EFFECTIVE CLINICAL TEACHING

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- Define bedside teaching
- Define “teaching moment”
- Understand the benefits and challenges of clinical teaching
- List the strategies for improving teaching in the clinic and at bedside
- List the advantages of case studies simulation in clinical education
Bedside Teaching (BST)

- Any teaching done in the presence of the patient, regardless of the setting.

- It may occur in:
  - Ambulatory clinic
  - Inpatient ward
  - Conference room
Bedside Teaching

Opportunity to teach:

- Medical interviewing techniques
- Patient rapport/interpersonal communication
- Basic clinical skills
- Background on disease pathophysiology
- Team work and inter-professional collaboration
- Professionalism and ethics
- Cultural sensitivity and confidentiality in clinical setting
• Think aloud
  • To highlight the *process* of expert reasoning

• Activate the mentee
  • Promote mentee’s initiative and autonomy

• Listen smart
  • Efficiently assess validity of mentee’s presentation

• Keep it simple
  • Model concise communication and rule-based decision making
• Work as a hands-on role model
  • Model the physical experience of treating patients

• Adapt to uncertainty
  • Embrace it as a valuable learning opportunity

• Link learning to caring about your patients
  • Demonstrate responsibility and empathy for each patient, and expect mentees to do the same

• Kindle kindness
  • Establish generosity as the standard for each clinical interaction
Bedside Teaching

• Defined as teaching and reinforcing skills at patient’s bedside:
  ➢ A common approach in medical education
  ➢ Reinforces classroom learning
  ➢ Allows mentor to model important clinical skills, attitudes, and communication in the context of patient care, as well as observe mentee’s skills

• Strengths and weaknesses of mentors and mentees become clear at the bedside

http://www.oucom.ohiou.edu/fd/monographs/bedside.htm
Bedside Teaching

Before meeting with the patient:

Mentor and mentee should discuss the purpose and structure of the session:

- Identify appropriate patients
- Set goals for the session
- Discuss anticipated issues and planned technique
- Agree on roles and expectations
- Discuss expected time frame
Five Steps of Clinical Teaching

- Get a commitment
- Probe for supporting evidence
- Reinforce what was done well
- Give guidance for errors and omissions
- Summarize the encounter with a general principle
Bedside Teaching

With the patient:

1. Inform learner and patient in advance – get a commitment

2. Probe for supporting evidence

3. Learner should be skilled at basic presentation and should use language understandable to patient

4. Patient should be actively involved in clarifying or adding to presentation

5. Learner provides medication instruction and patient education information to patient

6. Reinforce what was done well and give guidance about errors and omissions

7. Summarize encounter with a general principle

8. Thank the patient for their time and teaching
Bedside Teaching

Patient comfort issues:

- Provide advance notice of visit
- Limit length of time for patient comfort
- Explain all examinations and procedures to the patient
- All discussions and communications should be explained and understandable to the patient
- Direct and modify presentations at the bedside
- Visit the patient after rounds to answer questions and thank the patient
Bedside Teaching

The visit Wrap-Up:

- Review and summarize key points
- Solicit questions from mentee and discuss any identified problems
- Offer specific positive and constructive feedback
- Agree on an area of improvement and formulate a plan for how to improve
Barriers to Bedside Teaching

- Teacher-related
- System-related
- Patient-related
- Miscellaneous

(Ramani et al. 2003)
Barriers to Bedside Teaching

Teacher-related

- Lack of clinical faculty
- Performance pressure / time constraints
- Lack of faculty motivation
- Inexperience with bedside teaching
- Lack of control (the “thin ice” syndrome)
- “Bedside teaching should be done by more junior educators and residents”
Barriers to Bedside Teaching

System-related

- Interruptions (phone calls, visitors, pagers)
- Lack of rewards for teaching
- Lack of teaching role models in faculty’s own training
- Short patient encounters and hospital stays
- Overreliance on technology
Barriers to Bedside Teaching

Patient-related

- Perceived patient discomfort
- Patient privacy issues (HIPPA)
- Ill patient
- Uncooperative/angry patient
- Patient misinterpretation of discussion
- Change in patient profile
Barriers to Bedside Teaching

Miscellaneous

- Large crowd / limited space
- Noisy wards
- No blackboard or PC to access EMR and/or images for discussion
- Inability to refer to textbook
- Teacher and learner hesitation in discussing differential diagnoses
Model of Best BST Practices

- Attend to patient’s comfort
- Focused teaching
- Group dynamics

(Janick & Fletcher, 2003)
Model of Best BST Practices

Attend to Patient’s Comfort

- Ask ahead of time
- Introduce everyone to the patient
- Brief overview from primary person caring for patient
- Explanations to patient throughout / avoid technical language
- Base teaching on data about that patient
- Genuine, encouraging closure
- Return visit by a team member to clarify misunderstandings
Model of Best BST Practices

Focused Teaching

Microskills of teaching:

Diagnose the patient
“Diagnose” the learner
Observe
Ask relevant questions

Targeted teaching

Role model
Teach general concepts
Practice
Give feedback
Model of Best BST Practices

Group Dynamics

- Limit time and goals for the session
- Include everyone in teaching and feedback
Strategies for improving BST

- Improving bedside teaching skills of the faculty (Faculty Development)
- Increasing motivation and enhancing the value of teaching
- Flexibility, selectivity and integration of BST with clinical practice
- Providing learners with reassurance & reinforcing their autonomy
- Advocating evidence based physical diagnosis

(Williams et al. 2008)
Side-by-Side Teaching

- As the name implies, this technique involves working alongside the mentee in clinic and/or wards.

- Mentor and mentee alternate duties of seeing and examining the patients, writing relevant information in patient’s health record / EMR, and checking lab results and imaging.
Side-by-Side Teaching: Benefits

- Mentor can observe mentee at work and identify and address challenges.
- Mentor acts as a role model when he/she is performing physical exam.
- After initial slowdown, with time patients are seen more quickly than if the mentee sees the patients alone.
- Visits are more comprehensive and thorough.
- Mentees do not feel like they are being watched, but rather supported by a colleague.
Case Studies: Defined

- A training methodology that provides learners with an opportunity to apply new skills and knowledge to a simulated “real-life” situation

- Allows exploration of various strategies to address complex issues

- Requires learners to analyze the scenario, problem solve, and apply what they know to work through the case, much like they would in a clinic setting
Case Studies: Rationale

- Case studies are one of the most effective ways to train students, residents and health care workers.

- Case studies can be used to role play best practices and effective health care worker behaviors.

- Effective case studies include adequate patient detail and specific decision points.

- Discussion of options is central to case studies.
Case Presentations

- Presentation should include the following:
  - History of present illness
  - Age, gender, relevant social history
  - Medical history
  - Patient’s profile: risk, symptoms, medications, etc.
  - Investigations
  - Management
  - Follow up
Case Presentations

- Discuss the case:
  - What was good about the way the case was handled?
  - What recommendations would improve management of the case?

- Provide your own feedback/observations on the case.
Standardized Patients
Standardized Patient

- A person responsible to appear for training of a clinical presentation of symptoms and diseases, and then to portray the role of a sick patient to a learner in a standardized manner, so that learners meeting the same SP will get the same experience of disease portrayal.

- 50 SPs
  - Retired teachers
  - Retired nurses
  - College students
  - People that have their own business but also work as SPs
Take Home Messages:

- Bedside clinical teaching is practiced less frequently nowadays
- Students, trainees and teachers should fully support this activity
- Know the barriers to bedside teaching
- Search for solutions to increase efficient BST
- Know how to implement modern technology (distance learning, interactive tutorials, medical simulation etc.)
Key Points

- Recognize “teaching moments” for your learners.
- “Teaching moments” are opportunities to improve clinical skills of a student, resident and/or physician.
- “Teaching moments” can be recognized in a variety of settings, and mentors should maximize their number at a site visit.
- Bedside and side-by-side teaching reinforce classroom learning, and allow the mentor to model clinical technique, as well as attitudes and behaviours.
- Case studies are an effective tool for clinical teaching.
- Maximize the use of simulation, standardized patients and high technology (e.g. distance learning, interactive tutorials, etc.)
Institutional Challenges

- Define a “core faculty” to train junior faculty to provide consistent information to learners
- Define attributes and expectations of teachers
- Evaluate quality of teaching
- Reward faculty for quality teaching
- Develop a center of educational excellence
- Encourage small group education, while being aware of faculty time demands
Institutional Challenges

● More efficient use of technology enhanced education:
  ➢ Web based tutorials
  ➢ Use of simulators
  ➢ Computer modeling, imaging

● Continue to emphasize “how” to access and interpret new information

● Enhance use of Standardized Patient programs

● Pursue proper space for the Faculty Development program

● Promotion of scholarship in education


Thank You!!