

“Not Quite Bedside” Teaching During the COVID-19 Pandemic

Upon reading “Teaching During the Pandemic,”¹ by Redinger and colleagues, which outlined embracing informal teaching in the clinical environment, I wanted to highlight the role of bedside teaching during the COVID-19 pandemic. Bedside teaching has been a cornerstone of medical education since the time of Sir William Osler in the 19th century.² Bedside teaching remains an important teaching modality for educators to teach physical examination skills and to role model professionalism, effective communication, and compassionate patient care.³ Despite studies demonstrating these benefits of bedside teaching, the practice of this modality is in decline.⁴ One study found that teaching at the bedside comprises only 17% of instructional time by academic hospitalists.⁵

One might assume that the COVID-19 pandemic would further lessen time at the bedside, as hospitals limit trainee exposure to patients under investigation for COVID-19 and enact personal protective equipment conservation measures. But it has not. From my observations, bedside teaching is making an interesting resurgence.

As a medical education research fellow in a university-based emergency department, I have noticed that the true art of bedside teaching—particularly in communication and professionalism domains—has once again become a focus, bringing patients and health care teams together. Prior to this pandemic, emergency medicine trainees typically assessed and treated patients with direct *supervision* by faculty members, but often without direct *observation* of each patient encounter.

With COVID-19, it is now the norm for faculty members to gather teams of trainees, nurses, and other key providers around a videoconference call with the patient, intently listening to the patient history, discussing treatment plans as a team, and

communicating complex or upsetting information. Team-based, video-enhanced “bedside” teaching provides trainees additional opportunities for observation of history taking. The format allows faculty members to model professionalism and expertise in counseling patients during times of uncertainty. It allows health care providers to function as interprofessional teams, rather than siloed providers working in proximity to one another.

The best aspects of bedside teaching are back, even if the COVID-19 pandemic keeps us physically distanced from the bedside.

Danielle T. Miller, MD

Medical Education Scholarship Fellow, Department of Emergency Medicine, Stanford School of Medicine

The author would like to thank Michael A. Gisondi, MD, Associate Professor and Vice Chair of Education, Department of Emergency Medicine, Stanford University School of Medicine.

References

1. Redinger JW, Cornia PB, Albert TJ. Teaching during a pandemic. *J Grad Med Educ.* 2020;12(4):403–405. doi:10.4300/JGME-D-20-00241.1.
2. Peters M, Cate OT. Bedside teaching in medical education: a literature review. *Perspect Med Educ.* 2013;3(2):76–88. doi:10.1007/s40037-013-0083-y.
3. Weissmann PF, Branch WT, Gracey CF, Haidet P, Frankel RM. Role modeling humanistic behavior: learning bedside manner from the experts. *Acad Med.* 2006;81(7):661–667. doi:10.1097/01.ACM.0000232423.81299.fe.
4. Aldeen AZ, Gisondi MA. Bedside teaching in the emergency department. *Acad Emerg Med.* 2006;13(8):860–866. doi:10.1197/j.aem.2006.03.557.
5. Crumlish CM, Yialamas MA, McMahon GT. Quantification of bedside teaching by an academic hospitalist group. *J Hosp Med.* 2009;4(5):304–307. doi:10.1002/jhm.540.