## **Patient-Centered Grand Rounds**

Description: Patient-Centered Grand Rounds (PCGR) is a 75-minute seminar about an actual patient clinical situation, and strives to bring together various aspects of the clinical practice of Family Physicians. The expectation is that PCGR will address both patient and physician experiences, integrating a biopsychosocial perspective of a patient's circumstance, while also attending to spiritual and systemic influences of the etiology of the problem as well as for potential solutions. PCGR generally features a clinical situation that develops over multiple clinical encounters, to tell a story about illness and healing. To honor the health system's goal of patient and family centeredness, we make it a priority to have patients and family members participate in the seminar in some way. Presenters should give particular attention to incorporating teaching methods that engage learners so as to foster learner engagement. Some strategies for engaging learners in presentations include:

- Attention Grabbers (Brainstorming and Best-worst warm up, openers and closers, video clips)
- **Skill Builders** (expanded cases, formal presentations, independent study, role play, standardized patients, multi station teaching exercise)
- **Catalysts** (progressive disclosure cases, quizzes games and polls, small group activities, thinkwrite-share)
- Intensifiers (commitment to change, debriefing, facilitation, narrative and reflective writing, student/resident presentations)
- Trackers (Journal, portfolio, reflection and self-assessment )
  - \*Adapted from J. Ring, "Curriculum for Culturally Responsive Healthcare (2008)

Residency program leadership will ask different areas of the FM department to rotate primary responsibility for the overall planning of individual PCGR sessions. Areas of the department that will be asked to lead a PCGR include: Integrative Medicine, Geriatrics, Centering, "Aqui Para Ti," Pediatrics, Sports Medicine and "Chief's Choice". Faculty members from the behavior science curriculum committee offer consultation around planning, participation in the seminar and oversight. Other faculty may be recruited to participate in order to bring in special expertise. The patient case should ideally relate to the "theme of the block", but this is not required. A case with a compelling and interesting nature is the most important element of a good PCGR seminar.

Recommendations: For 2015-16, the Behavioral Science Curriculum Committee (BSCC) proposes that PCGR be scheduled quarterly. Depending on faculty interest, resident interest, and the availability of time in our didactic schedule, the BSCC may propose that PCGR be scheduled six times per year starting in 2016-17. As new presenters are introduced to the PCGR format and asked to lead for the first time, we suggest that a member of the BSCC be available to discuss the format and provide some guidance during the month preceding the scheduled presentation. Putting together a high-quality seminar in this format can be time consuming, as PCGRs often involve arranging to have some sort of patient and/or family involvement, organizing interactive activities, etc. Leaders of PCGRs should plan accordingly.