**Introduction:**
Bedside teaching has long been recognised as integral to medical education. Abdus Salam et al. state in their literature review that: bedside teaching cannot be substituted as it allows for direct feedback, which strengthens learning from the patient. Bradford Royal Infirmary hosts medical students from the University of Leeds. There was no formal bedside teaching programme in place and questionnaires found that medical students often felt ignored on the wards or were not able to engage with the bedside teaching delivered, especially since the start of the pandemic. In response to this I decided to do a QIP which aimed to put an intervention in place that would allow for the final year medical students to have access to good quality bedside teaching aimed at preparing them for life as an FY1.

**Aim:** To put an intervention in place that would allow for the final year medical students to have access to good quality bedside teaching aimed at preparing them for life as an FY1 doctor.

**Method:**
I put together a bedside teaching programme that was made up of a total of three sessions that were delivered over a six week period. The sessions were created based on some of the learning outcomes that were listed in the University of Leeds’ Year Five Campus to Clinic Guide. Each session lasted between 1.5-2 hours. A total of sixteen fifth year medical students took part in the programme. A novel approach was taken in the delivery of the bed-side teaching sessions in that each session was made up of: a didactic component and a practical component in order to promote deep learning. The didactic teaching was small group discussion based teaching session. The examination component was conducted at the bedside on a patient. The sessions were as follows:
- **Session one:** didactic component: how to conduct a falls review and examination component: classical hip examination.
- **Session two:** didactic component: how to conduct a capacity assessment and examination component: neurological examination.
- **Session three:** didactic component: how to refer a patient to a senior colleague using the SBAR technique and examination component: cerebellar examination.

Standardised BTHFT feedback forms were given at the end of each session to assess how the students opinions/feelings towards the sessions.

**Results:**
Data collected across all three sessions found that 100% of the students either strongly agreed or agreed that the sessions addressed their individual learning needs, teaching was at a suitable level, sessions were useful and the sessions helped with their development into becoming a foundation year doctor. Written comments that were made included: “useful and relevant to my learning,” “hands on practice on the teaching helped to consolidate the learning,” “helped me to put what we learned into a patient setting” and “great to talk through and practice making a referral and having bedside examination practice.”

**Conclusion:**
This QIP shows that medical students still find bedside teaching relevant and useful. By considering creative ways of changing the structure of bedside teaching sessions, means that you can create sessions that are useful and relevant to medical students today despite working in an environment with post-pandemic constraints.

**Action Plan:** My main recommendation following this QIP is for this bedside teaching programme to be continued at BRI. Sessions should be based on the learning objectives set by the University of Leeds and should be carried out in a structured, organised way where deep learning is promoted. The new approach used, where there was utilisation of small group teaching alongside traditional bed-side teaching worked well and promoted an safe learning environment where students felt safe to ask questions. This should be continued on a larger scale with continual feedback being gained to ensure students are benefitting.

**References:**
2. MBChB Year 5 Campus to Clinic Study Guide (2020)-University of Leeds.