Teaching at the Bedside – Why and How

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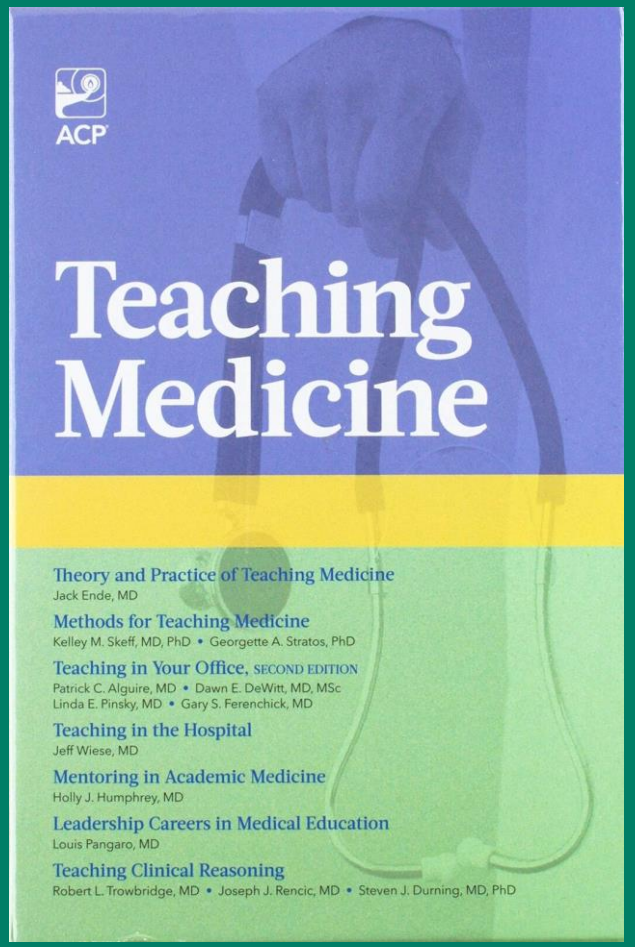
Disclosures

Dr. Ende has no conflicts of interest related to this talk.

… well, actually, just one, but it was done more for love than money



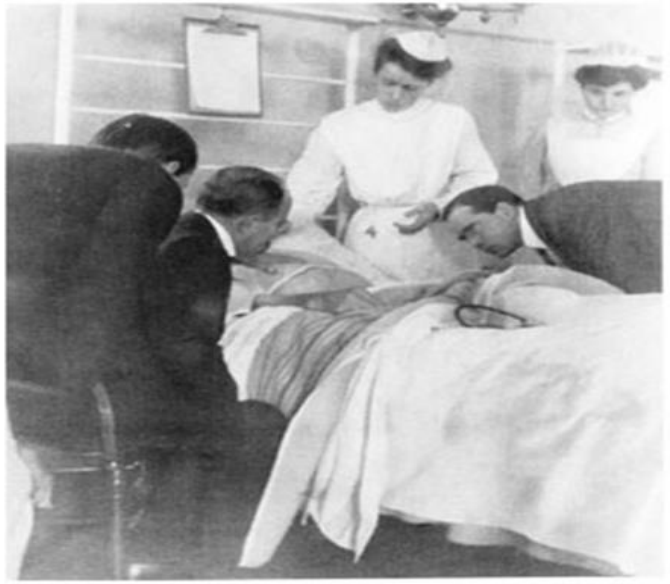
ACP

Teaching at the Bedside – a hard-fought battle

- From this…

Medical education circa 1900

- To this…



Osler at the bedside, 1901

Our Agenda: Three (not so easy) Questions

- If our legacy is to teach at the bedside, why has it fallen by the wayside?
- How concerned should we be?
- How can we become more effective as bedside teachers?

Words from a Master Educator

"The most fundamental observation I can make about teaching is this: however mysterious or elusive the process may seem, it can be learned."

C. Roland Christensen,
Education for Judgment, 1992

Q #1: Why has teaching at the bedside fallen by the wayside?

- not easy, compared to sitting in the conference room
  - impromptu, unpredictable and improvisational
- can be logistically challenging
- medical care has become administratively more complicated; tied to the EMR
- most important, many lack confidence in their clinical skills, including bedside diagnosis
- **formidable challenge; is it worth the effort?**

K.F. Wenckebach (1864-1940)

Q #2: How concerned should we be?

- lessons from cognitive science – how experts solve problems
  - knowledge, of course
  - but more so, relying on past cases
- moving novices to experts – experience with real cases, with identified take-home points and triggers for future use
- our obligation to demonstrate and encourage **professionalism**
  - role models
  - hidden curriculum
- personal gratification as a clinical teacher
- teaching at the bedside is not only relevant today, it is **essential**

Q #3: How can we become more effective as bedside teachers?

- be organized; have a plan
  - before
  - during
  - after
- hear the presentation, with appropriate formality
- demonstrate; think out loud
- elicit patients' comments and questions

Q #3: How can we become more effective as bedside teachers? *(continued)*

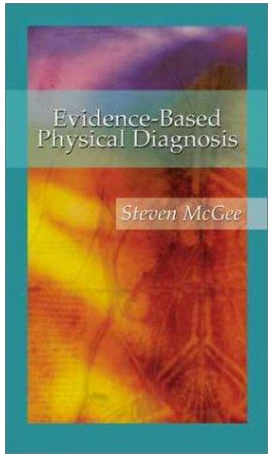
- debrief outside the room with structured questions
  - What do you think is going on?
  - Why do you think that?
  - What else could this be?
  - What should we do next?
  - What have we learned?
  - Offer feedback

Additional Suggestions

- Demonstrate skills, but engage learners
- Keep it brief, keep it simple

"It's very simple: eight words.
Stick to basics. Think out loud. Be kind"
Dan Federman, MD

- Develop habit of real-time self-critique
- Make physical exam your new hobby



Steven McGee

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My Final Thoughts:

- Remember, it won’t be perfect, but it will be better than the alternative
- Your learners will see how thoughtful, accomplished, and highly professional physicians do their job
- And maybe they will do likewise


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