



# ***Clinical Teaching at the Bedside***

**Subha Ramani, MD, MMEd, MPH  
Director, Clinical Skills Development  
Internal Medicine Residency Program  
Boston University School of Medicine**



# FROM SIR WILLIAM OSLER.....



“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**

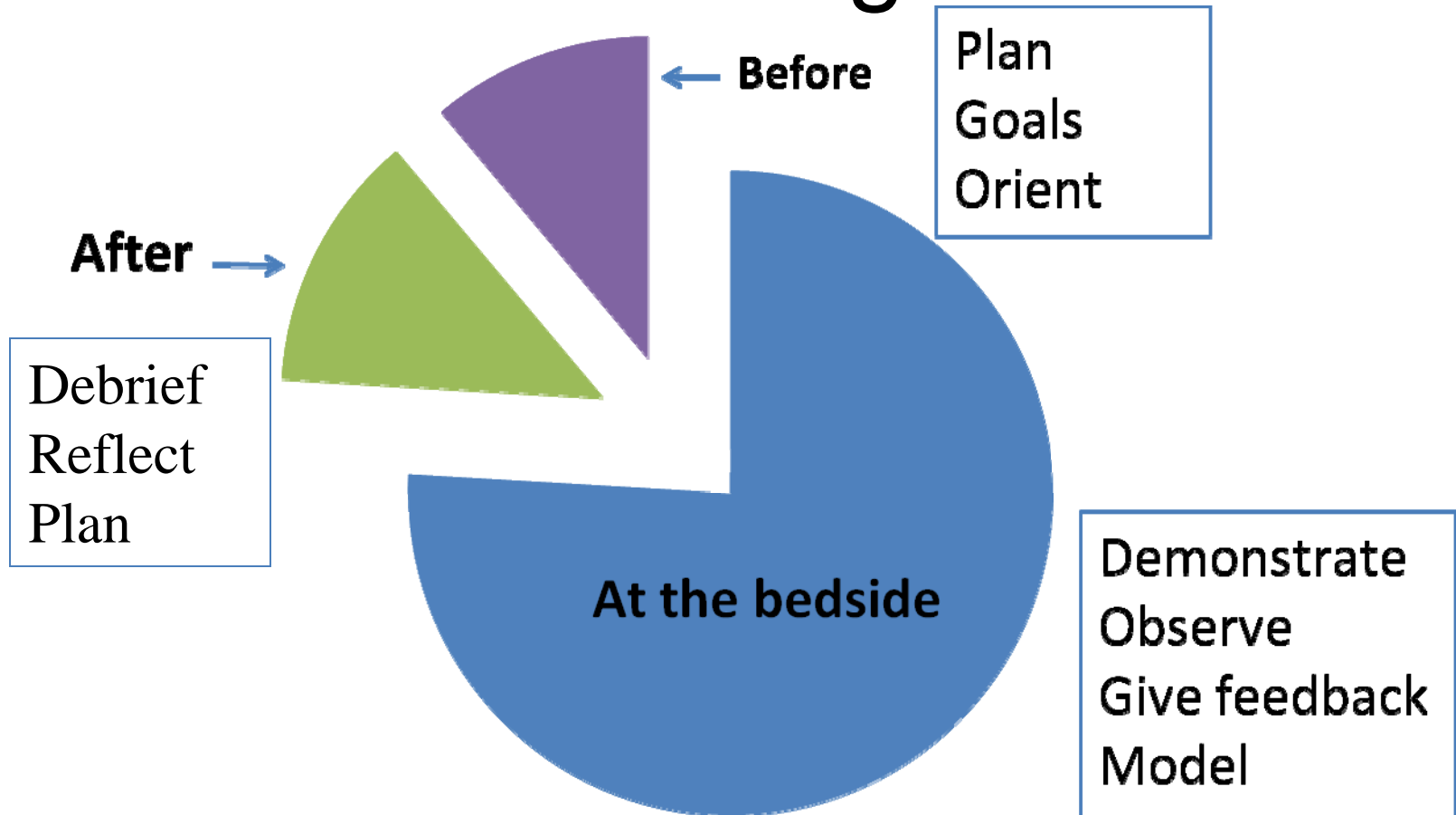
**Williams, Ramani, Fraser, Orlander. Academic Medicine 2008**



# **EASY STRATEGIES FOR EFFECTIVE BEDSIDE TEACHING (from 5-45 minutes)**



# balcony view of bedside teaching





# 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



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