

Assessing “How to Ask Questions” – Response to: Is Asking Questions on Rounds a Teachable Skill? [Letter]

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Dear editor

We read with interest Shields’s article¹ that evaluated the impact of teaching attendings how to ask their colleagues questions during bedside rounds. The authors stated that this had the potential to increase the engagement of multidisciplinary team members and learning opportunities. These are qualities that can be lacking in rounds, as shown in research and our personal experiences.² However, we would like to discuss how overly broad aims made it unclear who would benefit from the intervention and how they would benefit, thus reducing the study’s clinical relevance.

The study objectives seemingly focused on improving clinical teaching during bedside rounds by teaching attendings to ask more questions. However, we would argue that each group of participants gains different information from rounds. For example, residents may desire teaching on diagnostic strategies, while nurses aim to advocate for patients, and patients might want their condition explained in layman’s terms.³ The article assessed the number and type of questions asked by attendings and to whom they were directed, but it was not clear whether attendings were taught to adapt their questioning style to each participant group. The study’s “question, listen, respond” conceptual framework encourages teachers to assess students’ responses (listen) and tailor their next question to improve learning (respond).⁴

The findings of the study potentially support our argument. Nurses and patients rated how “engaging” and “worthwhile” rounds were and no significant differences between the experimental and control groups were reported. Meanwhile, residents in the experimental group rated the rounds significantly higher.¹ In future research, the authors could consider using the audio-visual recordings of rounds to assess the appropriateness of attendings’ questions to the role of each team member.

We also believe that the authors could have evaluated participant’s perception of how the round was “worthwhile” or “engaging”, to offer insight into which part of the intervention was efficacious and identify confounding factors. Participants’ satisfaction may not be due to the increased number or type of questions alone, but how the questions were asked, such as the attendings’ use of body language or appropriateness of the topic.

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Additionally, residents in the experimental group found the rounds more worthwhile but not engaging; however, the authors did not discuss potential explanations for this. We would argue that these terms could have been defined more clearly in the article and in surveys given to participants to elicit more valuable data. Free text answers from the surveys showed that some residents would have preferred attendings to not “judge incorrect answers” or “[encourage] questions from students” which could allude to residents’ poor engagement.¹

To conclude, the findings of the study are an important addition to the exploration of using questions as an educational tool. Nonetheless, we propose that adjustments to the assessment of the intervention using the “question, listen, respond” framework would better evaluate its impact on team engagement and educational potential of the round. We look forward to further research addressing these comments.

Disclosure

The authors report no conflicts of interest in this communication.

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