

REASON WHY?

Following Cycle 1, learner feedback highlighted three areas for improvement:

- 1- Bedside teaching sessions lacked clear learning objectives.
- 2- Session duration was inconsistent.
- 3- Learner understanding was not formally assessed.

Improving the quality of bedside teaching develops clinical reasoning and examination skills at the patient's side, supporting safer clinical decision-making and a better patient experience.

PLAN

Baseline (Cycle 1): 6 sessions delivered, none with documented clear learning objectives, duration variable and no assessment of learning; 11 feedback forms received.

Stakeholders: resident doctors & the teaching fellows of PRH agreed the changes.

Changes tested: (1) one or two learning objectives per session; (2) sessions standardised to ~20 minutes; (3) end-of-session question — “one key learning point you will take away”.

DO

Between May and July 2026, six structured bedside teaching sessions were delivered; two each month.

Month	Topic	Attendance	Key Feedback
May	Pneumothorax	2	Learning objectives were clear and comprehensive. Learners identified one key learning point.
May	Drug history in Parkinson's disease	2	Learning objectives were clear and comprehensive. Learners identified one key learning point.
June	COPD and use of NIV	2	Appropriate pace and duration. Suggested more time for questions and answers. Learners identified one key learning point.
June	Side effects of immunotherapy	2	Requested teaching handouts. Session length and pace appropriate. Learners identified one key learning point.
July	Abnormal liver function tests	2	Requested handouts and additional time for questions. Suggested protected teaching time outside routine clinical workload. Learners identified one key learning point.
July	Exacerbation of COPD	1	Session was clear, concise and appropriately focused. Learner identified one key learning point.



To improve the quality and effectiveness of the bedside teaching sessions for resident doctors.

STUDY

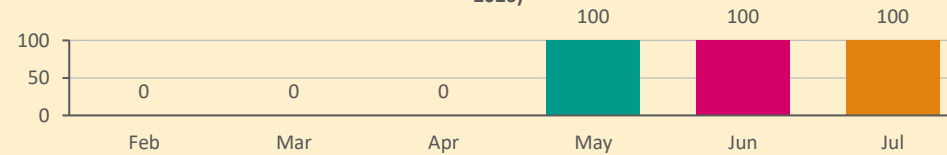
Improvements observed following Cycle 1

✓ Learning objectives consistently clear and focused ✓ 20-minute duration judged appropriate ✓ all learners identified one key learning point ✓ teaching concise and focused on the intended outcomes.

Compared with Cycle 1, no learners reported that sessions were too long or lacked clear objectives. Further enhancement suggested: handouts, more time for questions and protected teaching time (see ACT).

Measure	Cycle 1	Cycle 2
Bedside teaching sessions	6	6
Clear learning objectives	Inconsistent	Consistently reported
Session duration	Variable	Standardised (~20 minutes)
Assessment of learning	None	One key learning point identified by all learners
Main feedback	Too long, unclear objectives	Requested handouts, more Q&A time, protected teaching time

% of sessions meeting all three quality standards (Cycle 1: Feb-Apr, Cycle 2: May-Jul 2026)



ACT

Feedback from Cycle 2 identified three further improvements for the next PDSA cycle.

1. Handouts — a one-page summary for each bedside teaching topic to reinforce key learning points.

2. Questions — reserve the final 5 minutes of each session for learner questions and discussion.

3. Protected time — work with the postgraduate education team and clinical supervisors to introduce designated bedside teaching time, reducing interruptions and improving attendance.

Decision: ADAPT — retain the standardised format and retest with these three changes in PDSA 3 (Aug–Oct 2026); **adopt** as ward standard if improvement is sustained. Lead: Dr R Hussain with the postgraduate education team.