

TEACHING CLINICAL SKILLS

1. Introduction

- Clinical teaching is the most neglected of all areas of teaching
- The conclusion of one extensive study was that:
 - Many clinical teaching sessions particularly ward rounds, were haphazard (disorganized), average and lacking in intellectual excitement.
 - Another study of medical schools in North America, few students reported, they have been monitored in the interview and physical examination of one or two patients and surprising numbers awarded their degree without even having been properly supervised in the complete data collecting process or even one patient.
- The clinical environment is always been a popular learning environment for students and tutors
- There are three main areas that are affecting clinical teaching at present
 - Social change
 - Accountability of government and change in politics of health care, WHO (1979) Alma Ata declaration, change within the structure and organization of societies reflect increased expectations from health care providers at all levels
 - Health care change
 - Greenlick (1995) identified the changes in medical practice from solo based, hospital lead to curative role to a primary health care, team approach, focus on disease prevention, importance of communication skills
 - Educational change

- New skills and attitude and expansion of knowledge

2. Needed skill for Health Care Professional (HCP)

- Hamilton (1995) recommended HCP
 - Solve problems
 - Practice evidence based medicine
 - Practice medicine based on ethical principles
 - Communicate effectively
 - Promote health and prevent illness
 - Educate patients
 - Educate themselves

3. Current trend in Clinical Teaching

- Student centered to patient centered
- Apprenticeship to systemic approach
- Multi-professional aspects
- Focus on clinical setting
- Reflective practice
- Early introduction to clinical practice

4. Attributes of an effective clinical teacher

- Attributes identified on the basis of the opinions of experts, the students and from the observation of the actual clinical teaching
 - Encourage active participation by the students and avoid having them stand around an observational capacity (let them stand within area that can be observed by the teacher)
 - Have and demonstrate a positive attitude to his/her teaching
 - Emphasis given on applied problem solving
 - Focus on the integration of clinical medicine with the basic and clinical science

- Avoid didactic teaching on factual materials
- Closely supervise the students as they interview and examine patients at the bed side and provide effective feedback on their performance
- Rely on their verbal case presentation in the teaching room
- Provide adequate opportunities for the students to practice their skills
- Provide a good role model, particularly in the area of interpersonal relationship with the patients
- Teaching generally patient oriented rather than disease oriented
- Always friendly, helpful and available to the students
- Demonstrate a positive attitude towards teaching

5. Role of learners

- Active approach to learning
- Can evaluate own progress
- Share knowledge and skills
- Self-directed
- Problem solver
- Can apply new knowledge and skills

6. Clinical skills

- It is the ability to take an adequate history to perform an adequate physical examination and to be able to put the outcome of these efforts in to a presumptive diagnosis and differential diagnosis.
- Clinical skills teaching can be
 - Teaching around bedside
 - For bedside teaching the teacher should follow the following recommendations
 - Be on time

- Insist that students arrive on time
- Plan clinical teaching session
 - He/she should spend some time before session time to obtain permission from the patient involved in the teaching session. Explain the format of the teaching session to the patient.
 - Have a look at the patient to confirm the history and clinical findings
 - Have a discussion with the registrars and residents (HO) in the ward to ascertain the availability of other patients for teaching in that ward
- Involve the patient
 - Allow the patient an opportunity to present information and to demonstrate his/her signs to the students
 - Thank the patient for participation on the completion of the teaching session
- Inform the in charge nurse
 - During the preliminary visit inform the in charge nurse about the class and ensure that the patient remain in the ward
- Involve all the students
 - One student may be given the main task but all other student should be given an opportunity to ask questions and undertake examinations during a session
- Use a problem-solving approach
 - Taking a problem-based approach for history taking and physical examination, so the student will develop a holistic approach to the patient in their clinical practice
- Insist on standard format

- For the history taking and physical examination try to use a standard and consistent format
- Conduct discussion of differential diagnosis and therapy away from the patient
- Do not try to do too much
 - Three or four cases per teaching session are an appropriate load for students to accept
 - For more complicated patients one or two cases per session are adequate
- Teaching away from the bedside
 - Clinical skills can be taught in the absence of a patient
 - Video-tape recall
 - the analysis of patient's history by video tape recording is very useful
 - Drill session
 - For beginning students the steps in a history and physical diagnosis can be practiced on patients without interesting histories or any physical finding
 - Simulated patient
 - Discussion on MCQ
 - Useful for knowledge rather than skills

7. Improving ward base teaching

- If you are a clinical teacher, you can try and acquire as many as possible attributes of clinical teaching to improve your ward base teaching
 - Plan the teaching
 - Draw up your own objectives
 - Taking into consideration your time
 - The duration of student's attachments

- The number of students
- The seniority of the students
- Set a good example
 - The important thing for the students to see the teacher in action, particularly in regard the way teacher communicates to the patient
- Involve the students. Teacher should take every opportunity to ask students to perform. It may range from
 - Talking to the patient
 - Checking physical sign
 - Presenting the case history
 - Answering answer on the ward round
 - Looking up clinical information for presentation at the next session
- Observe the students
- Provide a good teaching environment
 - The more senior and prestigious the teacher, the intimidating he/she is likely to appear to the students

8. Improving the Clinical Tutorial

- Clinical tutorials are often didactic and the emphasis given on the disease rather than solving the patient's problems. For improving the clinical tutorial the teacher should follow the following steps
 - Plan the teaching
 - Establish the aims of the session. Whether it is fixed topics to cover of freehand, it is important that the teacher is sure in his/her own mind, what he/she intend to achieve
 - Involve the student

- Make it clear from the beginning that most of the talking to be done by the students and all of them are to participate not only the vocal minority
- Provide a good teaching environment
- Concentrate on clinical problem solving
 - Elstein, Barrow and others shown that that clinicians generating diagnostic hypothesis within a minute or so of first seeing the patient
 - Time spent for interviewing and examining the patient will then be used to confirm or refute the hypotheses
 - Successful clinical problem solving is dependent on experience and on effective utilization of the medical knowledge relevant to the problem
 - That's why some new medical schools are coming up problem based learning as the main basis of their curriculum

9. A plan for a problem-solving tutorial

- A week before tutorial, designate one or two students to prepare a case for presentation. Tell them they are to be prepared on all clinical and theoretical aspects of the case
- At the start of the tutorial outline the aims of the exercise
- Get the prepared students to present complaint or allow the patient to tell the history
- Stop, and ask other students what they think the problem or diagnosis could be
- Ask them to justify their suggestions. Encourage the other students to react to these suggestions
- Allow the presentation of more data
- Stop again, and ask the group whether they have changed their views and why

- Continue the process

“The aim of the clinical tutorial must be provide students as much as experience as possible in manipulating their factual knowledge in relationship to patient problem”

“The most valuable of teaching clinical skills for the advanced student is bedside tutorial. The teacher, the patients and the students must enjoy a teaching session if everyone is involved”