

Bringing Education & Service Together (BEST)
Bedside Teaching

Learning objective: At the end of this session, participating residents will be able to conduct a teaching session at the bedside.

Agenda:

- 12:00 Welcome

- 12:10 Go over assignments from last session: learning styles inventory

- 12:15 Practice teaching cases, with feedback

- 12:15 Explain cases and divide groups
- 12:20 First resident teaches case
- 12:30 Observers fill out checklists
 Feedback using checklists
- 12:35 Second resident teaches case
- 12:45 Observers fill out checklists
 Feedback using checklists
- 12:50 Third resident teaches case
- 1:00 Observers fill out checklists
 Feedback using checklists

- 1:05 Evaluation of session

Residents' Self-Reported Learning Needs For This Session

Teaching with patients

“How to teach in front of patient, not make student/patient feel uncomfortable”

“Making the student feel more comfortable performing the H&P in front of the patient, being specific and efficient with bedside teaching”

“Usually I don't do bedside teaching – usually do teaching in clinic after me and student have seen the patient, so I could use more teaching in bedside rounds.”

“How to demonstrate physical examination skills and history skills without taking over the whole process”

“How do you keep the patient involved while you do bedside teaching?”

“Assisting but not ‘doing’ exam”

“When to interrupt student's H&P”

“How to politely talk about patients in front of them”

“Bedside teaching”

Other teaching issues

“Teaching students without intimidating or patronizing them”

“I would like to learn when [is] the best time to intervene and make suggestions.”

Content issues

“Back pain, how to do back exam, how to take H&P for backache”

“I need practice teaching this exam, obviously.”

“My back exam skills are average to poor. I need more experience teaching how to teach while performing PE.”

Case 1: A student learning a newborn exam

Information for the resident teacher

You are in clinic today, supervising a third-year medical student who is seeing patients with you. The attending physician would like you to observe the student doing a neonatal examination on a well newborn boy, Cody. You have the next **ten minutes** to observe the student's exam of the baby and give the student some feedback. You already took the baby's birth history and it was completely normal; the student is not expected to repeat the history since you only have ten minutes. You also examined the baby already today and the exam was completely normal except for some mild neonatal acne on the baby's face. You have never met this student so you do not know much about the student's skills.

Case 1: A student learning a newborn exam

Information for the "student"

You are a third-year medical student on an outpatient primary care rotation. You are supposed to have one of the residents observe you doing a neonatal exam on a well two-week old infant today. This is your second newborn exam. **Your exam will last no more than 3 minutes.**

- If the resident asks what you know about examining a newborn, you say you plan to do a fairly complete physical exam like you learned earlier in this rotation.
- If the resident asks what your goal is for this session (or what you want to get out of the session), you say that you hope that by the end of the session you will be able to do a complete newborn exam more independently.
- You don't introduce yourself to the baby's parent. You wait to see if the resident will introduce you.
- During your exam, you point at some lesions you see on the face and say you **see lesions**.
- You do most things right on the exam but you **forget** to check the hip and genital exams.
- If the resident asks how you think the newborn exam went, you say you thought it went okay
- If s/he asks what you found (or what's going on), you say you wonder if the baby has some kind of skin infection on the face. If s/he asks why, you say the lesions looked infectious.
- If the resident asks if you have any questions, you ask when the next well baby exam should be scheduled.

Case 1: A student learning a newborn exam

Information for the "parent"

- You are a young parent here with your newborn boy to get his well baby exam.
- You know you are in a residency clinic so you expect to see residents and students.
- You are very quiet and shy, and you speak only when spoken to.
- If anyone asks whether you have questions, you ask (if the resident did not already explain it) if the baby's skin problem is anything serious.
- If anyone asks how you thought the exam went, you say you thought the student did well and is going to be a very good doctor someday.

Case 2: A student learning the cranial nerve exam

Information for the resident teacher

You are in clinic today, supervising a third-year medical student who is seeing patients with you. The attending physician would like you to observe the student doing a cranial nerve exam on a 30-y.o. patient, Pat Smith. The exam should be just of the cranial nerves, not a full neurologic exam. You have the next **ten minutes** to observe the student's exam and give the student some feedback. The patient's history is positive only for a stable left acoustic neuroma for which Pat did not want surgery; the student is not expected to repeat the history at all. You've also done the patient's cranial nerve exam before the student did, and it was completely normal except for a longstanding hearing loss in the left ear (which you and the patient know is from the small acoustic neuroma). You have never met this student before.

Brief Cranial Nerve Exam

- | | |
|---|---|
| 1. Olfactory n.—Test bilateral sense of smell | 7. Facial n.—Pry open closed eyes, check platysma |
| 2. Optic n.—Check bilateral visual fields | 8. Vestibulocochlear n.—Rub fingers to test hearing |
| 3. Oculomotor n.—Check if PERRLA, EOMI | 9. Glossopharyngeal n.—Test gag reflex with swab |
| 4. Trochlear n.—Have patient look down | 10. Vagus n.—Palate symmetry with patient saying “ah” |
| 5. Trigeminal n.—Test V1-V3 sensation | 11. Accessory n.—Shrug shoulders against resistance |
| 6. Abducens n.—Check abduction of eyes | 12. Hypoglossal n.—Have patient put tongue out straight |
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Case 2: A student learning the cranial nerve exam

Information for the “student”

You are a third-year medical student on an outpatient primary care rotation. You are supposed to have one of the residents observe you doing a cranial nerve exam on an adult patient today. You have done this exam before but not since last year, so you are a little nervous. **Your exam will last no more than 3 minutes.**

- If the resident asks what you know about doing a cranial nerve exam, you say you know you are supposed to check the function of each of the cranial nerves in order.
- If the resident asks what your goal is for this session, you say that you hope that by the end of the session you will be able to do a better neurologic exam more independently.
- You do some of the exam correctly but you **don't check** the optic nerve (CN II) or the facial nerve (CN VII), because you assumed those might be “covered” by other cranial nerve tests.
- You notice on the CN VIII exam that there is a noticeable hearing loss on the left side.
- If the resident asks how you think the exam went, you say you thought it went okay.
- If s/he asks what you found (or what's going on), you say the exam seemed fine except that CN VIII was abnormal on the left side only. You aren't sure why that would be the case.
- If the resident asks if you have any questions, you ask whether you routinely need to check the olfactory nerve each time you do a cranial nerve exam.

Case 2: A student learning the cranial nerve exam

Information for patient “Pat Smith”

- You are here for health maintenance today. You have no complaints.
- On exam, you are deaf in the left ear but you don't say why unless the resident asks.
- If asked, you explain that you have an acoustic neuroma that has not been worsening. You have not wanted to have surgery for it but you see the neurologist occasionally.
- You like to talk and you interrupt the teaching session several times (e.g., to ask the student what year s/he is in at school, if s/he is an intern yet, what kind of doctor s/he will become).

Case 3: A student taking a chest pain history

Information for the resident teacher

You are in clinic today, supervising a third-year medical student who is seeing patients with you. The attending physician would like you to observe the student taking the history of a 32-y.o. patient, Chris Ramirez. You have the next **ten minutes** to observe the student's history and give the student some feedback. You already examined the patient and the exam was normal; the student is not expected to do any physical examination at all since you only have ten minutes. You have never met this student so you do not know much about the student's skills.

Case 3: A student taking a chest pain history

Information for the "student"

You are a third-year medical student on an outpatient primary care rotation. You are supposed to have one of the residents observe you taking the history of an adult patient today. You have taken histories before but not on a patient with chest pain, so you are unsure what to ask. You think you listened to a physician take a similar history last year but you have forgotten most of the questions by now. **Your entire history will last no more than 3 minutes.**

- If the resident asks what you know about taking a chest pain history, you say you ask about location, intensity, and radiation of the pain but you can't remember some of the questions.
- If the resident asks what your goal is for this session (or what you want to get out of the session), you say that you hope that by the end of the session you will be able to take a more complete chest pain history that will help clarify any needed workup.
- You don't introduce yourself to the patient. You wait to see if the resident will introduce you.
- During the history, you ask the patient some questions about the chest pain, but **you forget to ask** about exacerbating or alleviating factors (e.g., exertion, medications), past medical history, family history, or other cardiac risk factors (e.g., tobacco use).
- If the resident asks how you think the history went, you say it didn't go well. You knew there were more questions you should be asking but you forgot and you were also nervous.
- If s/he asks what you learned from the history (or what's going on), you say the patient may have coronary artery disease (CAD).
- If the resident asks why you think that, you say CAD is a major cause of chest pain.
- If the resident asks if you have any questions, you ask if it's safe to do a treadmill test on a patient who is having chest pain at the time.

Case 3: A student taking a chest pain history

Information for patient "Chris Ramirez"

- You are a 32-year-old in to see your resident physician for new-onset chest pain.
- You are quietly anxious and you ask 2-3 questions about what is wrong with you.
- Over the past 3 weeks, you have had five episodes of sharp midchest discomfort, ranging from 1-3/10 in intensity, and lasting anywhere from 10 minutes to 2 hours.
- Associated symptoms include some shortness of breath and nausea but no radiation of the pain or palpitations.
- Psychosocial history will include the information that the family is having considerable stress at home, but you are reluctant to discuss this further.
- If anyone asks how you thought the history went, you say you thought the student did well but you would have liked to be asked more about risk factors because you are actually a smoker and you would like some help in quitting.

Checklist for Giving Feedback on Teaching Cases: Bedside Teaching

The “BEDSIDE” approach to bedside teaching

Briefing:

1. Did the resident give you a concise briefing before meeting with the patient?
 No Somewhat Yes
2. Did s/he introduce you to the patient and explain your roles?
 No Somewhat Yes
3. Did the resident ask what you already knew about performing today's skills?
 No Somewhat Yes
4. Did s/he ask helpful “learning questions” to probe your knowledge base?
 No Somewhat Yes

Expectations:

5. Did your resident clarify mutual goals for the teaching session, explaining the topic's importance?
 No Somewhat Yes

Demonstration:

6. Did the resident watch without interruption while you demonstrated the H&P?
 No Somewhat Yes

Specific feedback:

7. Did the resident offer suggestions for improvement?
 No Somewhat Yes
8. Did the resident effectively explain and demonstrate the skills you were learning?
 No Somewhat Yes
9. Did s/he generalize what you could learn from this particular case, explaining how it is similar to and different from other clinical situations?
 No Somewhat Yes

Inclusion of “microskills”:

10. Did your resident teacher ask you what you thought was going on with the patient, or what you'd like to do? (“**Get a commitment**”...)
 No Somewhat Yes

11. Did s/he then ask why you thought that? (**“Probe for supporting evidence”...**)

No Somewhat Yes

12. Was the teaching material well organized? (**“Teach general rules”...**)

No Somewhat Yes

13. Did s/he provide specific feedback on what you did right? (**“Reinforce what was done right”...**)

No Somewhat Yes

14. Did s/he correct your mistakes thoroughly and accurately? (**“Correct mistakes”...**)

No Somewhat Yes

Debriefing:

15. Did the resident effectively integrate both you and the patient into the skill demonstration and the discussion?

No Somewhat Yes

16. Did s/he ask you to define your own future learning needs for this topic?

No Somewhat Yes

17. Did s/he arrange for a follow-up session with you?

No Somewhat Yes

Education:

18. Did the resident explicitly encourage further learning?

No Somewhat Yes

19. Did s/he encourage outside reading (discussing texts, articles, computer aids, consultants)?

No Somewhat Yes

Other teaching skills

20. Did the resident treat you with respect, introduce him/herself, use your name?

No Somewhat Yes

21. Was the session paced well without dragging out or seeming rushed?

No Somewhat Yes

Evaluation: Bedside Teaching Module

Please rate the quality of your learning experience for each part of this module, using the key below. A score of 4 indicates an average learning experience compared with the rest of your residency training.

	1	2	3	4	5	6	7
	Not acceptable	Needs some improvement	Fair	Good	Very good	Excellent	Wow!
1. Mini-lecture on bedside teaching (at end of procedures session)	1	2	3	4	5	6	7
2. Practicing teaching cases	1	2	3	4	5	6	7
3. Assignment between sessions (learning styles inventory)	1	2	3	4	5	6	7
4. Bedside teaching module as a whole	1	2	3	4	5	6	7

What did you like best about this module?

What could be improved about it?

What will you do differently after having participated?

Thanks!