Correspondence

Medical student and patient perspectives on bedside teaching

To the Editor

I have 3 comments on the interesting study by Kianmehr et al¹ on the medical student and patient perspectives on bedside teaching.

First, bedside teaching (BST) has long been considered the most effective method to teach clinical skills and communication skills. Kianmehr et al's study¹ supports that consideration by addressing in their study that most of the medical students believed that BST is an effective way for learning the principles of history taking, physical examination, practical skills, data registry, communicating skills, evidence-based medicine, and interpretation of para-clinical findings. However, BST is thought to be underutilized as many barriers confront its successful application: lack of respect for the patient; time constraints; learner autonomy; faculty attitude, knowledge, and skill, and over-reliance on modern technology.^{2,3} A variety of strategies were suggested to mitigate these barriers: orienting and including the patient; addressing time constraints through flexibility, selectivity, and integration with work; providing learners with reassurance, reinforcing their autonomy, and incorporating them into the teaching process; faculty development; and advocating evidence-based physical diagnosis.3

Second, Kianmehr et al¹ showed that 60% of the studied adult patients were comfortable with BST. Actually, parents of sick children do share that comfort with BST as it was found that bedside rounds have a

positive impact on parents' attitudes toward physicians, that they do not dilute the child's sense of relationship with the primary attending physician, and that they contribute to certain aspects of resident education.⁴

Third, BST with evidence-based practice elements, supported by e-learning activities, could play an important role in modern medical education. Teachers have to incorporate evidence from the medical literature to increase student motivation, and interactivity.⁵

Mahmood D. Al-Mendalawi Department of Pediatrics Al-Kindy College of Medicine Baghdad University, Baghdad, Iraq

Reply from the Author

No reply was received from the Author.

References

- Kianmehr N, Mofidi M, Yazdanpanah R, Ahmadi MA. Medical student and patient perspectives on bedside teaching. *Saudi Med J* 2010; 31: 565-568.
- 2. Nair BR, Coughlan JL, Hensley MJ. Impediments to bed-side teaching. *Med Educ* 1998; 32: 159-162.
- 3. Williams KN, Ramani S, Fraser B, Orlander JD. Improving bedside teaching: findings from a focus group study of learners. *Acad Med* 2008; 83: 257-264.
- Lewis C, Knopf D, Chastain-Lorber K, Ablin A, Zoger S, Matthay K, et al. Patient, parent, and physician perspectives on pediatric oncology rounds. *J Pediatr* 1988; 112: 378-384.
- Potomkova J, Mihal V, Zapletalova J, Subova D. Integration of evidence-based practice in bedside teaching paediatrics supported by e-learning. *Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub* 2010; 154: 83-87.

Related topics

Farajat MA. Beliefs of tenth grade Jordanian students regarding cigarette smoking. Implications for prevention. *Saudi Med J* 2010; 31: 831-832.

Ahmed AM. Bedside teaching at the Cinderella status. Options for promotion. *Saudi Med J* 2010; 31: 739-746.

Al-Rukban MO, Munshi FM, Abdulghani HM, Al-Hoqail I. The ability of the preadmission criteria to predict performance in a Saudi medical school. *Saudi Med J* 2010; 31: 560-564.

Al-Wardy NM, Rizvi SG, Bayoumi RA. Is performance in pre-clinical assessment a good predictor of the final Doctor of Medicine grade? *Saudi Med J* 2009; 30: 1590-1594.