Bedside Teaching: From Theory to Practice

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Osler's Rounds

" He would go to a patient's bed, stand (or sometimes sit in a chair), near the head of the bed at the patients right side, give him a cheery greeting and, if he were a new patient, ask for his history which would be given by the student clinical clerk. After it had been commented on, possibly criticized and often added to and illuminated by Dr. Osler…. The report of the physical exam was called for……

Osler's Rounds

"Usually Dr. Osler made some examination himself and demonstrated and discussed salient features, all the time mingling his discussion with remarks and explanation to the patient so that he would not be mystified or frightened."

Christian. Arch Intern Med 1949; 84:77-83.

TEACHING AT THE BEDSIDE

- 1960 - 75% of Attending Rounds conducted at the bedside
- 2001 - < 16% of Attending Rounds conducted at the bedside

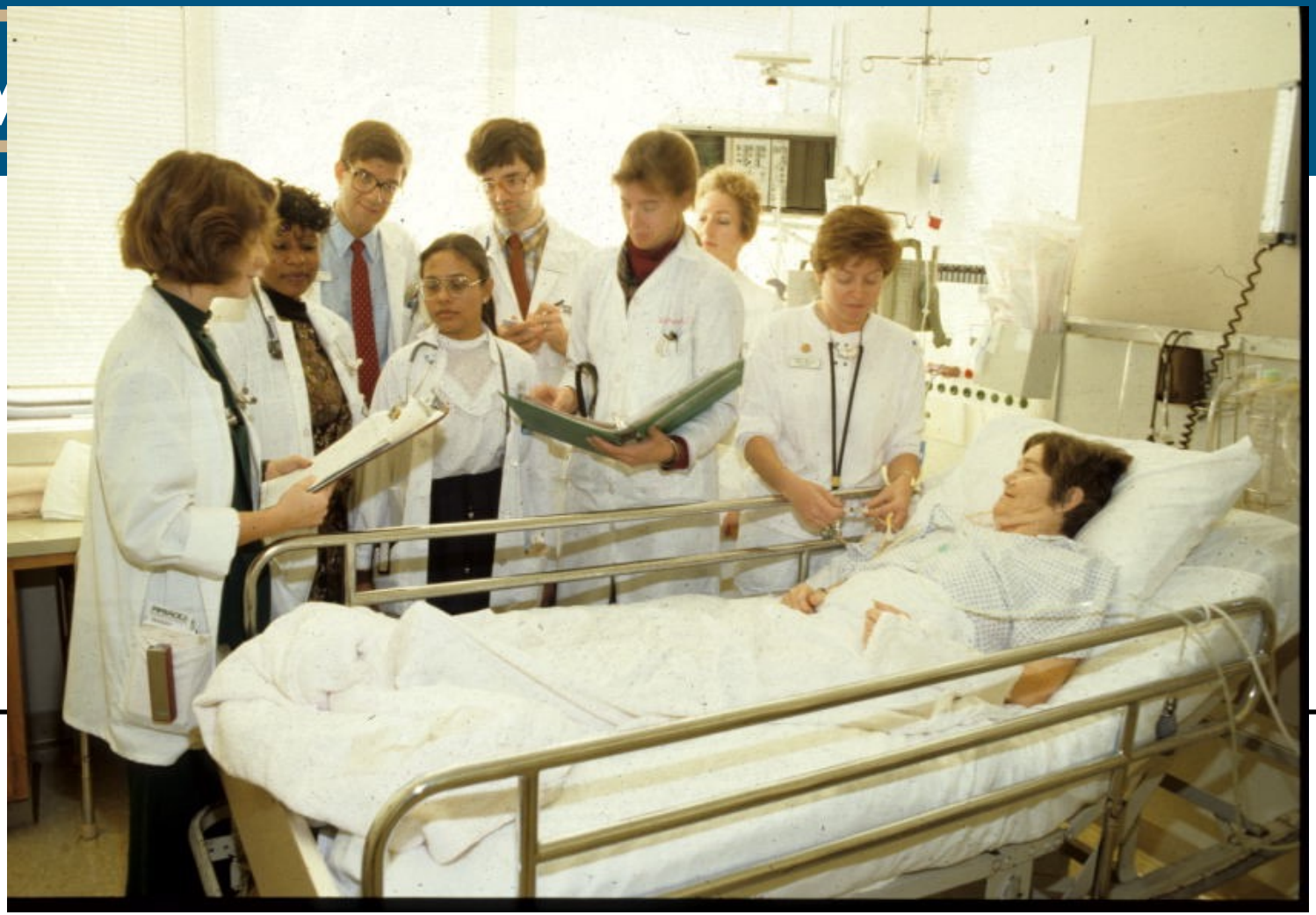
REASONS FOR THE DECLINE IN BEDSIDE TEACHING

- Fascination of medical technology
- Accelerated pace of diagnosis and treatment ("The patient is off for a test")
- Conference and lecture form of teaching is what we know best
- Faculty's discomfort at the bedside?
- Trainees' acceptance?
- Electronic medical record
- Others?
- Patient acceptance/satisfaction?

The Physiologic and Psychological Effects of the Bedside Presentation

Richard Simons, Robert Baily, Robert Zelis, and Clifford Zwillich
NEJM 321: 1273, 1989

- 20 Patients with suspected MI
- BP, HR, plasma norepinephrine measurements obtained before, during and after a bedside presentation
- Patients were interviewed and the State-Trait Anxiety Inventory questionnaire was administered to all patients



THE PHYSIOLOGIC AND PSYCHOLOGICAL EFFECTS OF THE BEDSIDE PRESENTATION: RESULTS

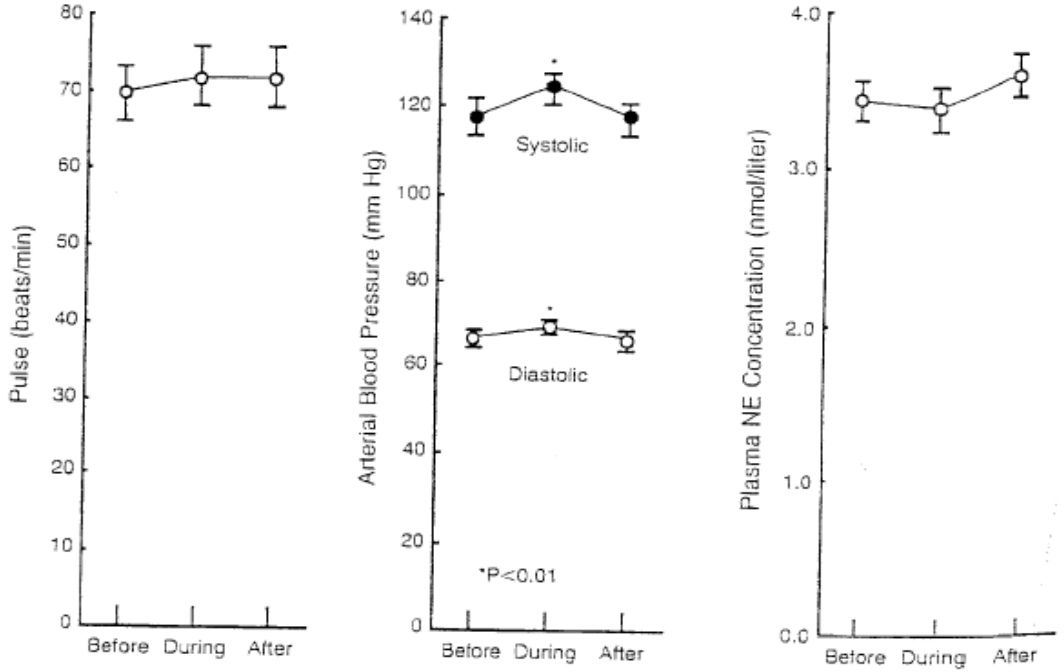


Figure 1. The Effect of the Bedside Presentation on the Mean (±SE) Pulse Rate, Blood Pressure, and Plasma Norepinephrine (NE) Concentrations in 20 Patients Admitted to the Critical Care Unit because of Suspected Acute Myocardial Infarction.

Bedside Presentation - Patient Responses

- Patients pleased with bedside presentation
- Bedside rounds helped them to understand their medical problems
- Bedside presentations should continue
- State trait anxiety scores indicated no significant anxiety

Bedside Presentation Study - Conclusions

"Our study of the stress response of patients in the critical care unit during a bedside presentation indicates that it does not cause any measurable deleterious effects and is viewed by patients as an acceptable and reassuring procedure"

- *Simons et al*

The Effect of Bedside Case Presentations on Patients' Perceptions of their Medical Care

- Lehman et al NEJM 336, 1997

95 medical patients had bedside presentations

87 medical patients had conference room presentations

Questionnaire administered within 24 hours of admission

Hopkins Bedside Presentation Study: Results

- Doctors spent more time with patients (10 v. 6 minutes) when conducting bedside rounds
- Patients with bedside presentations were more likely to report favorable perceptions of their inpatient care
- Better-educated patients were less likely to report that physicians used confusing terminology

"Bedside teaching in medical education: A literature review" - Peters, Perspect Med Ed, 2014

Key Findings:

- Bedside teaching has shown to improve certain clinical diagnostic skills in medical students and residents
- Patients, students/residents and teachers all seem to favor bedside teaching
- Barriers include the increased patient turnover, the assumed violation of patients' privacy and an increased reliance on technology in the diagnostic process
- Solutions include using residents and interns as bedside teachers, actively educating faculty regarding the importance of bedside teaching and providing them with practical strategies

BRINGING ROUNDS BACK TO THE PATIENT: A ONE-YEAR EVALUATION OF THE CHIEFS SERVICE MODEL FOR INPATIENT TEACHING

BENNETT, NADIA L. MD; FLESCH, JUDD D. MD; CRONHOLM, PETER MD, MSCE; REILLY, JAMES B. MD, MS; ENDE, JACK MD

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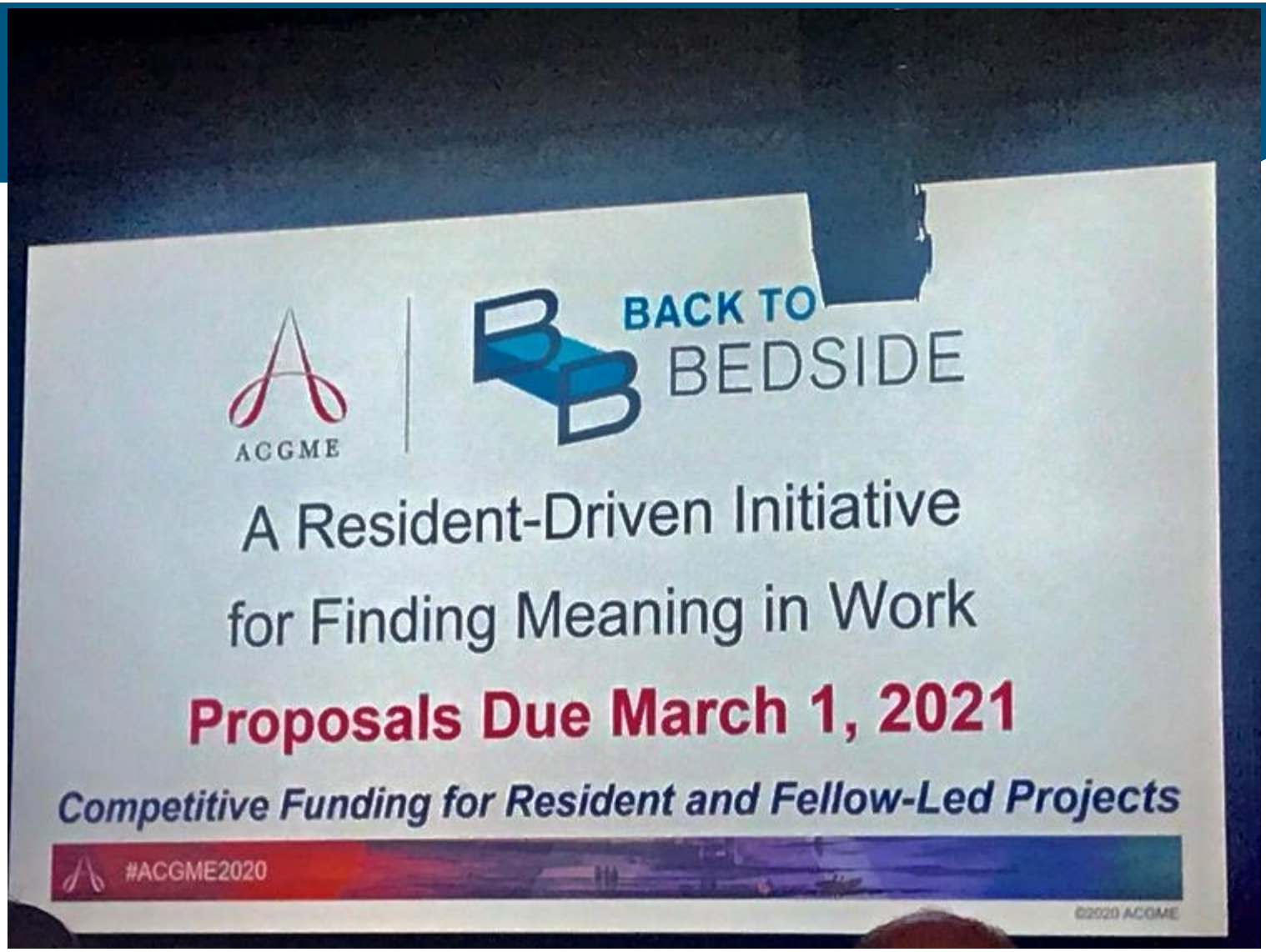
Penn's PMC Chief Service Rounds

- morning huddles
- bedside rounds
- diagnostic "time-outs"
- day-of discharge rounds
- Post-discharge follow-up rounds

Bringing Rounds Back to the Patient: *Findings*

- 183/188 (97%) residents completed questionnaires
- 137 residents were assigned to the traditional services (TS) and 51 residents were assigned to chief service (CS)
- CS residents reported significantly greater satisfaction in the resident education and faculty modeling of patient-centered care, and they rated the overall value of the rotation significantly higher
- CS residents perceived the value of CS in resident education, patient-centered care, and collaboration with an interdisciplinary team.



The aim of *Back to Bedside* is to cultivate joy in work through improving the patient-physician relationship. These interactions often occur at the bedside. - ACGME

Why this is important . . .

1. Medical interviewing, physical examination, clinical reasoning and counseling remain vital to the successful care of patients
2. The literature continues to document serious deficiencies in the clinical skills of trainees
3. Lack of quantity and quality of faculty observation
4. We can do better!

WHY TEACH AT THE BEDSIDE?

- Role-modeling
- Professionalism
- Communication
- Physical diagnosis
- Patient-centered care

GW Hospitalist Perspective

"No one is doing the traditional full bedside rounds with full presentations by learners and Socratic teaching at the bedside

Most are doing an augmented form of bedside teaching that focus the bedside teaching on a pertinent teaching point, pertinent education for the patients, pertinent physical exam findings with a component for Socratic teaching occurring at the bedside.

Most cited high acuity of patients, high turnover of patients and multiple admissions per day in a drip admission system, system delays and challenges (radiology, disposition challenges) and EMR charting as reasons for the lack of time to do more in depth bedside teaching. "

Bedside teaching: *my take*

- Make use of any opportunity to teach at the bedside!
- Set expectations
- Carefully select and Prepare the patient(s)
- Revive *Physical Diagnosis Skills*
- Integrate *Clinical Reasoning*
- Observe the student/resident in action
- Model patient centered approach
- Invite the patient to provide feedback