

Reflections on Bedside Teaching on the Wards

I have been a practicing attending pediatric hospitalist for six years. When I consider how my teaching at the bedside has evolved over time, I can say that now instead of regurgitating rote facts as I used to do more of as a senior resident, my focus is much more learner-driven with more depth in assessing and teaching clinical reasoning. As my clinical confidence has improved over time, and I have more experience with multiple levels of learners, I am more able to foster the comfortable fluidity of conversation that is necessary when teaching during rounds given the multiple disciplines involved, the ever-changing clinical status of the patients and the different needs of each learner on any given day.

The knowledge and skills that I have attained through pursuing a masters of medical education have provided more rich scaffolding to the backdrop of my bedside teaching. As I have now walked in the shoes of the medical student, the sub-intern, the intern and the senior resident, I am better able to provide tailored questioning and teaching to the level of the learner. I try to have the team absorb everything that is happening on rounds, including the communication style of the families, the tone in the room, nonverbal cues, the patient's exam in real time, valuable nurse input, pharmacist pearls, and time management/tools for efficient, effective and safe patient care.

Through our project that involves direct peer observation of my family centered rounds, I have learned a lot from other faculty members regarding my strengths and areas that I could improve. I have been specifically trying to include the nurse more during the patient care discussion and education of the family to

model that behavior for the medical team. I have also been trying to support more senior resident teaching through prompting during down time (such as when the team is putting on personal protective equipment in the hallway outside a patient room).

The feedback that I have received regarding family centered rounds from learners has been positive, although I was hoping for some more constructive comments. As this is not an anonymous format for giving me feedback, I recognize that some of the responses are affected by this fact.

I look forward to continuing to improve my bedside teaching through learning with my team and sharing in our efforts to improve as physicians and teachers together. Treating everyone as equal team members from the junior medical students through the senior resident, nurses and other support staff has proven invaluable in creating an optimal learning environment. Showing my thought process aloud during clinical decision-making for a complicated or very ill patient has also been popular with learners. Soliciting verbal feedback from learners when giving them feedback for the week has also proven fruitful.