



RESIDENTS AS TEACHERS

Teaching Toolbox: Teaching at the Bedside

Contributions from Heather A. Thompson, MD
University of Minnesota

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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

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WHY TEACH AT THE BEDSIDE?

- Provides the opportunity to observe, teach, correct and practice physical exam skills
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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
 - PostRounds

PREROUNDS: 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

PREROUNDS:

ROUNDS: Introduction

- Introduction to the ROUNDS process

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

POST-ROUNDS: FEEDBACK

- Assess the session
 - What went well
 - What did not
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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

Sir William Osler, 1903



