

## LETTERS

## The Return of Bedside Rounds

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*To the editors:* We applaud the effort by Gonzalo et al. to increase bedside rounding by internal medicine residents<sup>1</sup>. However, we do wish to comment on their study's expressed motive, a perceived downward trend in the fraction of medical education taking place at the bedside. Among the many physician-educators lamenting this trend since the 1960s, LaCombe's 1997 commentary in the Annals of Internal Medicine has been particularly influential<sup>2</sup>. His statement that, "In the old days, 30 years ago, 75% of teaching was at the bedside. ... By 1978, that figure had decreased to 16%" has been widely repeated in the literature on bedside teaching, including in the article by Gonzalo et al.

The 1964 study from which LaCombe derived his 75% "baseline," however, actually reported that 75% of dedicated teaching sessions for ward-based medical students included time at the bedside<sup>3</sup>. Forty-five years later, in 2009, the frequency of trips to the bedside during teaching rounds remained fairly stable at 61%<sup>4</sup>. The percentage of time on teaching rounds spent at the bedside has also stayed similar over time compared to the 16% cited by LaCombe, ranging from 19.2%<sup>5</sup> in 1965 to 17%<sup>4</sup> in 2009.

This is not to say that bedside teaching—critical for training in humanism, physical exam, and other clinical skills poorly amenable to either classroom instruction or written assessment—is not under pressure from technology, work hour limitations, rapid patient turnover and the ever-expanding canon of raw medical knowledge. Work to study and promote bedside teaching should be motivated by the technique's intrinsic value rather than by a misconception that bedside instruction is on the decline.

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