

Bedside Teaching: Relevance, Strategies, and Challenges in Contemporary Medical Education

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Bedside teaching has traditionally been the cornerstone of clinical medical education, allowing learners to acquire essential clinical skills, professional attitudes, and communication abilities directly from patient encounters. Despite its proven value, bedside teaching has gradually declined due to increased reliance on diagnostic technology, time constraints, higher patient turnover, and growing student numbers. This article reviews the importance of bedside teaching, identifies common barriers, and outlines practical strategies and structured approaches to revitalize bedside teaching in modern medical education. Emphasis is placed on learner engagement, patient comfort, focused instruction, group dynamics, and models such as the One-Minute Preceptor to optimize teaching effectiveness.

Keywords: Bedside teaching, clinical education, medical education, clinical reasoning, One-Minute Preceptor

Introduction

Bedside teaching is a fundamental modality of clinical education, enabling students to integrate theoretical knowledge with real-world patient care. As famously stated by Sir William Osler, “Medicine is learned by the bedside and not in the classroom.” Bedside teaching promotes holistic clinical development by emphasizing history taking, physical examination, clinical reasoning, communication, professionalism, and ethical practice. Importantly, it reinforces the concept that the patient remains the central focus of medical practice.

Definition and Scope

Bedside teaching refers to structured or semi-structured clinical instruction conducted in the presence of the patient, where learners actively participate in patient evaluation, discussion, and management planning under faculty supervision.

Rationale for Bedside Teaching

Bedside teaching allows faculty to demonstrate the “art of medicine” while enabling learners to engage multiple senses—observation, touch, hearing, and even smell. It provides opportunities for role modeling, observation of communication skills, teamwork, and professional behavior. Despite these advantages, bedside teaching has witnessed a decline due to systemic and logistical challenges.

Barriers to Effective Bedside Teaching

Commonly identified barriers include:

1. Uncooperative or critically ill patients
2. Fear of causing patient discomfort
3. Concerns regarding privacy and confidentiality
4. Difficulty locating patients due to investigations or procedures
5. Learner reluctance or lack of interest
6. Time constraints and service pressures
7. Faculty discomfort with unfamiliar clinical discussions
8. Increased dependence on advanced diagnostic modalities
9. Shortened hospital stays and higher patient acuity
10. Increased documentation and regulatory requirements
11. Growing psychosocial complexity of patients

Strategies to Overcome Barriers

Active involvement of residents and interns as bedside teachers, institutional emphasis on bedside teaching as a core educational method, and structured planning can help overcome these challenges. Faculty development programs focused on bedside teaching skills are also essential.

Educational Content Suitable for Bedside Teaching

Bedside teaching is particularly effective for:

- History taking and physical examination
- Clinical reasoning and diagnostic formulation
- Communication of management plans
- Professional demeanor and ethics
- Procedural skills (e.g., lumbar puncture)
- Consent taking and breaking bad news

Structured Approach to Bedside Teaching

Act I: Outside the Room (Pre-rounds)

Preparation of learners and patients, planning objectives, and orienting the group.

Act II: Inside the Room (During Rounds)

Focused history presentation, clarification of findings, demonstration of pertinent physical signs, discussion of investigations, and formulation of diagnosis and management.

Act III: Outside the Room (Post-rounds)

Debriefing, feedback, reflection, reinforcement of learning points, and planning for subsequent sessions.

Principles of Effective Bedside Teaching

Patient Comfort

Maintaining patient dignity, explaining the purpose of teaching encounters, encouraging patient questions, and allowing attendants when appropriate are essential components.

Focused Teaching

Teaching should be goal-directed, clinically relevant, and time-efficient. Emphasis should remain on history and examination rather than extensive theoretical discussions. Teaching should be graded according to learner seniority.

Group Dynamics

Assigning a group leader, ensuring equitable participation, managing dominant learners, and encouraging quieter participants enhances group learning. Random selection of presenters promotes engagement.

The One-Minute Preceptor Model

This model includes:

1. Eliciting learner commitment
2. Probing for supporting evidence
3. Teaching general principles
4. Reinforcing correct actions
5. Correcting errors
6. Summarizing key points

It is particularly effective in time-constrained clinical environments.

Tips for Effective Bedside Teaching

- Clearly define teaching goals
- Involve all learners

- Use open-ended questions
- Think aloud to model clinical reasoning
- Acknowledge knowledge gaps
- Provide constructive feedback
- Demonstrate professional behavior
- Maintain time discipline and follow-up

Summary

Bedside teaching remains a vital component of medical education, fostering clinical competence, professionalism, and patient-centered care. Renewed commitment, structured planning, and faculty engagement are essential to preserve and strengthen this time-honored educational tradition.

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