

Additional Benefits of Incorporating Retrieval Practice Into Teaching Rounds

Retrieval practice—using quizzing or review questions to encourage learners to actively recall new information—has emerged as a popular and powerful learning strategy in health professions education, yet most studies have focused on multiple-choice review questions and didactic learning.^{1–3} Little existing literature has applied this framework to bedside clinical teaching, which is a cornerstone of health professions education. Cooper et al described an elegant framework for applying the power of retrieval practice to clinical teaching on rounds, and they presented compelling evidence of benefits for their learners.⁴ I believe their article did overlook additional benefits: incorporating retrieval practice into clinical teaching on rounds can also have tremendous benefits for clinical teachers.

Asking trainees (both medical students and residents) to each share one learning point at the end of rounds encourages them to engage in the effortful recall that is retrieval practice. As Cooper et al reported,⁴ that can boost their learning and help them see the educational value of rounds. Additionally, hearing the learning points trainees identify can also aid teaching faculty in 2 ways:

First, having trainees reiterate key learning points from rounds provides an immediate opportunity to identify and correct misunderstandings. If a learner correctly identifies a key teaching point but misses an important element, or if they share an inaccurate explanation, faculty can step in with a correction or clarification. That immediate correction can prevent the powerful learning effects of retrieval practice from being applied to incorrect information.

Second, noting what trainees identify as the key learning points from rounds can also provide valuable feedback for clinical faculty. If the learners' key take-home points are not those the teacher intended, that may suggest unclear explanations, ineffective communication, or incorrectly targeting information the learners already knew. That real-time feedback can help clinical faculty continuously monitor and improve their teaching. Feedback through retrieval

practice can also provide invaluable information on the pacing of rounds. If the learners' take-home points focus on a small subset of patients (especially the first or last several patients) that can be a reminder to distribute teaching more evenly throughout rounds.

Concluding rounds by asking trainees, "What's one thing you have learned today?" costs nothing, only takes a few extra minutes, and may produce myriad benefits. As Cooper et al noted,⁴ it can benefit trainees by boosting their learning and emphasizing the educational value of rounds. It can also benefit clinical teachers by creating immediate opportunities to identify and correct misunderstandings and by providing real-time feedback on their teaching. Additionally, there is no reason why these benefits should be limited to rounds: this same technique could be applied to outpatient visits, case discussions, and even supervised procedures. Future research should explore this framework in other clinical settings and strive to measure trainees' learning on rounds (perhaps by recording the learning points they share and analyzing them qualitatively) to build additional evidence about the power of retrieval practice in clinical teaching.

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