Bedside Teaching

Why Don't We Do It? Barriers to Bedside Teaching
1. Declining bedside teaching skills
2. Aura of bedside teaching - i.e. I need to be perfect
3. Teaching not valued
4. Erosion of teaching ethic

Obstacles Unique to Emergency Medicine
1. Need for immediate expert stabilization of critically ill patients
2. Maintenance of patient flow
3. Maintenance of patient care quality
4. Assurance of patient satisfaction
5. Not trained as teachers
6. Not paid to teach

Improving Clinical Teaching in the ED
1. Characteristics of a good teacher
   - Enthusiasm
   - Clear and well-organized
   - Adept at interacting with students and residents
   - Promote learner autonomy and demonstrate patient care skills
   - Wait for learners to respond to questions (3 seconds)
2. Need to be effective but efficient teachers
3. Methods
   - How will I teach?
     - Teaching style
   - What will I teach?
     - Learning domain (knowledge, skills, attitudes)
4. Techniques
   - a. Get to know the trainee, plan the shift together
      - Learn who are members of "the team" - names, levels, etc
      - Communicate objectives, expectations, evaluation criteria
      - Decide is a particular emphasis for this shift - diagnosis, treatment, procedures
      - Tell them how you want them to present their cases
      - Give them guidelines
   - 5. Listening
      - Listen more, talk less
      - Styles
        - Telling (didactic)
          - Most controlled, least effective
        - Asking
          - Socratic - gently lead learner to answer
          - More effective than direct questioning
        - Showing
          - Demonstration, bedside teaching
          - Encourage decisive answers, allow mistakes
          - Tolerate errors
          - Review charts
Strategies to Improve Bedside Teaching
1. Improve bedside teaching skills - faculty training
2. Diminish the aura of bedside teaching - Reassure clinical faculty they possess the skills for teaching
3. Enhance the value of teaching
4. Establish a teaching ethic

How to Go About Bedside Teaching
Before rounds
Prepare
Formulate goals for session
Read before rounds
Orient learners
Make aware of goals
Demonstration of clinical findings
Communication with patient
Modeling professional behavior
Orient patients
Fit into patient's situation
In ED, may want to purposefully evaluate difficult patients
Explain situation to patient

During rounds
Establish environment
Comfortable environment
Asking questions encouraged
Okay to say "I don't know"
Respect
Learners
Defer to them as primary caregiver to patient
Challenge intellectually without humiliating
Patients
Treat as human being, not object of teaching exercise
Be sensitive to how disease is affecting patient's life
Engage everyone
Aim teaching to all levels of learners and encourage all to participate
Involve patient
Encourage patient to correct / contribute to details of history
Encourage patient to ask question about management, etc
Explain medical jargon in lay terms
Match teacher-learner goals
Find out what learners want to get out of the session
Cater to their needs and deficiencies

After rounds
Debrief
Time for questions
Time to get and give feedback
Ascertain that session was mutually beneficial

Bedside Teaching – the Mechanics

Setting the ground rules
Make sure everyone knows what is expected of them - teach professionalism
Cover bedside etiquette
Limit interruptions
Begin on time
Schedule with the patient
Invite patient's nurse if feasible
Limit use of medical jargon at bedside

Introduction
Have patient's doctor (resident, student, etc) introduce all members of the team
Explain purpose of visit
Allow patient polite refusal
Introduce to family members if present
   Allow to stay only if okay with patient
Explain to patient / family that much of what you discuss at the bedside may not
directly apply to the patient
Invite participation of patient and family
Position patient appropriately; position team around bedside

The Presentation (History)
Avoid statements about gender / race
Do not refer to patient by first name
Avoid sitting on patient's bed
Do not avoid sensitive material - just treat it sensitively
Allow interruptions by the patient, students and residents, and by yourself to
   highlight important points or to get more detail
Never embarrass the patient's doctor!

The Presentation (Examination)
Examinee pertinent or illustrative parts yourself
Invite students / residents to examine the patient
Allow patient to participate (hear murmur, feel liver, etc)
Ask team members to demonstrate proper techniques
Allow time for team members to appreciate findings - it may take a while (and
   ingenuity on your part) to truly hear / appreciate some findings,
   especially for the first time

The Presentation (Labs, etc)
Stay at bedside
Have x-rays, ECG available
Allow patient to review

Discussion
Remind patient that not everything discussed will apply to them - let them know
   when it is applicable
Question junior team members first
Avoid asking theoretical questions of primary doctor
Do not allow "one-upsmanship" to occur
Avoid "What am I thinking?" questions
"I don't know" is an appropriate answer - use opportunity afterward to look up
   answers
Allow time for patient's questions before leaving bedside
Ask patient for feedback about the bedside teaching process
Thank the patient

Cox: Overview
The Experience Cycle (see article for diagram)
1. Preparation before clinical practice
   Assess what the learner know
   Have learners prepare before learning session
2. Briefing before seeing patient
   What is to be expected
   What to look for
   Anticipate the experience
   Is the "advance organizer" which creates framework into which the
      learning can be filled
3. Clinical experience with the patient
   All aspects - history, physical, etc
4. Debriefing
   What was seen, heard, felt?
   What was learned?

The Explanation Cycle
1. Reflection on the experience and the findings
   Talk out understandings and uncertainties
   What went on? - to - What did that mean?
   Use to connect to previous experiences or knowledge
2. Explication of the experience
   Incorporate what others have observed or studied
   Combines objective evidence of clinical experience with subjective insights and meanings
   In light of book knowledge, similar patients, current theory and research
   Can involve many levels
   Biochemical, physiological, pathological, psychological, social
   Theory and research are brought together to elucidate the findings
   Gives greater breadth and depth to bedside teachings
   Coherently puts together the cause-effect relationship
3. Working knowledge extracted from the "examined experience"
   What could be done differently? What will I do next time?
   The next step beyond the current patient
4. Preparation for future patients

THE TEACHABLE MOMENT - "Carpe Diem"
Every case had a teaching point, and dozens of "teachable moments"
Except maybe low back pain...
Requires attention from the teacher
Identification of historical facts, physical findings, medical decision-making, explication of information
Best done immediately
Best done gently
In bedside teaching, should follow sound bedside teaching principles
Involves being sensitive to both patient care issues as well as learner needs / issues

Sources
Charts
   E.g.: Documenting tetanus prophylaxis in wound care
   Teach importance of documentation
   Teach indications for passive and active immunizations

Presentations
   E.g.: Disjointed presentations
   Teach organization of presentations
   Teach formal versus consultant presentation

Bedside teaching
   E.g.: Observing history-taking in difficult patient
   Teach bedside manner techniques
   Teach alternative sources of medical information
   E.g.: Observing physical examination - the pelvic exam
   Teach patient comfort measures
   Teach techniques to improve examination findings

Management plans
   E.g.: Stabilization of patient in acute respiratory distress
   Teach evaluation of the airway, assessing adequacy of oxygenation/ventilation
   Teach when appropriate for patient care
E.g.: Management of patient in ventricular tachycardia
   Teach stable versus stable VT
   Teach recognition of VT
   Teach differentiation of VT vs. aberrancy
   Teaching management approach depending on type of VT

Make it brief
   Include most of the pertinent stuff you know about the topic
   Address patient's concerns and learner's needs

Feedback
   Make it timely, specific, based on first-hand observation
   Allow trainee to evaluate self first

"Diagnose the learner"

Encourage teaching of one level to a lower level - take care not to pass off your responsibility and assure what is being taught is correct
Bibliography


