

Strengthening Bedside Teaching in Medical Colleges

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ABSTRACT

Bedside teaching, considered as the core teaching strategy during the clinical years of a medical student, is briefly outlined as a distinct mode of small group teaching that takes place in the presence of patients. Contrary to the popular opinion, it is not only taken place in a hospital setting but also in any situation in the presence of a patient, including long-term care facility and office setting. The key characteristics of bedside teaching are augmentation of the learner's experience and improvement of patient care. Further, it is important to acknowledge the fact that it is a process through which learners acquire the skills of communication that improve patient's compliance and overall contentment, which is beneficial to a great degree in medical colleges. Notwithstanding the plentiful advantages of bedside teaching highlighted in the preceding subsection, various obstacles that are predominantly responsible for the decline in bedside teaching have been cited. It is apparent that this decline presents a potential obstacle to the evolution of current and future generations of doctors. Hence, it is crucial for medical schools to give due importance to start moving teaching from the classrooms and conference halls to the patient's bedside.

Keywords: Bedside teaching, Medical education, Medical student.

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INTRODUCTION

The long tradition of bedside teaching makes evident its importance in medical education. According to Sir William Osler, a renowned Canadian clinician and teacher, "There shall be no teaching without the patient for a text, and the best teaching is that taught by the patient himself." Prior to this, Franciscus Sylvius, a Dutch physician and founder of the Iatrochemical school of medicine stated, "My method (is to) lead my students by hand to the practice of medicine, taking them every day to see patients in the public hospital, that they may hear the patients' symptoms and see their physical findings. Then I question the students as to what they have noted in their patients and about their thoughts and perceptions regarding the causes of the illness and the principles of treatment."^{1,2} Bedside teaching, considered as the core teaching strategy during the clinical years of a medical student, is briefly outlined as a distinct mode of small group teaching that takes place in the presence of patients. Contrary to the popular opinion, it is not only taken place in a hospital setting but also in any situation in presence of a patient, including long-term care facility and office setting.³ The key characteristics of bedside teaching are augmentation of the learner's experience and improvement of patient care. Further, it is important to acknowledge the fact that it is a process through which learners acquire the skills of communication that improve patient's compliance and overall contentment, which is beneficial to a great degree in medical colleges.⁴

IMPORTANCE OF BEDSIDE TEACHING

While learning the theory of a topic is important, learning a practical situation enables a student to build upon existing skills. As mentioned earlier, many educators have stated repeatedly that the benefits of bedside teaching are numerous which includes history-taking and examination skills, clinical ethics, professionalism, communication skills, and role-modeling. An additional skill that is often neglected is observation. Important clues to the patient's illness, disease, or response to being hospitalized may often be

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found in the room or at the bedside such as snacks on the diabetic patient's bedside table, blood-streaked sputum in the emesis basin of a patient with cough and weight loss. The bedside visit is the time to teach and practice careful observation. These skills require the presence of patient and cannot be credibly taught in classrooms.^{5,6} Besides these educational advantages, bedside teaching sessions allow the students to develop empathy toward the patients which is vitally important in practicing medicine effectively. Some writers have suggested that patients who participated in bedside teaching report better understanding of their illness. Similarly, Sir William Osler expressed, as paraphrased by William Thayer, the advantage of the bedside medicine most accurately as "Use your five senses. The art of the practice of medicine is to be learned only by experience; 'tis not an inheritance; it cannot be revealed. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone can you become expert. Medicine is learned by the bedside and not in the classroom".⁷

How It is Being Done?

The teachers should be prepared before session and the patient should be oriented to everyone in the room and explained the purpose of the session. Following that, four steps of bedside teaching should be employed:

- **Demonstration:** The teacher models important clinical skills by integrating with the patients and lets the students observe his skills.
- **Questioning:** The session is made more interactive and impactful when the students are asked to articulate their diagnosis or treatment plan reached from history and symptoms elicited. This can be followed by reasoning as it helps in perceiving the knowledge level of students.
- **Feedback:** Learner-centered feedback that includes specific behaviors demonstrating knowledge, skills, or attitudes should be offered rather than a general statement. It is equally important that the feedback is constructive and includes specific plans for improvement.
- **Summary:** Summarizing the session helps the students in applying the lessons learned to other situations.^{8,9}

Potential Problems

Notwithstanding the plentiful advantages of bedside teaching highlighted in the preceding subsection, various obstacles that are predominantly responsible for the decline in bedside teaching have been cited. It is apparent that this decline presents a potential obstacle to the evolution of current and future generations of doctors. Possible reasons for this include increased tension of doctors to see more patients, more administrative duties, shortened hospital stay, and rapid patient discharge which has left minimal time for bedside teaching opportunities.¹⁰ In addition, teachers' lack of preparedness, lack of confidence or experience, improper teaching methods, over-reliance on technology and discomfort to teach in the presence of a patient can lead to their reluctance to teach at the bedside. Patient's denial of consent for teaching purposes is another potential problem. Some doctors also believe that patients feel uncomfortable during these sessions, which is an impediment to effective bedside teaching. However, in contrast to this belief, most of the patients have a noticeably positive attitude toward bedside teaching. Apart from this, some of the student factors that are worth mentioning are high student-to-teacher ratio that leads to crowded sessions and absenteeism.¹¹

Strategies to Overcome

- *Tip 1: Planning.* Allocation of sometime in preparatory phase by going through the list of patients, their history, diagnosis, and physical findings provides a significant learning experience.
- *Tip 2: Raising Patients' Comfort Level.* A prior notification of visit should be given to the patient and an informed consent must be obtained to avoid hassles during the session. Explanation of procedures to the patient, minimization of time, role modeling are some approaches to raise patients' comfort in bedside teaching.
- *Tip 3: Raising Teachers' Comfort Level.* Being familiar with the clinical curriculum that is to be taught would be essential in

raising the comfort level of teachers, especially those who are unfamiliar with the technique.

- *Tip 4: Focused Teaching.* Focused teaching of what to be achieved at the end of each encounter offers a purposeful session. For example, the particular aspect to be covered like history taking, physical examination should be decided prior to the session.¹²⁻¹⁴

CONCLUSION

To sum up, bedside teaching in medical colleges should form the foundation of clinical teaching and should be preserved in spite of the plethora of obstacles and decline in bedside teaching. This provides beneficial opportunities to integrate the knowledge and skills of current and future generations of doctors for the direct benefit of the patient. Hence, it is crucial for medical schools to give due importance to start moving teaching from the classrooms and conference halls to the patient's bedside.

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