

*7 tips for*  
**Teaching in  
the Presence  
of Patients**

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# Well executed bedside teaching is beneficial for educators and learners as well as patients and families

LEARNERS & EDUCATORS	PATIENTS & FAMILIES
<p>Adult learning principles</p> <ul style="list-style-type: none"><li>• Meaningful</li><li>• Relevant to work</li><li>• Active involvement</li></ul>	<p>Informed decision making</p> <ul style="list-style-type: none"><li>• Improved transparency</li><li>• Depth of Understanding</li></ul>
<p>Broader range of teachable/observable skills</p>	<p>Increased perception of time with provider</p>
<p>Opportunity to role model skills or behaviors</p>	<p>Clearer understanding of team dynamics and roles</p>

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# These 7 simple tips

can help boost your bedside  
teaching confidence

decrease learner stress in front of  
the patient

and improve your patient  
satisfaction scores!

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# *Prep the* **Patient**

Introduce the purpose of team rounding as well as team members and roles. Make it clear you will be discussing learning points together. Ask permission and allow the patient the opportunity to decline. Always ask if the patient has any questions about what you've been discussing before moving on.

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**GO NEXT** 

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# *Prep the* **Learners**

Learners work best with clear expectations. Beyond assigned roles consider a loose script for the visit. Most importantly create a **code phrase** or a signal for when learners get stuck. Have them make eye contact or ask “Dr. Miller what are your thoughts about x?” An added bonus for this strategy is that it is also a way to model collaborative care to the patient.

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**GO NEXT** 

# *Prep* Yourself!

'On the Fly' teaching doesn't have to be created in the moment. Before rounds review your list and think of a few high yield teaching points. Look things up if you need to and have a handful of concise pearls in your back pocket. Depending on where the conversation goes you can pull out the relevant one!

**GO NEXT**



# *Make it* **Safe**

Optimal learning requires psychological safety. Before entering the room try asking 'Are there any concerns or clarifying points you want to discuss before we go in?'

Inside the room avoid asking vague, *guess-what-I'm-thinking* questions, direct questions to a group discussion rather than individuals, and use neutral language to provide correction when needed.

**GO NEXT** 

# *Keep it* **Simple**

Avoid the temptation to teach everything--typically 1-2 pearls per patient is all the learners can absorb. The teaching itself can be as simple as explaining your thought process when your plan differs from your learner, highlighting a physical exam finding, or discussing the relevance of a lab result.

**GO NEXT**





# *Be* **Explicit**

At the end of the encounter take a moment to huddle outside the room and explicitly tell the learners what they learned! Allow for additional questions or clarification as needed.

**GO NEXT**



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*Assign*

# Follow-up

Maybe your teaching identified a common knowledge gap amongst the learners. Maybe you got a question you didn't know the answer to. Assign additional topics (either to learners *OR* to yourself) and make sure you build in time to revisit later.

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# References

Transcript for TTP Session: Teaching in the presence of the patient. July 27, 2021. Office of consultation and research in medical education (OCRME): University of Iowa, Carver College of medicine. Accessed via [Transcript for TTP Session: Teaching in the Presence of the Patient | Office of Consultation and Research in Medical Education \(OCRME\) - Carver College of Medicine | The University of Iowa](#)

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