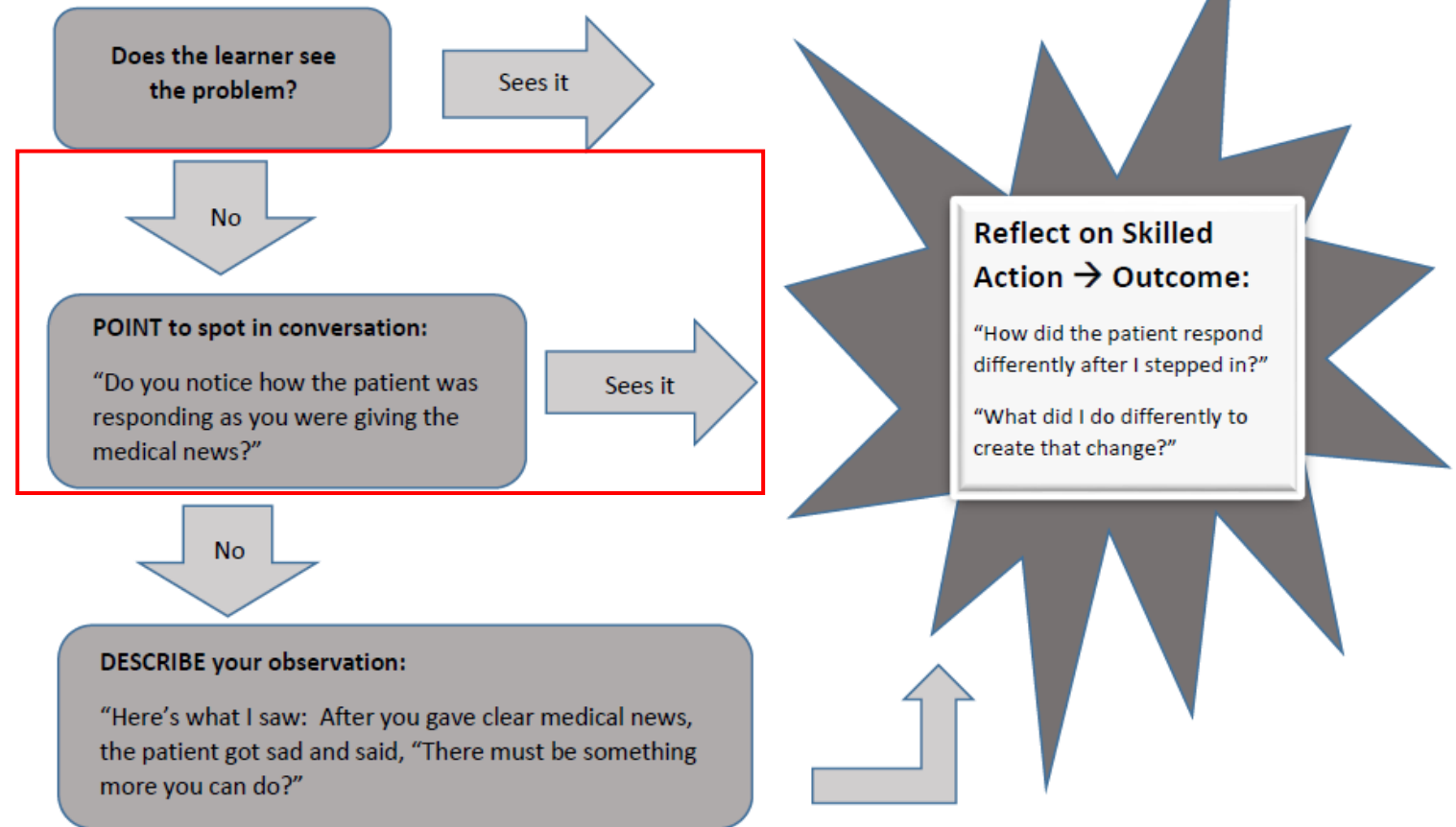
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POINT

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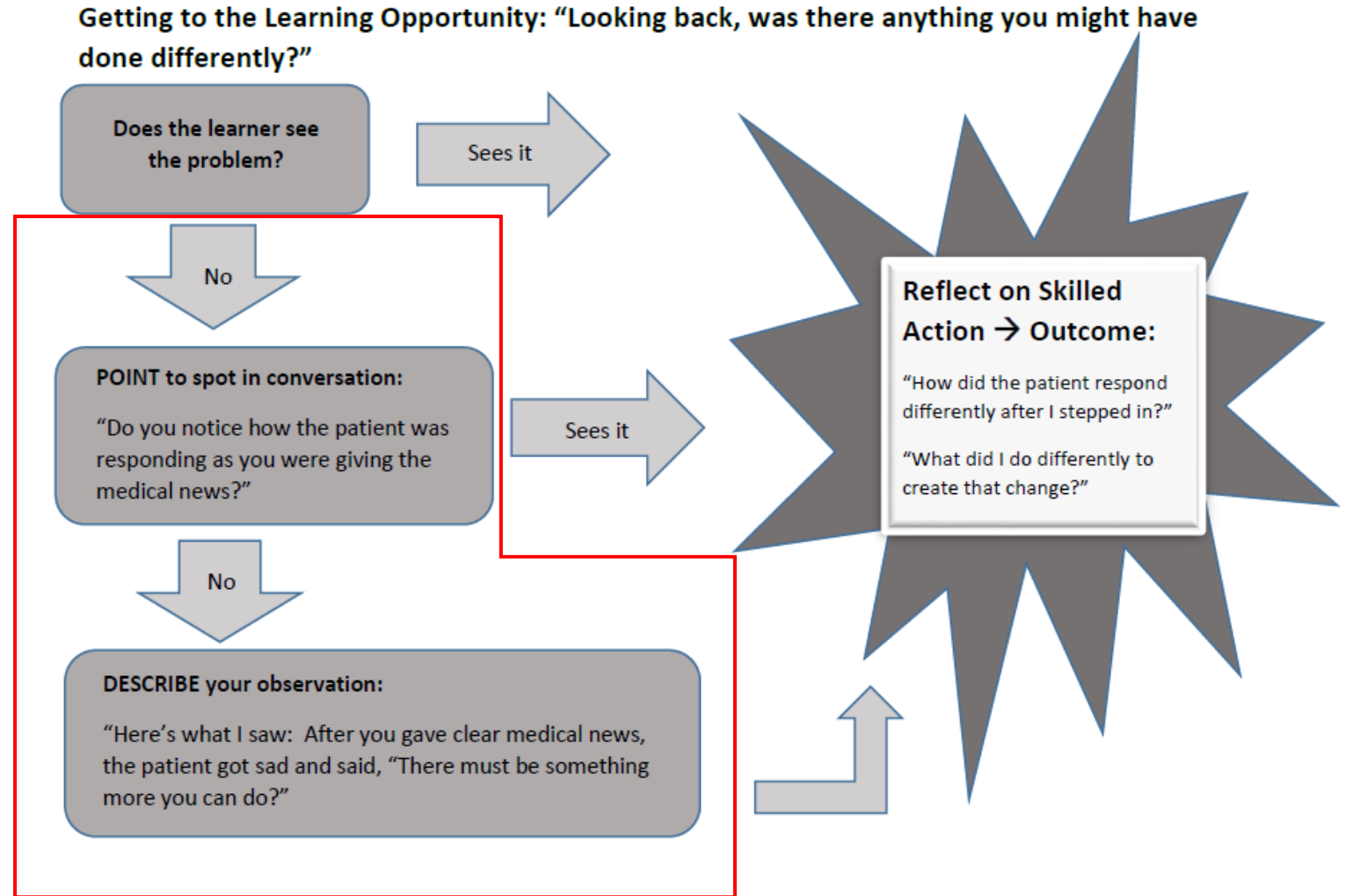
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POINT

DESCRIBE

Point and Describe to help your learner see their Learning Opportunity



# Key Points: the Point and Describe

*“Looking back, was there anything you might have done differently?”*

Learning sticks best when it's connected to the learner's own self-assessment of what was hard for them

POINT: *“Did you notice how the patient was responding before I stepped in?”*

Give the learner a chance to remember the learning opportunity for themselves

DESCRIBE: *“Here's what I saw: as you were giving information, the patient got upset and said, ‘there must be something you can do!’”*

If the learner can't see it, don't belabor the point, just describe what you saw

## Objective 4:

Anticipate and plan for pitfalls in  
using the Bedside Coaching Map in  
real encounters

... but what if.....?

**Please share your response to ONE of the following:**



**- something you'll take forward from this talk**

**OR**

**- something that surprised you**

**OR**

**- something you're still wondering about**