Elevating medical education through standardised bedside teaching



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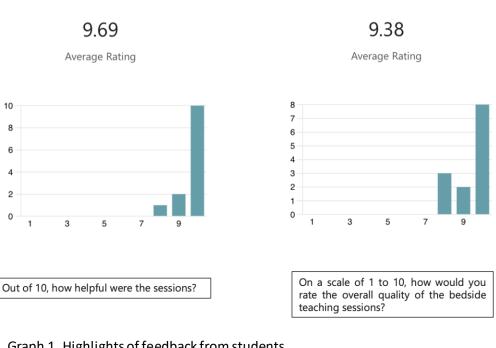
Aim: To maximise learning opportunities derived from bedside teaching for both students and doctors through standardised tutor education and increased number of sessions.

Method: Surveys collected feedback on current bedside teaching from medical students and general surgery junior doctors. Next, a presentation and reference sheet (image 1) were provided to junior doctors. Cycle 1 students received approx. 6 weeks of extra teaching. Cycle 2 they received approx. 9 weeks of extra teaching and 1:1 CTF teaching. Repeat surveys and feedback meetings at the end of each cycle evaluated the effectiveness.

TOPICS TO COVER en. RLQ/LLQ/RUQ **AREAS TO COVER** • History and examination haematemesis. PR bleed • Presenting patients Investigations Management Clinical signs VAC dressings, feeding tubes, lines • Clinical skills DURING BEFORE AFTER Identify patients · Ask CTF to observe (if OMP 5 microskills required) Prepare teaching · Have a back up plan Scan me to get involved! **BENEFITS FOR YOURSELF** • Portfolio

Image 1: Reference sheet produced for junior doctors. Canva used for production and images

Results: Before the scheme, students felt sessions with junior doctors were disorganised. They desired more sessions and increased variety. Junior doctors rated confidence and knowledge about bedside teaching low (see table 1) and wished for education on bedside teaching. After the scheme, feedback from students showed a positive impact (graph 1) with comments that they appreciated the expertise of other doctors and exposure to topics not encountered otherwise. All but one student achieved a grade of Excellent in their OSCE exams and 100% found the sessions useful. 100% would recommend the scheme Junior Doctors' feedback also showed a significant improvement (table 1), including 83% increase in overall confidence in cycle 1, with further improvement to 100% in cycle 2.



Graph 1. Highlights of feedback from students.

	Junior doctor satisfaction	Junior doctor knowledge	Junior doctor feedback confidence
Before	n/a	5.92	6.24
Cycle 1	8.33	8.0	7.83
Cycle 2	8.83	8.17	8.5

Table 1. Highlights of feedback from junior doctors. Scores out of 10.

"More focused to our needs. Able to set out objectives for the session and work to achieve them".

Image 2. Quote from a student when asked what they enjoyed about bedside teaching

Conclusions: In conclusion, the scheme had a positive impact. This was evident from increased student satisfaction, nearly all students achieving a grade of "Excellent" during formative OSCEs and enhanced junior doctor confidence. However, some areas, such as speciality teaching, require improvement to fully optimise bedside teaching as a tool in medical education. It would be advisable for other departments to adopt this scheme as it emphasises the value and importance of bedside teaching, which is currently not fully utilised and should be at the heart of our education of future doctors and healthcare professionals.