



# A Response to “Is Asking Questions on Rounds a Teachable Skill? A Randomized Controlled Trial to Increase Attendings’ Asking Questions” – A Medical Student Perspective [Letter]

This article was published in the following Dove Press journal:  
*Advances in Medical Education and Practice*

Ahmed Sayed Hassane 

Shiraz Qureshi Shafi 

Nemat Ahmad 

University of Dundee, School of  
Medicine, Dundee, UK

## Dear editor

We read with interest the article by Shields et al<sup>1</sup> in which they discussed the results of teaching students an effective way of asking questions in a ward round. They implemented the famous “question listen respond” strategy, which is an engagement method used in business and law. Being on placement is a leap forward for medical students as they are required to apply hours of lectures and theory into real-life clinical practice. While this clinical trial showed positive results in the experimental group compared to the control, there are certain aspects of this study we would like to highlight.

The study showed that the aforementioned technique yielded in more “open-ended” and “analytical” questions by the students. However, discrepancies were seen in the length of the ward rounds between the experimental group and the control group, being 16 minutes and 13 minutes, respectively. In reality, medical ward rounds last for a few hours covering more patients, each with their unique clinical background and history.<sup>2</sup> Due to the number of patients as well as other responsibilities, some doctors will primarily focus on completing the ward round instead of directed teaching to students. Shields et al did not expose the students to the different styles of ward rounds, signifying that this trial may not be an accurate representation of ward dynamics. While it is understandable that ward rounds are of great value to building clinical experience, it may not always be feasible to ask questions due to the number of patients and/or limited time.<sup>3</sup>

Moreover, the study only focused on the number of questions being asked and did not discuss in detail what questions were asked or its relevance to their own experiences. It is understandable that this is subjective to each participant, although more questions does not always equate to a relevant and fruitful learning experience. It is also important to note that the majority of medical students merely observe the ward round and hardly participate directly by means of documenting in patient’s notes, checking blood results online, reviewing the drug chart etc. This paper would benefit by seeing the outcome of both the quality and quantity of the questions asked by students who undertook in such tasks against those who did not.

Correspondence: Ahmed Sayed Hassane  
University of Dundee, School of Medicine,  
Dundee DD1 9SY, UK  
Email [aszhassane@gmail.com](mailto:aszhassane@gmail.com)

However, dedicated time for ward-based teaching has proven to be effective.<sup>4</sup> At Dundee University, some blocks offer students a chance to clerk patients and gather their laboratory and radiological data to be then discussed with the consultant. This correlates with Shields et al's study, while it may be challenging to engage in a ward round, getting students involved through this teaching method creates a protected environment in which teachers can facilitate student learning.

Overall, we believe the trial has shown with good practice, students can be more confident in asking questions and be further engaged in a ward round. Further research into improving the quality of questions issued by students will be more valuable, alongside optimising the ward round experience.

## Disclosure

The authors declare no conflicts of interest for this communication.

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