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MEDICAL EDUCATION

THE POWER OF BEING PRESENT AT THE BEDSIDE: A RESIDENT-ATTENDING CALL FOR ACTION

Lara Kim Rotter, MD; Naseema B. Merchant, MD



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INTRODUCTION

Bedside rounds are not merely a nostalgic tradition but a vital, modern clinical tool. These rounds sharpen diagnostic accuracy, deepen patient engagement, and provide context-rich dynamic learning data not replicated by Electronic Medical Record (EMR) based assessments.¹ Bedside rounds are essential to preserving the human connection at the core of medicine. Most articles on this topic have been written by attending physicians, who practice and teach this skill regularly. However, the perspective of trainees—closest to the tension between digital efficiency and embodied clinical care—is often missing.



The case here describes a subtle neck pulsation detected by an observant resident on rounds that had gone unnoticed during chart review. This discovery led to a diagnosis of an unrecognized cardiomyopathy and the avoidance of potentially harmful chemotherapy. Such moments highlight the irreplaceable value of practicing mindful presence, observation, and intentional bedside engagement by resident and attending team leaders. Based on the shared experiences of a resident and attending, this article offers adaptable practical bedside rounding strategies for the complex demands of inpatient care. These strategies help trainees and attendings reclaim the bedside as a space where clinical skills, presence, and humanism converge to educate future physicians.

CLINICAL CASE

The morning had been hectic; all the pre-charting and diligent copying of hospital EMR information didn't leave the team enough time to see patients for more than a brief morning visit. This female patient was admitted for initial chemotherapy; she reported no cardiopulmonary symptoms, and her chart showed stable vital signs. As the medical student presented, there was no mention of an assessment for the jugular venous pulse. However, the subtle pulsation along the patient's neck had caught the eye of the senior resident as the team had entered the room. The student was prompted to take a closer look at the patient's neck.

A quick bedside ultrasound supported the concerns for elevated right atrial pressures. Observation of that slight, rhythmic movement in the patient's neck would change the plan of care. Chemotherapy was postponed, and subsequent imaging confirmed the suspicion of undiagnosed cardiomyopathy. An astute observation of a physical sign saved this patient from receiving cardiotoxic chemotherapy that could have exacerbated an underlying heart condition.

DISCUSSION

Bedside rounds have long been a cornerstone of medical education. Although the practice has evolved, their value remains irreplaceable in modern health care. Noted physician Sir William Osler once said, "To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."² In our modern medical landscape, we may say that "Learning tools and EMRs provide the map, but bedside assessment provides the journey, all necessary for comprehensive patient care."

Despite efforts by training programs to promote bedside rounds, unique challenges including time constraints, competing priorities, increased documentation burden and the lure of the EMR often make conference room rounds more appealing to the team. This space becomes a cozy digital cocoon that avoids the messy realities and unpredictability of the patient's bedside.

But medicine isn't meant to be practiced in a cocoon. Famed neurologist Dr. C. Miller Fisher, an astute diagnostician who championed the art of direct observation, wisely noted "The bedside can be our laboratory."³ What a laboratory it is! Where else can trainees simultaneously hone diagnostic skills, practice bedside manners, and occasionally discover that the patient's "stage II ulcer" offers an in-depth revival of medical school anatomy?

Bedside rounds also offer multiple additional benefits. Patients have a chance to be more than a collection of lab values and imaging studies. Their experience of being valued as a person and educator for medical trainees engages the patient to become an active participant in their care. Trainees receive immediate feedback and context-based learning. Classroom teaching, without real-time patient context, can be associated with memory decay of the material taught, a phenomenon tested by Dr. Fisher in his practice.³ However, patient context makes learning visceral, immediate, and long lasting. Trainees are more likely to remember the technique for assessing jugular venous distention when demonstrated on a patient than watching a video.

Efficiency, the holy grail of modern medicine and constant worry for resident physicians, can be improved through bedside rounds. Instead of playing phone tag with nurses or deciphering cryptic consultant messages, issues can be addressed real-time as team members are co-located with the patient. It's like a well-choreographed dance, where each team member knows their steps and moves in harmony around the patient, ensuring that care is coordinated and efficient.



EFFECTIVE BEDSIDE ROUNDING STRATEGIES

Practicing mindfulness, intentionality, and flexibility will help residents and attending physicians deliver effective teaching while managing patient care. Being mentally present at the bedside is a foundational strategy for teachers. The clinical case illustrates that simply going through the motions of bedside rounds is not enough. True presence requires focused attention and actively observing the demeanor and nonverbal cues of the patient and team members. By paying close attention to the words, tone, and nonverbal expressions, active listening fosters deeper understanding and connection with the patient.

Mindful assessment involves approaching the physical exam with intention, and a hypothesis-driven, discovery-oriented mindset. Establishing a holistic perspective incorporates the patient's overall clinical and psychosocial picture rather than isolating individual data points at a single moment in time. By intentionally grounding oneself in the present at the bedside, subtle yet critical findings are uncovered that might otherwise be missed. It transforms bedside rounds from a routine task into a powerful diagnostic and therapeutic tool. This intentional presence uncovers a world of teaching points which can be used in combination with open-ended questions for real-time, context-based teaching at the bedside. The accompanying table lists additional strategies to improve bedside rounds.

These valuable tips will help trainees and educators maximize bedside round experience, improve the clinical care of patients, and reinforce educational concepts for trainees.

CONCLUSION

Physician work should not be confined to computer screens that reduce patients to digital avatars that are cared for through the EMR interface. The true art of medicine unfolds at the patient's bedside through patient engagement, human connection, and attention to detail. Like a painting whose essence eludes the casual observer, genuine understanding emerges through direct engagement. In table rounds, each brushstroke gets dissected, but it is at the bedside where the masterpiece reveals itself in its entirety. Let's step away from our digital cocoons, brave the wilds of the hospital floors, and embrace the bedside.

The bedside rounding strategies described here include a resident's experience and commentary on this practice. This viewpoint adds a unique perspective on the importance of bedside rounding for SGIM Forum readers. Our call to action is for the SGIM community to intentionally lead teams to bedside rounds, model effective strategies, foster professional growth, and reclaim the joy of medicine.

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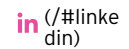
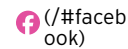
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Author Descriptions

Dr. Rotter (lara.rotter@nih.gov (<mailto:lara.rotter@nih.gov>)) is a First-Year Fellow in Critical Care at the National Institute of Health. Dr. Merchant (naseema.merchant@yale.edu (<mailto:naseema.merchant@yale.edu>)) is an Associate Professor of Medicine at Yale School of Medicine

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