

Bedside Teaching in Clinical Medicine

Bedside teaching is a specialized form of small group teaching that takes place in the presence of the patient. Although it is known to enhance a student's learning experience and improve patient care, the use of this type of teaching is unfortunately in steady decline¹. As well as in the hospital setting, bedside teaching skills can be used elsewhere, such as long term care facilities and in the office². Bedside teaching is still valued by patients, as well as students, residents and clinical teachers as a very useful teaching method. Because of its value for students/residents, patients and medical teachers, obstacles to bedside teaching should be overcome. Solutions vary from practical guidelines to using residents and interns as bedside teachers³.

Bedside teaching is declining in the medical curriculum. Traditionally, bedside teaching has always been seen as a primary teaching modality in which most aspects of clinical practice can be demonstrated and trained. It was widely used across medical schools in the first half of the previous century, and was estimated to represent as much as 75 % of all clinical training in the 1960s⁴. The recent explosion of imaging and laboratory testing has decreased its use⁵. Today's estimates range from 8–19 %, if at all present in medical training^{3,6}. Bedside teaching has been described as one of the ideal clinical teaching modalities, in which history taking and physical examination skills, together with professional attitude, can be combined to provide a holistic approach in the diagnostic process and in patient care. Students and residents are found to be motivated to engage in clinical reasoning and problem-solving if their preceptor, acting as a role model, provides adequate demonstration and guidance^{3,6-9}.

Bedside teaching can improve students' history taking, examination skills, and knowledge of clinical ethics, can teach them professionalism, and can foster good communication and role modelling skills¹¹⁻¹⁵. The educational sessions integrate theory, practical skills, and patient contact to make the educational process as realistic as possible, and they allow the students to develop empathy with the patients¹⁵. Teaching small

groups in the presence of the patient allows trainees to be closely observed and taught clinical practice and medical examinations. Rather than listening to a presentation or reading from a blackboard, learners have the opportunity to use most of their senses—hearing, vision, smell, and touch—to learn more about the patient and his or her problems².

In clinical medicine, 56% of patients' problems can be diagnosed after taking a comprehensive history, and this rises to 73% by the end of a physical examination¹⁵⁻¹⁶. For certain problems, this percentage can be over 90 %¹⁰. Along with this decrease, a decline in overall clinical skills among trainees and junior faculty members has been observed¹⁷. Various obstacles that prevent doctors from teaching at the bedside have been cited, and a considerable number of studies have stated "lack of time" as the single most important factor. Possible reasons for this are the increased pressure to see more patients, more demand for paperwork, rapid patient discharge, and over-reliance on technology. The other reasons for the decline in bedside teaching is the changing nature of teaching hospitals, especially the shortened admittance of patients, which increases the workload of physicians while decreasing the potential suitability of patients for bedside rounds⁸. The practical hindrances for teaching mentioned vary from time constraints, patients not being in bed and noise on the ward, but also poor clinical skills and knowledge of students⁹.

Observing the trainee's interaction with the patient can help teachers to evaluate trainees' clinical skills, bedside manner, professionalism, attitude, and knowledge¹⁸. Every learner should be given the opportunity to participate and the teacher should try not to ask excessively difficult questions that may demoralise a student. At the end of the teaching session there should be a feedback session to summarise what has been taught, and adequate time should be available for discussion¹⁹. The teacher should reflect on the teaching encounter in order to improve and better prepare for the next encounter.

In all aspects of bed side teaching minimum to considerable efforts are necessary to make it more effective. A bedside teacher must know the importance of comfortable physical environment in learning and must learn how to involve patients and learners in the educational process, so faculty development is essential. It would be appropriate to conclude with William Osler's words: "To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all" (Osler, 1903).

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