

## **Taking the Learner to the Bedside**

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Taking the learner to the patient's bedside is a highly effective method for teaching. Television portrayals of medicine invoke images of a gaggle of physicians hovered around the patient's bedside, with the attending pimping each resident and student to the point of embarrassment. In reality, bedside teaching has become almost a lost art.

Making bedside rounds has several advantages. It can promote discussion between students and faculty, and with the patients. For students, bedside rounds are excellent opportunities for them to observe good examination skills, to improve their clinical problem solving skills and to translate their classroom learning into real life experience. It also allows for students and residents to become an integral part of a team approach to medical care. Lastly, the vast majority of patients prefer to have doctors discuss their case in their room. As one study pointed out, when physicians talk at the bedside, patients believe they are receiving better quality care.

To make bedside teaching most effective, simple basic guidelines must be followed. First, the session must be planned. Consider the learner's educational level – have they had experience with this disease or condition? How much experience have they had with patients? Settle on one or two key points you want to teach during the encounter – do not try to cover everything at once. Brief the patient ahead of time to let them know what to expect.

Next, prepare the learners. They should understand that you might uncover new information during the session, and that this should not embarrass them. Let them know that their thorough medical history and physical exam is what allows you to concentrate on other unexplored areas. Also, make sure everyone who will be in the room knows what can and cannot be discussed. If the patient has not yet been informed of a cancer diagnosis, a plan should be developed on how and who will tell the patient. Modeling compassionate care during these times is a powerful teaching tool.

Never use bedside sessions to inflate your ego. Instead, use the time to teach the learner and instill confidence in their physical exam skills. Involve all members of the team – let everyone know that you value their input. Try to avoid interruptions – pagers and other distractions degrade the learning experience and annoy patients. If possible, include the nurse in the bedside session – this helps minimize interruptions and promotes the concept of a team approach to medical care. Tailor the session to the time allotted – if time is short, focus on one or two salient points; if an extensive session is planned, conduct a more thorough review of the medical history and physical examination.

Obviously, do not forget the patient. Talk to the patient in terms they can understand. The patient should feel like a participant, not a disease on display. Before leaving the room, ask the patient if he or she has any questions. Model your "bedside" manner to your learners. After you leave the room, consolidate and reinforce the information and plan a course of action. For particularly interesting conditions, assign reading assignments or tasks to the learner, which can then be discussed the next day.

Bedside teaching can enhance not only the learner's medical knowledge, but his or her confidence as well. Remember that students are going to learn from you in these bedside sessions – your good habits along with your bad ones. Display the behaviors and attitudes that will help them develop into mature, professional physicians. And of course, have fun!

For those of you who would like to learn more about making bedside rounds, the following are good references:

- "Planning bedside teaching." A series of articles by K. Cox, published in the *Medical Journal of Australia*, in 1993.

- Kroenke K: "Attending rounds: guidelines for teaching on the wards." *J Gen Intern Med*, 7:68-75, 1992.

- Osborn LM and Whitman N. "Ward Attending: The Forty Day Month." (available from STFM).