

# Bedside Teaching in Emergency Medicine: Brief Review and Practical Suggestions

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## ABSTRACT

Bedside teaching has been a traditional practice and value in medicine. There is literature attesting the positive role of bedside teaching in medicine in general and in emergency medicine in particular. The value proposition is centered on teaching overall clinical, communication and procedural skills. There is very little actual data concerning the outcomes of various bedside teaching approaches in EM however here are a number of very interesting literature-based suggestions. In this review, we discuss practical strategies to support bedside teaching in the speciality of emergency medicine.

**Keywords:** Bedside teaching in emergency medicine, Bedside teaching in healthcare

## INTRODUCTION

### The Case for Bedside Teaching in Emergency Medicine

Variations of the definition of the term bedside teaching can be found in the literature. The consensus definition seems to be well described by Aldeen, et al. as “physician training that occurs in the presence of a patient” [1]. There is literature attesting the positive role of bedside teaching in medicine in general and in emergency medicine in particular [2].

Although widely supported in the literature as valuable, several authors make the case that bedside teaching is underutilized” [3,4].

There is very little actual data concerning the outcomes of various bedside teaching approaches in EM.

There are a number of very interesting suggestions. Here we will review some of those suggestions.

## DISCUSSION

### Challenges to Bedside Teaching in Emergency Medicine

In the general traditional medical model, bedside teaching is often described as synonymous with “teaching rounds”...which is not readily adaptable to ED bedside teaching [5].

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**Challenges to bedside teaching in EM include:**

- Brief ED interactions
- Frequent interruptions
- Time pressures
- Resuscitation of more acutely ill patients
- Increased electronic health record demands [3-7]

**Bedside Teaching: Practical Tips and Suggestions from the Literature**

- Several authors recommend advance preparation on the part of the teacher/clinician for post-beside discussion of common topics [3,4].
- Remember to introduce everyone on the medical bedside team to everyone on the patient side. It is courteous and sets a good tone.
- Obtain the patient's verbal agreement to teach at bedside. It is a kind of verbal consent. It is courteous and what we would want for ourselves [3].
- Never embarrass the learner—in front of the patient, in front of the team ever.
- Leave space in the process for questions from the learner(s).
- Look for specific teaching points—teachable moments. Green, et al. call this (in specific reference to ED bedside teaching) the discussion of “a brief targeted educational pearl” [5].
- When teaching medical students in the ED setting, “Two minute observation of the student's history taking or physical examination process” has been advocated [5].
- Engage resident to resident bedside teaching as part of the process. In ED, such bedside teaching encounters (attending to resident, attending to student, or resident to resident or student) should be focused and brief [7].
- Focus on physical exam issues that relate to important elements of the differential diagnosis [4].
- Utilize point of care ultrasound wherever possible as part of bedside teaching [4].
- Bedside rounding (versus “computer-side” or “board rounding”) has been described by McNeil et al as taking somewhat longer, but with increased learner satisfaction [6].
- “Use the Socratic Method with caution at the bedside”: a learner's lack of knowledge may cause distress not only for the learner but also potentially for the patient [1].

**CONCLUSIONS**

Bedside teaching has been described as an important part of the learning-teaching process, but has specific challenges for the ED setting. Specific suggestions have been discussed related to bedside teaching in the ED. The area of bedside teaching in the ED appears to be a great area for research. How often does it occur? In what ways? What is the satisfaction of teachers/learners and patients with the process?

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