# A Short Guide to… Bedside Teaching

## What do we mean by 'Bedside Teaching'?

At Liverpool we use a very specific definition of the "bedside teaching" which students should expect as part of their course. We use this term to define teaching conducted by a senior doctor (ST3+), involving direct patient contact, that is set apart from service delivery such as ward rounds.  We also expect "bedside teaching" to be time that is specifically focused on the educational needs of students.

## Core course expectations

Clinical placement providers must provide each student with at least two hours of "bedside teaching" per week in the form of small group teaching delivered by senior medical staff. At least half of this teaching must be provided by Consultants. This teaching is specifically mapped to the curriculum requirements of the placement. It is separate from any teaching provided during service delivery e.g. ward rounds, clinics.  At bedside teaching sessions, supervisors should facilitate student history taking and examination and the discussion of in-patient investigation and management.

## Why is bedside teaching so important?

As a rule, most adults learn best when they can pair up theory and practice together – because they can apply the theory to an example, or vice versa.  The students who perform best in their skills assessments are often those who have engaged the most with their placement opportunities, taking time and care to explore each learning opportunity that placement presents.

## Making the most of every opportunity

Some students are better at engaging with bedside teaching than others, and those students who are less confident with putting themselves forward may need more encouragement and help to do this. Try to encourage all students by being open to questions and discussions when you feel this is appropriate during the working day. You will often be able to identify "learning moments" much more easily than the students – where you notice these, flag them.  A lot of students keep a list of things to look up on their mobile phones at the end of the day – where appropriate encourage them to look things up in the moment.  Don't send students off to the library! They all have phones in their pockets and access to the vast array of material via Liverpool University Library – if it's appropriate and does not impact on patients, signpost them to look up certain conditions, management, patient information or medicines on their phones. Think about how you use online resources to check things when you are unsure – encourage the students to get into good habits themselves.

## ePortfolio "Sign-offs"

Our students will often see their priority from bedside teaching is to have the mandatory components of their e-portfolio signed off. This is understandable – student anxiety is often at its highest over assessment components, and therefore students often feel they are in a race to get portfolio components completed. Try and move them away from this focus. Encourage students to gain feedback on each area of practice. We would want each student to experience as much as possible to scaffold their future learning – the "sign-off" is not the ultimate goal.  If you offer to take a student to see a patient and they say "I've already had that signed off", challenge them! Get them to think about a different aspect of patient care or the next steps in management. We often receive the most positive feedback from students when colleagues have used every moment as a teaching opportunity.

## Other informal teaching opportunities

If you supervise students on placement for the University of Liverpool, you are probably already aware of the range of resources that can help you with your teaching, such as the Liverpool Educators Online website [link] or the Faculty of Clinical Educators (FACE) Training Sessions [link].  These resources cover the myriad ways in which you can get involved in the variety of formal teaching that takes place on the Liverpool MBChB Course.