Championing Mistakes: Reclaiming the Safe Learning Environment for Family-Centered Bedside Rounds

Family-centered bedside rounding is the standard of care in inpatient pediatrics, incorporating patients and families into clinical discussions with the health care team.[1] Yet in the quest for inclusivity, have we inadvertently left learners behind? In a study published in the October 2016 issue of the *Journal of Graduate Medical Education,* Rabinowitz and colleagues[2] expressed serious concerns about the effects of family-centered rounding on the educational experience of pediatrics residents, including reduced autonomy, erosion of confidence, residents' fears of making mistakes, and concerns about being viewed as incompetent in the presence of the family. Although the findings are not entirely surprising, the graduate medical education community should be concerned.

I am a newly minted pediatrics hospital medicine fellow at an academic children's hospital, and the delicate balance of teaching trainees and supporting their authority is highly personal to me as I recently transitioned from trainee to attending physician. I am concerned that the negative perceptions of family-centered rounds held by trainees may contribute to eroding the pediatrics residents' learning environment. Sensing trainee discomfort, well-meaning attending physicians may limit teaching redirections at the bedside to what is necessary to ensure safe patient care, and they may save more in-depth discussions of clinical decision making for outside the patient room, in the relatively "safe space" of the hallway or physician workroom. However, taking these conversations away from the patient's bedside is fundamentally counteractive to the goal of family-centered rounds. It will be critical to these aims to develop ways to teach, redirect trainees, and conduct clinical discussions during family-centered rounds in a way that ensures a safe and effective environment for learners.

How best can we create a supportive learning environment during family-centered rounds that encourages our trainees to think critically, express their thoughts, and receive timely feedback, all while including their patients and families in the discussion? First, we must remove the stigma of being wrong. This can be accomplished by adopting a *growth mind-set*, a concept from the general education literature that reframes the educational environment, shifting the focus from rote memorization of facts to critical thinking and analysis of information. This emphasizes the process of learning over regurgitation of specific content, thereby communicating to learners that "challenge-seeking, hard work, and learning from mistakes is highly valued."[3]

Utilizing this mind-set, attending physicians should express that family-centered rounds focus not on simply getting to the correct diagnosis, but on encompassing the process of analytical clinical decision making it takes to arrive at that conclusion. Robust discussion of ideas among providers is not only vital to the educational process for trainees, but also is an important and cherished aspect of the patient and family experience.[4,5] It will be instrumental for the educational community to create a culture of growth from mistakes and reclaim the safe learning environment of family-centered bedside rounds.

Allyson McDermott, MD
Pediatric Hospital Medicine Fellow, Children's Hospital Los Angeles
Clinical Faculty Instructor, Keck School of Medicine of the University of Southern California

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