

# Teaching “On the Fly” and Bedside Teaching

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‘Medicine is learned by the bedside  
and not in the classroom’

Sir William Osler

# Objectives

- To review an approach to teaching “on the fly”
- To learn some methods for teaching “on the fly”
- To gain an appreciation for the value of bedside teaching
- To learn some strategies and skills for bedside teaching



# What is Bedside Teaching?

- Any situation where **teaching** occurs in the presence of a patient.
- Bedside teaching is a vital component of medical education curriculum

# Teaching on the Fly

What does this mean to you?

- Teaching in a clinical situation
- Teaching inspired by patient encounters
- Teaching without much time
- “Informal” teaching

# Key Message

## PREPARE

Orientation

Planning

# Prepare

- Know your learner
  - Their level of training, past experience, goals for rotation, prior areas of difficulty
- Know the curriculum
  - What are the objectives for this rotation/shift?
  - What are you going to teach?
- Choose your patient(s)

# Practice

- Groups of 2-3
- One person is learner
- One person is staff
- Practice asking questions that help with planning/orientation



# Challenges in Bedside Teaching and Teaching “On the Fly”

# Challenges

**Time**

**Productivity**

**Preceptor Confidence**

Don't know what "material" you will have

**Space**

**Patients are "sicker"** **Patient present**

**Our Own Discomfort**

Large group of learners

Teaching On the Fly

# ONE MINUTE PRECEPTOR AND SNAPPS

# One-Minute Preceptor

## “5 Microskills”

1. Get a Commitment
2. Probe for Supporting Evidence
3. Teach General Rules
4. Reinforce what was done right
5. Correct Errors

One Minute Preceptor

Neher J et al. A five-step “microskills” model of clinical teaching. J of Am Board Fam Pract. 1992; 5(4): 419-424.

# SNAPPS

**S**ummarize

**N**arrow the differential

**A**nalyze the differential

**P**robe

SNAPPS explained

**P**lan management

**S**elect case for self directed learning

Wolpaw T et al. SNAPPS: A learner-centered model for outpatient education. *Academic Medicine*. 2003; 78(9): 893-898.

# SNAPPS in ACTION

SNAPPS

# TEACHING AT THE BEDSIDE

# Types of learning opportunities

- Common
  - History taking skills
  - Physical exam skills and procedural skills
  - Patient-learner interaction
  - Case presentation
- Less Common
  - Ability to explain findings or the plan to patient
  - Managing family members' questions
  - Teaching more junior learners
- Model for the learner
  - How to ask difficult questions
  - Demonstrate how to say “I don’t know” or an apology



# Benefits – For the Teacher

- Direct observation of the clinical skills of the learner
- Ability to observe how the learner interacts with patients
  - Communication
  - Professionalism
- Learn from the learners
- Opportunity to role model

# Benefits – For the Learner

- Practice skills while being observed
- Meaningful Feedback
- Can observe the teacher(s)
- Teach the teachers
- Puts the learning in context



# Benefits – For the Patient

- Appreciate the extra time
- Appreciate hearing more about their medical situation
- Enjoy feeling like they contribute to the training



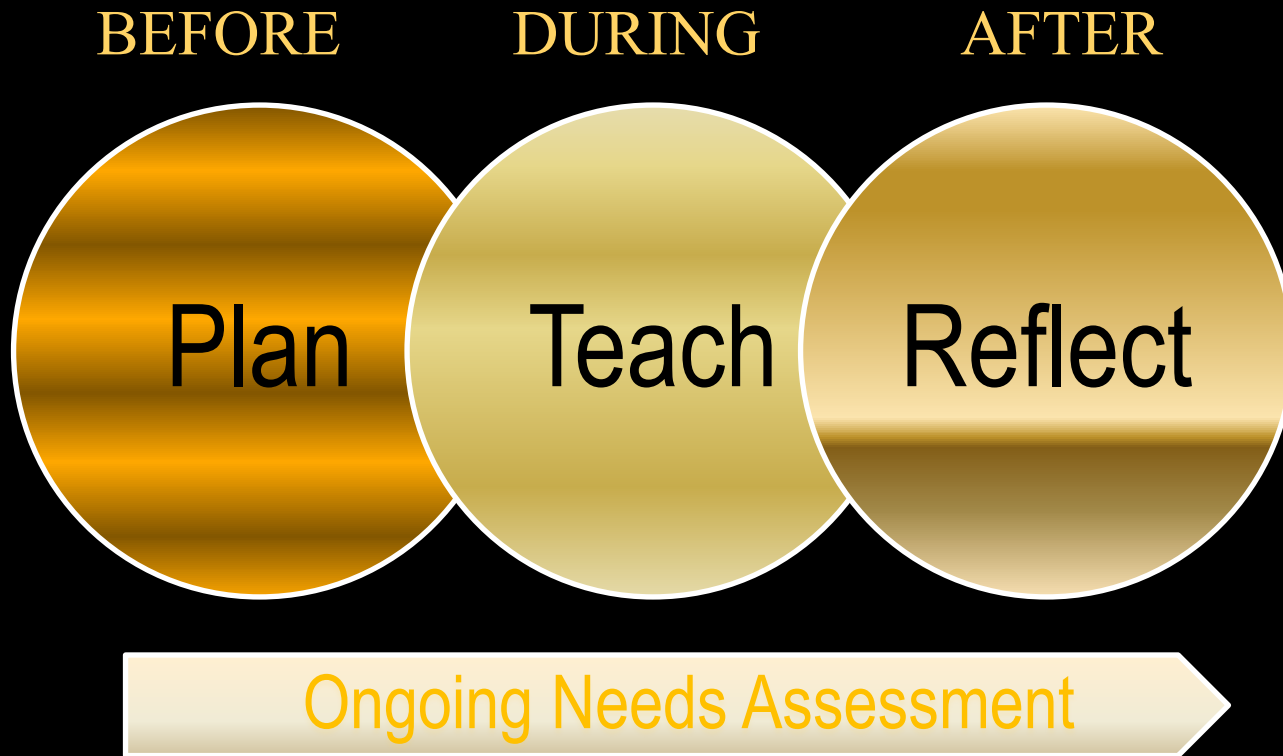
# When NOT to do bedside teaching

- Patient refuses or has high anxiety
- Patient psychotic/delusional
- Learner needs to practice skills in a more controlled setting
- Case presentation in front of patient may be upsetting
- Providing feedback to the learner

Bedside Teaching

# TEACHING TIPS

# Clinical Teaching Framework



PBSG-Ed “Time Efficient Teaching Strategies” Module, McMaster.

# Intent

Go to bedside with specific intent/plan

BUT

Remain flexible

# Plan - Briefing

- Review patient's medical background
- Give direction on what learner should focus on
- Guidance on physical exam
- Time limit for initial encounter
- What you might NOT talk about

PBSG-Ed Time Efficient Teaching Strategies



# Plan - Prepare the patient

1. Introductions
2. Establish permission
3. Explain the purpose of the encounter
4. Let the patient know that family may stay
5. Explain what is being discussed
6. Ask for patient's input or questions

# Teach - Observation

- Remember to step back and observe
- Try not to take over the encounter

# Teach - Questioning

- Ask appropriate questions
  - Avoid the “guess what I am thinking”
  - Target question to level of training
- Discourage one-upmanship among learners
- Gentle correction is okay, but avoid harsh feedback in front of patient and group of learners
- Model that it is ok to not know an answer
  
- SNAPPS + 5 Microskills

# Debrief - Summarize

- Summarize what has been taught/reviewed
  - This is for both the patient and the learners

# Debrief with Learners

- What went well, what didn't go well
- What questions do they have
- Discuss sensitive issues
- Decompress if appropriate
- Next steps for following up on questions/skills
- Plan for next learning session

# SUMMARY

# Summary

## Bedside Teaching and Teaching on the Fly

- Is important for learners and teachers
- Is acceptable to patients and even enjoyed
- Planning is key for successful teaching
- Orient the learners and the patient to the plan
- SNAPPS and One Minute Preceptor are two approaches
- Summarize findings/what was taught
- Debrief with learners
- Learn from one session to plan the next

# References and Resources

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