Becoming Better Bedside Teachers

Developed in Conjunction with the University of Colorado Academy of Medical Educators

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Objectives

- Understand the proposed rationale for bedside teaching
- Recognize the barriers to teaching and learning at the bedside
- Discuss strategies and techniques to enhance the ability to teach effectively at the bedside
- Employ the “MiPLAN” model to make teaching at the bedside fun, effective, and simple
“Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to hear, learn to feel, learn to smell, and know 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.” –William Osler
Advantages of Being with Our Learners in the Presence of Patients

**IMPROVES PATIENT CARE**
- Gather add’l info
- Humanizes care
- Encourages understandable language
- Activates patients’ learning and understanding of disease
- Patients prefer it

**EDUCATIONAL ADVANTAGES**
- Directly observe student’s skills
- Role model skills and attitudes
  - History, Physical Exam
  - Interpersonal/Communication Skills
- Ability to connect data with patient presentation
- Attendings, residents, and students prefer*

Janicik 2003, Ramani 2003
Advantages of Being with Our Learners in the Presence of Patients

- Patient Care @ Bedside
- Education @ Bedside

Improves Efficiency
Faculty, trainees, and training programs consider it one the most important teaching modalities.

Faculty and trainees feel like bedside teaching should increase in frequency.

Percentage of Rounds at the Bedside:
- 1960’s: 75%
- 2009: 17%

Overall, what proportion of rounds at your institutions is conducted in the presence of the patient:

- >50% of the time?
- > 25% of the time?
- Zero?

What do you see as Barriers for Teaching in the presence of the patient?
Barriers

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## Organizing Key Elements for Effective Clinical and Bedside Teaching

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Meeting - Before the Encounter

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**Rationale**

- **Personal Introductions**
  - Identifies motivations for learning, pre-existing experiences
  - Starts to create safe learning environment
- **Communication of specific goals and objectives**
- **Discussion of learning climate, teaching methods, and expectations**
In Table Groups:

- Write down your experience/current practice with participating in a teacher-learner meeting
  - How often have you been a part of one?
  - How, when, where does it take place?
  - What is discussed?

- Each group discuss how you might accomplish one of the specific worksheet “Goals of the Meeting”
  - Creating safe learning environment
  - Setting stage for high-yield, learner-centric experience
  - Laying the groundwork for future feedback
  - Establishing roles for delivering patient care
  - Communicating important logistical information
## Before and During the Patient Presentation – the “i’s”

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- **Patient centered teaching**: Role-modeling through clarification of the history, PE findings, correcting clinical reasoning, and communication
- **Learner questions**: stated and unstated, Socratic opportunity
- **Attending's agenda**: medical topic teaching, EBM, other attending-identified areas of learning
- **Next steps**: feedback, debrief, identify areas for deliberate practice, identify learning points to revisit as a team, next patient
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## Overcoming Common Barriers

### Before Patient and/or Teaching Encounters Begin

- **Meeting**: all team members (teacher and learners) get to know each other, discuss mutual expectations for time together (how care, teaching, and learning will occur, set agenda), consider establishing a formal or informal learning contract

### Before and During the Patient Presentation

- **Introductions**: introduce team/agenda/purpose to patient before beginning of presentation
- **Independent thought**: encourage independent thought to teach and assess clinical reasoning
- **In the moment**: be a focused listener
- **Inspect**: demonstrate astute patient observation through visual PE, visual psychosocial exam, engagement of entire team
- **Interruptions**: minimize interruption in the presentation

### After the Presentation

**Teaching algorithm, (look for opportunities with P, if none \(\rightarrow L \rightarrow A \rightarrow N\))

Choose ONE

- **Patient centered teaching**: Role-modeling through clarification of the history, PE findings, correcting clinical reasoning, and communication
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Thank You!

- What ONE thing from today’s workshop will you employ?
- Please fill out and leave your evaluation
- Questions or feedback:
  - Chad.stickrath@ucdenver.edu
  - Melver.anderson@ucdenver.edu