

The Great Dilemma: To Bedside Round or Not?

Taweevat Assavapokee MD

Slide courtesy of

Errol Ozdalga MD

Poonam Hosamani MD

Bedside Teaching

Medicine is learned at the bedside
and not in the classroom;
the best teaching is that taught
by the patient himself.

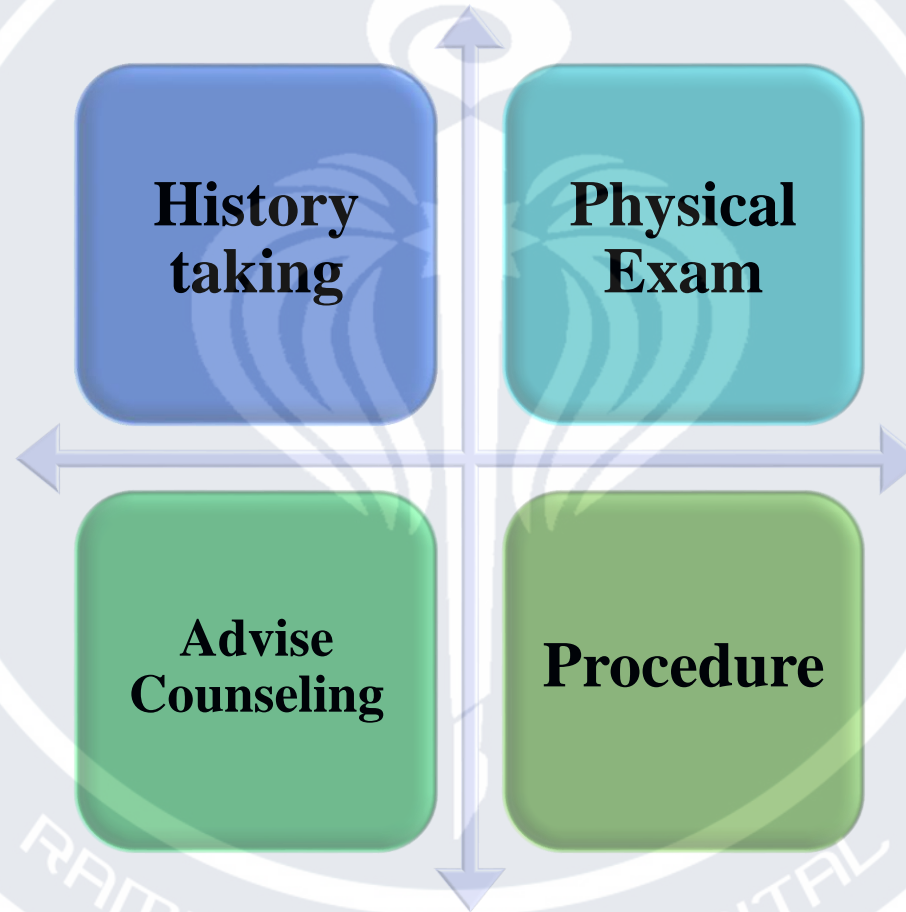
Sir William Osler

“Father of Modern Medicine”

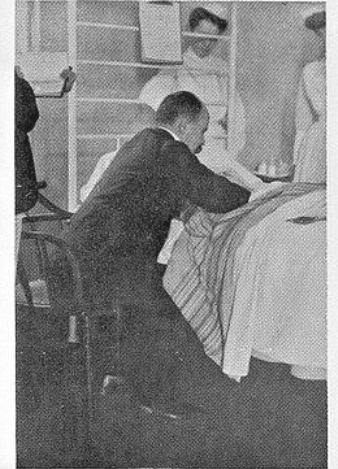
“The greatest diagnosticians ever to wield a stethoscope”



Bedside moments



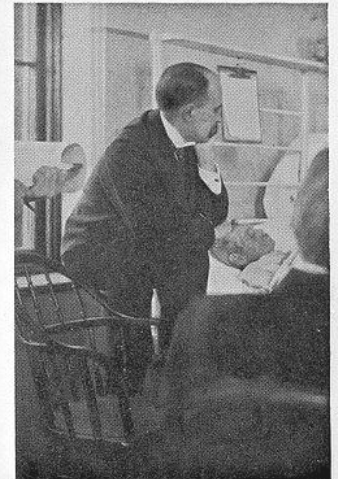
Inspection



Palpation



Auscultation



Contemplation

SNAPSHOTS OF OSLER AT THE BEDSIDE

From snapshots taken by T. **Slide 3/33**

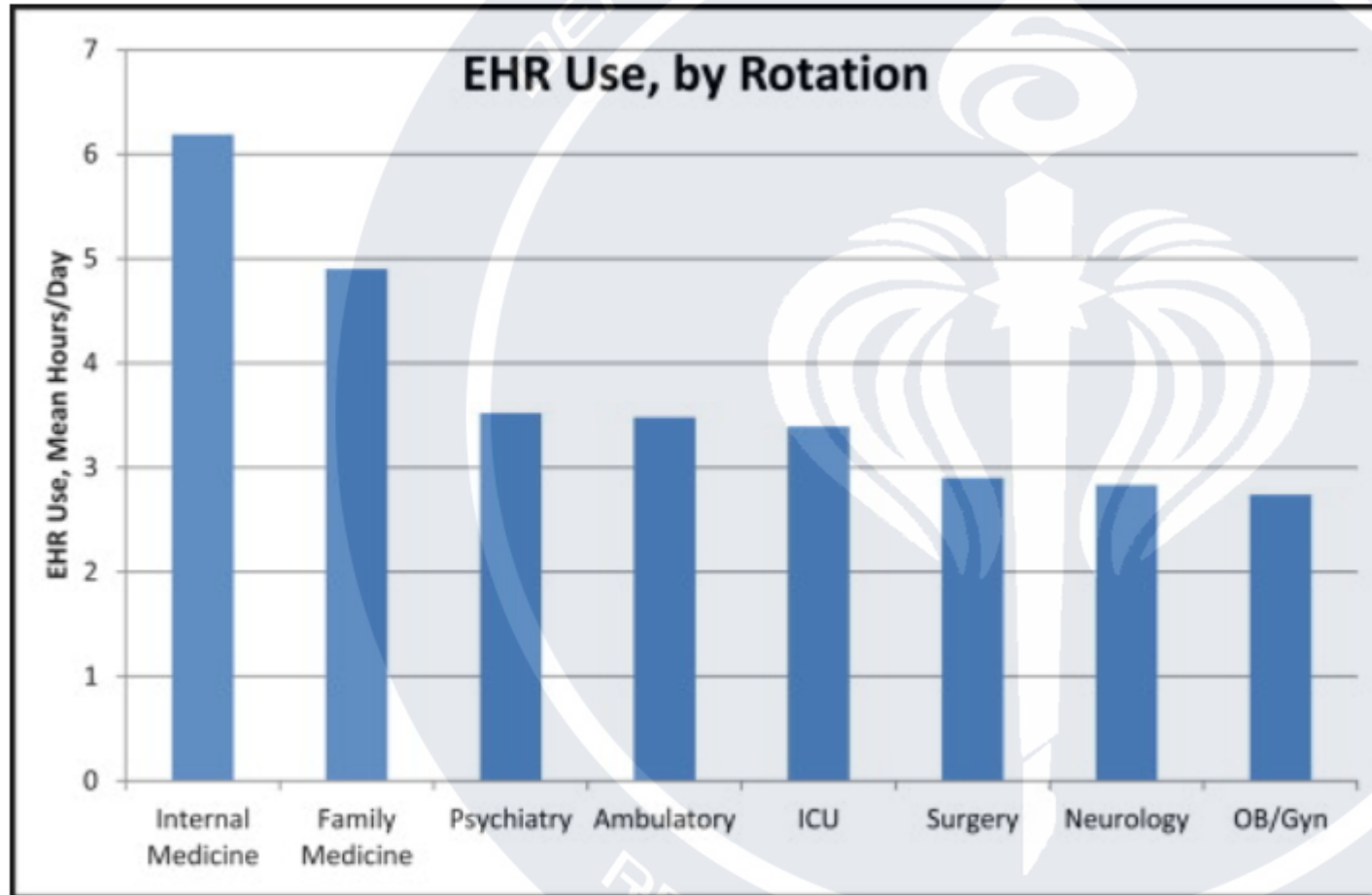


TIFF M. S. ANDERSON



Image credit: WSJ

EMR use of time

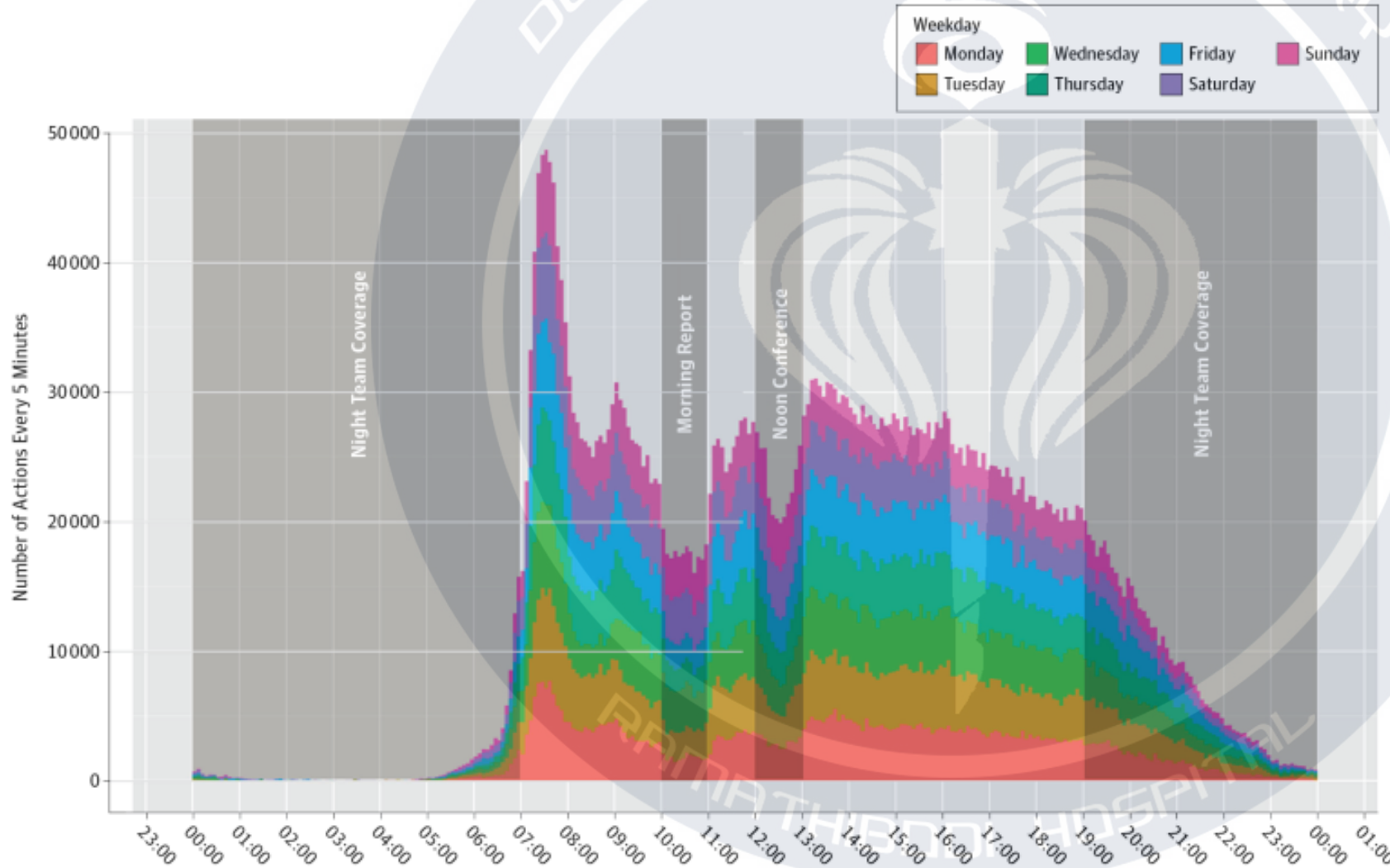


Jeffrey Chi, MD, John Kugler, MD, Isabella M. Chu, MPH, Pooja D. Loftus, MS, Kambria H. Evans, MEd,
Tomiko Oskotsky, MD, Preetha Basaviah, MD, Clarence H. Braddock III, MD, MPH
The Great Dilemma: Taweevat Assavapokee, MD. (09/10/24)

Electronic Health Record

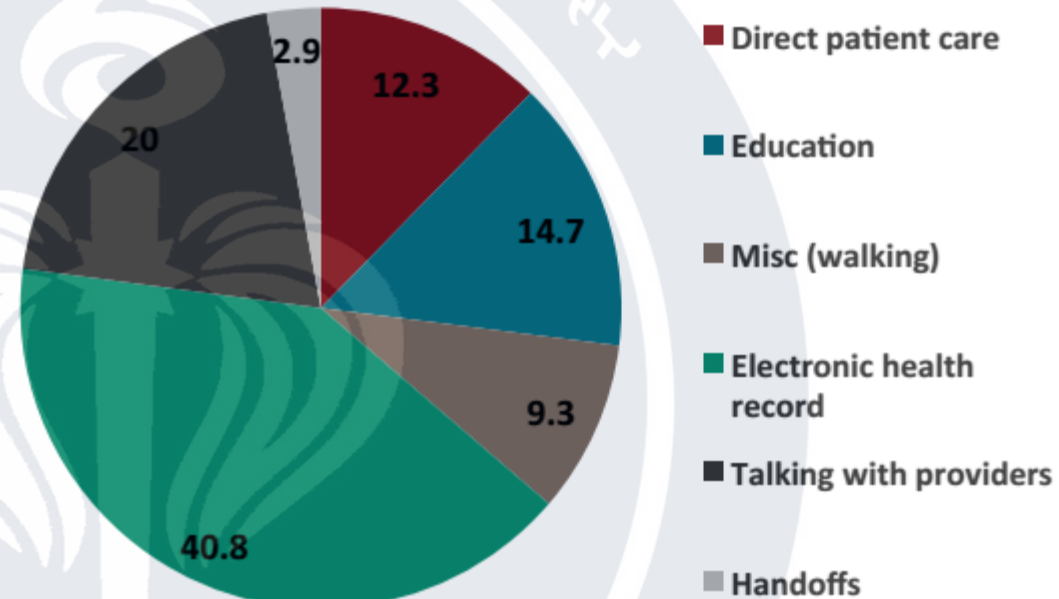
David Ouyang, MD
Jonathan H. Chen, MD, PhD
Jason Hom, MD
Jeffrey Chi, MD

36.5% of working
time spent on Epic



Physical Exam Education in US

- Journal of General Internal Medicine
- Interns from 2 tertiary care centers
- Observed for 873 hours
 - 2.9% Handoffs
 - 9.3% Misc. (e.g. walking)
 - 14.7% Education
 - 20.0% Talking with providers
 - 40.8% Electronic health record
 - **12.3% Direct patient care** (admissions, family meetings, procedures, rounds)
 - **7.7 min per patient**



Block L, Habicht R, Wu AW, et al. In the wake of the 2003 and 2011 duty hours regulations, how do internal medicine interns spend their time? *J Gen Intern Med.* 2013;28(8):1042-1047.

Is Surgery Any Better?

Table 2. Weekly EHR Use in Hours by Clinical Year

Clinical year	Weekly	% of 80-hour Week [*]	% of logged Week [†]
1	26.3 (8.4, 42.7)	32.9%	41.4%
2	28.9 (4.7, 41.7)	36.1%	49.3%
3	16.7 (2.9, 30.0)	20.9%	38.9%
4	23.0 (9.6, 33.4)	28.8%	28.8%
5	21.7 (8.1, 32.0)	27.1%	37.5%
Overall	23.7 (6.8, 37.3)	29.6%	38.2%

Continuous data are reported as a median (IQR)

J Surg Educ. 2018 Nov;75(6):e97-e106. doi: 10.1016/j.jsurg.2018.10.010.  Paperpile

Documenting or Operating: Where Is Time Spent in General Surgery Residency?

Cox ML¹, Fariat AE², Risoli TJ², Peskoe S², Goldstein BA², Turner DA³, Migaly J⁴.

1920



2022



Technology at the Bedside





“Gel Rounds” – teaching ultrasound at the bedside



“Gel Rounds” – teaching ultrasound at the bedside

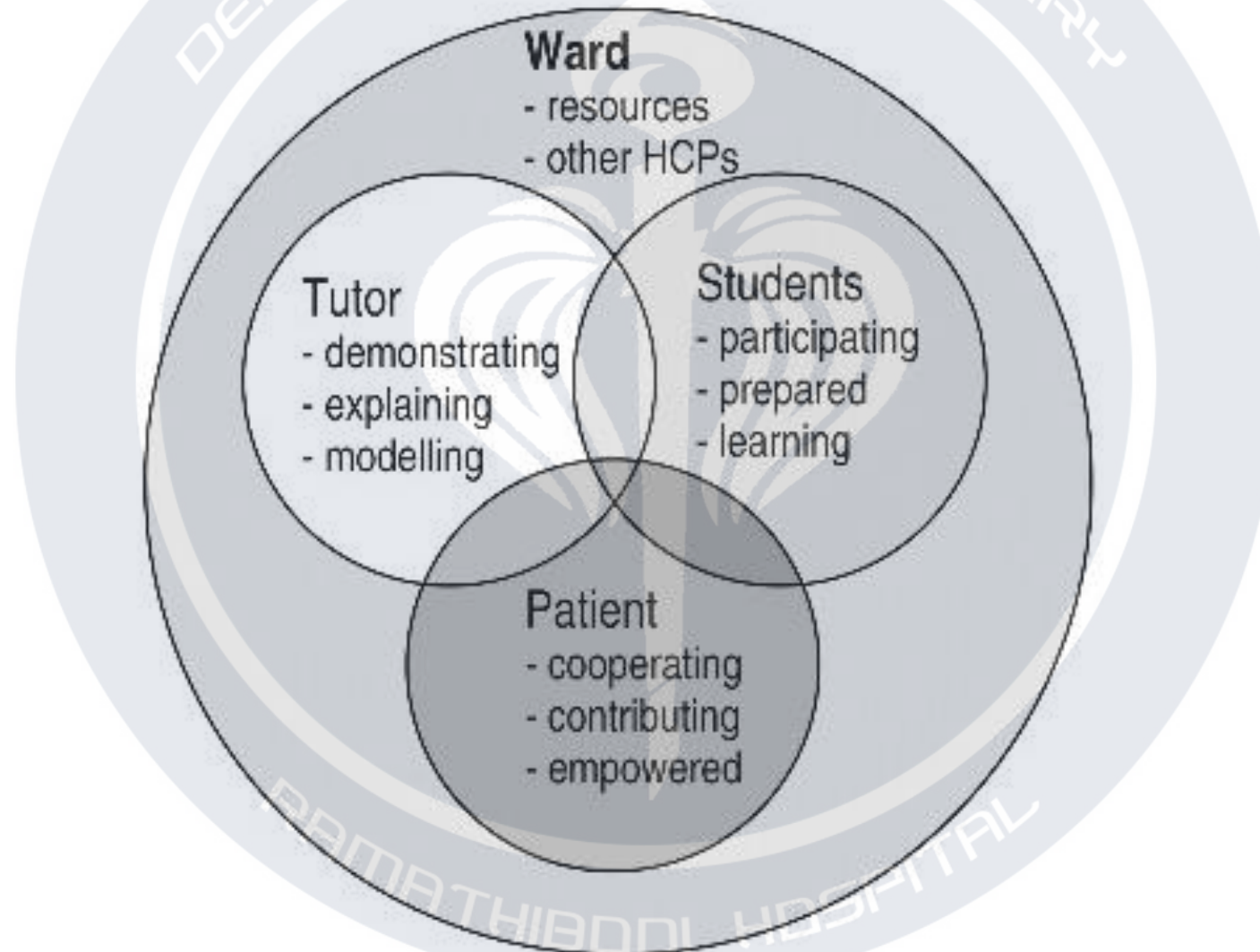


Bedside Teaching

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Sir William Osler

The Learning Triad (and its environment)



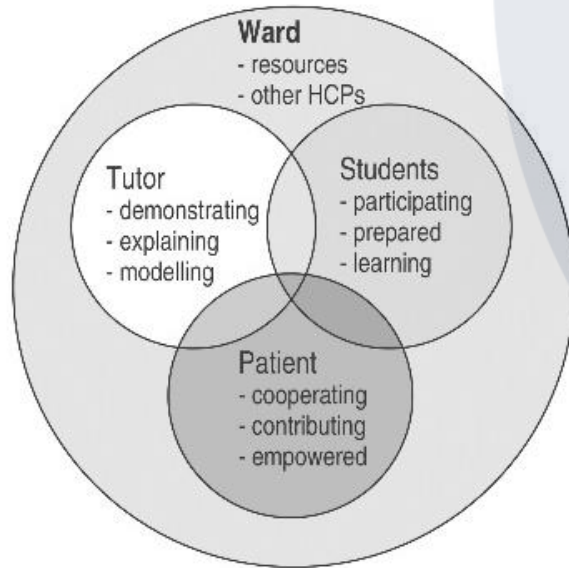
Cox Model for Bedside Teaching



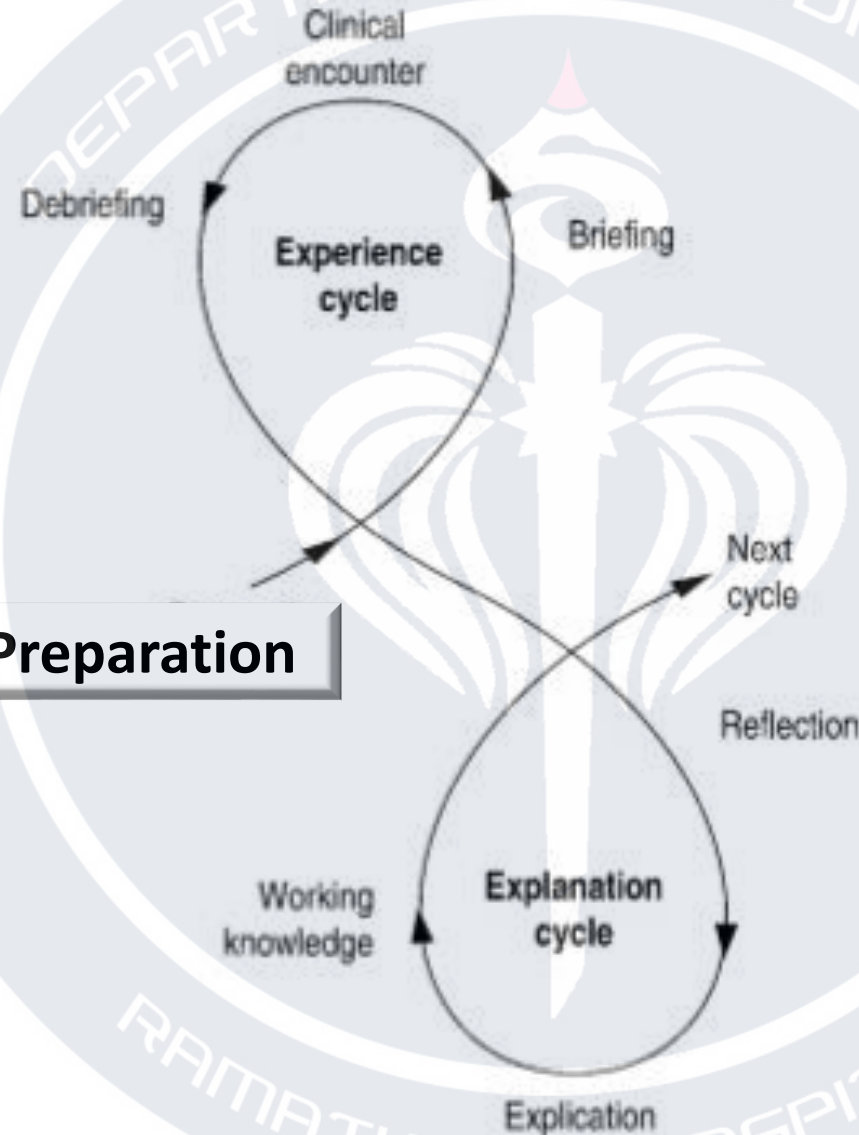
Ramathibodi
BEDSIDE MEDICINE 52

Bedside Teaching Workshop

**Cultivating The Culture of
Bedside Teaching**



Preparation



Twelve tips to improve bedside teaching

SUBHA RAMANI

Boston University School of Medicine, Boston, USA

Pre-Round

- Preparation : *revise your own skills, the learners' needs and the curriculum*
- Planning : *construct a roadmap of activities + objective of the session*
- Orientation : *orientate the learners to your plans for the session*

Round

- Introduction : *introduce everyone including the patient*
- Interaction : *role-model a doctor-patient interaction*
- Observation : *watch how the students are proceeding*
- Instruction : *provide instructions*
- Summary : *tell the students what they have been taught*
- Debriefing : *answers questions and provide clarifications*

Post-round

- Feedback : *Give positive and constructive feedback*
- Reflection : *evaluate from your perspective what went well and what wasn't*
- Preparation : *for the next bedside teaching session*

In reality ...



Pre- Round

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Round

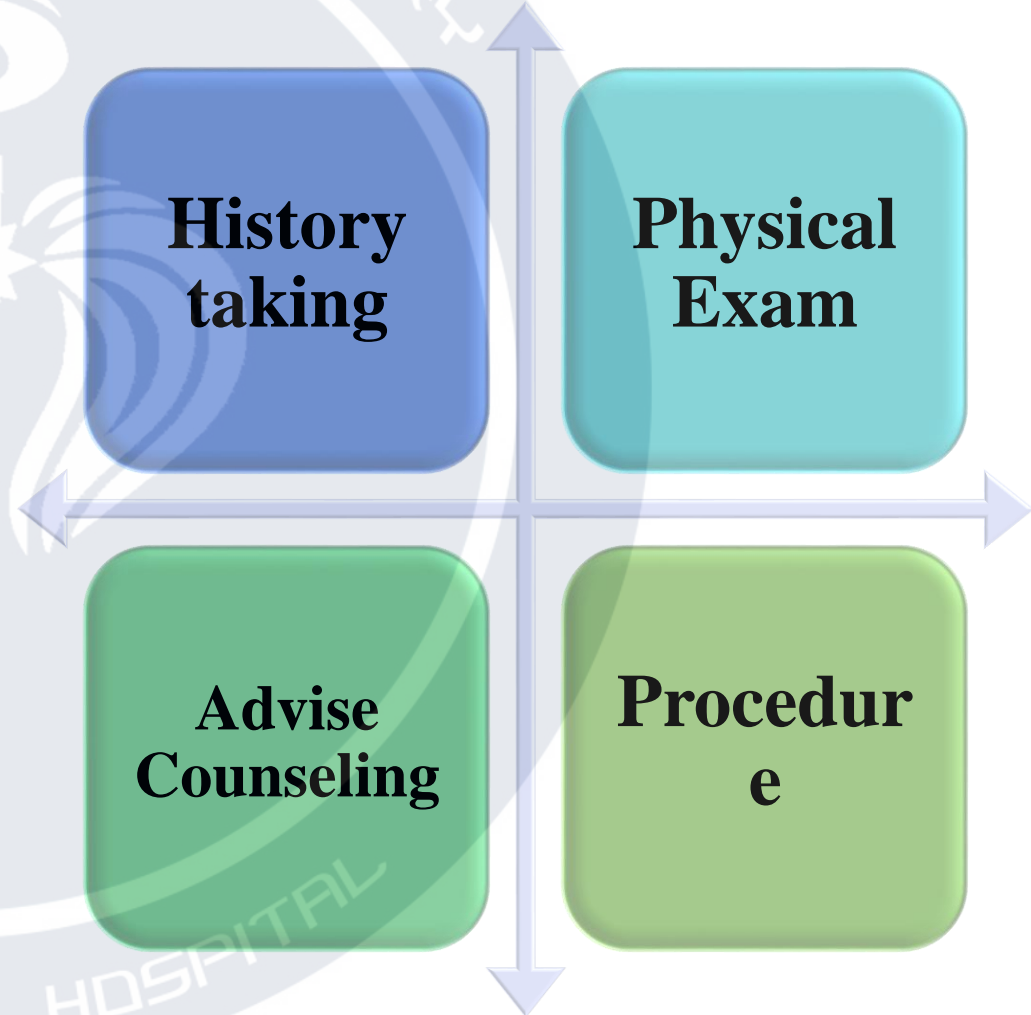
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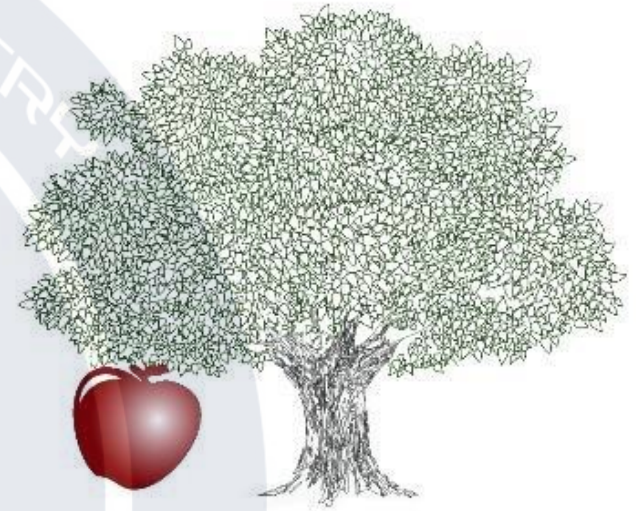
Bedside teaching : common pitfalls

- Lack of preparation
 - Content
 - Patient
 - Tutors/Students
- Professionalisms
- Lecturing bedside***
- Jokes on no one



Bedside teaching : Technics

- ✓ Patients are priceless
- ✓ Standardized patients
- ✓ Set up ; Room, bed, pillows, table
- ✓ Engage everyone
- ✓ Tell a story
- ✓ Supplement as needed
- ✓ Let them practice & Challenge them
- ✓ Learners = teachers



Stanford
MEDICINE 25



Patients Are Priceless

Standardized Patients

- Fill roles real patients can't
- Provide feedback



Set up is important



Gowns, pillows and a massage table
Room setting is important
Have them **surround you**

Engaged



Tell a story



About Pfannenstiel



Hermann Johannes Pfannenstiel (1862–1909)

Supplement with slides or handouts, as needed



*Some students assume
If they have the handouts in their files,
They have the knowledge in their head !*

Let Them Practice



Let them teach each others



Learner



Teacher

Bedside Teaching

A GOOD CONSULTANT

*is accessible, approachable and friendly,
with the power of a god, the patience of a saint
and the sense of humor of an undergraduates.*

Lowry 1987

Bedside Rounds - Sir William Osler 1849-1919



My greatest achievement was teaching medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do.

From the "National Library of Medicine Digital Collections"

Take home messages

- 4 bedside moments
- Preparation
- Tell A Story

