



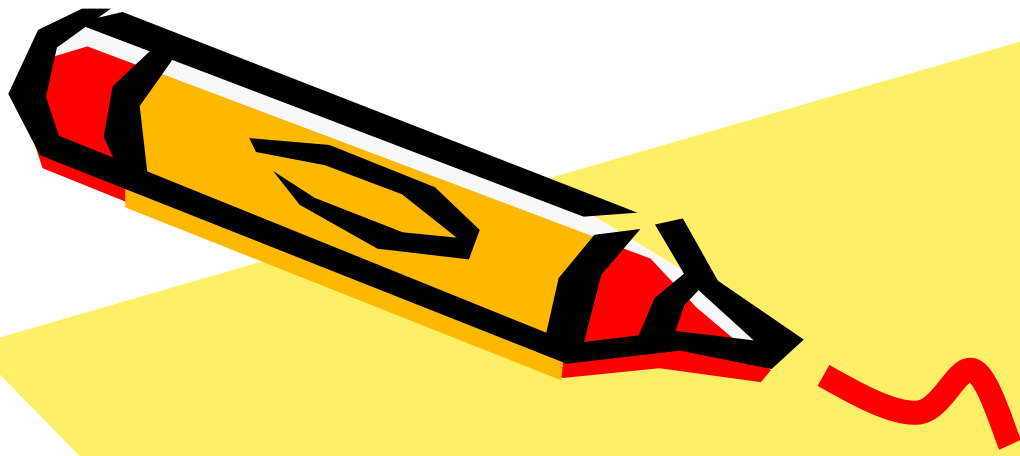
# Clinical Teaching- Bedside and Ambulatory

Hari Raja, M.D.  
Angela Mihalic, M.D.

"In what may be called the natural method of teaching, the student begins with the patient, continues with the patient and ends his study with the patient, using books and lectures as tools, as means to an end. For the junior student in medicine and surgery 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, Address to the New York Academy of Medicine, 1903)





# Bedside Teaching

What are the Advantages?



# Advantages to Bedside Teaching

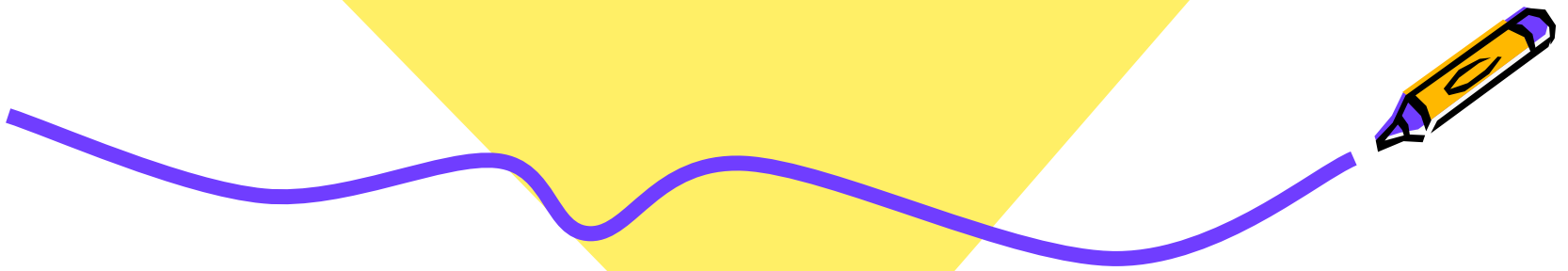
- Opportunity to :
  - Gather additional information from patient
  - Directly observe students' skills
  - Role model clinical skills and attitudes
- Humanizes care by involving patients
- Encourages use of understandable and non-judgmental language
- Active learning process
- Patients feel active and part of the learning
- Improves patients' understanding of their disease and work-up





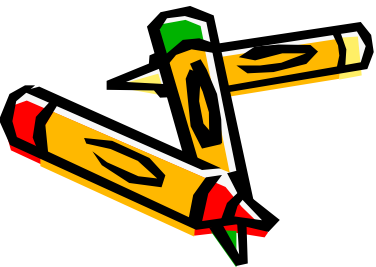
# Bedside Teaching

What are the Barriers?



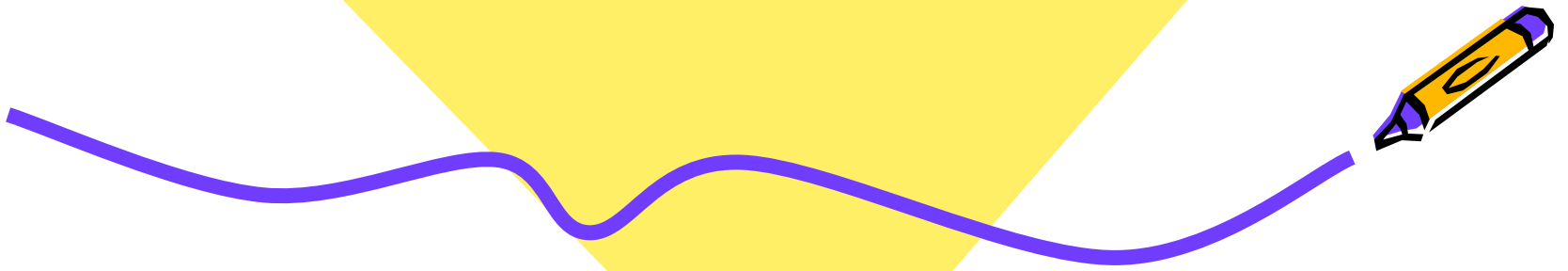
# Barriers To Bedside Teaching

- Fear of patient discomfort
- Lack of privacy, confidentiality
- Patients are often hard to locate
- Learners do not want to go to bedside
- Takes more time
- Teachers feel uncomfortable (may lead to discussion of medicine teacher not familiar with)

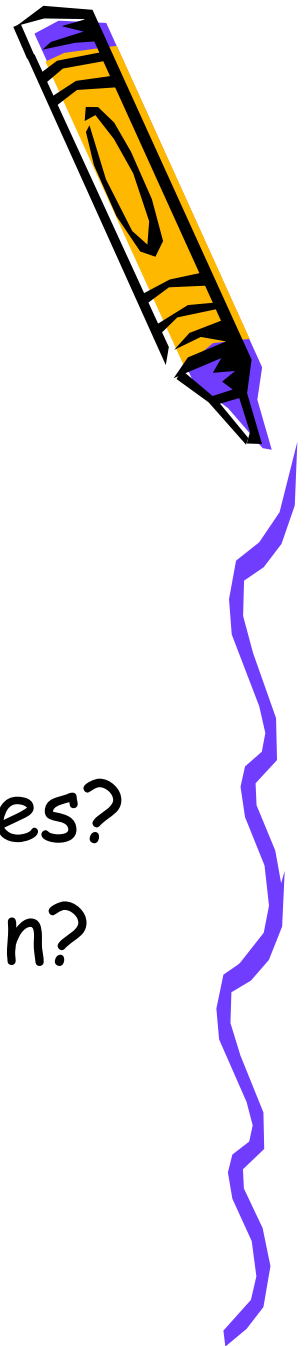




# Role Play # 1



# Role Play- 1

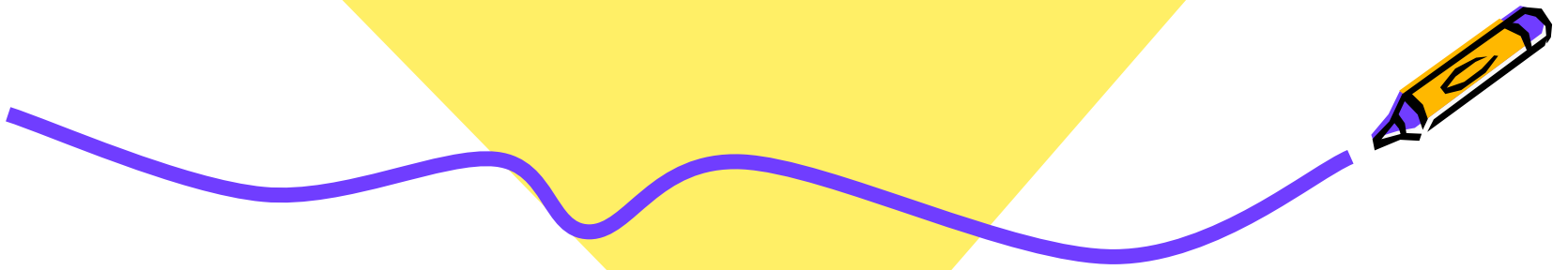


- What did you see?
- What did you feel?
- What did you think?
- What were the missed opportunities?
- How could you remedy the situation?
- How could this have been avoided?



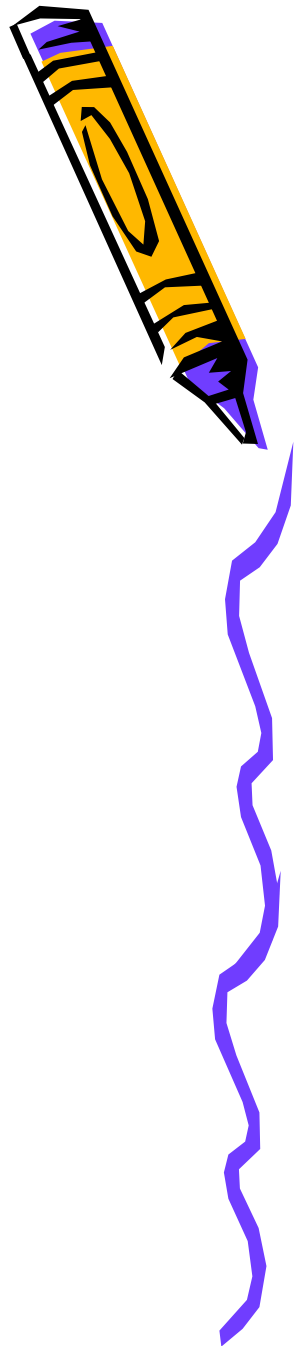
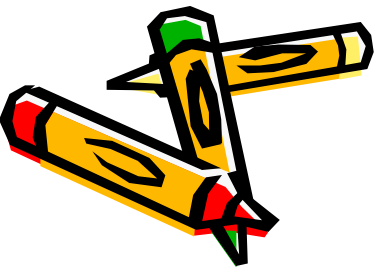


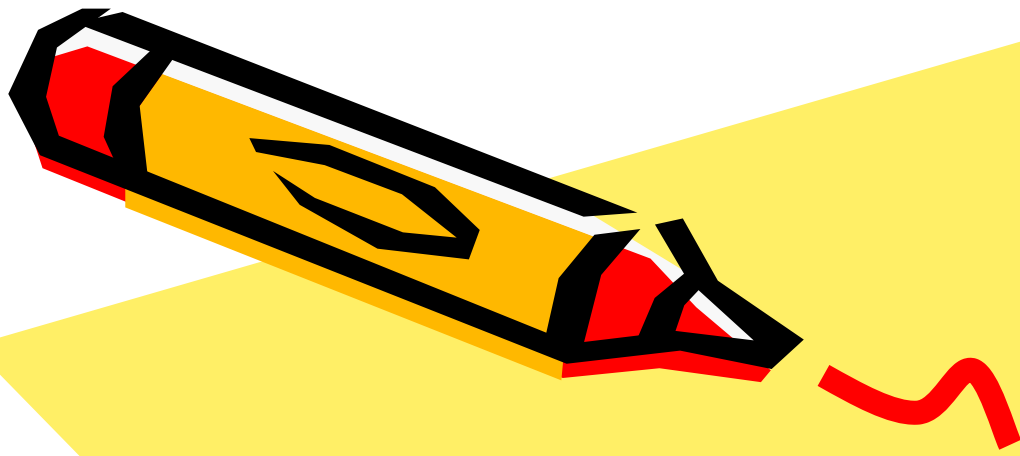
# Role Play # 2



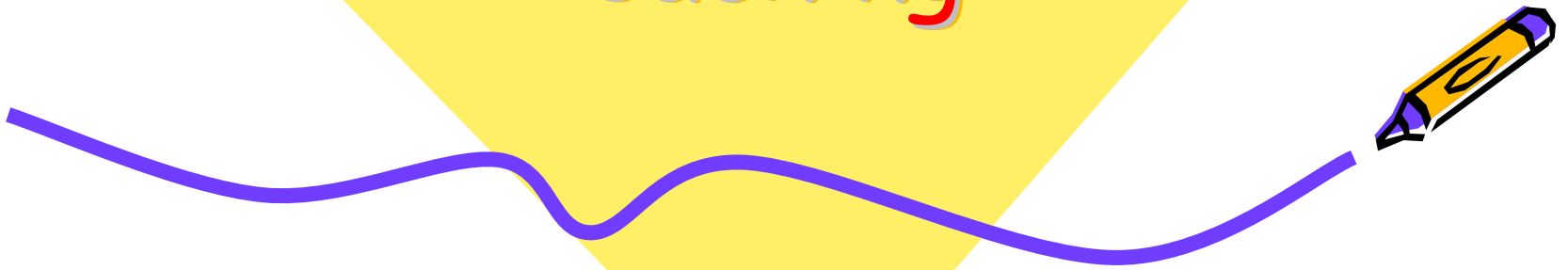
## Role Play-2

- What did you see?
- What did you feel?
- What did you think?
- How did this situation differ from the first scenario?
- What goals were met?
- Who benefitted?





# TOP 10 Steps for Improving Bedside Teaching

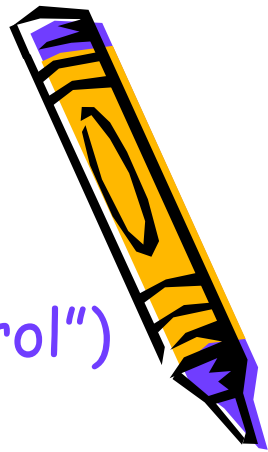


# Step #1- Preparation

- Teacher should review curriculum to be taught
- Determine skill level and knowledge of learners
- Consider receptiveness of learners (post call)
- Teachers need to improve own history taking and exam skills by learning from expert clinicians, faculty development programs as well as use of multi-media resources on the clinical examination
- Ask patient's permission



# Step #2- Plan Goal of Each Bedside Encounter



(Decreases the teacher's anxiety about "lack of control")

- Decide what specific aspect is to be taught
  - History taking, physical exam, counseling, etc.
- Plan activities to keep everyone engaged
- Select patients who would make good bedside teaching
  - Get learner input on selection
- Set time limit for each patient and for rounds
- Does not have to be all or none

Can do some presentations in conference rooms, then bedside round on select patients based on goals



# Step #3- Orient Learners to Goals of session



- Discuss objectives of session
- Assign roles to team members
  - Prevent boredom, excessive time
- Educate on appropriate bedside manner
  - Sensitive discussions should be postponed



# Step #4- Introduce Self and Team to Patient



- Orient the patient as to what is planned
  - Emphasize the teaching nature of the encounter
  - Assure some of the discussion may be theoretical and not relate to them



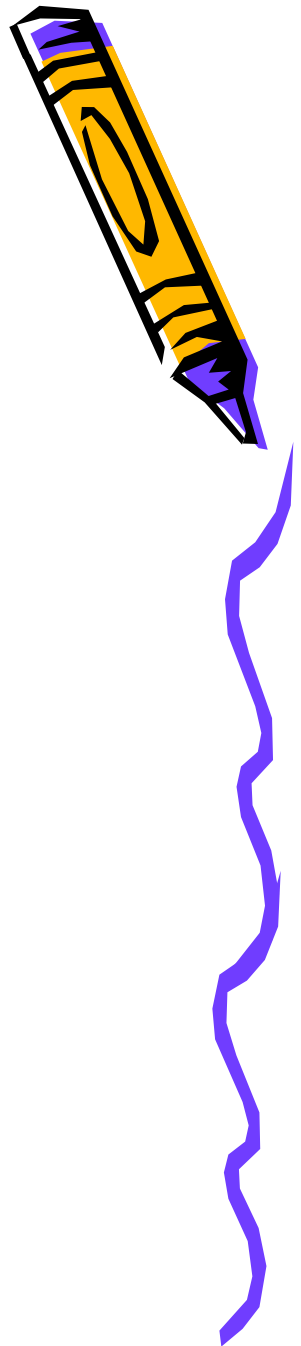
# Step #5- Role-Model a Physician-Patient Interaction

- Provides golden opportunity to model Doctor-patient relationship
  - Professionalism, communication styles, compassion, cultural sensitivity, etc.
- Patients feel encounter values them and their contribution to teaching



# Step #6- Hone your Observation Skills

- Observe learner's interaction with the patient at the bedside
  - Communication
  - History taking
  - Exam skills
  - Problem solving
  - Knowledge
  - Attitudes



# Step #7- Challenge the learner without humiliation



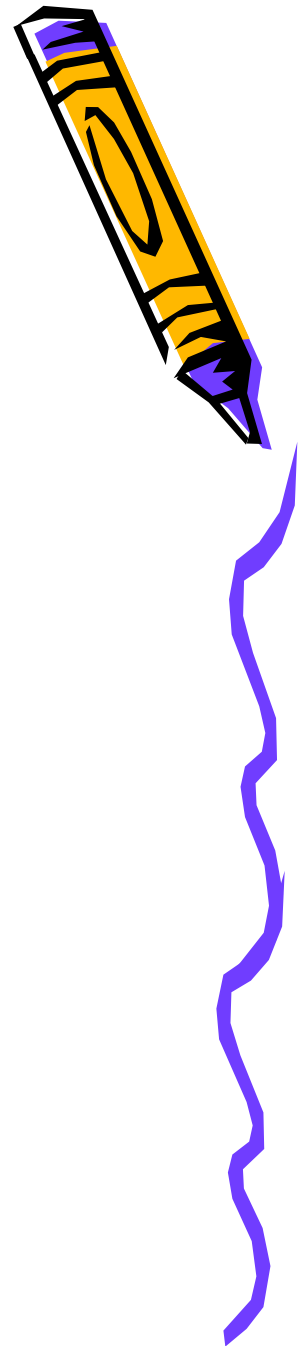
- Avoid asking "read my mind" questions
- Use gentle correction when needed
- Discourage one-upmanship
- Admitting one's own lack of knowledge sets tone and allows learners to admit their limitations and encourage them to ask questions- Emphasize you are willing to learn from trainees as well as patient
- Avoid asking questions to junior learner when senior learner missed it
- Keep all learners engaged
- **Capture teachable moments!!**



Use opportunities to give positive feedback and correct deficiencies in knowledge skills and attitudes



# Step #8- Tell Learners What Has Been Taught



- Summarize for learners what has been taught
- Summarize discussion for patient-  
pointing out what applies to them
- Patient counseling can occur here-  
concisely



# Step #9- Debrief Team Outside the Room



- Time for questions, clarifications, assigning further reading, etc.
- Opportunity to discuss sensitive topics
- Get feedback on teaching encounter
  - Briefly discuss strengths/weaknesses
  - How can modify in future



# Step #10-Self Reflection



- Teacher should do self evaluation
  - Reflect on own strengths/weaknesses
  - Determine how the next session could be modified/improved
  - Review annual course evaluation feedback from students and make changes accordingly





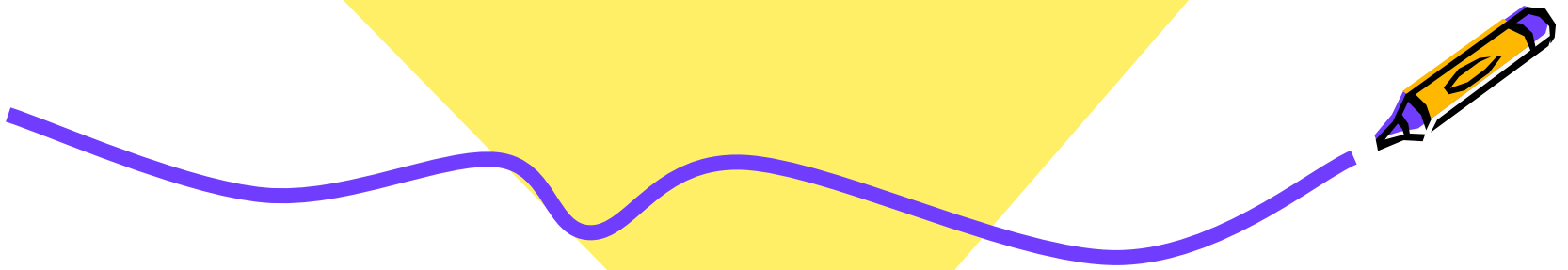
"To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is to not go to sea at all."

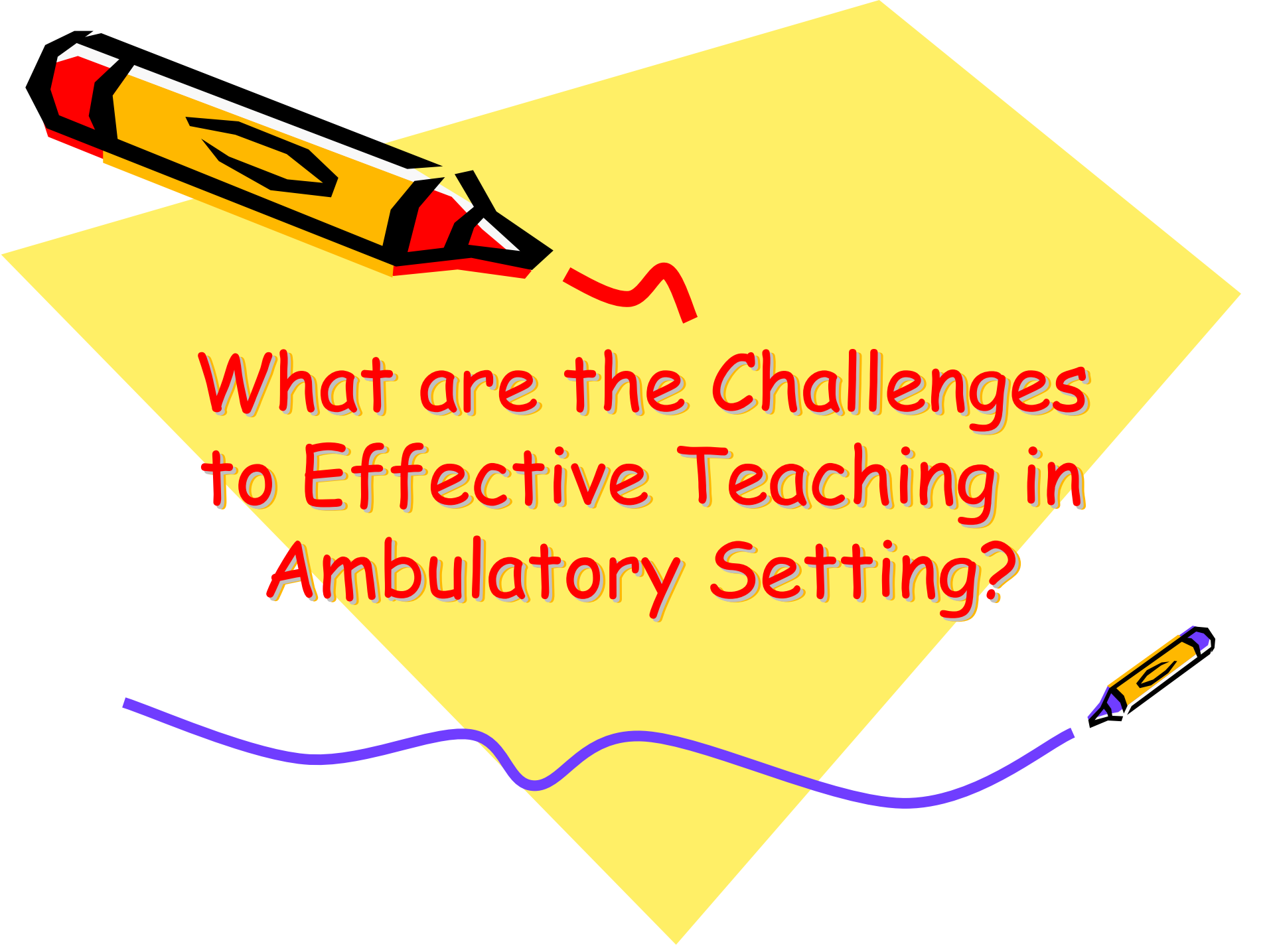
(Osler, 1903)





# Ambulatory Teaching



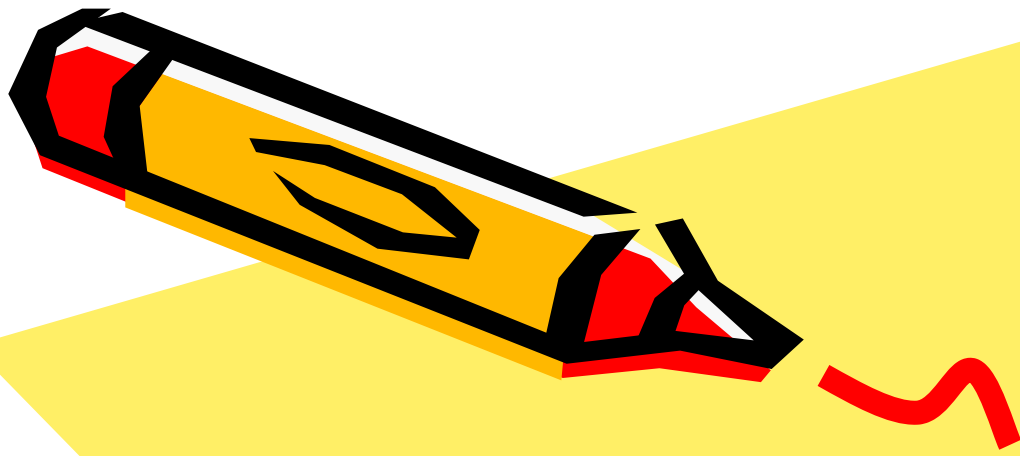


What are the Challenges  
to Effective Teaching in  
Ambulatory Setting?

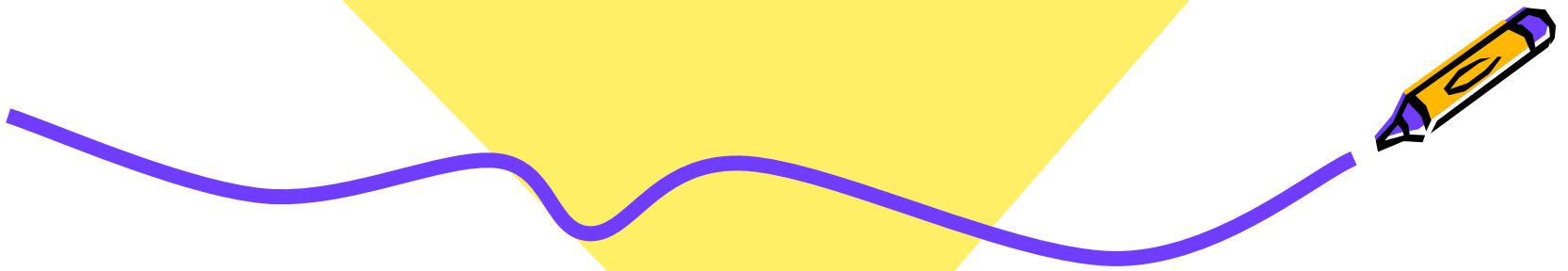
# Challenges to Teaching in Ambulatory Setting

- **Lack of time**
- Competing demands
  - Patient volume
  - Professional interruptions
- Lack of resources
  - Crowded clinic environment
  - Lack of funding "I'm not paid for this"
- Lack of interest
  - Student not interested in my field
- Poor preparation
  - Lack of instruction on teaching
  - Lack of feedback regarding teaching



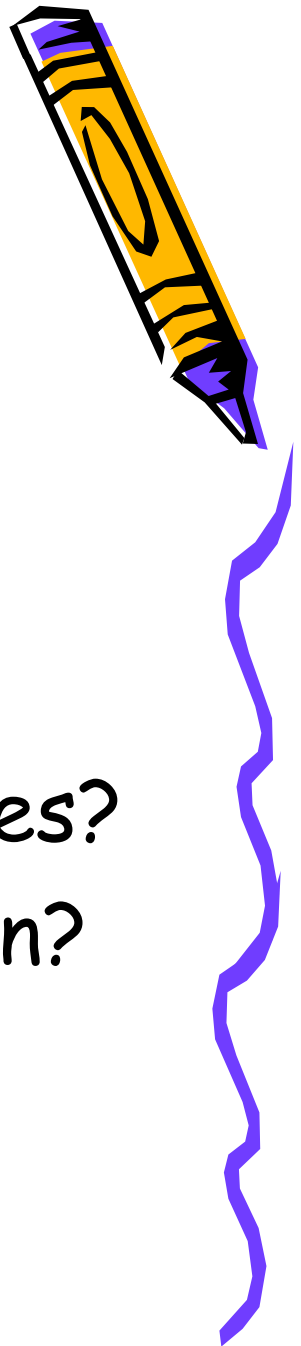


# Role Play # 3



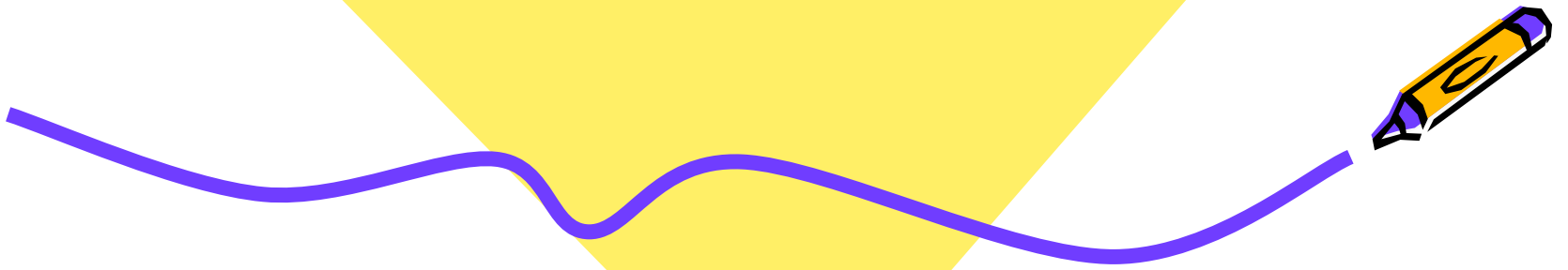
## Role Play- 3

- What did you see?
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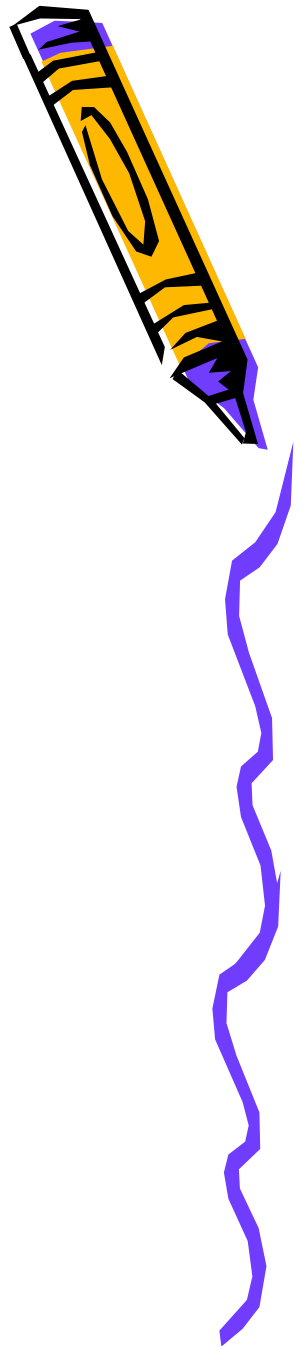


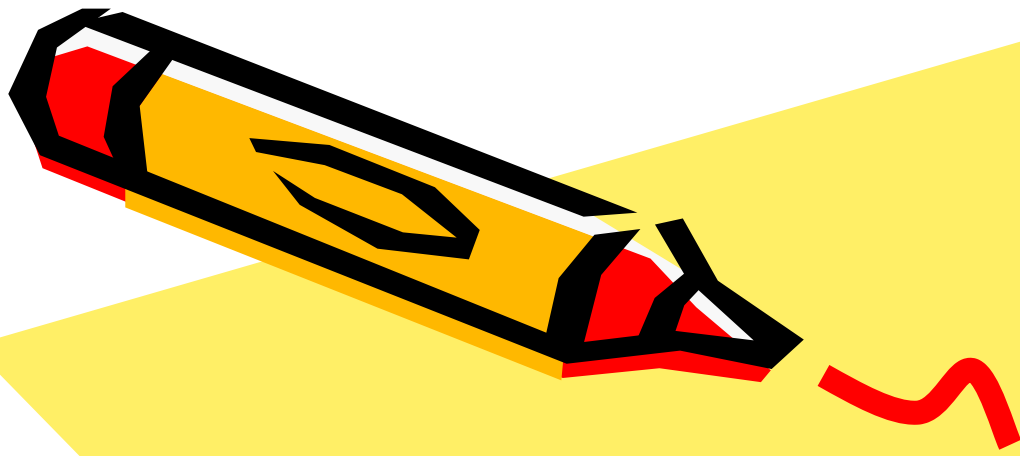
# Role Play # 4



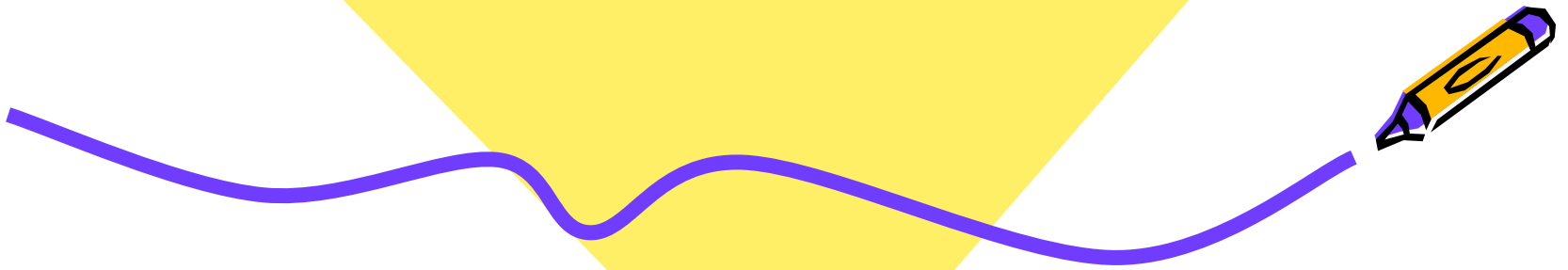
# Role Play-4

- What did you see?
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- Who benefitted?

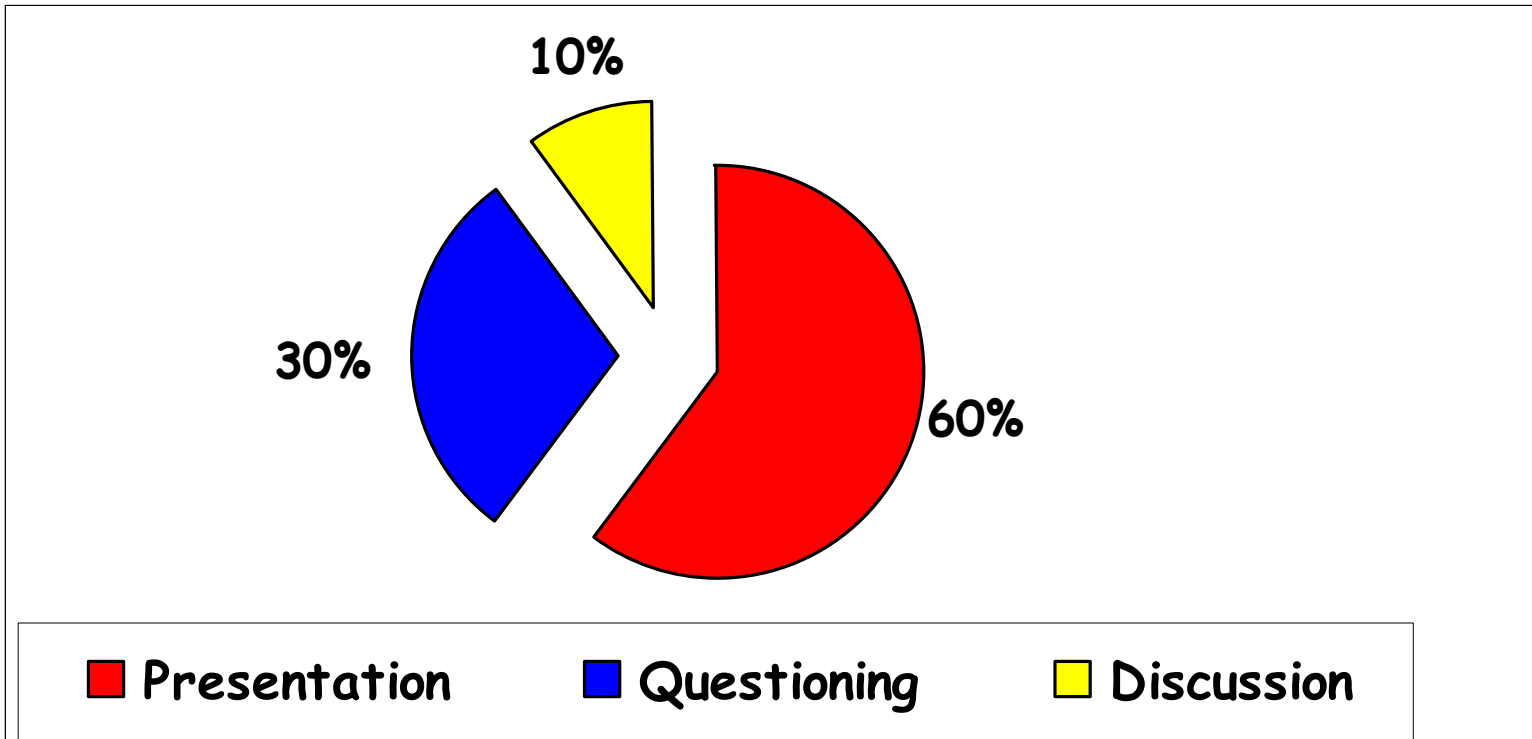
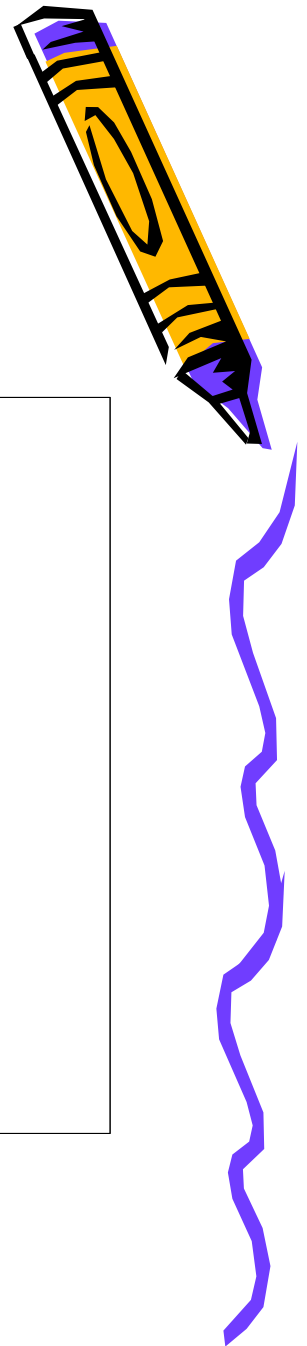




How Much Time Does it  
Take to Teach??



# Teaching Time in Clinical Setting





# Skills for Clinical Teaching

AKA "The One Minute Preceptor"



# The One-Minute Preceptor

- Get a commitment
- Probe for supporting evidence
  - Reinforce what is right
- Give guidance about errors or omissions
  - Teach general principles
  - Conclusion



# Commitment

## Why?

- Learner becomes more active in teaching encounter.
- Allows you to assess how learner has processed information presented
  - Example- “What do you think is going on with this patient?”



# Probe for Evidence

Why?

Uncovers learners reasoning process for arriving at the conclusion.

- Example- "What were the major findings that led to your conclusion?"

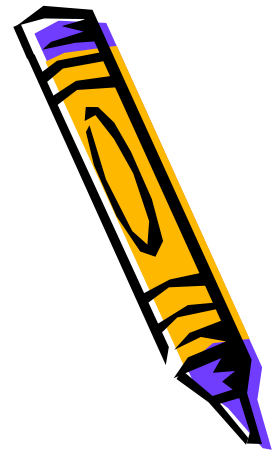


# Reinforce what was right

## Why?

- Behavior specific positive feedback will promote and encourage desirable clinical behaviors.

Example-“Your history of present illness was very well organized and included the important negatives including cough and rhinorrhea.”

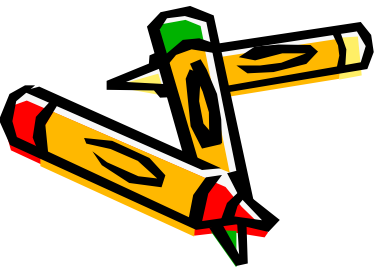


# Give Guidance About Errors or Omissions

## Why?

- Behavior specific constructive feedback discourages incorrect behaviors and corrects misconceptions.

Example - "Although Trimethoprim/sulfa is a good choice for Staph, it doesn't cover Strep throat. A better choice is Penicillin."

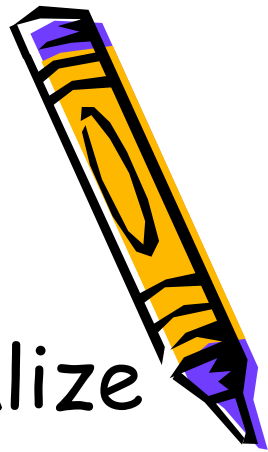


# Teach General Rules

## Why?

- Helps learner to effectively generalize knowledge gained from this specific case to other clinical situations.

- Example- "Scarlet fever is when Strep throat is associated with a rash due to toxin production. The rash classically appears as fine, erythematous, confluent papules that feel like sandpaper. It is important to warn these patients that there could be peeling of the skin in the next 7-10 days."



# Conclusion

## Why?

- Helps control time and sets clear agenda and roles for remainder of encounter.
  - Example: “OK, now we’ll go back in the room I’ll show you how to get a good throat swab. When we have the results let me know and I’ll watch you go over the treatment plan with the family.”





THE MENTAL CHRISTMAS CHOIR

