TEACHING TIPS

Bedside Teaching

THINKING OUT LOUD

What is a proven way of helping learners develop good reasoning habits for making the differential diagnosis or identifying treatment strategies? You can model these reasoning skills by thinking out loud; that is, verbalizing your thoughts when you are seeing patients together.

Start with a cue that tells the learner you are thinking aloud, like:

> *Let's see now. She has right, lower quadrant pain that suddenly started six hours ago and has gotten worse. She's nauseous, but has no vomiting or fever. Her last menstrual period was six weeks ago. At this point, I'm most concerned about ectopic pregnancy or appendicitis, as these are potentially life threatening. I'm going to need more information to make the diagnosis. My next step will be the physical examination.*

Thinking out loud teaches reasoning steps, gives rationale to the plan, demystifies the process, fosters open communication and sets the stage for asking questions of the learner (e.g., What should I be looking for in the physical examination of this patient?)

Source: Edwards JC, Marier RL. Clinical teaching of medical residents: roles, techniques, and programs. Springer, New York, 1988.

THE BEDSIDE IS THE BEST SIDE FOR TEACHING

There is a time-honored tradition, dating back to Osler, of teaching at the bedside. Recent studies show that most residents and recently established attending physicians are uncomfortable teaching at the bedside, yet most patients prefer it. Done properly, and following some basic principles, 100% of residents and students thought bedside teaching was valuable, and over half said they did not receive enough of it in their training.[1] Those resisting bedside teaching felt that it invades both the patient's and family's privacy, potentially conflicts with floor responsibilities and might have unintended consequences, like embarrassing the learner or faculty discomfiture with the diagnosis.

There are some simple guidelines that can overcome these obstacles for teaching at the bedside.[2] Rules of conduct need to be established from the beginning, such as:

- Refrain from whispering in the room.
- Take calls discreetly outside the room.
- Do not laugh at the patient's responses.
- Avoid referring to the patient's age and sex.
- Exercise proper and respectful behavior, never being flippant.
- Introduce the patient to the learners.
- "Secure" the room (family and friends directed to the lobby) and turn off the television with the patient's permission.
- Teach in front of the patient, let the patient clarify the details, carefully avoiding questions the learner is unable to answer.
- Avoid medical jargon.
- Demonstrate physical exam techniques that learners admit give them difficulty.
- Properly close the session. Good closure involves giving the patient an overview of the disease process, allowing the patient to ask questions and establishing the management plan, with the patient's input, at the bedside.

Re-establish the rich tradition that is unique to medicine. Begin conducting bedside teaching on a few patients to see how it goes. Shadow a more experienced teacher to learn the skills. Teach more at the bedside - your patients and learners will value it.

Sources: [1]Nair BR. Student and patient perspectives on bedside teaching. Medical Education 1997;31:341-346.
[2]http://wichita.kumc.edu/strategies/bedside/index.html (accessed 7/19/2014). This is a terrific Web site for reading about bedside teaching, complete with a testing module and quality references on studies of bedside teaching.

PRIMING THE LEARNER

Looking to save time and help your students focus on the relevant information next time you see a patient together in the clinic? Try the technique called "priming," which involves giving the student patient-specific information just before seeing the patient and directing the student to perform specific tasks. For example, you pick up the chart outside the room and tell the student, "Mrs. Johnson is a single, healthy 30-year-old mother of two who is here for her annual exam. What specific screening issues will we want to ask her during this visit?" For patients with chronic conditions (e.g., pelvic pain), you can briefly review with the student the causes of the condition and what to look for during the examination that would help with the differential diagnosis. Priming helps the student avoid repeating the entire history and physical exam, and teaches the student how to focus on the important matters.

Source: Alguire, PC, DeWitt DE, Pinsky LE, Ferenchick GS. Teaching in your office: a guide to instructing medical students and residents. Philadelphia: American College of Physicians - American Society of Internal Medicine, 2001, 39-40.

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