Clinical Teaching at the Bedside

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“To study...disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”
....TO OUR TRAINEES

“...bedside teaching is most effective because it’s very powerful if you see... a real person---you’re more likely to take something away... whether it be a kernel of knowledge...or a certain way of interacting with patients...it tends to be very memorable.”
Agenda

• Myths
• Challenges
• Easy teaching tips
MYTHS

1. Patients don’t like bedside teaching
2. Trainees don’t like bedside teaching
3. Bedside teaching takes too much time
4. Required skills are missing
BEDSIDE CHALLENGES
Shared challenges to bedside teaching

• Time constraints
• Fear of making mistakes
• Declining clinical skills
• The learner- patient relationship
• Teaching multiple levels of learners

Ramani, Orlander, Strunin, Barber. Academic Medicine 2003
Williams, Ramani, Fraser, Orlander. Academic Medicine 2008
EASY STRATEGIES FOR EFFECTIVE BEDSIDE TEACHING (from 5-45 minutes)
A balcony view of bedside teaching

Before

Plan
Goals
Orient

At the bedside

After

Debrief
Reflect
Plan

Demonstrate
Observe
Give feedback
Model
Plan

• Establish specific goals
• Share goals with learners / survey their goals
• Orient patients

*GRAB THE TEACHABLE MOMENT
Teach

- Model respect for patients / professionalism (reflect vs. lecture)
- Assign tasks
- Demonstrate skills (history, exam, patient education, reasoning)
- Invite learners to practice skills
- Provide feedback

* Tolerate mistakes, Accept limitations, Share teaching
Reflect

• Debrief
  – Learners
  – Patients

• Reflect
  – What went well
  – What can be improved

• Set agenda for next session
REFERENCES


• Janicik, R.W., Fletcher, K.E. Teaching at the bedside: A new model, Medical Teacher 2003.


REFERENCES

- Williams, Ramani, Fraser & Orlander, Improving bedside teaching. Academic Medicine, 2008, in press.