Bedside teaching is fun, so why is clinical teaching occurring in corridors?

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SIR WILLIAM OSLER

"Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to (feel) hear, learn to smell and know that by practice alone you can become expert. Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control, But see first."

Workshop objectives

- Knowledge
  - Learn about different models of bedside teaching
  - Brainstorm solutions to perceived challenges
  - Discuss effective teaching strategies
- Skills
  - Priming learners and orienting patients
  - Engaging all levels of learners
  - Diagnosing learners by direct observation
  - Debriefing and feedback
- Attitude
  - Be more confident about teaching at the bedside
  - Be willing to try different teaching strategies

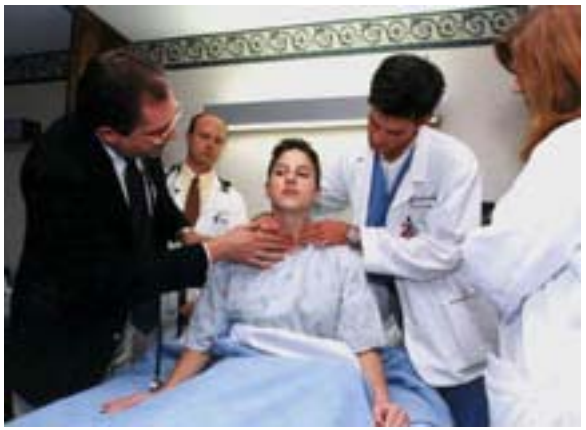
Truth or Myth?

- Teaching starts with a lecture or discussion away from the ward followed by more interactive sessions by the patient's bedside, making bedside rounds the most patient centered of all teaching venues

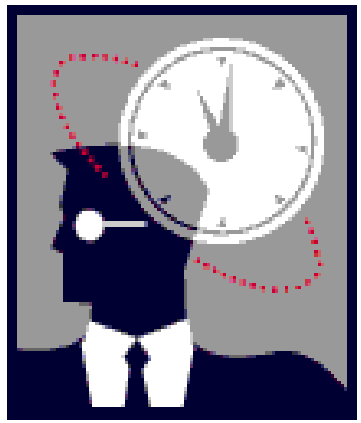
Video Prompts

- http://jdc.jefferson.edu/resteach/

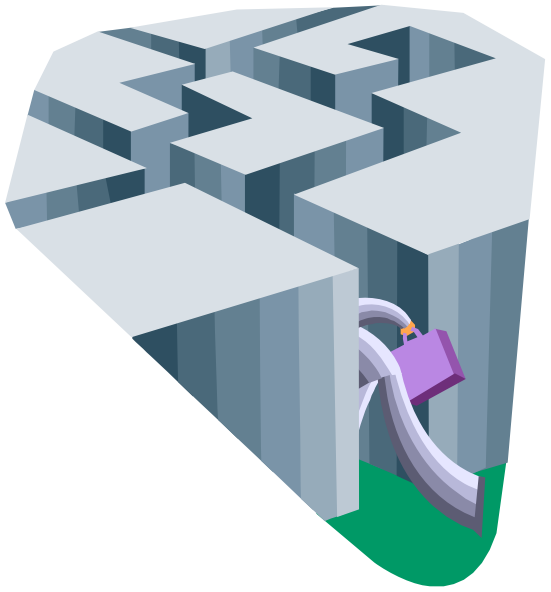
Teaching challenges at the bedside:Brainstorm



Teachers' challenges

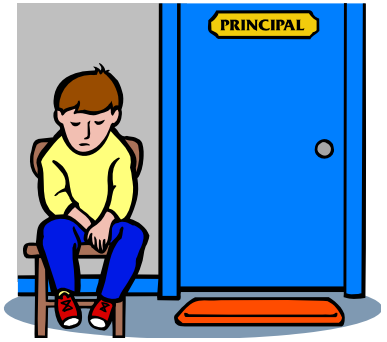


- Lack of time
- Teaching multiple levels of learners at the same time
- Feeling out of control at the bedside
- Declining clinical skills
- Lack of teaching role-models
- Decreased value of teaching



Trainees' challenges

- Lack of Time
- Threat to autonomy / physician-patient relationship
- Difficulty in discussing differential diagnosis
- Discussing delicate details (sexual orientation, substance abuse)
- Fear of making mistakes
- Not knowing expectations
- A negative learning environment



Focus groups of students and residents at BU 2004

Bedside teaching is memorable

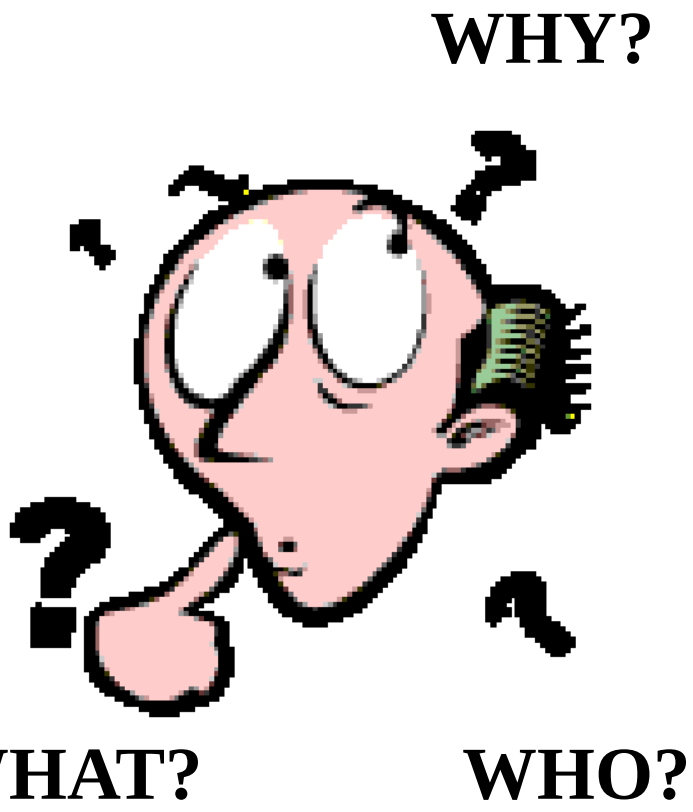
- “ I think bedside teaching is most effective because it’s very powerful if you see the example on a real person---you’re more likely to take something away from the experience, whether it be a kernel of knowledge about a disease or a certain way of interacting with patients---tends to be very memorable.”

Technology

- “ One intern called the CT scan the ‘donut of truth’--- I think it’s revealing--- it’s like saying that you don’t need to lay your hands on the patient---just plop them down on that thing.”

Patients' challenges

- **Lack of introductions or orientation**
- **Confusion by medical jargon**
- **Lack of involvement**
- **Lack of Cordial team interactions**
- **No demonstration of caring by team**



Fletcher et al, 2005

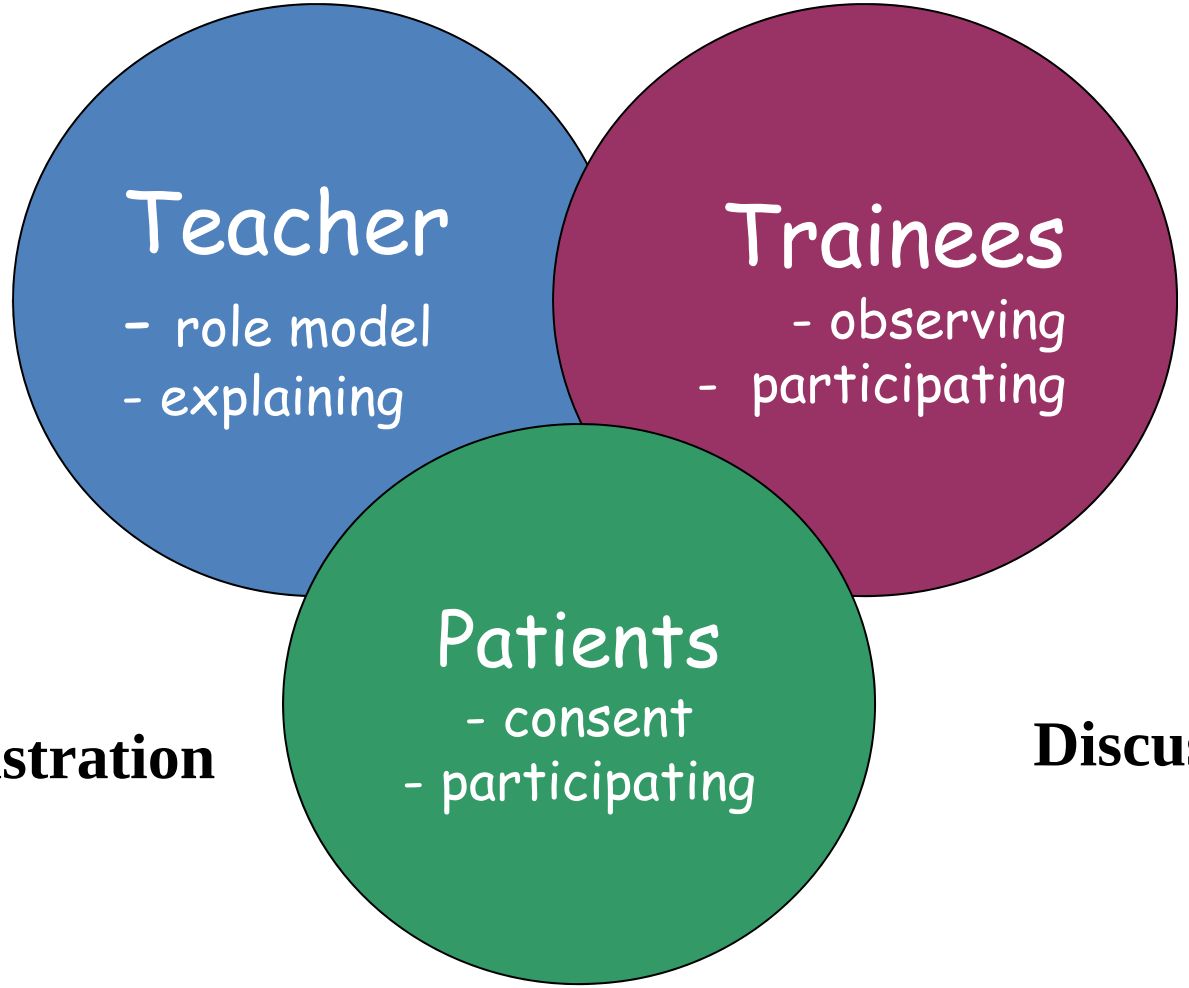
“PATIENTS LIKE BEDSIDE DISCUSSIONS”

- **Patients felt their physicians spent more time with them.**
- **87% were not upset by bedside discussion**
- **Felt reassured**
- **Understood their illness better**
- **Felt confused by terminology used.**

Linfors and Neelon,1980; Wang-Cheng et al, 1989, Lehman et al, 1997, Fletcher et al, 2005.

Models of Bedside Teaching

The Learning Triad

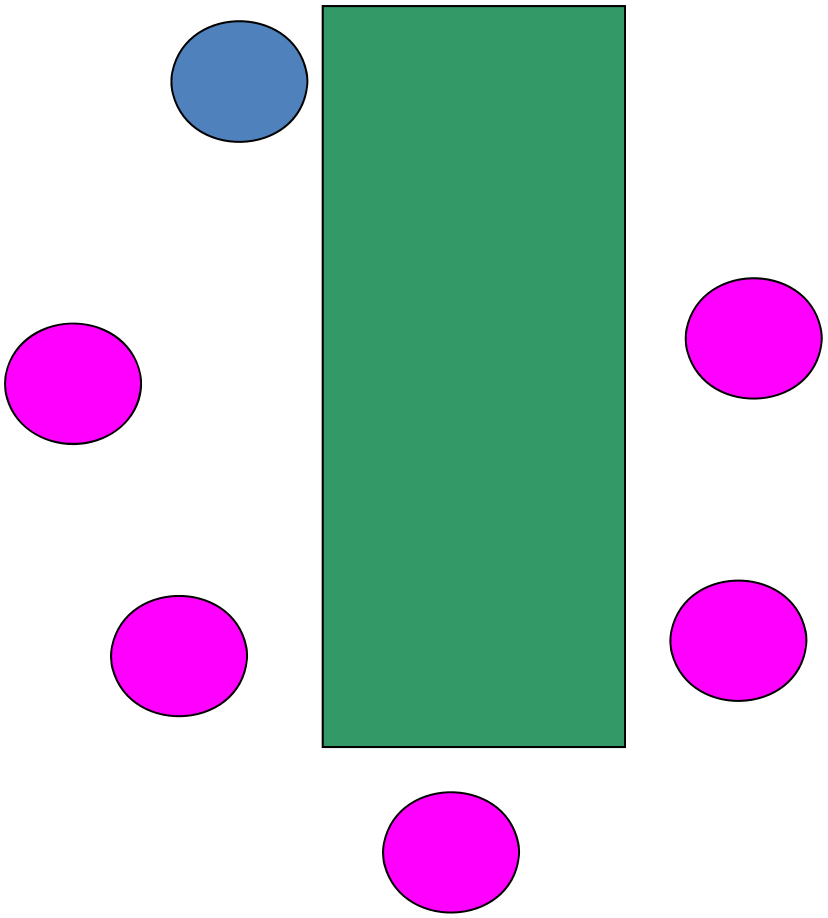


Skills demonstration

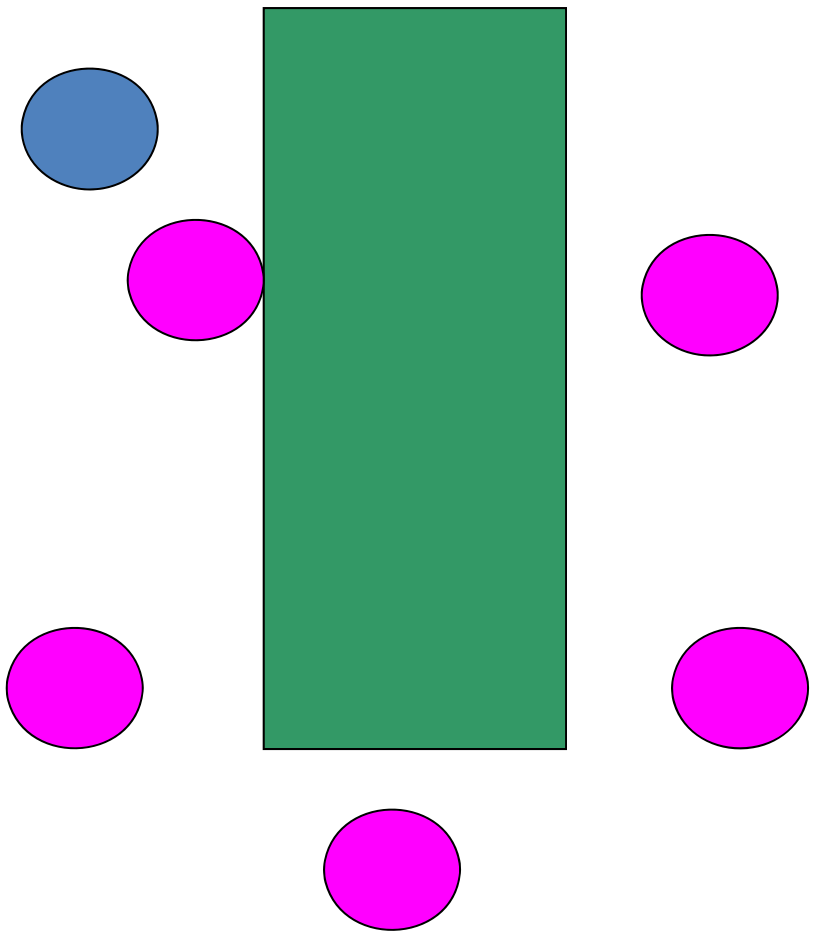
Discussion

Observation

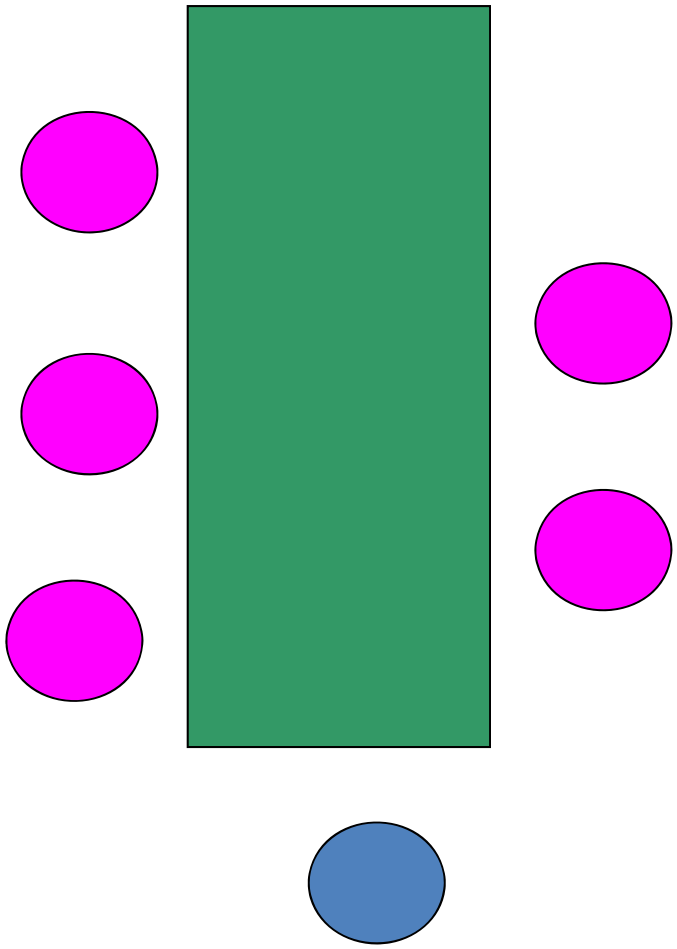
Demonstrator Model



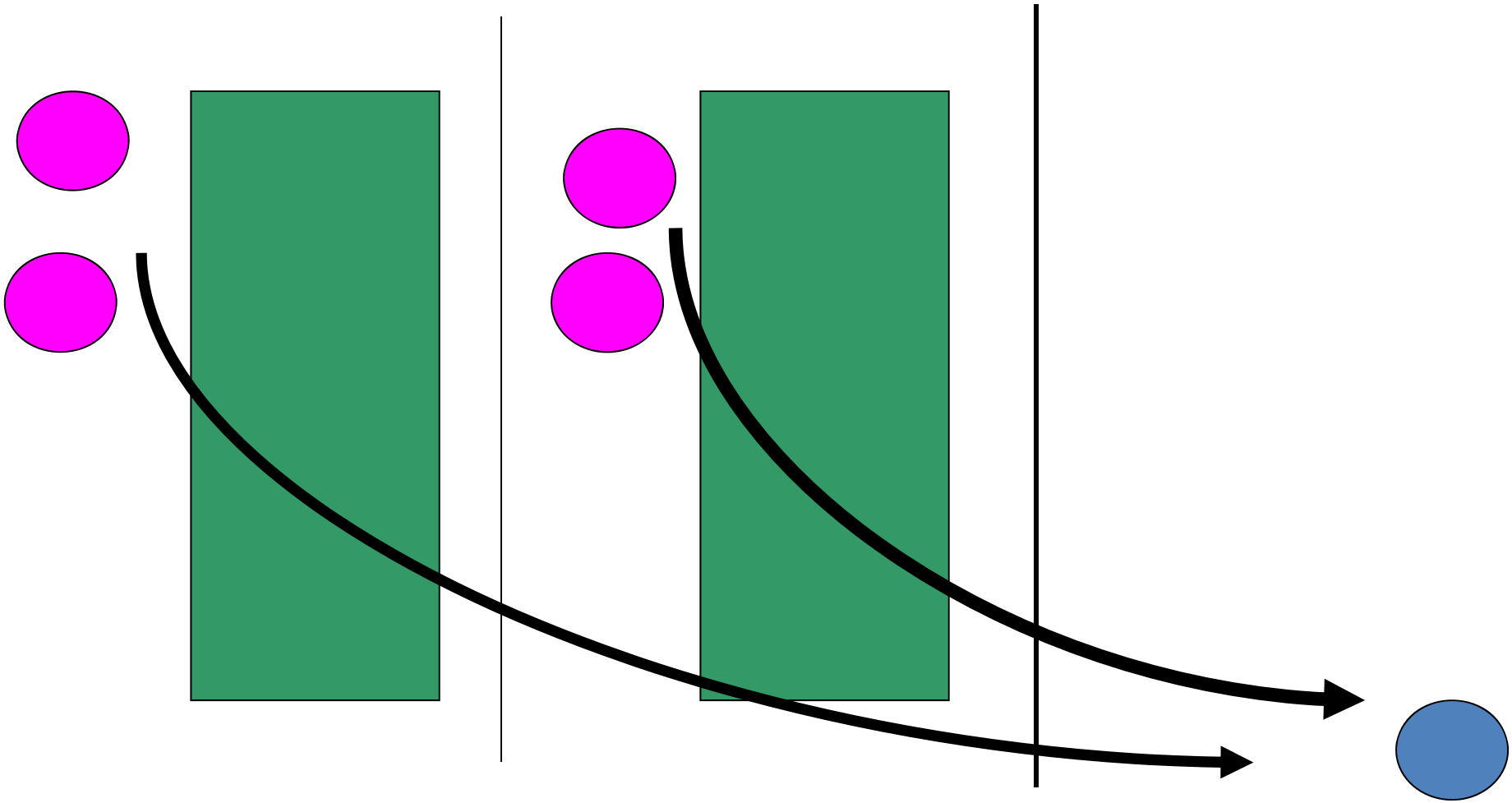
Tutor Model



Observer Model



Report Back Model



Mix and match bedside teaching models to trainees' learning needs

Bedside Teaching Pearls

- Be selective about bedside teaching.
  - Only teach with patients who wish to be involved and can illustrate an important area such as history, physical finding, or clinical problem solving.
- Have a plan for what you want the learner to gain from each encounter.
- Use the opportunity to explain your thinking and problem solving.
  - Learners and patients like teachers who "think out loud" so they can feel more involved in the process.
- Link the learning on rounds to other learning by assigning readings, giving short talks, or giving learners assignments.

When conducting bedside teaching

- Establish rules of conduct for bedside presentation early in the rotation.
- For example:
  - Residents/students should not whisper in the patient's room.
  - Telephone calls should be made discreetly outside the room.
  - Laughing at a patient and the patient's responses is never appropriate.
  - Describing the patient's sex and race in front of the patient is awkward.
  - Behavior should be proper and respectful - never flippant

Strategies for effective bedside teaching

Tasks of the Effective Teacher

Application of the Theories at the Bedside:

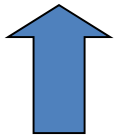
1. Orient the learner
2. Diagnose the learner
3. Set-up the learning encounter
4. Active teaching & learning
5. Assess & give feedback
6. Inspire & role model

1. Orient the Learner

Introduce to the setting, rotation, day, etc

Set your expectations

Define the learner's role



Promote active learning

Create an positive learning environment

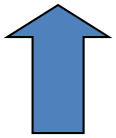
2. Diagnose the Learner

Who are they?

What are their goals?

What are their abilities?

Shared agenda



Learner-centered

Activate prior knowledge

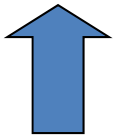
Target teaching to the right level

3. **Set-up the Encounter**

Assign responsibility

Priming

Focus on priority take home messages



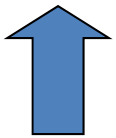
Experiential

Active learning

Relevance

4. Active Teaching & Learning

Enthusiasm!
Ask the "right questions"
Graduated responsibility
Get a commitment
Teach what you know



Motivation
Activate prior knowledge / Relevance
Progressive mastery

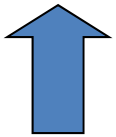
5. *Assess & Give Feedback*

Assess performance
Correct errors
Solicit self-assessment
Provide useful direction

Observation
Reflection
Feedback

6. **Inspire & Role Model**

Role model always
"You teach what you are"
Enthusiasm
Caring for patients / Humanism
Respect for colleagues



Social learning
Motivation
Learning climate

BEFORE ROUNDS

- **Preparation (Prepare)**
  - Know the curriculum
  - Diagnose learners levels
- **Planning**
  - Decide what is to be taught at the bedside.
  - What aspects are to be emphasized?
  - What is the main theme for the day?
  - Engage everyone
  - Select patients
  - Decide time allocation for a given patient.

BEFORE ROUNDS

- **Orientation (Briefing)**
  - Orientation of learners
  - Assign tasks
  - Set team rules

DURING ROUNDS

- **Introductions**
  - Orient patients about the team, the objectives of the encounter
  - Show respect for patients
  - Show respect for learners
- **Interaction**
  - Model your interactions, clinical reasoning
- **Observation**
  - Observe trainee patient interactions, exam techniques

DURING ROUNDS

- **Instruction**
  - Ask questions
  - Engage all learners
  - Teach, demonstrate clinical skills and professionalism
  - Capture teachable moments
- Find out from the team what portions of the physical exam give them difficulty, then discuss and demonstrate proper techniques.

Teach in the presence of the patient.

- This gives the patient the opportunity to learn about his/her disease and the patient receives confirmation that the team is actually considering every aspect of the case.
- It may also prompt new information from the patient.

As the bedside presentation closes . . .

- Leave the patient with an overview of his/her disease process.
- Always give the patient an opportunity to ask remaining questions
- Make and discuss plans in the patient's presence and with their input

- **Summarization**
  - Summarize key points
  - Patient education

AFTER ROUNDS

- **Debriefing (Debriefing and explanation)**
  - Answer learners questions
- **Feedback**
  - Behavior based, specific, timely, positive and negative
- **Reflection**
  - Think about what went well and what did not go well in the bedside teaching
- **Preparation for next session**
  - Use reflections to prepare for next session

Junior Resident-Learner

- You are a PGY1 resident. You just finished admitting an 85 year-old male to the hospital floor. He was accompanied by his son. He was admitted for injuries sustained after a fall. The patient states he sustained an injury to his arm and chest wall when he lost his balance and fell. On exam he has significant bruising around his ribs and bruises in different parts of his body in various stages of healing. You ask the patient about the bruises and his son responds, “He has a problem with his balance, he’s always falling”. You finish your exam and then excuse yourself to present the case to the senior resident. You feel you did a decent history and physical. Your plan is to order x-rays, provide analgesics for pain relief and order a P.T. consult for gait evaluation. You feel this is a straightforward case of injuries status post fall.
- Precept this patient to your senior resident

Senior Resident-Teacher

- You are working the floor with a junior resident (PGY1). He/she returns from doing an admission. He/she describes an 85 year-old male who presents to the hospital with injuries after a fall. The resident completes the presentation and informs you that his/her plan is to send the patient for imaging to rule out fractures, to provide the patient with analgesics for pain and to write an order for a P.T. evaluation for gait imbalance. After hearing the case, and the son's response to the resident, you are concerned. The resident did not talk to the patient in private and had not even considered elder abuse in his differential. When you bring up the possibility of elder abuse with the resident he/she tells you that the son seemed real nice and he seemed to get along really well with his father (the patient).
- **Practice Bedside Teaching Skills-**
  - **what is your teaching goal?**

DIRECTED OBSERVATION

12 Tips for implementing tools for direct observation of medical trainees' clinical skills during patient encounter

1. Define competencies and objectives for the program to guide use of a tool for direct observation
2. Determine whether the purpose of the direct observation program is formative or summative assessment
3. Identify an existing tool for direct observation rather than creating a new one
4. Create a culture that values direct observation
5. Conduct faculty development on direct observation
6. Build meaningful feedback into the direct observation process and train faculty to provide effective feedback

12 Tips for implementing tools for direct observation of medical trainees' clinical skills during patient encounter

7. Require action planning after each direct observation
8. Orient learners to direct observation feedback
9. Apply the tool multiple times per trainee
10. Develop systems that accommodate direct observation of clinical skills
11. Measure Outcomes of the direct observation of clinical skills program
12. If a new tool is developed for use, try to assess its validity