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# Planning Effective Clinical Teaching Encounters for Occupational Therapy Students

Strategies to Improve Bedside Teaching

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# This workshop will enable you to;

- Identify the components of effective clinical skill teaching in the presence of service users, from the point of view of;
  - The student
  - The educator
  - The service user
- Use a 4-step approach when teaching a concrete clinical skill
- Plan an effective clinical skill teaching encounter for a student in your particular clinical area



# What is bedside teaching?

- In medical education
  - The process by which a clinician brings (usually) a group of students to the service user's bedside, listens to their history, elicits physical signs, develops a provisional diagnosis and decides on a therapeutic plan
  - Can also occur in the service user's home, or in the outpatient clinic
  - Declining in medical education with the rise in the use of the technology in favour of lecture/case based presentations



# Bedside teaching in Occupational Therapy

- Like medical students, Occupational Therapy students learn their craft through an “apprenticeship model”
  - Day to day clinical experience helps the student to develop the required skills and knowledge
- For Occupational Therapists, “bedside teaching” can be understood as the process of active learning by a student in the presence of a service user
  - Focus of today’s workshop will be specifically on this aspect of practice education



# Doing a conceptual/thematic review

- “A critical synthesis of a variety of literatures, (which) identifies knowledge that is well established, highlights gaps in understanding, and provides some guidance regarding what remains to be understood”
- “The author should feel bound by a moral code to try to represent the literature (and the various perspectives therein) fairly, but need not adopt the guise of absolute systematicity” (Eva, 2008)(p.853)
- **Question: What are the components of quality bedside teaching that Occupational Therapy educators can incorporate with their students?**





## **What are some of the difficulties with “bedside” teaching?**

Divide into groups of three with a mix of clinical backgrounds.

One “student”, one “educator” and one “service user”

Task: “Educator” to carry out a simple intervention or assessment  
e.g. ROM assessment with the service user.

Work around the student as you normally would.





## What are the challenges?

As the educator?

As the student?

As the service user?





# 4-Step Method (Lake & Hamdorf, 2004)

- **Demonstration** – Educator demonstrates at normal speed, no commentary
- **Deconstruction** – Educator demonstrates while describing steps
- **Comprehension** – Educator demonstrates while student describes steps
- **Performance** – Student demonstrates while student describes steps





## Teach the clinical skill again

This time, use the 4-step method to teach a particular skill

This strategy will work best with certain types of clinical skill

**Demonstration** – Educator demonstrates at normal speed, no commentary

**Deconstruction** – Educator demonstrates while describing steps

**Comprehension** – Educator demonstrates while student describes steps

**Performance** – Student demonstrates while student describes steps



# Challenges to bedside teaching identified in the literature

- Lack of privacy in ward environments
- Shorter hospital stays
- Service users not being available for therapy
- Teaching being less valued than clinical work (by organisations)
- Educator fear of facing a situation where they do not know the answer in front of a student and service user



# What are the benefits?

- Bedside teaching effectively teaches professional skills (Nair et al. 1997).
- Highly valued by students
- Opportunity for mentorship – the student can observe the educator's professional skills, their warmth towards a service user and their decision making process
- It is effective – research shows that it is more effective than a lecture series in teaching knowledge and skills in physical examination techniques



# What strategies can we learn from the literature on Bedside Teaching?



# The student perspective

- Students learn better when they are given a role in the session
- The learning environment should be comfortable, free from humiliation “*free to ask questions and say ‘I don’t know’*”
- Students are acutely aware of the communication with the client, and the client’s comfort in the session





# The academic perspective



- Experiences on clinical placement are a vital predictor of the final degree marks of medical students
- Knowledge gained in this setting is retained longer
- Scaffolding learning – linking of new learning to prior knowledge and future situations is very effective
- When basic sciences are referred to at the bedside, the students are more likely to retain this information



# The educator's perspective

- The most effective role models for healthcare students are those that are regularly involved in clinical teaching (Janicik & Fletcher, 2003).
- Bedside teaching helps educators;
  - Keep up to date
  - Stay observant of their own work
  - Make tacit knowledge explicit
  - Highlight their own knowledge gaps
- Peer observation and feedback can be helpful



# The service user's perspective

## The positives

- In one study, 77% of service users stated they enjoyed bedside teaching, and 83% confirmed that it did not make them anxious
- It can increase time spent by clinicians with service users
- Service users welcome;
  - Being able to ask questions during/after the teaching session
  - Advance notice
  - Efficient use of time
  - The explanation of any procedures/interventions
  - The clinician returning afterward to clarify any issues

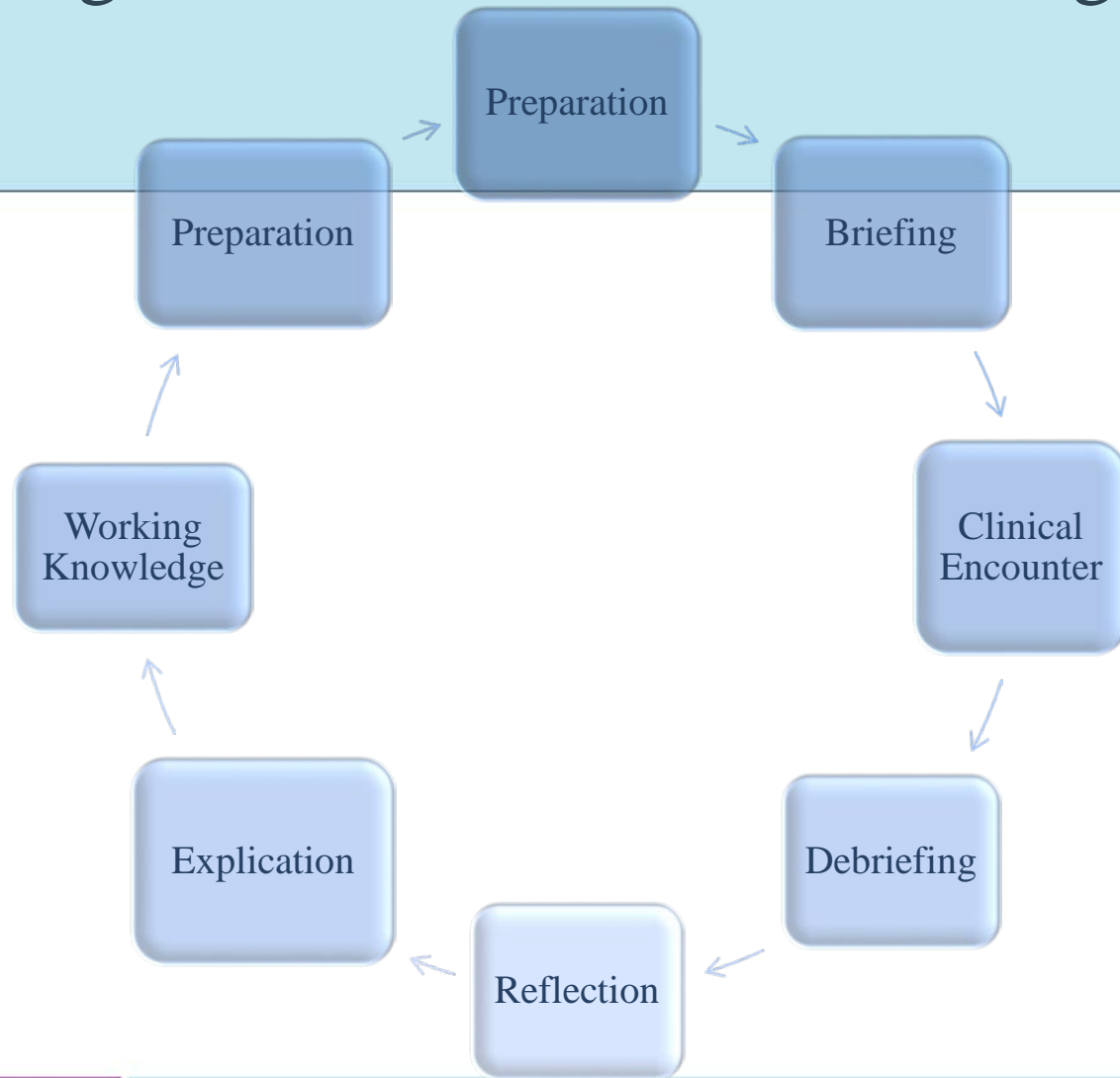
# The service user perspective

## The challenges

- In the same study, only 37% of service users felt adequately forewarned about the bedside teaching
- Educators should;
  - Seek full consent
  - Avoid the use of jargon
  - Avoid discussing potentially worrying rehabilitation potential or prognosis information in front of the service user
- Students should;
  - Ask permission before sitting down



# Structuring an effective clinical teaching session



Cox (1993)



# Step one: Preparation before clinical experience

- Select the service user carefully – it is most helpful for students to build up basic skills first before moving on to complex situations
  - Try to plan to teach one skill in the session
- If the student is going to carry out the intervention, the educator should be sure that the student is fairly adept at it
- Have an understanding of the curriculum, but be aware that this doesn't necessarily mean that the students will know it!
  - Ask them what they already know
  - Assess what a student already knows – can they try the assessment or intervention on you or another student beforehand?





# Step two: Briefing before seeing the service user

- Review;
  - the client's background
  - what is going to be addressed in this session
  - give guidelines
  - decide a time limit
- Give guidance on;
  - any issues that could upset or distract the service user
  - how they should behave in the session
  - how much autonomy they will have
- If students are just going to observe, they need to be told what information they will be asked for afterward
- Brief the service user
  - Permission
  - What to expect
  - Thanks and acknowledgement



# Step three: Clinical experience with the service user

- Observation. Students need to know beforehand:
  - What to observe
  - How to observe
  - What indicates improvement/lack of improvement?
  - What is important/unimportant?
- Role modelling:
  - Rules of propriety
  - Checking/asking
  - Seeking feedback
  - Clinical skills
- Self-evaluation:
  - Did I teach well?



# Step four: Debriefing after leaving the service user

- Most effective when the experience is still “fresh”
- Feedback VS Evaluation – the distinction should be made clear to the student
- Encourage the student to self-evaluate first
- “praise in public, criticise in private”
- Provide concrete examples of what the student did well, and where improvement was needed
- Make a learning plan for the future



# Step five: Reflection on the experience and findings

- Moving from debriefing of the visible, external clinical events,
- To reflection on their invisible, internal, personal meanings
- Moving from “what went on” ... To “what did that mean?”
- Can occur after a period of time e.g. End of the day
- To encourage reflection, questioning can move from concrete observations to the deeper, more complex meanings



# Step six: Explication of the experience

- “how can I unravel and explain what went on?”
- The process of stimulating of critical thinking and critical reasoning.
- Linking the clinical experience back to theory, and possible explanations for what was observed
- The educator can start this process, then the student can independently review textbooks or journals to link what they saw back to theory



# Step seven: Working knowledge extracted from the “examined experience”

- Helps the student develop working rules for use in practice
- Allow the student freedom to come up with ideas for the next session
  - Students learn when they are able to bring out all their speculations and work out the pros and cons for themselves
- Students value the opportunity to practice writing notes after a session, and studies show that note-writing practice helps students to improve their skills for the next session





# Step eight: Preparation for future service users

- Bedside teaching is effective when combined with independent learning projects to consolidate learning
- Can be integrated with evidence based practice;
  - The service user's occupational problem informs the search for evidence and the evidence-based intervention is brought back to the bedside





## **Planning a clinical teaching session in your setting**

Form a group with others who work in the same clinical area

Using the 8 step model presented, design a teaching session to be carried out with one or two students in the presence of a service user



# The 8-step process

1. Preparation
2. Briefing
3. Clinical Encounter
4. Debriefing
5. Reflection
6. Explication
7. Working Knowledge
8. Preparation for Future





**Any questions or comments?**



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# Key References

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