

Campus Community Partnership in Bedside Teaching: Staff Development Program at a Secondary Health Care Hospital in Malaysia

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Bedside teaching is an essential component of medical education and provides the learners an opportunity to use nearly all of their senses. A comprehensive physical examination can provide a diagnosis of more than 70% of diseases.¹ Sometimes it is thought that bedside teaching is applicable only to the hospital setting which is not true. Bedside teaching skills can apply to any situation where the teaching occurs in the presence of the patient, including the secondary care hospital, the long-term care facility or in the office setting.²

Universiti Kebangsaan Malaysia (UKM) is the second public University in Malaysia, produces medical graduates for the health needs of the country. UKM medical students receive part of their clinical training at Hospital Teluk Intan (HTI), which is a secondary health care service delivery hospital situated at Perak, at a distance of three hours journey by road. UKM is committed to produce physician who are able to manage health problems in competent and humane manner. As a part of staff development program medical education department of UKM medical centre organized a one day bedside teaching skills workshop on 23rd April 2008 for HTI staff. The objective of this workshop was to reinforce the skills in facilitation of bedside for HTI clinicians, emphasis the role of supporting staff especially the role of nursing staff in teaching of medical students and to strengthen the relationship between staff of UKM medical centre and HTI.

Twenty-two people from HTI attended the workshop which consisted of specialists, medical officers and nursing staff. Morning session covered four presentation with interactive session in a large group and afternoon session consisted with two small group session, one with clinicians and the other with nursing staffs. The workshop provides an opportunity for attendees to identify what they and their organisations were currently doing, a discussion around what needs to be done in the facilitation of bedside teaching of medical students at secondary care hospital.

Staff members increasingly combine clinical, research, administrative and educational duties, which lead

to a decrease in bedside teaching, resulting in students encountering fewer patients to practice clinical skills. Students are rarely supervised when performing clinical skills and most of the time students do not get feedback.³ Evaluation of the workshop recommended that this type of workshop should be conducted on yearly basis. Though not attended by many of clinical specialists, it was very beneficial for the nursing staff who are involved in teaching the practice of good communication, basic procedures like temperature checking, BP measurement etc., basic medical etiquette and so on to medical students at HTI. It was also suggested that student representative should be involved to hear their views regarding bedside teaching. The workshop consolidated the partnership and bond between the colleagues at the UKM campus and at HTI which was encouraging.

Bedside teaching has a long and appreciated history with good reason. Teaching at the bedside provides an opportunity for role modeling in which learners can observe a humanistic approach from an experienced clinician and learn from this. If we want time to teach at the bedside we need to carefully planning for it. The planning must include the identification of the

- **Learner** -a description of the learner e.g. first-year student, fifth year student, resident etc;
- **Objectives of the session** - a description of the behavior that the learner will demonstrate at the end of the session e.g. able to communicate effectively with the patient, able to examine, elicit etc;
- **Conditions** - a description in which learner will demonstrate the learning e.g. in a follow up patient, in a palliative setting, office setting etc;
- **Degree** –a description to which learner can do this e.g. in a sensitive and honest manner.

We should try hard to make it as productive and valuable as possible and to convey the energy and excitement of these past shapers of the profession to promote the competent and humane physician for 21st century.

References

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