LETTER TO THE EDITOR

Bedside teaching

Dear Sir

Students like bedside teaching because it is patient-centred, contextualises knowledge and provides direct contact with experienced practitioners. Fifty years ago, three quarters of clinical teaching was at the bedside, but by 1978 one estimate suggested it had already decreased to less than a fifth (Collins et al. 1978), and a glance at many current student timetables indicates that it has declined even further since. This reduced exposure in undergraduate years may be partly responsible for declining clinical skills (Alam et al. 2010).

Bedside teaching opens the mind to the reality of clinical medicine that perhaps cannot be mimicked with an actor. The balance of being efficient with time, yet establishing a rapport with patients can be learned. Although some clinical signs and experiences can be simulated, many cannot (e.g. the tactile experience of hepatosplenomegaly or joint effusions).

The progressive decline of bedside teaching is the consequence of several factors. In increasingly busy hospitals, the availability of teachers is reduced as well as the availability of patients, who spend less time in hospital and have a generally 'busier' in-patient stay. Teachers, despite an interest in bedside teaching, now find themselves with broader roles in the hospital. There may also be a perception that the bedside teaching, as it was formerly practiced, is intruding or demeaning to patients.

We advocate the following guidelines as a means of preserving the bedside learning experience:

- Greater emphasis should be placed on bedside skills in the undergraduate curriculum, through, for example, student log books, and more formal assessment of student performance at the bedside.
- Communication should be improved by using medical school 'web-based' forums to organise teaching. Rapid exchange ofinformation in this arena caters for the often unpredictable clinical timetables for both medical students and doctors.
- The development of bedside teaching skills should be incorporated into undergraduate curricula.
- Protected time should be allocated to teach, for example, by incorporating it into job plans. Currently, doctors are expected to teach, with limited opportunities.
- Hospital teaching guidelines should be written to minimise disruption to ward work, and to ensure preservation of patient autonomy.

Zeshan Qureshi
Department of Oncology
Western General Hospital
Edinburgh, UK
E-mail: zeshan.u.qureshi@gmail.com

Simon Maxwell
Department of Oncology
Western General Hospital
Edinburgh, UK
Clinical Pharmacology Unit
University of Edinburgh
Edinburgh, UK

References

Alam U, Asghar O, Khan SQ, Hayat S, Malik RA. 2010. Cardiac auscultation: An essential clinical skill in decline. Br J Cardiol 17:8–10.

Collins GF, Cassie JM, Daggett CJ. 1978. The role of the attending physician in clinical training. J Med Educ 53:429–431.

ISSN 0142–159X print/ISSN 1466–187X online/11/070001–1
DOI: 10.3109/0142159X.2011.578693