Bedside teaching programme at Bradford Royal Infirmary: a pilot QIP

Author: Imaan Iqbal A

Introduction
Bedside teaching has long been recognised as integral to medical education. Salam et al state in their literature review that bedside teaching cannot be substituted as it allows for direct feedback, which strengthens learning from the patient.1

Bradford Royal Infirmary hosts medical students from the University of Leeds. There was no formal bedside teaching programme in place and questionnaires found that medical students often felt ignored on the wards or were not able to engage with the bedside teaching delivered, especially since the start of the pandemic.

In response to this I decided to do a quality improvement project (QIP) which aimed to put an intervention in place that would allow for the final year medical students to have access to good quality bedside teaching aimed at preparing them for life as a foundation year-1 doctor (FY1).

Methods
I put together a bedside teaching programme that was made up of a total of three sessions that were delivered over a 6-week period. Each session lasted between 1.5–2 hours. A total of 16 fifth-year medical students took part in the bedside teaching sessions. Each session was made up of a didactic component and a practical component in order to promote deep learning. The didactic teaching was a small group discussion-based teaching session. The examination component was conducted at the bedside on a patient.

The sessions were as follows:

> Session one: didactic component – how to conduct a falls review and examination component: classical hip examination.
> Session two: didactic component – how to conduct a capacity assessment and examination component: neurological examination.
> Session three: didactic component – how to refer a patient to a senior colleague using the SBAR technique and examination component: cerebellar examination.

Standardised Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) feedback forms were given at the end of each session to assess the students’ opinions/feelings towards the sessions.

Results
Data collected across all three sessions found that 100% of the students either strongly agreed or agreed that the sessions addressed their individual learning needs, teaching was at a suitable level, sessions were useful and helped with development in becoming a foundation year doctor (Figs 1 and 2).

Written comments that were made included: ‘Useful and relevant to my learning.’ ‘Hands-on practice on the teaching helped to consolidate the learning.’

Discussion
The results show that bedside teaching is still relevant and useful today.
This was a novel way of providing bedside teaching. It was found to be less intimidating compared with traditional bedside teaching. Each session was mapped directly to a learning objective on the students’ curriculum which helped with student engagement as the relevance was evident. Each session was also contextualised to their future role as FY1s through examples from personal practice.

Conclusion

This QIP shows that medical students still find bedside teaching relevant and useful. By considering creative ways of changing the structure of bedside teaching sessions, it is possible to create sessions that are useful and relevant to medical students today in an environment with post-pandemic constraints.

Reference