Teaching in the Patient’s Presence

Up until the early 1900s, teaching in the patient’s presence was common, but over time, most education has shifted to the precepting or conference room. This issue of Teaching Tips is a review of the barriers to, benefits of, and tips for teaching and learning in the exam room with the patient present.

Barriers: Barriers to teaching in the patient’s presence revolve around time, technology, medical chauvinism, and the comfort level of patients, preceptors, and students. However, the fact is that patients report increased satisfaction and often prefer when students present in the room. Students also report that they enjoy and value the process.

Advantages: Although the process might feel challenging or uncomfortable at first, multiple advantages make the effort worthwhile. These include:

- Increased active learning by the student
- More opportunity for direct observation and assessment of the student
- Prolonged contact with the patient, who is seen as an individual equally involved in the decision-making process
- Students learn medicine is done WITH the patient, not TO the patient
- Able to check accuracy of the student’s history presentation
- Avoid pejorative commentary about adherence, substance use or weight; preceptor and student are accountable for the words and non verbal cues they use
- Students learn to avoid jargon, added opportunity for patient education and evaluation of health literacy
- Efficiency – no more time used for presenting the H&P and encounter may be shortened because information can be checked with the patient during the presentation

We Challenge You to Give it a Try! Use These Tips for Success

1. Prepare the student: orient learner to the process and discuss ground rules such as presenting in the 2nd person, avoiding medical jargon, and taking a time out if needed. Ask if the student has questions before entering the room.
2. Ask the patient: emphasize their role in teaching, describe the process, and empower the patient to correct errors.
3. Observe: step back and try not to interrupt the student’s presentation.
4. Challenge the learner: ask questions of the student, use gentle correction if needed.
5. Summarize and give feedback: tailor to the patient’s understanding.

Remember, learning doesn’t stop after the encounter. Ask the student to reflect on the session and encourage self-directed learning.

References/Resources:

