

# Do you know ...



## how to make the most of bedside teaching?

Doctors have been concerned about how to best teach in a busy clinical environment for over 100 years. William Osler was emphatic that: *There should be no teaching without a patient for a text and the best teaching is that taught by the patient himself* (1903 p. 50).

The idea that patients are central to clinical teaching is echoed this century:

*Any teaching in the presence of a patient may be called bedside teaching* (Alweshahi, Harley & Cook, 2007, p 205).

*Generally it is thought that the patient bedside is one of the most valued places to learn how to be a doctor* (Williams, Ramani, Fraser & Orlander 2008).

With Osler's definition of bedside teaching in mind it can be seen that the *bedside* extends to the outpatient clinic, the GP surgery; in fact any location in which patients are present.

Irrespective of location the real challenge for the busy doctor in the busy clinical setting is finding efficient methods to:

- **FIRST:** Assess a learner's level of knowledge and skill,
- **THEN:** Teach quickly,
- **FINALLY:** Provide feedback on performance.

Indeed one study observed that: "...the solution may not lie in increasing the time in spent clinical teaching but by optimising clinical teaching opportunities as they arise". Williams et al (2008).

The following suggestions for enhancing clinical teaching (*bedside teaching*) are adapted from: Irby, D.M., & Wilkerson, L. (2008). Teaching when time is limited. doi: 0.1136/bmj.39456.727199.AD

**FIRST:** Identify the needs of each individual learner by asking questions or by doing a two-minute observation of them undertaking a patient focused activity.

**THEN:** Select an appropriate technique for rapid teaching. Options include

The **one minute preceptor** is a minimally disruptive teaching technique which goes like this:

- Get a commitment – Teach immediately after a learning experience in practice;
- Probe for supporting evidence – Explore the student's thinking;
- Teach general rules – present the student with one or at the most two core principles relevant to the situation;
- Reinforce what was done right – Give feedback that highlights what the student did, or knew that was right;
- Correct mistakes – Ask the student to identify one, or at the most two areas for improvement.

### "Activated" demonstrations

When a patient's problem is unfamiliar to the learner; this is the time for the learner to observe the clinical teacher at work. The learner should be given a specific assignment to complete while observing (e.g. "Watch how I ask key questions about alcohol consumption") and an understanding of what is expected in terms of participation. After the demonstration, the teacher needs to "**activate**" the learner by requesting a description of what was observed. A brief discussion typically ensues.

The **SNAPPS model** is a learner centered, outpatient model that includes six steps that the learner controls and which take place after the learner has seen the patient.

Those steps are:

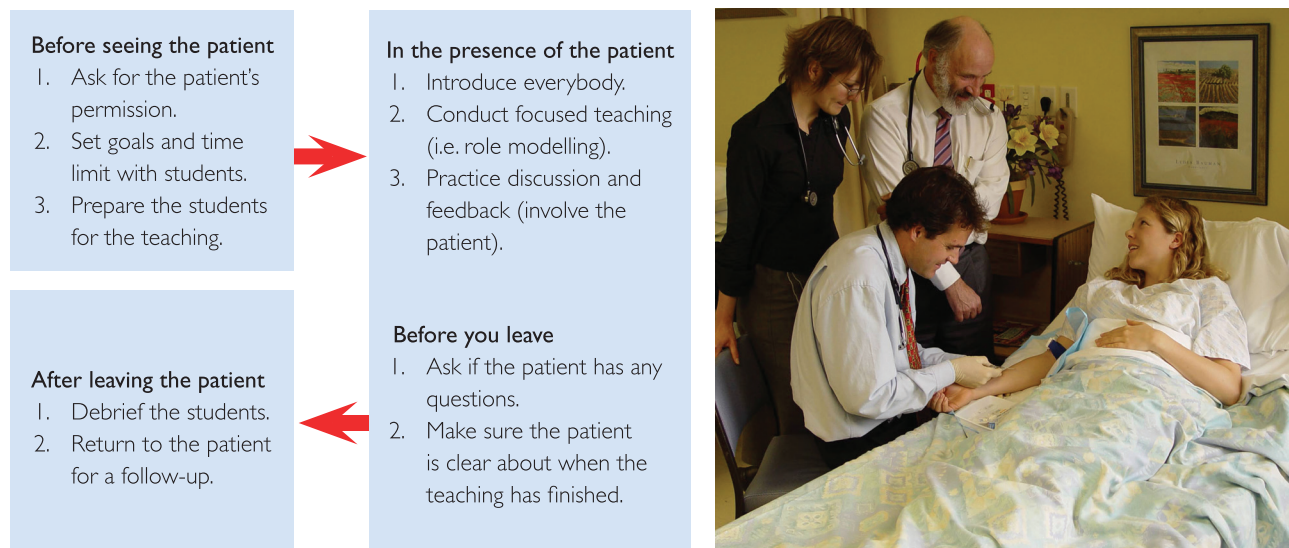
- **Summarise** briefly the history and findings;
- **Narrow** down the differential to two or three relevant possibilities;
- **Analyse** the differential by comparing and contrasting the possibilities;
- **Probe** the clinical teacher by asking questions about uncertainties, difficulties, or alternative approaches;
- **Plan** management for the patient's medical problems;
- **Select** a case related problem for self-directed learning.

This model is appropriate for experienced learners, and encourages them to do most of the work in justifying their thinking and exploring what they don't understand.



**FINALLY:** Always offer feedback on performance and quickly comment on strengths and areas for improvement.

The following flow chart for bedside teaching is adapted from: Janicik, R.W., & Fletcher, K.E. (2003). Teaching at the bedside: a new model. *Medical Teacher* 25(2), 127-130.



## SUGGESTED READINGS

A really, really useful resource is a series of 14 practical tips for teaching on the run by Professor Fiona Lake and her collaborators. The first three of which are:

Lake FR. Teaching on the run tips 1: doctors as teachers. *Med J Aust* 2004; 180(8):415-416.

Lake FR, Ryan G. Teaching on the run tips 2: educational guides for teaching in a clinical setting. *Med J Aust* 2004; 180(10):527-528.

Lake FR, Ryan G. Teaching on the run tips 3: planning a teaching episode. *Med J Aust* 2004; 180(12):643-644.

## ALSO, AND WITH A LOCAL FLAVOUR:

Gallagher, P., & Pullon, S. (2011) Travelling workshops for clinical teachers: are they worthwhile. *The Clinical Teacher*. 8(1) 52-56.

Gallagher, P., Winter, H., Tweed, M., Hanna, S., & Hoare K. (2012). Developing the one minute preceptor. *The Clinical Teacher*. 9(6) 358-362.

For further assistance contact your MEA or CEA; details below or at

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