

LETTER TO THE EDITORS

Declining bedside teaching: the need for African medical institutions to adopt a structured approach

AYOMIKUN ODEKUNLE¹, AARINOLA OLAIYA², BOLANLE MOJIBOLA³,
OLADIPO OLATUNJI⁴ and OLUWASEUN ODEKUNLE⁵

¹East Lancashire Hospitals NHS Trust, United Kingdom; ²Newcastle Hospitals NHS Foundation Trust, United Kingdom; ³Norfolk and Suffolk NHS Foundation Trust, United Kingdom; ⁴South Tyneside and Sunderland NHS Foundation Trust, United Kingdom; ⁵Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria

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Dear Editor,

Bedside teaching or ward rounds teaching has for many years been a major component of medical education but its use is currently on the downward trend in several medical institutions (1). The causes of this decline are diverse including busier hospitals with limited time allocation to complete each day's tasks (1). This reality calls for innovative ways to make bedside teaching more effective within time constraints.

The benefits of bedside teaching such as the acquisition of clinical skills by the trainees means it needs to continue to be an integral part of learning in medical settings (1). It is therefore important that African Medical Institutions embrace an evidence-based model of bedside teaching so as to ensure future generations of medics are not denied these important learning opportunities (2). Ward round provides the ideal opportunity for students and doctors in training to practice history-taking, examination, and formulation of plans for patients in a risk-free environment (1). Despite these immense benefits, there is very little in terms of how to conduct a ward round written in books (1) and there is a paucity of research into ward rounds (1).

To address this issue of declining bedside teaching, some of the evidenced-based models which could be used are the STIC framework and tool, the SNAPPS model, and the one-minute preceptor model (2). The STIC framework implies:

1. S-Setting the agenda and team roles for the ward round
2. T-Targeting teaching to the level of the learners

3. I-Inspect and reflect on student's and trainee's performances during the bedside teaching
4. C-Closure of the Clinical encounter (3).

The SNAPPS model stands for:

1. S-Summary of patient's presentation
2. N-Narrow the differential
3. A-Analysis of the differentials
4. P-Probing the preceptor
5. P-Plan management and
6. S-Select a case-related issue for self-directed learning (4).

The one-minute preceptor is aimed at helping the learner organize their thoughts and for the teacher to identify teaching needs (4). It is a 5-step model composed of:

- 1- Getting a commitment in which learners are encouraged to make intellectual slightly above their level to any aspect of a particular case.
- 2- Probing for evidence to support the learner's thought process
- 3- Provide general rules which are common points that the learners can use in future similar cases
- 4- Emphasize what was properly done
- 5- Correct mistakes (4).

Finally, it is important for African medical institutions to preserve the educational impact of bedside teaching even as time constraint continues to be a major challenge by adopting these structured models for teaching during ward rounds.

Conflict of interest

The authors declare no potential conflict of interest.

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Correspondence to: Ayomikun Odekunle, East Lancashire Hospitals NHS Trust, Burnley, United Kingdom
E-mail: odekunleayomikun@gmail.com

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