How to Teach at the Bedside

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Learning Objectives: At the conclusion of this presentation, you should be able to

• Describe the various methods for teaching at the bedside

• Explain some pearls for facilitating teaching at the bedside

• Discuss some barriers to teaching at the bedside and how to overcome them
"Medicine is learned best by the bedside and not in the classroom."

- Sir William Osler

What Does Effective Bedside Teaching Look Like??
What are Barriers to Effective Bedside Teaching???

• <1> Not enough time to teach
  • Too many patients to see in the day
  • Too much paperwork to do
  • Too many other things to do

• <2> Patients are not comfortable with bedside teaching

• <3> Physicians are not comfortable with bedside teaching

Statistics

• 90 minute session
  – Median time spent in classroom: 69 minutes
  – Median time spent at bedside: 2.5 minutes

Tremonti et al J Med Ed 1982
What are Barriers to Effective Bedside Teaching???

• <2> Patients are not comfortable with bedside teaching
  • This will vary with the physician’s practice and patient population
  • It is important for the physician to:
    • Be aware of his patient’s feelings regarding teaching
    • Ask his patient’s if they are ok with a medical student participating

Some doctors believe that patients might object or feel uncomfortable with bedside teaching. An article published by the BMJ in 1968, however, said that 93% of patients did not object to students being taught at the bedside. In fact, the patients love the attention and even feel that the doctors are communicating with them and are interested in them.1][13]

What are Barriers to Effective Bedside Teaching???

• <3> Physicians are not comfortable with bedside teaching
  • Some physicians may feel “exposed” or insecure with bedside teaching
  • Develop a process for bedside teaching (before the patient encounter)
  • Set guidelines/boundaries with the student (rotation introduction and expectations)
What IS Bedside Teaching?

- Teaching when the patient is present

Challenges to Bedside Teaching

- Declining skills
  - Teachers are concerned about their own ability to teach bedside skills
- Need for unattainable skills level
  - Teachers feel the need to be "perfect" in their clinical skills
- Teaching viewed as not valued
- Focus on generating $$ versus education
- Erosion of teaching ethic

Why Should We Do Bedside Teaching??

- <1> It is the opportunity to have a real life patient with pathology as the context for teaching

- <2> It allows the student to learn in the environment with which they are going to practice

- <3> It gives an opportunity to have many eyes, ears and minds looking at the patient
Bedside Teaching
Why Do It?

- How do we make a diagnosis?
- 56% based on comprehensive history
- Up to 73% after physical exam
- Labs / imaging / etc. only adds last 20-25%

"The most essential part of a student's instruction is obtained...not in the lecture-room, but at the bedside. Nothing seen there is lost; the rhythms of disease are learned by frequent repetition; its unforeseen occurrences stamp themselves indelibly in the memory."

- Oliver Wendell Holmes, M.D.
Enhancing clinical reasoning in case presentations

<table>
<thead>
<tr>
<th>Focus</th>
<th>Ask the student to focus their findings into a brief summary</th>
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<tbody>
<tr>
<td>Wait</td>
<td>Wait for them to finish describing what they feel are the key findings</td>
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<td></td>
<td>Hold your tongue! Don’t ask factual recall questions</td>
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<tr>
<td>What?</td>
<td>Ask the student what they think the diagnosis or management plan is</td>
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<tr>
<td>Why?</td>
<td>Ask them to justify their reasoning. What led them to these conclusions?</td>
</tr>
<tr>
<td>Uncertainty</td>
<td>Ask them what they are uncertain about</td>
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<tr>
<td></td>
<td>Do any features make them uncertain?</td>
</tr>
<tr>
<td>Give feedback</td>
<td>Reinforce what they did well and explain where they could have done better</td>
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Before the bedside
- establish the students’ knowledge base
- brief the students
  - ground rules of what to discuss or not in front of patient (if junior students how to behave/dress)
  - role allocation—especially important for observers
  - what are they expected to be learning (what are the objectives?)
  - may even discuss that this patient has the following features to look out for

At the bedside
- role model good doctor-patient relationship
- try to involve all the students all the time
- focus on the clinical experience (i.e. don’t get distracted into discussing pathology or basic science or management plans over the patient’s head)

After the bedside
- give constructive feedback to the demonstrator students
- debrief the students
  - get the observers to report
  - what did the students find?
  - Did everyone detect the key features?
  - Any students uncertain?
- explain findings
  - what did the findings mean?
  - which findings help discriminate between differential diagnoses?
  - how do findings fit with diagnosis/pathology?
- working knowledge
  - what should students do differently next time?
  - what should a similar scenario trigger next time?
Roles of effective clinical teachers
(Learner seniority increases, moving down the table)

- Teacher
  - Identify learning needs
  - Make teaching relevant
  - Give effective feedback
  - Involve all learners

- Role model
  - Knowledgeable
  - Skilled
  - Caring
  - Professional

- Supervisor
  - Guide skill development
  - Select experiences

- Supporter
  - Accessible
  - Interested
  - Prepared to advise

Two popular formulas for time-efficient teaching in the reflection step

SNAPPN(10)
The learner:
  - Summarizes the case
  - Narrows the differentials
  - Analyzes the differentials
  - Probes for more information
  - Plans management
  - Selects issues for further learning

One-Minute Preceptor(11)
The teacher:
  - Gains learner commitment
    "So, what do you think is going on?"
  - Probes for clinical reasoning
    "What lead you to this differential?"
  - Teaches general rules
    "You’d find that patients with I usually present with Y."
  - Reinforces good performance
    "Your tact with is. I helped her relax enough to tell you the real problem"
  - Corrects poor performance
    "Remember you can’t rule out shitty media without an exam."
  - Summarizes learning
    "So the main take-home point today is..."

The Five-Step Model
1. Prepare
2. Brief
3. Teach
4. Reflect
5. Homework

Table 1. Most commonly mentioned barriers and advantages.

<table>
<thead>
<tr>
<th>Barriers</th>
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<tbody>
<tr>
<td>False patient documentation</td>
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<td>Lack of privacy/confidentiality</td>
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<tr>
<td>Patients are often hard to locate (nursing, operating room)</td>
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<tr>
<td>Learners do not want to go to bedside</td>
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<tr>
<td>Takes more time</td>
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<tr>
<td>Teachers feel uncomfortable (may lead to discussion of medicine teacher not familiar with)</td>
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<table>
<thead>
<tr>
<th>Advantages</th>
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<td>Opportunity to:</td>
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<tr>
<td>• gather additional information from the patient</td>
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<tr>
<td>• directly observe students’ skills</td>
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<tr>
<td>• role model skills and attitudes</td>
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<td>Encourages care by involving patients</td>
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<tr>
<td>Encourages the use of understandable and non-jargonale language</td>
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Active learning process in which adults learn best
Patience feel supported and part of the learning
Improves patients’ understanding of their disease and the world

Table 2. ‘Model of Best Bedside Teaching Practice’.  

<table>
<thead>
<tr>
<th>Domain I. Advocate or Patient's Caregiver</th>
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<tbody>
<tr>
<td>Skills</td>
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<tr>
<td>Ask ahead of time</td>
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<tr>
<td>Introduce everyone to the patient</td>
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<td>Brief overview from primary person caring for patient</td>
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<tr>
<td>Explanations to patient throughout, avoid technical language</td>
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<tr>
<td>Base teaching on data about that patient</td>
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<td>Genuine, encouraging, slower</td>
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<td>Rest less by a team member to clarify misunderstandings</td>
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Domain II. Patient Teaching
Skills: Microskills of teaching—modified for the bedside
  - Diagnose the patient
  - Diagnose the learner
  - Observe
  - Question
  - Target your teaching
  - Role model
  - Practice
  - Teach general concepts
  - Give feedback

Domain III. Group Dynamics
Skills:
  - Limit time and goals for the session
  - Include everyone in teaching and feedback
"Correct. And in the case of a cardiac arrest, every second counts. Who can tell me why? Anyone? Clock's ticking."

Bedside teaching - what is it NOT?

- Teaching in the conference room
- Teaching at the nursing station
- Teaching in the hallway
What can be learned at the bedside?

Data gathering & problem solving:
- History-taking
- Physical diagnosis
- Clinical reasoning

‘Bedside manner’:
- Patient communication skills
- Professionalism & ethics
- Humanism – caring attitude, humility,
- The patient as an individual, in social context
- Time management

Why?
Clinical problem clarified:
½ by end of history,
¾ by end of PE

“...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
Any Questions???

The End