
Bedside Teaching– Creating Competent Physicians

"The student begins with the patient, continues with the patient and ends his studies with the patient, using books and lectures as tools as means to an end"

Osler 1905

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Goals of presentation

After this presentation, you will be able to:

- ❑ Discuss the diverse contexts of bedside teaching,
- ❑ Outline the goals of bedside teaching,
- ❑ List the skills, knowledge and attitudes best learned at the bedside,
- ❑ Differentiate learners', teachers' and patients' perceptions of bedside teaching,
- ❑ Describe and use effective instructional strategies for use at the patient's bedside.



On bedside teaching

M. Lacombe



Problem: Decreased teaching at the bedside

- ❑ Declining frequency of teaching of history & physical exam at the bedside
- ❑ Decreased time at the bedside during work rounds
- ❑ Adversely affecting bedside skills



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- ❑ Definitions & diverse contexts of bedside teaching,
 - ❑ Goals of bedside teaching:
 - ❑ Skills, knowledge & attitudes best learned at the bedside,
 - ❑ Perceptions of bedside teaching:
 - ❑ Learners, teachers & patients
 - ❑ Practical educational strategies & effective instructional techniques that can be used when teaching at the bedside in your own clinical setting.



What is bedside teaching?

Teaching / active learning with the patient present



What is bedside teaching?

A clinical teacher and a group of learners sees a patient, listens to the history (from patient or learner), elicits or verifies physical signs, discusses provisional diagnosis, diagnostic or therapeutic options.

During this the teacher will observe learners' patient interactions and their thinking skills

"A rich visual, auditory, tactile & olfactory experience"*



Context of bedside teaching

Formal teaching rounds

→ **learning** + patient care

Clinical work

→ **patient care** + learning

Bedside teaching occurs during:

- ❑ formal teaching rounds
- ❑ work rounds
- ❑ review of admission or patient care
- ❑ review of patient in out-patient clinic
- ❑ In OR – pre- and post-surgery
- ❑ In Emergency Department
- ❑ On home visits



Bedside teaching - what is it NOT?

- ❑ Teaching in the conference room
- ❑ Teaching at the nursing station
- ❑ Teaching in the hallway



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What can be learned at the bedside?

Data gathering & problem solving:

- ❑ History-taking
- ❑ Physical diagnosis
- ❑ Clinical reasoning

Why?

Clinical problem clarified:

1/2 by end of history,

3/4 by end of PE

'Bedside manner':

- ❑ Patient communication skills
- ❑ Professionalism & ethics
- ❑ Humanism – caring attitude, humility,
- ❑ The patient as an individual, in social context
- ❑ Time management



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Perceptions of bedside teaching

- ❑ Teacher
- ❑ Learner
- ❑ Patient

*Snell L et al. Perceptions of bedside teaching:
1 - Faculty, resident & student perspectives. 2 - Patient perspective.*



Perceptions of bedside teaching

- ❑ Teacher
- ❑ Learner
- ❑ Patient
- ❑ senior > junior faculty like bedside teaching
 - ❑ 'aura': bedside teaching & diagnostic skills
- ❑ excellent role models stress the skills best learned at the bedside:
 - ❑ H & P
 - ❑ link theory with patient information
 - ❑ role modeling professionalism
- ❑ barriers: time, role models, concern re patient and concern re learner
- ❑ conference room perceived as best for theory, facts, data, discussion, generalization



Perceptions of bedside teaching

- ❑ Teacher
 - ❑ Learner
 - ❑ Patient
- ❑ Most students & residents do not like case presentations at bedside
 - ❑ learners reluctant to go to the bedside
 - ❑ but recent graduates feel unprepared for H & P, bedside problem solving, interpersonal skills
 - ❑ students and residents recognize the educational value of BT and that there are skills best learned at the bedside



Perceptions of bedside teaching

- ❑ Teacher
 - ❑ Learner
 - ❑ Patient
- Most patients found BT useful, acceptable and they appreciated it.
- ❑ prefer case discussion at bedside, not hall
 - ❑ do not like use of medical terminology
 - ❑ wish to participate more in case discussion
 - ❑ recognize varied purpose of bedside rounds
 - ❑ are not stressed by bedside visits
 - ❑ learn about their condition and the system
 - ❑ tend to be more satisfied with care after bedside case presentation



“Patients’ Rules” for Bedside Teaching

1. ask permission from patient & describe the purpose of the rounds
2. introduction of team, patient and family
3. encourage family to stay during rounds
4. for patient: summarize plan, answer questions, give information, explain
5. address acute patient concerns
6. invite the patient’s input
7. limit length of teaching
8. thank the patient



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*Learn to see, learn to hear, learn to feel,
learn to smell, and know by practice alone
that you can become an expert.*

Osler



*Bedside teaching is intuitively obvious
and deceptively difficult*

Lacombe

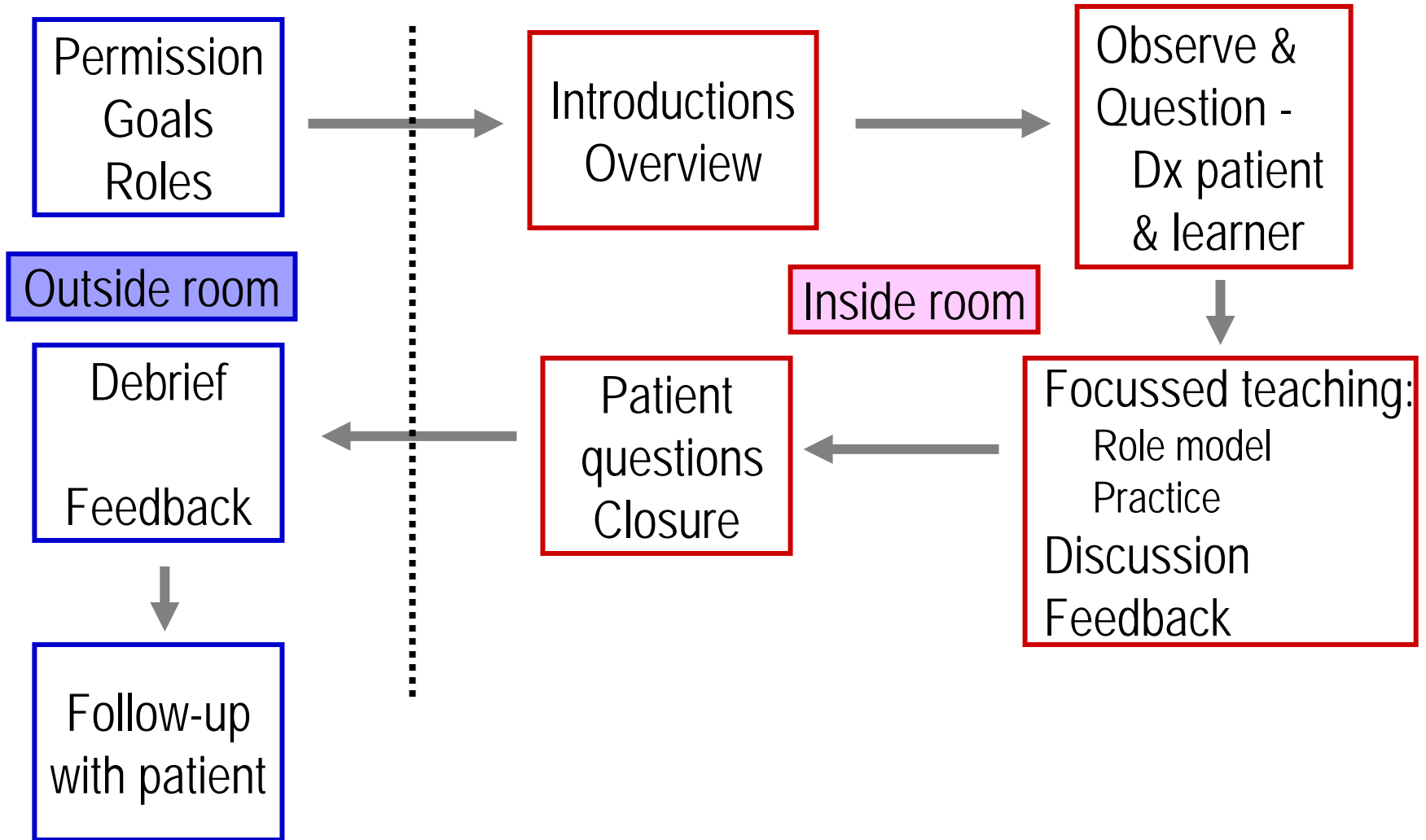


Incorporating bedside teaching into the clinical day

- ❑ Prepare:
 - ❑ The learners
 - ❑ The patient
 - ❑ Yourself
- ❑ Choose patients, obtain consent, explain roles
- ❑ Go to the bedside with a specific purpose
- ❑ Limit the focus ... and the time
- ❑ Be flexible & be ready to change



One model for bedside teaching



Strategies for bedside teaching

- ❑ Observation and feedback
- ❑ Conscious role modelling
- ❑ SNAPPS approach
- ❑ OMT: One Minute Teacher

*Reflective teaching
practice*



Reflective teaching practice: Observation & feedback

What?

- ❑ History, P.E. skills
- ❑ Case presentations
- ❑ Interaction between learners & patients

Direct
Indirect

- ❑ Time management
- ❑ Teamwork
- ❑ ...

Short
Focussed

Timely
Objective



Reflective teaching practice: *Conscious* role modelling

What?

- ❑ Data gathering: H & PE
- ❑ Communication
- ❑ Problem solving
- ❑ Caring, respect for patients
- ❑ Professionalism, ethics
- ❑ Interprofessional relationships

How?

- ❑ Make your thinking visible
- ❑ Explicitly articulate your actions
 - ❑ Essential features
 - ❑ Sequence of actions
- ❑ Lessons learned from mistakes



SNAPPS

- **S**ummarize case
- **N**arrows the differential diagnosis
- **A**nalyses the differential diagnosis
- **P**robes – asks teacher about areas not understood
- **P**lans for clinical management
- **S**elects an issue for self-directed learning



Teaching with patients

Benefits

- ❑ Patients like it (if done properly)
- ❑ Motivates learners
- ❑ Adult learning principles
 - ❑ Active involvement
 - ❑ Relevant, meaningful
- ❑ Important domains of learning integrated through teaching, role modeling & observation with feedback
 - ❑ Clinical skills & reasoning
 - ❑ Professionalism, humanism
 - ❑ Communication



Teaching with patients

Negative aspects

- ❑ Adverse effects on patients (if done improperly)
- ❑ Negative feedback to learner may affect patient perceptions of learner
- ❑ Takes more time
- ❑ Number of learners can be challenging
- ❑ Keeping all learners involved can be a challenge



Teaching with patients

- ❑ Pre- bedside teaching:
 - ❑ Prepare, plan, orient
- ❑ Bedside teaching:
 - ❑ Introduce, interact, observe, instruct, summarize
- ❑ Post- bedside teaching:
 - ❑ Debrief, feedback, reflect,
 - ❑ Prepare



Teaching with patients

How will you use what you have heard today in your own teaching practice?



Teaching with patients

- ❑ The patient is at the centre of clinical medicine.
- ❑ Clinical teachers *must* involve patients in the educational process.
- ❑ The bedside offers memorable opportunities for teaching and learning.
- ❑ Physicians may be uncomfortable with bedside teaching, but patients are not.
- ❑ Bedside teaching is essential for creating competent clinicians.



"...It is a safe rule to have no teaching without the patient for a text, and the best teaching is that taught by the patient himself"

William Osler, 1903



"At the bedside house staff learn that disease is an illness happening to a human being"

Lacombe



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