

**American College of Physicians - Internal Medicine Meeting 2026
San Francisco, CA**

Mastering the Bedside Clinical Exam

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Mastering the Bedside Clinical Exam



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 focused physical exam that will impress a subspecialist.



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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

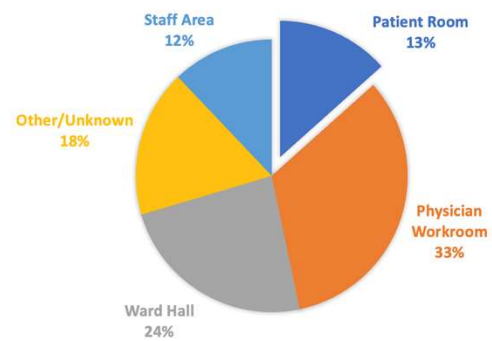


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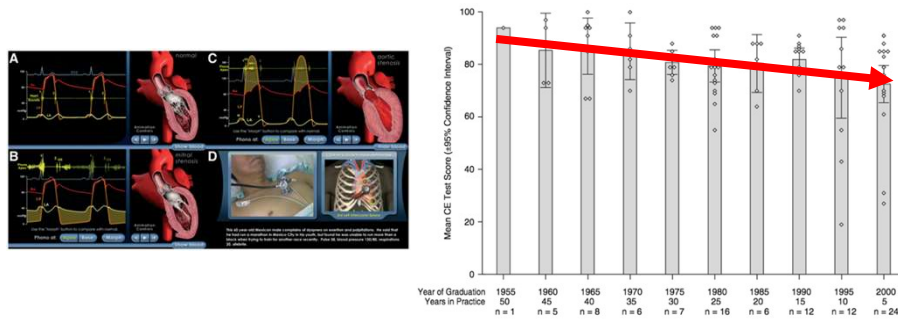
How Medicine Interns Spend Their Time



Rosen, et al., JAMA Netw Open, 2022

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Physical Exam Skills Have Declined Over the Last 50 Years



Vukanovich-Criley J, et al. Clinical Cardiology, 2010.



7



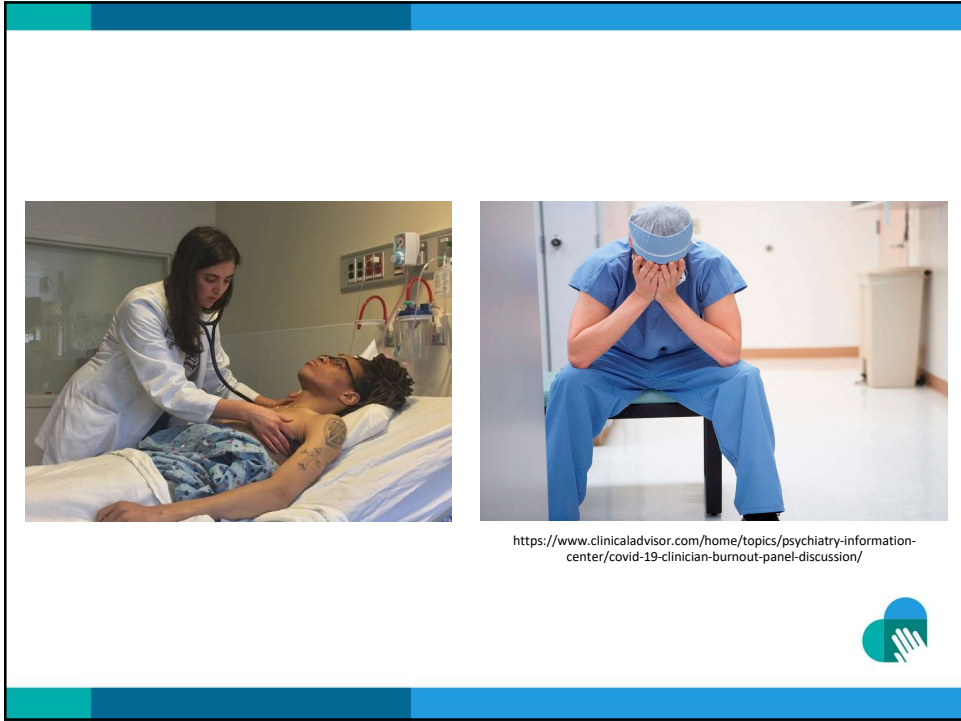
<https://medcitynews.com/2016/05/diagnostic-errors-infographic/>



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Strategies to Reinvigorate the Bedside Clinical Encounter

1. Go to the Bedside and Observe
2. Practice an Evidence-Based Approach to the Physical Exam
3. Create Opportunities for Intentional Practice
4. Use technology to teach/reinforce clinical exam skills
5. Seek and Provide Feedback on Clinical Skills
6. Acknowledge the Power of the Bedside Beyond Diagnosis
7. Build Community around Bedside Skills



Garibaldi and Russell, NEJM 2025



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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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Center for Bedside Medicine
at Northwestern University
Feinberg School of Medicine

Bedside Medicine Scholars Program

Funded by the Gordon and Betty Moore Foundation (\$800K award)

2 National scholars and 1 NW scholar per year

13 scholars since 2021

Look for the next application cycle, Fall 2026



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M Northwestern Medicine
Center for Bedside Medicine

2nd Annual
Conference in Bedside Medicine

The Magic of the Bedside


Friday, November 13 - Saturday, November 14, 2026

- Physical exam and communication workshops with REAL patients
- Plenaries from internationally renowned experts in bedside medicine
- Observation skills sessions at the Chicago Museum of Contemporary Art
- Popups by the NW Medicine Orchestra and Galter Library Special Archives


Geared towards physicians, clinician educators, advanced practice providers, trainees, and anyone interested in improving bedside clinical and teaching skills.

Registration opens May 1, 2026
This activity has been approved for *AMA PRA Category 1 Credit™*


Featured Speakers



Ricardo Rosenkranz, MD
The Physician Magician



André Mansoor, MD
PDXPDX, OHSU



Gurpreet Dhaliwal, MD
UCSF

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Today's Breakout Sessions

- 5-min Moment Station
- 10-min Moment Station
- Approach to the organ-system focused exam (e.g. Cardiac, Pulmonary, GI, Neuro, etc.)



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Case #1: 46 y/o woman with fatigue



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The 10 Minute Moment (for assessing physical examination skills)



1

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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

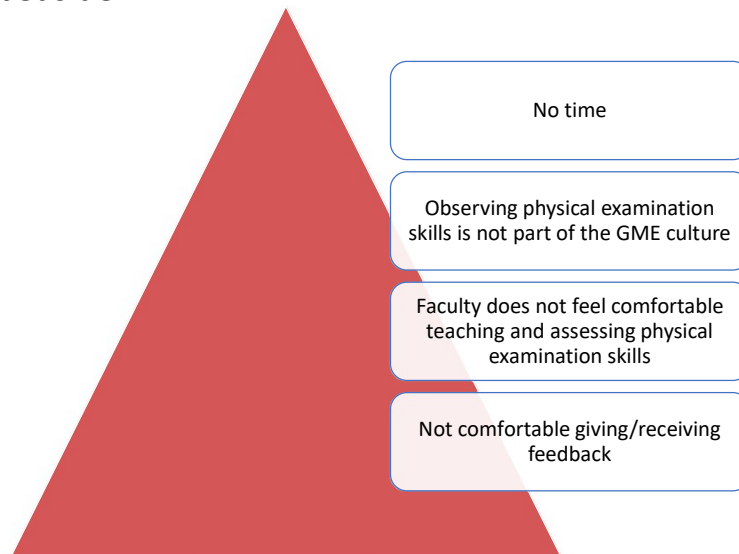
However....

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



5

Barriers to physical exam teaching and assessment at the bedside



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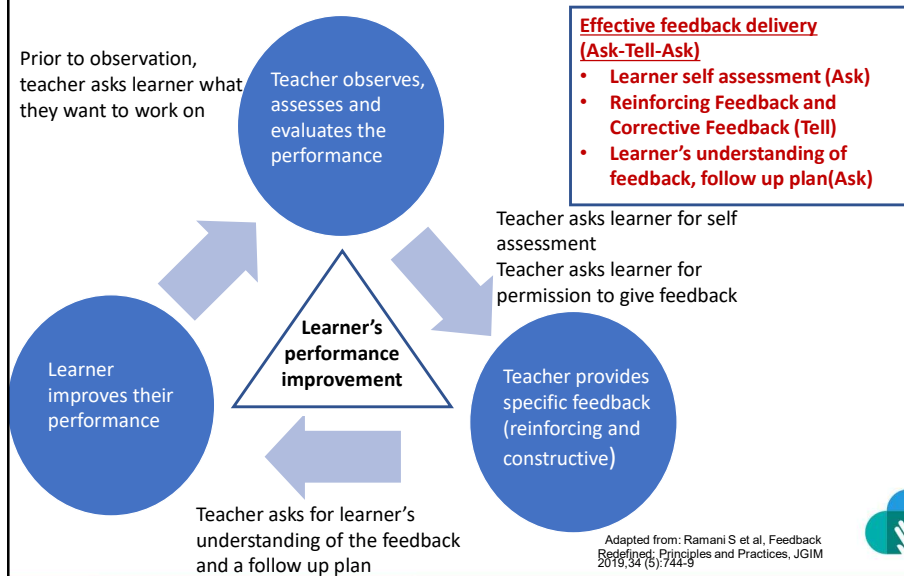
The goal of giving feedback is not to criticize but to help the learner improve

GROWTH MINDSET **FIXED MINDSET**



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The Rapid Model of Giving Feedback



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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 Minute Moment FOR FEEDBACK

BACK PAIN

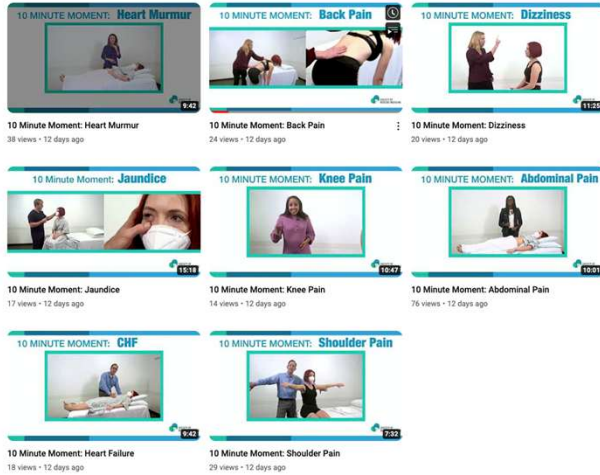
Faculty development		This patient presents with BACK PAIN radiating down to his left thigh. Please examine them to decide what further management is needed.	
Low back pain can be divided into mechanical (most common reason), low back pain with radicular symptoms, and secondary low back pain due to cancer 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.)		PHYSICAL EXAM TECHNIQUE	AREAS FOR FEEDBACK
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		Yes	No
<p>If a patient has both a foot drop and Trendelenburg gait, lumbosacral radiculopathy is much more likely (LR =24)</p> <p>Percussion is useful eliciting pain from spinal abscess. Good sensitivity, low specificity.</p> <p>- 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 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)</p>	<p>INSPECTION</p> <p>Observe the patient</p> <ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> Learner evaluates the back without exposing the entire back. Learner does not verbalize findings of rashes or scars to the patient to clarify abnormalities. 	
	<p>PALPATION</p> <p>Palpate the spine and paraspinal area</p> <ul style="list-style-type: none"> Did the learner have a systematic approach to palpate the vertebrae and paraspinal area? Did the learner specifically palpate the reported painful area? 	<ul style="list-style-type: none"> 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. 	
<p>RANGE OF MOTION</p> <p>Examine the range of motion of the spine</p> <ul style="list-style-type: none"> Did the learner test forward flexion, backward flexion, side-to-side flexion, and notice decrease ROM and pain? 	<ul style="list-style-type: none"> 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. 		
<p>NEUROLOGICAL</p> <p>Perform a neurological examination</p> <ul style="list-style-type: none"> 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? 	<p>Did the learner have an organized and structured approach to the exam?</p> <p>Did the learner maintain the patient's comfort and well being?</p>		

BedsideMedicine.org



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Society of Bedside Medicine 10 Minute Moment videos



<https://www.youtube.com/@societyofbedsidemedicine>



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Let's practice



**SOCIETY OF
BEDSIDE MEDICINE**

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



<https://bedsidemedicine.org/>

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