

Letter to Editor

Medical Education: Entrusting Faith in Bedside Teaching

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Summary

Globally, patient safety and quality of health care services are the predominant challenges faced by the health care industry. To produce competent doctors it is essential to inculcate skills such as clinical reasoning, critical thinking, and self-directed learning among the medical students. Bedside teaching is a common teaching format in medical education where students are taught in an interactive manner with real patients in hospital wards which help them in acquiring the medical skills and interpersonal behavior necessary for their daily practice as doctors.

Dear Editor-in-Chief

Globally, patient safety and quality of health care services are the predominant challenges faced by the health care industry. To produce competent doctors it is essential to inculcate skills such as clinical reasoning, critical thinking, and self-directed learning among the medical students. Bedside teaching is a common teaching format in medical education where students are taught in an interactive manner with real patients in hospital wards which help them in acquiring the medical skills and interpersonal behavior necessary for their daily practice as doctors.¹ Clinicians have been encouraged to “return to the bedside” so that all the three stakeholders, teacher, trainee, and patients, can participate together in the education session. Bedside teaching in the clinical environment is a demanding assignment for the clinicians where they are supposed to execute their roles of the information provider, role model, facilitator, assessor, and curriculum and course planner. Medical students often have identified bedside teaching in medical education as a critical element in development of their clinical skills,² communication skills, and professional bedside mannerisms.³ Nevertheless, most of them feel that they have not been exposed to bedside teaching during their undergraduate courses.² In the practice of bedside teaching roadblocks (viz. declining bedside teaching skills, lack of respect for the patient, time constraints, faculty attitude/knowledge, overdependence on technology, and patient availability/ acceptance) have also been identified.⁴ In a study done by the University of Chicago to compare the bedside critical care competency of first-year residents who received a simulation-based educational intervention plus clinical training with third year residents who received

clinical training alone, it was observed that first-year residents scored significantly higher compared to traditionally trained third-year residents on bedside assessment.⁵ In another study to assess the effect of bedside presentations on patient satisfaction, though there was no significant difference in overall patient satisfaction as a result of bedside presentations, they definitely improved the communication and general satisfaction of the patient.⁶ Not only for the doctors and patients, bedside training has been identified as one of the cornerstones in nurse training as well, assisting students to actively seek and deliver care using evidence-based practice.⁷ In an effort to facilitate bedside learning, a learner-centered model has been developed for enabling teachers to simultaneously provide care to patients while assessing learners, determining high-yield teaching topics, and providing feedback to learners. It is also expected that the proposed model will assist clinical teachers in gaining confidence in their ability to teach at the bedside and thus improvement in the quality of teaching as well.⁸

To conclude, in order to bring about much awaited reforms in medical education or to improve the quality of future doctors, bedside teaching is a highly effective method that benefits teachers, students, and patients. The need of the hour is not to compromise the quality of education offered to medical students in favor of quantity.

Competing interests

No competing financial interests exist.

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