

# RESIDENTS AS TEACHERS

## Teaching Toolbox: Teaching at the Bedside

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# QUOTE

*For the junior student...it is a safe rule to have no teaching without a patient for a text, and the best teaching is that taught by the patient himself.*

*Sir William Osler, 1903*

# OBJECTIVES

- Recognize the importance of teaching at the bedside
- Discuss the two primary aims for teaching at the bedside
- Develop a planned method to include bedside teaching as part of instruction for the students

# INTRODUCTION

- Many benefits of bedside teaching
- Frequency of bedside teaching is decreasing
- In the United States, less than 25% of clinical teaching occurs at the bedside

# INTRODUCTION II

- Less than 5% of time is spent observing learners' clinical skills and correcting faulty exam techniques
- With current hospital environments, barriers have increased and the opportunity for bedside teaching have decreased

# INTRODUCTION III

- Bedside teaching if not done correctly can be very boring for some learners
- Key is to keep all engaged
- Focus needs to be on the learners and not the teacher – i.e. keep sessions ***Learner Centered***

# WHY TEACH AT THE BEDSIDE?

- Provides the opportunity to observe, teach, correct and practice physical exam skills
- Reinforces skills of medical interviewing, communication and patient education – obtain additional information from the patient
- Humanizes care by involving the patient
- Models the professional interaction between patients and teams in a teaching hospital

# WHY TEACH AT THE BESIDE?

- Allows teaching to be integrated into activities residents do everyday – speaking to and examining patients
- Learners like demonstration of the doctor-patient relationship and other psychosocial aspects of patient care
- Engages patients and includes them in their care and in the learners' learning
- Improves patients' understanding of their illnesses

# BARRIERS

- Fear of patient discomfort
- Lack of privacy and/or confidentiality
- Trouble locating patients
- Learners do not want to go to the bedside
- Takes more time
- Teachers feel uncomfortable – i.e. may lead to a discussion of medicine teacher not comfortable with

# EXERCISE

- Before getting started in learning strategies about bedside teaching consider the following:
  - Recall a bedside teaching session that was effective. What made it go well?
  - Recall a bedside teaching session where learning was minimal. What made this session ineffective?

# 12 TIPS TO IMPROVE BESIDE TEACHING

- Set of strategies to use in teaching at bedside
- Divided into 3 time periods:
  - Pre-Rounds
  - During Rounds
  - Post-Rounds

# PRE-ROUNDS: Preparation

- Preparation is a key element for conducting bedside rounds and increasing teacher comfort
  - Determine which patients would be good bedside teaching opportunities
  - Ask the patient if okay to teach with him/her
  - Practice skills if uncomfortable with them or in front of a group

# PRE-ROUNDS: Planning

- Draw a roadmap of what is to be accomplished with the session at the bedside
- Consider emphasis of the session
  - Physical exam skills
  - Interviewing
  - Patient education
- What is the mission of the session
  - Demonstration of a skill
  - Observation of performance of a skill

# PRE-ROUNDS: Orientation

- Orient the learners to the plans for the bedside teaching session
- Outline goals/learning objectives
- Establish rules for the session
- Inform the learner(s) of expectations during the session
- If there is information that will not be discussed, inform all participants

# ROUNDS: Introduction

- Introduction of self and all learners by name
  - That engages the learners immediately
  - Helps patient understand everyone's role
- Explain the session to the patient and its purpose (in front of all learners)
- If “jargon” will be used, explain that to the patient
  - Best if sessions use language patients understand
  - Best if “what-if” conversations are not in front of patients

# ROUNDS: Interaction

- Role model a physician-patient interaction
- Patients like being in the limelight and enjoy participating in bedside rounds
  - Perception that physicians are interested in them
  - Make a contribution to the education of future doctors
- Great opportunity to teach professionalism by role modeling and ***not*** by lecture

# ROUNDS: Observation

- Focusing on the learner through keen observation is part of “learner-centered” teaching
- Observing the learners’ interaction with a patient can be very informative
- Specific skills on which to focus:
  - Communication (interviewing, explaining, etc.)
  - Problem solving skills
  - Medical knowledge
  - Attitudes

# ROUNDS: Instruction

- Challenge the learner(s) mind(s) without humiliating and gently correct mistakes
- Avoid the famous “read my mind” type of questions
- Discourage “gunner” behaviors between the learners if in a group
- Teach and model professionalism
- Demonstrate physical exam skills
- Avoid giving a long lecture
- Capture teachable moments – often unplanned

# ROUNDS: Summarization

- Review with the learners what they were taught
- Summarize teaching and learning points in front of the patient before leaving the room
- Patient education can be done at this point if indicated

# POST-ROUNDS: Debriefing

- Leave time after leaving the room for learner questions, further discussion, and potential reading assignments
- If the encounter was intense, allow learner(s) to discuss what happened and their feelings – critical in the learning process

# POST-ROUNDS: FEEDBACK

- Assess the session
  - What went well
  - What did not
- Feedback session should remain brief and focus on strengths of the session and deficiencies that need improvement
- Determine what should be modified for the next bedside teaching session

# POST-ROUNDS: REFLECTION

- This step is separate from feedback as it is exclusively for the teacher
- Again what went well and what did not
- What should be changed the next time bedside rounds occur
- Look at strengths and areas needing improvement of the teacher

# POST-ROUNDS: Preparation

- Post reflection is the perfect time to begin preparation and planning for the next session
- A few simple notes to self (teacher) will start the process and focus on what should be kept and what needs to be changed

# CONCLUSIONS

- Bedside teaching is an important method of teaching your learners
- There are many skills that just cannot be taught without a patient
- There is no one better to learn from than the patient
- Without patients there is no need to learn

# LAST QUOTE

*To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.*

*Sir William Osler, 1903*

# GOOD ARTICLES

- Janicik RW, Fletcher KE. Teaching at the bedside: a new model. *Medical Teacher*. 2003;25:127-130.
- Ramani S. Twelve tips to improve bedside teaching. *Medical Teacher*. 2003;25:112-115.