

# The impact of a “Back to Bedside” initiative on resident education

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## ABSTRACT

**Background:** Back to Bedside is an American Council of Graduate Medical Education (ACGME) sponsored program with the goal of giving trainees a chance to find deeper meaning in their clinical work. As technological advances have decreased the amount of time trainees are spending with patients, a program was started that gives residents the opportunity to explore their patient interaction and communication skills.

**Observations:** Residents spent one week on an elective during which they had uninterrupted time during ten patient encounters and were able to address multiple factors. They assisted with goals of care discussions, education on illness, education on medications, and practiced their communication skills.

**Conclusion:** Thirty-one residents participated and completed a survey after the elective. This elective proved to be of great benefit to residents in many areas. They found personal growth in their ability to communicate medical findings in an easy-to-understand format, an improvement in general communication skills, and an improvement in understanding routine and complex pathology. As effective communication is key to patient safety, this study proves that communication curricula can improve physician-patient interactions.

**Keywords:** Communication, medical education, medical curriculum

## INTRODUCTION

*Back to Bedside* is an American Council of Graduate Medical Education (ACGME) sponsored program that was started in 2018. The primary goal was to give residents and fellows a chance to design projects that would give them greater meaning to their work and a chance return to the patients' bedsides in meaningful ways. Since the initiation of the program, trainees have developed many unique projects, including introducing music in their patient interactions and using 3D printing.

According to a study done in 2016, interns are spending only 9.4% of their shifts interacting with patients. This study also found that 50.6% of their time is spent on computers.<sup>1</sup> As technology and

documentation demands have increased, our internal medicine residency program at Baylor Scott & White in Temple (BSWH) observed that residents had less time to spend with patients and had less time to explore their patient interactions with the opportunity for reflection and improvement. With this knowledge, the Central Texas VA chief resident at BSWH with the guidance of the chair of education and the chair of medicine developed an elective that gave internal medicine residents opportunities to explore their patient interactions, to work on their communication skills, and to reflect on how they can improve their connections with their patients. We found that residents benefitted greatly from this elective.

## METHODS

A one week *Back to Bedside* elective was created to give residents the opportunity to explore their communication skills. This elective is offered for one-week periods up to two times per year for each resident. All

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internal medicine residents in program year 1 through program year 3 can participate in this elective. Residents are expected to be at the Veterans Affairs Hospital in Temple, Texas, from 8am–5pm Monday through Friday. On the first day of the elective, residents choose patients based on feedback from wards teaching teams. Each resident is responsible for ten patient encounters. One patient could be a “continuity of care” follow-up per day; the other patient would be a new contact who changed daily. Residents review the hospital course and pathology with the goal of being able to explain this in an easy-to-understand format. Residents then come to the patients’ bedsides and discuss the illnesses, any medications, and even assist with goals of care discussions with the patients and families. Without other time constraints, residents are expected to answer any patient questions; they finalize their week by submitting a reflection paper to the chief resident. The purpose of this reflection paper is to allow residents time to think about their encounters, to consider their approaches, and to assess what they can do to improve their interactions in the future.

The value of the elective was evaluated by a survey with the questions listed in Table 1. Questions asked included the amount of time spent in patient rooms, number of patients seen, and the effect the elective had on communication skills, on the ability to communicate complex pathology, and on the opportunity to better understand routine and complex medical situations. Residents were also asked if this elective allowed them time to reflect on their experiences, what the likelihood was of recommending this program to another institution, and to share any thoughts they had on the program.

**RESULTS**

The survey questions were ranked on a 1–10 scale with 1 being no effect or improvement, and 10 being maximum effect or improvement. Thirty-one residents participated in the elective and completed the survey. The time spent in patient rooms ranged from 5 minutes to 60 minutes per patient encounter. The average amount of patients seen was 9.03 minutes. The effect this elective had on communication skills had an average rating of 8.16. A rating of 8.29 was given for the

**Table 1. Questions for Resident Survey**

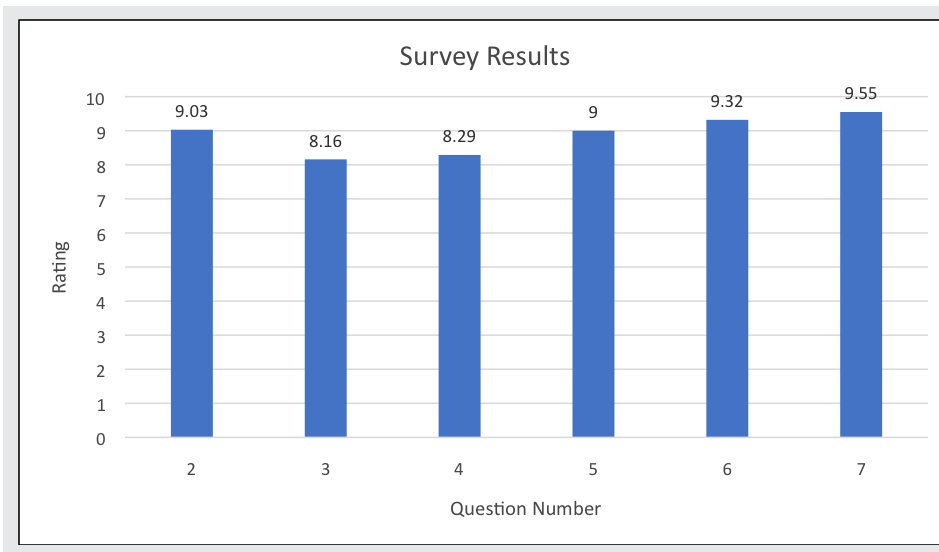
Question 1	How much time have you spent in patient rooms?
Question 2	How many patients have you seen per week?
Question 3	How has this elective affected your communication skills?
Question 4	Has this elective given you the opportunity to better understand routine and complex medical situations?
Question 5	Has this elective improved your ability to communicate complex pathology in an easy to understand format?
Question 6	Has this elective given you time to reflect on your patient encounters?
Question 7	How likely are you to recommend this elective to other institutions?
Question 8	Is there anything you would like to share about your experience?

opportunity to better understand routine and complex illnesses. Residents averaged a 9.0 for improvement in the ability to communicate complex pathology in an easy-to-understand format. A rating of 9.32 was given for time to reflect on patient encounters. Last, a 9.55 was given for likelihood to recommend this elective to other institutions. These data can be seen in Figure 1.

In the open-ended text, many residents documented interesting insights. One resident expressed that although she thought she was being simple with her explanation of medical conditions, it was still too complex and overwhelming for patients and that more time is needed to be spent educating the patient for improved comprehension. Another resident commented on his ability to better understand personal situations and the realization that a chart can inaccurately label patients without fully understanding their situations. Several residents also commented on the appreciation patients had for the time spent with them.

**DISCUSSION**

Effective physician-patient communication is directly linked to enhanced patient safety, improved



**Figure 1.** Survey results.

healthcare quality, and health outcomes.<sup>2</sup> As medical education continues to evolve, various programs have been implemented to educate trainees on the importance of communication in medical education. Our *Back to Bedside* initiative was started to improve internal medicine resident education in communication skills without the usual time constraints.

This elective proved beneficial to residents in several areas. Regardless of program year, residents often found that they could improve their communication effectiveness by using simpler terms to explain pathology. It was also noted that many patients had difficulty understanding medications. One reflection paper noted a patient never understood the reason for insulin administration and would skip doses thinking it had a lasting effect. Another paper noted that one of her patients never understood the dynamics of his COPD. He assumed that he would often need admission for breathing issues, then return to his normal home environment without using new breathing treatments. This patient was very appreciative of the time the resident took to explain the illness and felt more equipped to adhere to treatment and avoid hospitalization.

Although this is a very well-regarded elective, some improvements can be made. One resident spent five minutes per patient encounter, and this is not enough time in an elective. New strategies will

need to be implemented to identify residents who will take advantage of this elective and exclude those who will not. This elective is also intrinsically self-directed. Without strong supervision, there is a risk that some residents will take short cuts with the encounters. If this issue develops, then restructuring the format will be needed to ensure a proper commitment to the goals of the elective.

Despite the potential challenges, our residents found a great benefit in several areas with dedicated time to explore their own personal approaches to patient care. We encourage other institutions to further explore curricula in resident communication as this can improve long-term physician-patient interactions.

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