Table 1. Tactics for RT staff & physician facilitated bedside teaching:
Patient Assessment and Cardiopulmonary Pathophysiology

Tactic	Justification
The day before the event, the RT & MD faculty select a patient.	A patient is identified with an appropriate cardiopulmonary problem. The problem and complexity are based both on the level of student's abilities and didactic course topics. The patient is visited for their permission and coached for the event. The importance of their participation in the educational event is emphasized. Family members are encouraged to be present if they wish. Nursing personnel are notified of the event.
A RT faculty-prepared encounter-guide/spreadsheet is emailed to students via intranet. Individual or student teams are assigned specific roles in the bedside encounter. The patient's location and medical identification data are provided with reminder to keep information confidential.	A (Word doc) spreadsheet template is modified (for that patient) to provide a guided and logical approach for the faculty to help students organize their bedside encounter's information. The spreadsheet components include: (1) patient data (gender, age etc.); (2) relevant history of present illness with emphasis on cardiopulmonary issues or related surgical or medical problems; (3) related past medical history; (4) physical examination; (5) relevant imaging studies (radiographic, ECG, ultrasound); (6) relevant laboratory studies (PFTs, ABGs with Davenport diagram); (7) relevant pharmacology; (8) important comments from the patient's RN based on student interview of the nurse; (9) respiratory care; (11) cardiopulmonary pathophysiology; and (12) psychosocial aspects and patient's perspectives. The form's categories could be modified based on the individual patient's setting and problems. The faculty could include links to important online sources and specific journal articles which contained information relevant to the patient.
Students meet at a hospital conference room equipped with computer stations. They are given one hour to prepare their component of the encounter. RT faculty are present to provide assistance.	Time permits students to become proficient with locating information in the electronic medical record, imaging files, pharmacology and written notes by the respiratory therapy staff. Students were also able to use the hospital's intranet to have online access to (Medline etc.) to journal articles. The plan was to introduce and encourage students to read of journals articles.
The group meets with the physician at the patient's room.	The RT faculty (who had previously met with the patient) provides introductions. The MD faculty and the student interviewer/examiner review the patient. The student conducts the interview with assistance from the MD faculty. The exam involves a general physical assessment with a focus on aspects that may be impacting the cardiopulmonary pulmonary systems and pertinent to the history.

Table 1 Continued:	
The group adjourns to a meeting room for debriefing	The debriefing allows each student to relay a summary of the findings of their component of the encounter. The facilities allowed display of digital imaging. The student presentations promote medical terms. Besides just answering questions, the RT & MD faculty serve to focus or identify important historical data, integrate physical examination findings and "connect-the-dots" to the pathophysiology and current or pending care. They also were able to reinforce aspects of human caring.
Students complete a write-up of their portion of the encounter document which was emailed to the RT faculty within 24 hours.	The faculty member would grade the write-up based on both content and use of medical terminology, English grammar and composition. Tract changes relay suggested edits for improved technical writing. The quality and completeness of the write-up is graded.
RT faculty collates student contributions and creates a composite document based on all students' (edited) write-ups. That is then sent to all students along with a series of questions to be returned the following day. [confidential patient data and identifiers are removed from this summary document]	The questions (multiple choice and short answers) prompt students to read the responses of other classmates. It reinforced how all the components of the encounter related to the patient's problem(s) and their care. The final question asked, "What was the most important aspect you felt you learned as part of the bedside encounter?" The results of the "quiz" became part of the evaluation/grading for the course.