Original Article

A Phenomenological Study of Resident Physicians' Experiences of Bedside Teaching

Shah Umam[1], Essa Hassan[2] and Mohammad Haroon[3]

ABSTRACT

Objective: This study explores the perceptions, challenges, and impact of BST on the clinical skills of resident physicians.

Study Design: A descriptive phenomenological study

Place and Duration of Study: This study was conducted at the medical ward of Khyber Teaching Hospital, Peshawar from December 2024 to June 2025.

Methods: A descriptive phenomenological approach was employed to investigate the lived experiences of nine resident physicians. Semi-structured, in-depth interviews were conducted using purposive sampling. Data collection continued until saturation was reached. Ethical approval was obtained, and confidentiality was ensured through anonymized, audio-recorded interviews. The transcribed data were analyzed using Colaizzi's thematic analysis method.

Results: Four key themes emerged: (1) perceived value of BST, (2) challenges faced, (3) impact on clinical skills, and (4) recommendations for improvement. Most residents found BST valuable for real-time learning, clinical reasoning, and patient communication. However, barriers such as time constraints, inconsistent teaching styles, and patient privacy concerns hindered its effectiveness. Residents acknowledged BST's role in enhancing diagnostic accuracy, recognition of clinical signs, and efficiency in physical examination. Suggestions for improvement included structured sessions, interactive discussions, detailed feedback, and small-group bedside discussions.

Conclusion: Despite its recognized value in clinical training, BST remains underutilized due to systemic challenges. Addressing time limitations and improving teaching consistency could enhance its effectiveness. Implementing structured, interactive, and feedback-oriented BST sessions may optimize resident learning and improve patient care.

Key Words: Bedside teaching, medical education, resident physicians, phenomenology, clinical skills

Citation of article: Umam S, Hassan E, Haroon M. A Phenomenological Study of Resident Physicians' Experiences of Bedside Teaching. Med Forum 2025;36(11):33-36. doi:10.60110/medforum.361107.

INTRODUCTION

Bedside teaching (BST) has long been regarded as a fundamental method of clinical education, allowing learners to develop essential skills in history-taking, physical examination, diagnostic reasoning, and patient communication. Sir William Osler famously stated, "Medicine is learned by the bedside and not in the classroom," emphasizing the irreplaceable value of direct patient interactions in medical training[1,2].

[1.] Department of Internal Medicine / General Medicine[2] / Medicine[3], MTI- Khyber Teaching Hospital, Peshawar.

Correspondence: Dr. Mohammad Haroon, Associate professor Medicine, MTI-Khyber Teaching Hospital, Peshawar
Contact No: +923321985337
Email: drharoonjr@gmail.com

Received: July, 2025
Reviewed: August, 2025
Accepted: September, 2025

However, despite its effectiveness, BST has seen a significant decline in recent decades due to various systemic challenges, including increased reliance on diagnostic technology, time constraints, concerns about patient privacy, and evolving educational models that prioritize simulation over direct patient contact[3,4].

Historically, BST constituted a major part of medical education, with up to 75% of clinical training occurring at the bedside in the early 20th century. However, this figure has now dropped to less than 20% in many institutions[3]. A major factor contributing to this decline is the increasing dependence on imaging and laboratory diagnostics, which, while beneficial, have inadvertently reduced the emphasis on clinical skills such as physical examination and patient-centered communication[3,4]. Moreover, administrative pressures to shorten hospital stays, as well as concerns regarding patient comfort and confidentiality, have led to a reduction in bedside interactions between trainees and patients[2,3]. For resident physicians, BST plays a crucial role in bridging the gap between theoretical knowledge and practical application. Studies have shown that bedside learning enhances diagnostic accuracy, improves clinical decision-making, and fosters a more patient-centered

approach[1,5]. Furthermore, BST provides an opportunity for role modeling, where senior clinicians demonstrate best practices in clinical reasoning, professionalism, and patient engagement[5,6]. However, despite its benefits, BST is often hindered by inconsistent teaching approaches, lack of structured frameworks, and competing clinical demands[7]. Given the importance of BST in medical education, this study aims to explore the lived experiences of resident physicians regarding bedside teaching. By identifying the perceived benefits, challenges, and impact of BST on clinical competency, this study seeks to provide insights into optimizing bedside learning for future medical training programs.

METHODS

A descriptive phenomenological approach was used to obtain data from Resident Physicians in order to obtain in-depth understanding of residents' perception, challenges and influencing clinical skills of bedside teaching. This study was conducted in department of medicine, Khyber Teaching Hospital from December 2024 to June 2025. Ethical approval was obtained from Khyber Medical College Research Ethics Committee. All medical B Ward resident Physicians was considered in this study.

An information sheet indicating the purpose of the research has been provided before taking written informed consent to assure confidentiality. In-depth semi-structured one-on-one interviews with the resident physicians was carried out in a comfortable atmosphere using an interview guide with open-ended questioning using purposive sampling technique. Face validity was chosen to ensure that the interview questionnaires are appropriate for the purpose of the research. The sample size was calculated by data saturation, when no new theme is obtained from Resident Physicians. Confidential interviews were audio-recorded to facilitate subsequent transcription and analysis of results. Data will be analyzed using the phenomenological method of Colaizzi.

RESULTS

The study included nine resident physicians. Out of nine resident five were female and four were male. Five were general medicine trainees, while four were specialty trainees. Regarding residency year, 5 were first-year, 2 were second-year, and 1 each from third and fourth year.

Core Theme: The study employed thematic analysis using Colaizzi's method to explore residents' experiences with bedside teaching. Data from semi-structured interviews of the nine resident physicians were transcribed, coded, and categorized into four key themes, 1. Perceived Value of Bedside Teaching, 2. Challenges Faced, 3. Impact on Clinical Skills and 4. Recommendations for Improvement.

Table No.1: Characteristics of the participants

Gender	Residency year	Specialty	Frequency of participation in rounds
Female	First	Specialty	Few times a week
Female	First	Specialty	Few times a week
Female	First	Specialty	Daily
Male	First	General	Daily
Male	Third	General	Few times a week
Male	Second	Specialty	Daily
Female	First	General	Daily
Female	Second	General	Daily
Male	Fourth	General	Daily

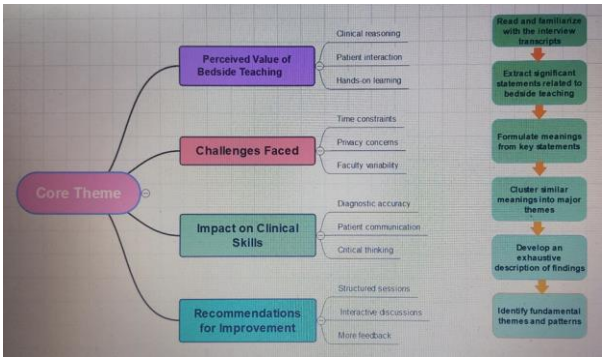

Figure No.1: Thematic Analysis Framework

General Experience with Bedside Teaching

Most residents found bedside teaching valuable, with 3 rating it as excellent, 4 as good, and 2 as average. "Bedside teaching allows real-time learning, making complex cases easier to understand," one resident stated. However, time constraints and workload limited participation, with only 2 residents attending daily, 4 a few times a week, 2 once a week, and 1 rarely.

Perceptions of Bedside Teaching: Residents appreciated bedside teaching for enhancing clinical reasoning, patient communication, and hands-on skills. "Unlike lectures, bedside teaching helps me connect theory with actual patient cases," one participant noted. However, 3 residents preferred case-based discussions over bedside teaching.

Challenges Faced During Bedside Teaching: The biggest challenges were time constraints, patient privacy concern, and inconsistent teaching styles ""Each consultant teaches differently, making it difficult to follow a structured approach". "Sometimes, we rush through bedside rounds due to workload, reducing learning opportunities," one resident mentioned.

Impact on Clinical Skills: Most residents felt bedside teaching significantly improved their diagnostic and examination skills. Common impact om clinical skills

are “better recognition of clinical signs”, “improved diagnostic decision-making”, and “efficiency in physical examinations”. " I learned how to diagnose a case after clinical exposure, and ward rounds helped me recognize conditions that I would have missed in a classroom setting" one resident shared.

DISCUSSION

The findings of this study reinforce the crucial role of bedside teaching (BST) in medical education while highlighting the challenges that limit its effectiveness. The thematic analysis revealed key insights into residents' perceptions, the barriers they encounter, and the potential strategies to enhance BST. These findings align with existing literature and contribute to the growing discourse on optimizing bedside learning. Residents in this study acknowledged BST as an essential component of their training, particularly in enhancing clinical reasoning, diagnostic accuracy, and patient communication. These findings are consistent with prior studies that have highlighted the superiority of BST over classroom-based learning in fostering hands-on clinical skills[8,9]. BST has also been described as a unique learning experience that strengthens professionalism and teamwork[10,11,12]. Despite its declining use, literature suggests that BST remains a powerful tool for bridging theoretical knowledge and real-world clinical practice[2,13].

While residents valued BST, they faced several challenges that restricted its implementation. Time constraints due to increasing patient loads and administrative duties were the most significant barriers, similar to findings from previous studies[10,14]. Additionally, inconsistent teaching styles among faculty members led to variations in BST quality. This lack of a structured approach has been widely documented as a limitation in medical education[7,15-17]. Patient privacy concerns also emerged as a key challenge. Residents expressed discomfort discussing cases openly at the bedside, fearing potential breaches of confidentiality. Prior research confirms that patients often feel uneasy when multiple learners are present, yet many are willing to participate in BST if adequately informed and reassured[8,18,19]. Addressing these concerns through proper patient consent and communication may help mitigate these barriers[20].

Most residents agreed that BST significantly improved their ability to recognize clinical signs, perform efficient physical examinations, and make sound clinical decisions. These findings align with studies suggesting that bedside learning enhances diagnostic reasoning and practical competence more effectively than didactic lectures[10]. Furthermore, BST fosters a sense of responsibility and engagement in patient care, reinforcing its role in shaping well-rounded clinicians[7].

However, the effectiveness of BST varies depending on faculty involvement and teaching quality. Some residents reported that BST sessions were often rushed due to workload pressures, limiting their ability to fully engage with patients and ask questions. This aligns with previous research indicating that faculty members often prioritize efficiency over teaching during rounds[21]. Structured BST sessions with dedicated teaching time may improve learning outcomes[7]. Residents provided several recommendations to improve BST, many of which are supported by existing literature. Structured BST sessions with a defined curriculum can ensure consistency across faculty members[21]. Additionally, incorporating interactive discussions, detailed feedback, and small-group bedside teaching could enhance learning experiences[8]. Another promising approach is the integration of video recordings for later review, which was suggested by several residents in this study. This aligns with research advocating for blended learning models that combine traditional BST with digital resources to reinforce key concepts [7]. Moreover, faculty development programs focused on effective bedside teaching strategies could help address inconsistencies in teaching styles and improve overall BST quality[21].

CONCLUSION

This study highlights BST’s importance in clinical education while acknowledging barriers that limit its effectiveness. Despite challenges such as time constraints and inconsistent teaching methods, BST remains a vital learning tool when structured and properly implemented. To optimize BST, institutions should adopt standardized teaching frameworks, provide faculty development programs, and incorporate technology-assisted learning. Future research should assess the impact of these interventions on BST effectiveness and resident learning outcomes.

Author’s Contribution:

Concept & Design or acquisition of analysis or interpretation of data:	Shah Umam, Essa Hassan
Drafting or Revising Critically:	Shah Umam, Mohammad Haroon
Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

Conflict of Interest: The study has no conflict of interest to declare by any author.

Source of Funding: None

Ethical Approval: No.DIR/KMU-EB/DR/12-45
Dated: 21.11.2024

REFERENCES

1. Van Dam M, Ramani S, Ten Cate O. An EPA for better bedside teaching. Clin Teach 2021;18(4): 398–403.
2. Tansir M. The dwindling art of bedside teaching: Lest we forget. Cancer Res Stat Treat 2021;4(4): 723–724.
3. Pickles R. Bedside clinical teaching: Arresting the decline. Arch Med Health Sci 2020;8(1):9–10.
4. Tabrizi M, Hoseini Nouri SA, Hasanzade Rad A, et al. Bedside teaching and its alternatives in the COVID-19 pandemic. J Pediatr Rev 2023; 11(2):163–170.
5. Uhomoibhi C, Kearns A. Bedside teaching – insights into the medical student experience and likely impact on future role as clinical teacher. Mayo University Hospital & University of Galway. 2024. DOI: 10.1186/s12909-024-06199-z
6. Ijaz H, Stull M, McDonough E, Paulsen R, Hill J. A behaviorally anchored assessment tool for bedside teaching in the emergency department. AEM Educ Train 2022;6:e10789.
7. Moen J, Shuck C. Medical educator teaching habits: origins, decisions, and strategies—a phenomenological inquiry. Discover Educ 2024; 3:253.
8. Malik FR, Khan F. Patients' and students' perspectives on bedside teaching: A descriptive study. Pak J Med Sci 2024;40(10):2384–2389. doi:10.12669/pjms.40.10.8743.
9. Djermester P, Gröschke C, Gintrowicz R, Peters H, Degel A. Bedside teaching without bedside: An introduction to clinical reasoning in COVID-19 times. GMS J Med Educ 2021;38(1):Doc14. doi:10.3205/zma001410.
10. Rietmeijer CB, Deves M, van Esch SCM, et al. A phenomenological investigation of patients' experiences during direct observation in residency: Busting the myth of the fly on the wall. Adv Health Sci Educ 2021;26:1191–1206. doi:10.1007/s10459-021-10044-z.
11. Muntlin Å, Jangland E, Laugesen B, Voldbjerg SL, Gunningberg L, Greenway K, et al. Bedside nurses' perspective on the Fundamentals of Care framework and its application in clinical practice: A multi-site focus group interview study. Int J Nurs Stud 2023;145:104526.
12. Ajab S, Pearson E, Dumont S, Mitchell A, Kastelik J, Balaji P, et al. An alternative to traditional bedside teaching during COVID-19: High-fidelity simulation-based study. JMIR Med Educ 2022;8(2):e33565.
13. Elendu C, Amaechi DC, Okatta AU, et al. The impact of simulation-based training in medical education: A review. Medicine (Baltimore) 2024; 103(27):e38813. doi:10.1097/MD.0000000000038813.
14. Williams KN, Ramani S, Fraser B, Orlander JD. Improving bedside teaching: Findings from a focus group study of learners. Acad Med 2008;83(3): 257–264.
15. Garout M, Nuqali A, Alhazmi A, Almoallim H. Bedside teaching: An underutilized tool in medical education. Int J Med Educ 2016;7:261–262. doi:10.5116/ijme.5780.bdba.
16. Dash NR, Guraya SY, Al Bataineh MT, Abdalla ME, Yusoff MS, Al-Qahtani MF, et al. Preferred teaching styles of medical faculty: An international multi-center study. BMC Med Educ 2020;20:480.
17. Blaschke AL, Rubisch HP, Schindler AK, Berberat PO, Gartmeier M. How is modern bedside teaching structured? A video analysis of learning content, social and spatial structures. BMC Med Educ 2022;22:790.
18. Noroozi M, Zahedi L, Bathaei FS, Salari P. Challenges of confidentiality in clinical settings: Compilation of an ethical guideline. Iran J Public Health 2018;47(6):875–883.
19. Iott BE, Campos-Castillo C, Anthony DL. Trust and privacy: How patient trust in providers is related to privacy behaviors and attitudes. AMIA Annu Symp Proc 2020;2019:487–493.
20. Liao KC, Peng CH, Snell L, et al. Understanding the lived experiences of medical learners in a narrative medicine course: A phenomenological study. BMC Med Educ 2021;21:321. doi:10.1186/s12909-021-02741-5.
21. McDonald M, Muir F. A phenomenological study of resident and faculty experiences with learner engagement in the normalization of workplace-based assessment. Can Med Educ J 2024;15(4). doi:10.36834/cmej.76192.