American College of Physicians - Internal Medicine Meeting 2025
New Orleans, LA

Teaching Bedside Clinical Skills in the 21st Century

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Teaching Physical Exam Skills in the 21st Century

1

Disclosure of Financial Relationships

Visit any speaker's profile within the *ACP Meeting* mobile app or the meeting's web platform to view disclosure of relevant financial relationships.

2

By end of this workshop, participants will be able to:

- Describe the current state of physical exam skills.
- Develop a 5-Minute Moment to teach physical exam skills.
- Use a 10-Minute Moment to evaluate physical exam skills and give feedback.
- Perform a GI (or pulmonary exam) that will impress a Gastroenterologist (or Pulmonologist).

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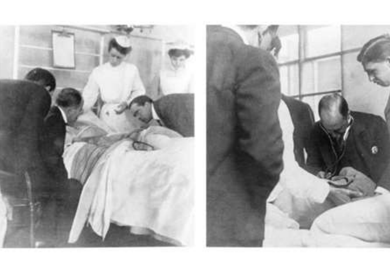

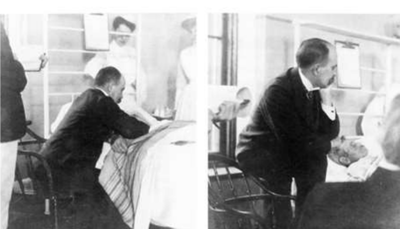

www.collectionscanada.gc.ca

"Medicine is learned by the bedside, and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from a book. See, and then reason and compare and control. But see first."

- Sir William Osler

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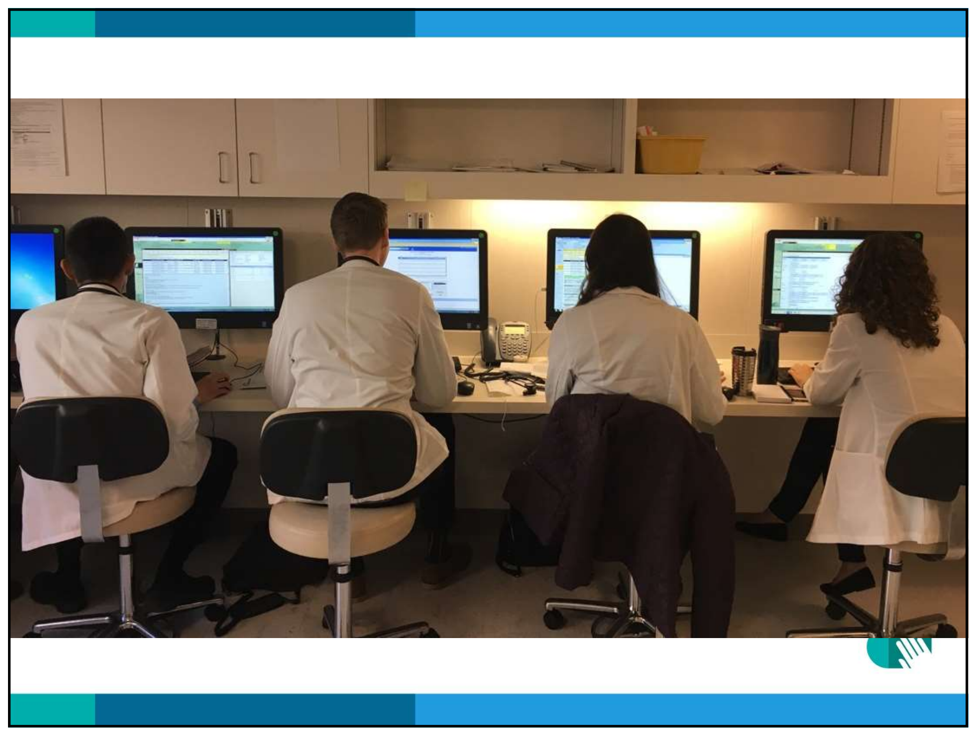

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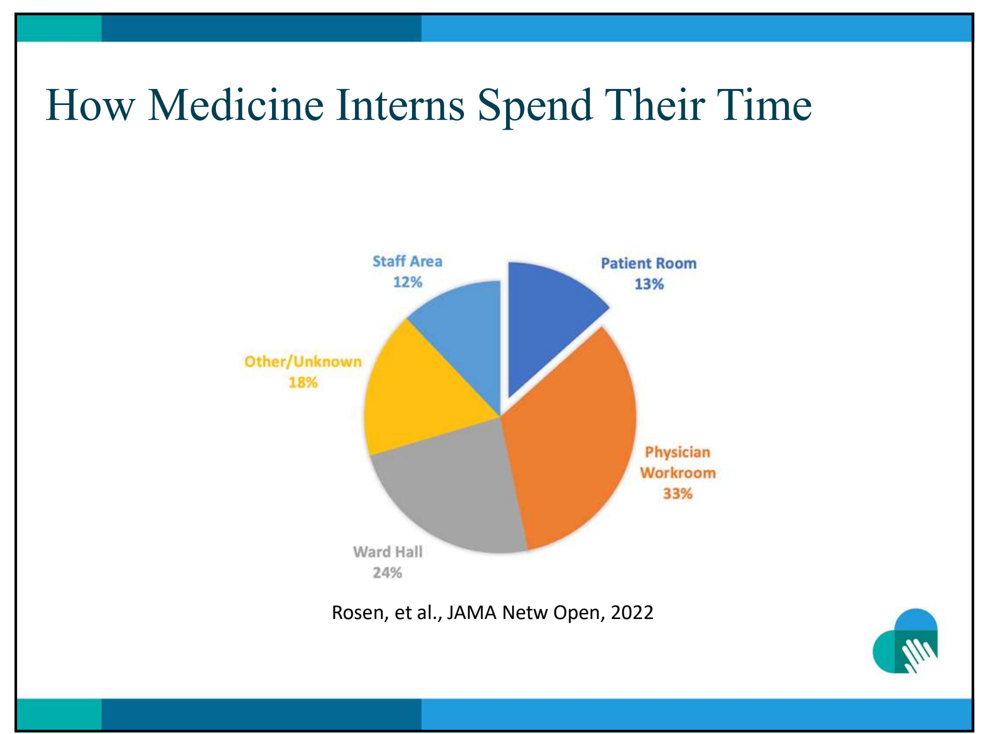

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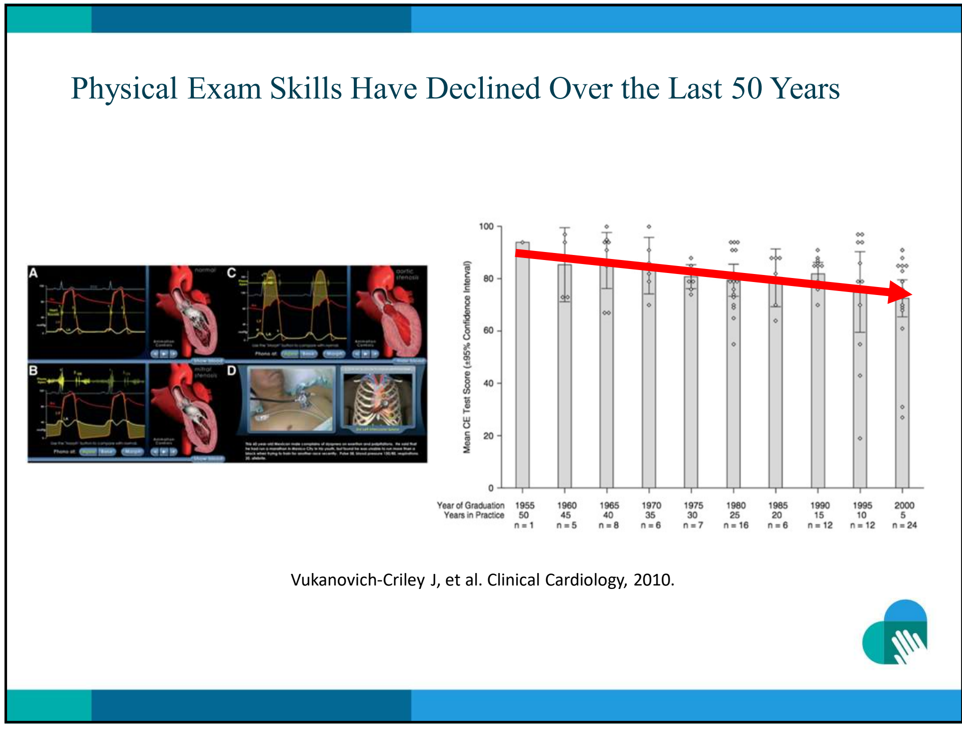

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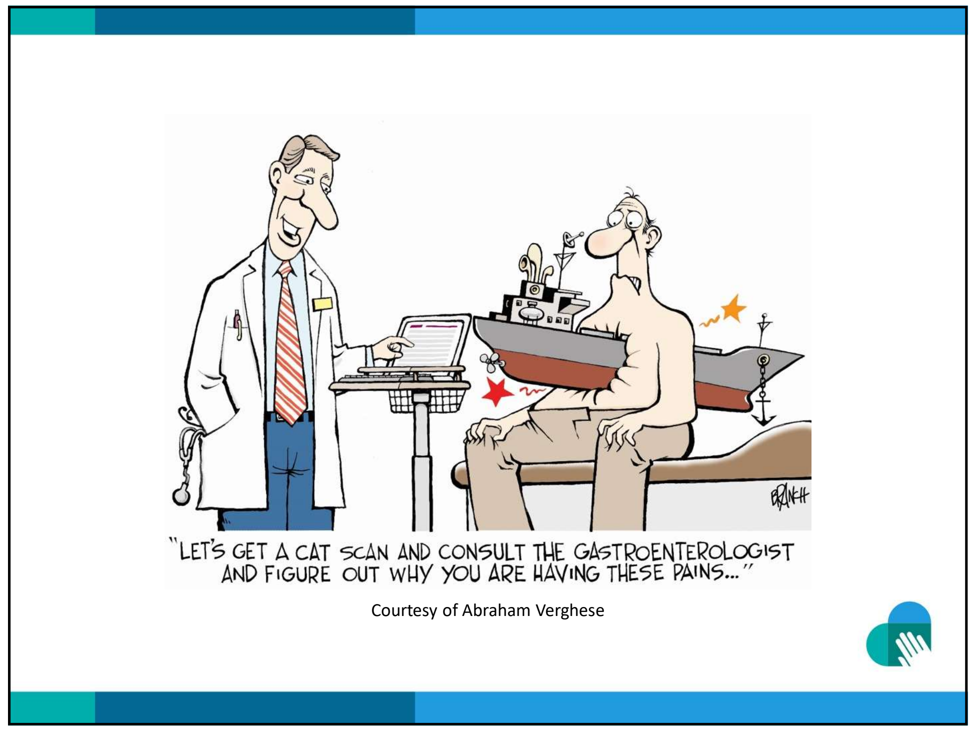

Courtesy of Abraham Verghese

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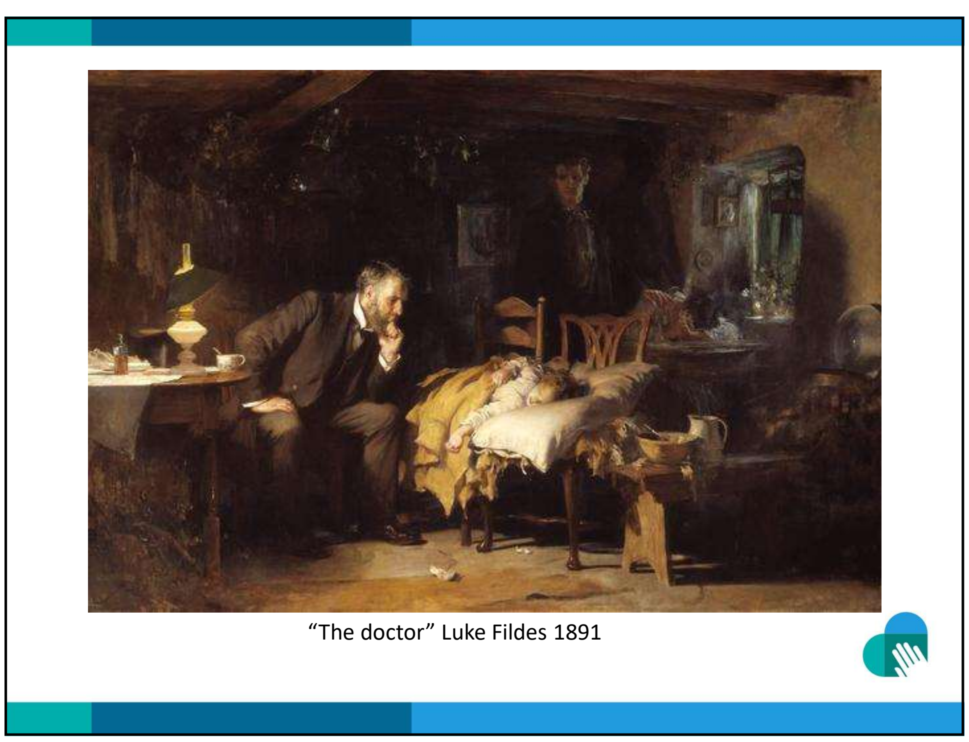

"The doctor" Luke Fildes 1891

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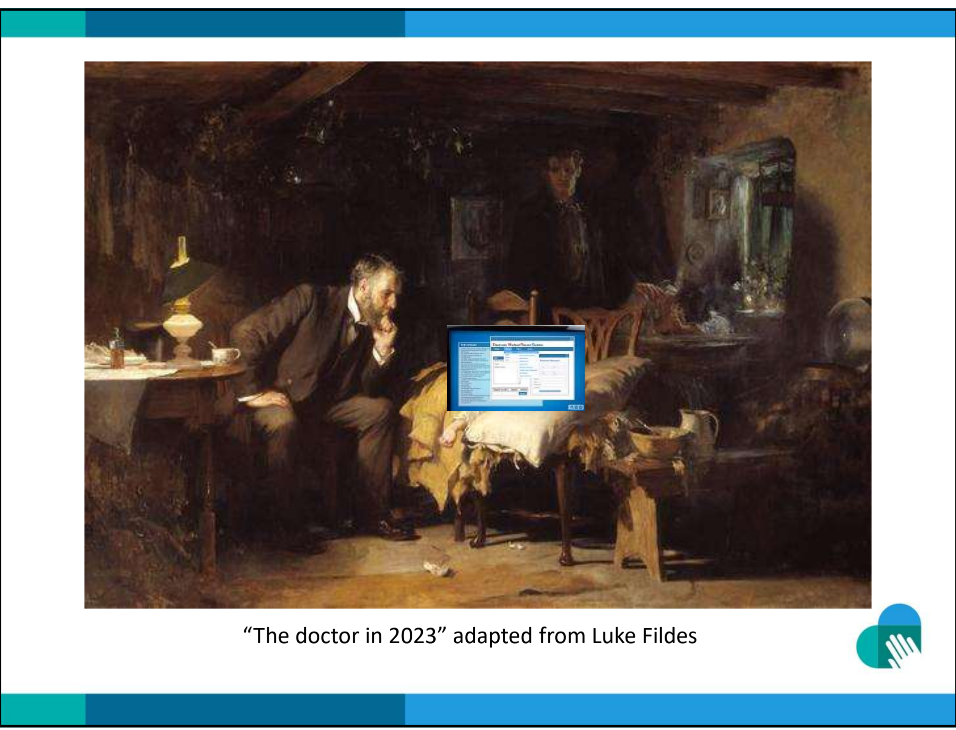
"The doctor in 2023" adapted from Luke Fildes

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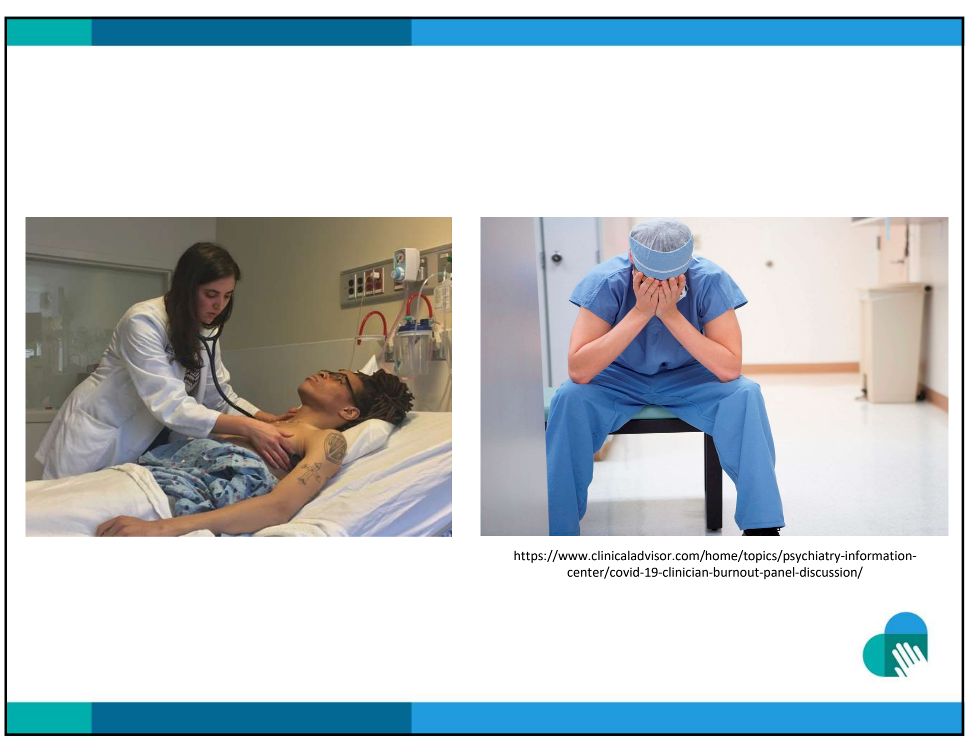
https://www.clinicaladvisor.com/home/topics/psychiatry-information-center/covid-19-clinician-burnout-panel-discussion/

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Strategies to Reinvigorate the Physical Exam

- Teach the Physical Exam using an evidence-based approach
- Create opportunities for intentional practice
- Participate in Assessments of Physical Exam Skill
- Use point of care technology to teach/reinforce clinical examination skills
- Recognize the power of the bedside encounter beyond diagnosis

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A Global Community of Like-Minded Professionals

The Society of Bedside Medicine is an organization made up of clinicians dedicated to enhancing the clinical encounter with the patient. By fostering a global culture of bedside medicine through education, research, and practice, the SBM unites patients and providers at the bedside.

For more information
email info@bedsidemedicine.org
or visit www.besidemedicine.org

https://bedsidemedicine.org/

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The Bedside Medicine Scholars Program

The Society of Bedside Medicine, in partnership with the Gordon and Betty Moore Foundation and the Northwestern University Center for Bedside Medicine, is excited to continue its Bedside Medicine Scholars Program! SBM scholars join a community of talented clinician-educators and researchers who recognize the value of the bedside encounter in improving diagnostic accuracy and overall patient care. The program has selected 2 scholars each year since 2021. This year, the Center for Bedside Medicine at Northwestern University will also fund a third scholar based at Northwestern University.

Be on the lookout for next year's call for proposals in Fall 2025!

https://bedsidemedicine.org/

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Save the date

First Annual Conference in Bedside Medicine: Reinvigorating the Bedside Encounter

November 14-15, 2025
Chicago, IL

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Today's Breakout Sessions

- 5-min Moment Station
- 10-min Moment Station
- Approach to the Abdominal Exam or Pulmonary Exam

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The 10 Minute Moment
(for assessing physical examination skills)

1

Disclosure of Financial Relationships

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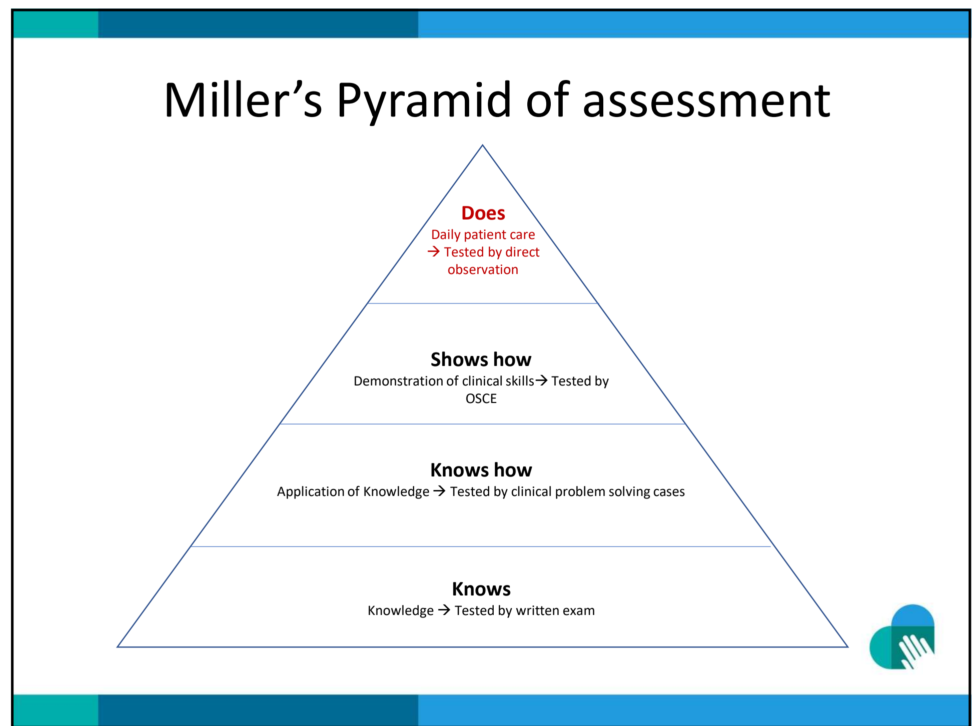
2

The development of expertise depends on accurate and detailed assessment and feedback

Assessment drives learning and improving

3

Miller's Pyramid of assessment



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GME Observation at the Bedside

- Direct observation of medical trainees with actual patients by clinical supervisors is critical for teaching and assessing clinical skills
- Direct observation is required by medical education accrediting bodies such as the ACGME

However….

- Direct observation of clinical skills is infrequent and may be of poor quality
  Schopper et al, BMC Med Ed 2016,

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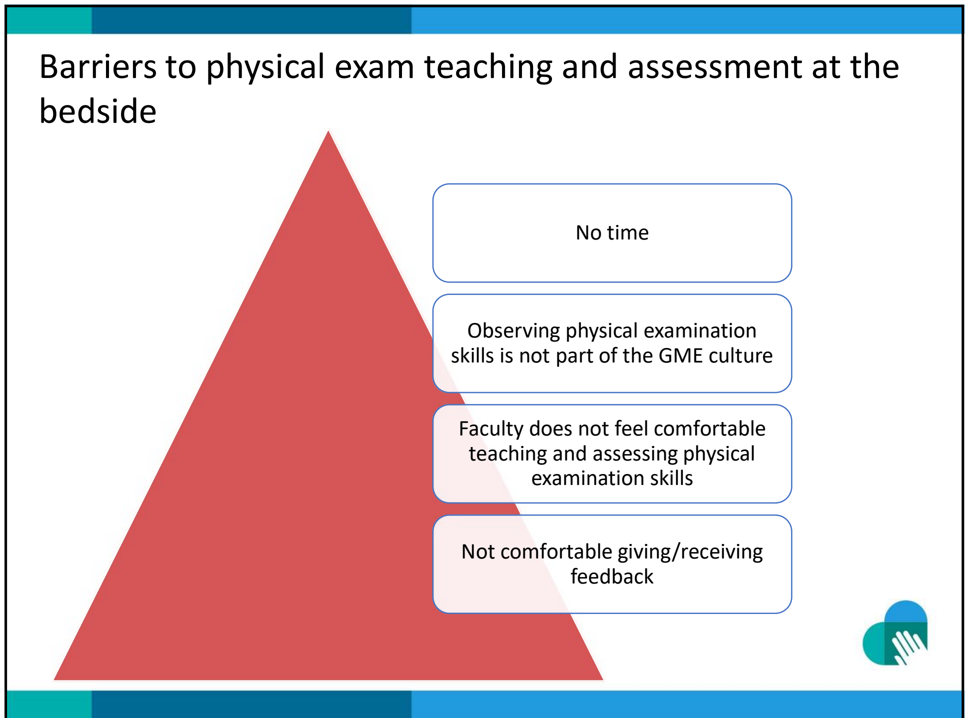
Barriers to physical exam teaching and assessment at the bedside



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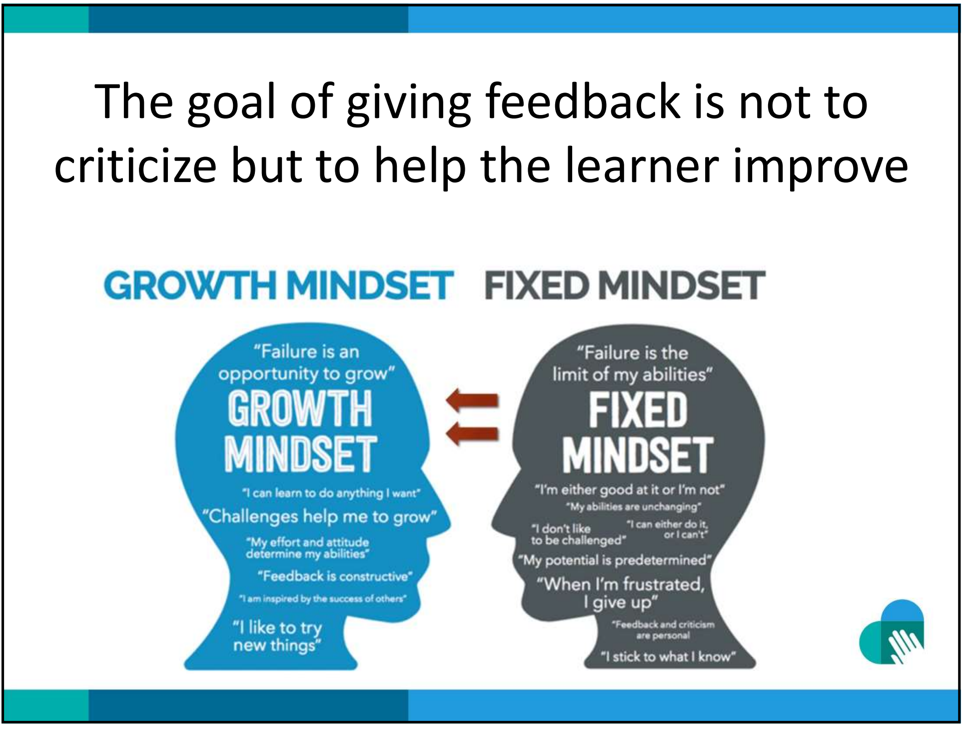

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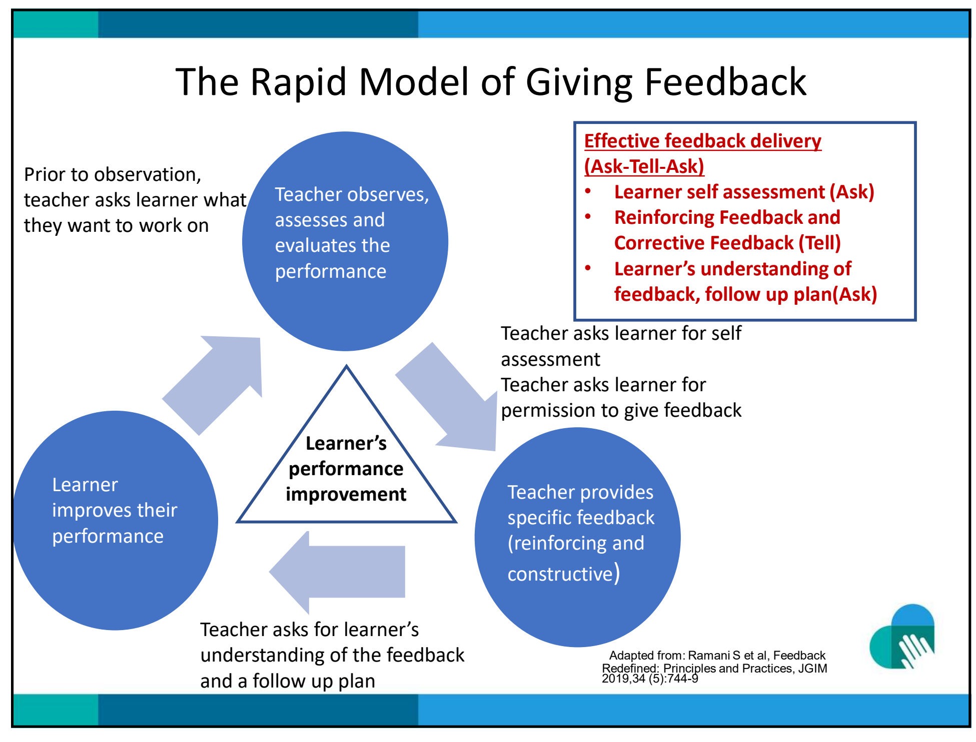

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The 10 Minute Moment

DE GRUYTER Diagnosis 2022; aop

Letter to the Editor

Maja Artandi, John Norcini, Brian Garibaldi, Sonoo Thadaney Israni, John Kugler, Andre Kumar and Stephen Russell*

Improving the physical exam: a new assessment and evaluation tool for physical examination skills

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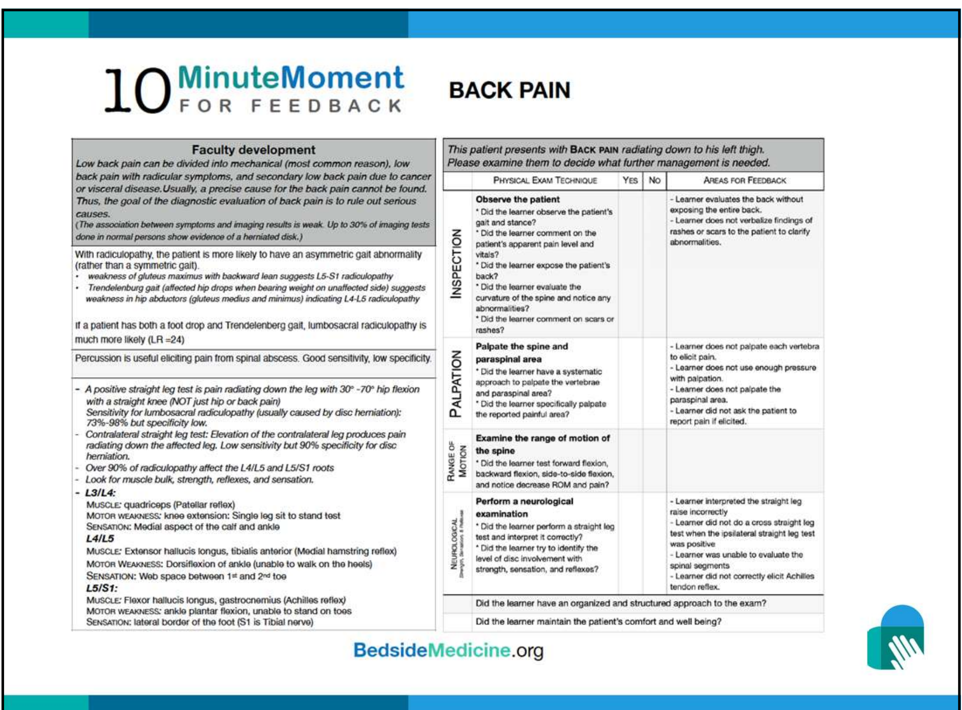

10 MinuteMoment FOR FEEDBACK

BACK PAIN

Faculty development

Low back pain can be divided into mechanical (most common reason), low back pain with radicular symptoms, and secondary low back pain due to cancer or visceral disease. Usually, a precise cause for the back pain cannot be found. Thus, the goal of the diagnostic evaluation of back pain is to rule out serious causes.
(The association between symptoms and imaging results is weak. Up to 30% of imaging tests done in normal persons show evidence of a herniated disk.)

With radiculopathy, the patient is more likely to have an asymmetric gait abnormality (rather than a symmetric gait).
- *weakness of gluteus maximus with backward lean suggests L5-S1 radiculopathy*
- *Trendelenburg gait (affected hip drops when bearing weight on unaffected side) suggests weakness in hip abductors (gluteus medius and minimus) indicating L4-L5 radiculopathy*

If a patient has both a foot drop and Trendelenberg gait, lumbosacral radiculopathy is much more likely (LR =24)

Percussion is useful eliciting pain from spinal abscess. Good sensitivity, low specificity.

- *A positive straight leg test is pain radiating down the leg with 30° -70° hip flexion with a straight knee (NOT just hip or back pain)*
  Sensitivity for lumbosacral radiculopathy (usually caused by disc herniation): 73%-98% but specificity low.
- *Contralateral straight leg test: Elevation of the contralateral leg produces pain radiating down the affected leg. Low sensitivity but 90% specificity for disc herniation.*
- *Over 90% of radiculopathy affect the L4/L5 and L5/S1 roots*
- *Look for muscle bulk, strength, reflexes, and sensation.*
- ***L3/L4:***
  MUSCLE: quadriceps (Patellar reflex)
  MOTOR WEAKNESS: knee extension: Single leg sit to stand test
  SENSATION: Medial aspect of the calf and ankle
  L4/L5
  MUSCLE: Extensor hallucis longus, tibialis anterior (Medial hamstring reflex)
  MOTOR WEAKNESS: Dorsiflexion of ankle (unable to walk on the heels)
  SENSATION: Web space between 1st and 2nd toe
  L5/S1:
  MUSCLE: Flexor hallucis longus, gastrocnemius (Achilles reflex)
  MOTOR WEAKNESS: ankle plantar flexion, unable to stand on toes
  SENSATION: lateral border of the foot (S1 is Tibial nerve)

This patient presents with BACK PAIN *radiating down to his left thigh. Please examine them to decide what further management is needed.*

	PHYSICAL EXAM TECHNIQUE	YES	NO	AREAS FOR FEEDBACK
INSPECTION	**Observe the patient** * Did the learner observe the patient's gait and stance? * Did the learner comment on the patient's apparent pain level and vitals? * Did the learner expose the patient's back? * Did the learner evaluate the curvature of the spine and notice any abnormalities? * Did the learner comment on scars or rashes?			- Learner evaluates the back without exposing the entire back. - Learner does not verbalize findings of rashes or scars to the patient to clarify abnormalities.
PALPATION	**Palpate the spine and paraspinal area** * Did the learner have a systematic approach to palpate the vertebrae and paraspinal area? * Did the learner specifically palpate the reported painful area?			- Learner does not palpate each vertebra to elicit pain. - Learner does not use enough pressure with palpation. - Learner does not palpate the paraspinal area. - Learner did not ask the patient to report pain if elicited.
RANGE OF MOTION	**Examine the range of motion of the spine** * Did the learner test forward flexion, backward flexion, side-to-side flexion, and notice decrease ROM and pain?			
NEUROLOGICAL	**Perform a neurological examination** * Did the learner perform a straight leg test and interpret it correctly? * Did the learner try to identify the level of disc involvement with strength, sensation, and reflexes?			- Learner interpreted the straight leg raise incorrectly - Learner did not do a cross straight leg test when the ipsilateral straight leg test was positive - Learner was unable to evaluate the spinal segments - Learner did not correctly elicit Achilles tendon reflex.
	Did the learner have an organized and structured approach to the exam?			
	Did the learner maintain the patient's comfort and well being?			

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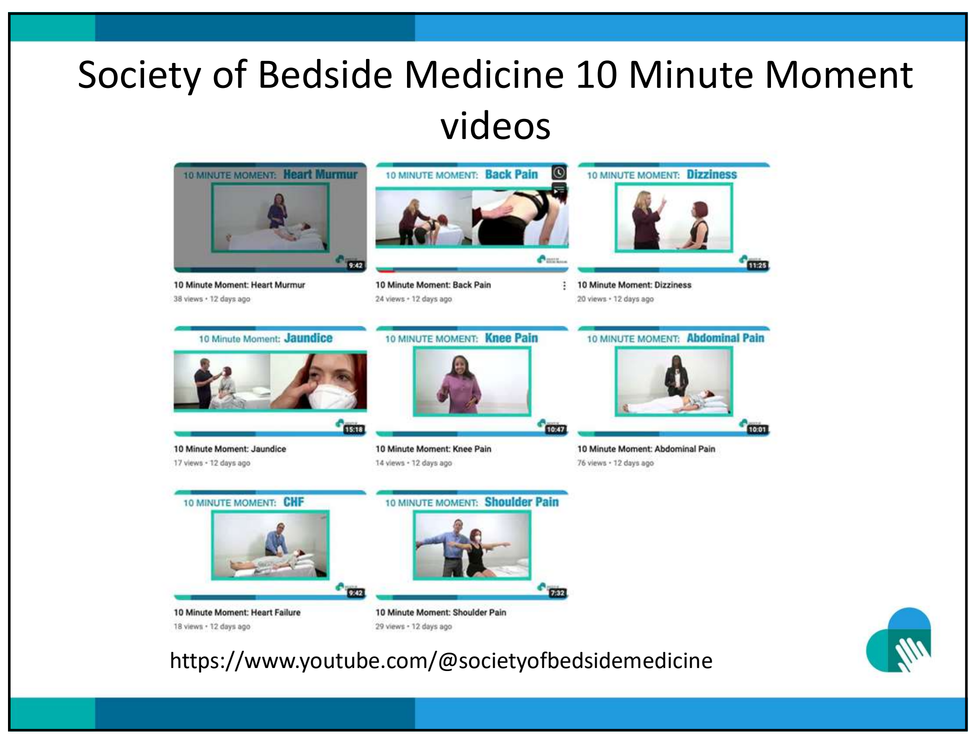

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