



Teaching Toolbox

Teaching at the Bedside

Residents As Teachers – R_ATs

Miriam Bar-on, MD
Associate Dean for Graduate Medical Education

Contributions from Heather A. Thompson, MD
University of Minnesota



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



- ◆ 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



- ◆ 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 Bedside?



- ◆ 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 Bedside 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
 - 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



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.