

## Toward more objectives teaching clinical skills:

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the clinical teaching courses so far did not take the required attention and unfortunately because on granted that all doctors are expert in it without attention on directions ,for that reason we think that all clinical teaching is the most neglected part of medical teaching and for this reason it is found that there are many deficit in it and it is worsening that ward round were haphazard and taking excitement in many aspects.for this reason more than attention is needed to construct more effective clinical courses and teachers have to be trained on it.

-As it has been noticed that this needs more research and we should check the following :

1. Monitoring the active participation by the student and how many of them stand as on observation only.
2. Any of problem been solved during the clinical session and dose the clinical exercise contribute to solving of clinical problem.
3. Where are most focused been given, is it to basic and clinical science or it has been spend on for other materials.
4. Do the student been supervised closely while they interview the patient at bedside.
5. Did the student given enough time to practice their skills.
6. Does the teaching in the session is patient oriented or disease oriented.

\_ if the answer to these above questions were yes then this is typical clinical tutor but many students in the study shows the contrary.

\_we can try to plan the technique which can be introduced to improve our clinical teaching.

### **What to do to improve ward -round teaching:**

There are no hard and fast rules to achieve this aim but few points can be helpful:

1/plan the teaching according to objective for that part of the curriculum.

2/writing down what you have to achieve during the student attachment taking in consideration the hours that the students resist to cram too much in our session.

Try to listen to student comments; some of them might reasonably improve the outcome of the course.

\_as we know that the clinical teaching depend on availability of patients.

\_the tutor should keep a record of the condition and patient seen during the teaching course so that by the end of the course tutor should cover a wide range of cases and there will be a continuous communication with other tutor and students to ensure good covering of the required task.

\_and to set good example we think that experienced clinical demonstration group of students, how to take good history and conduct proper physical

Examination and there should be a great concern for the patient feeling.

\_students should be actively involved in the clinical exercise.

The tutor should witness the student during:

A/while student taking to patient.

B/practicing and eliciting physical signs.

C/presenting the case history.

D/subjecting the students to questions, these questions depend on the objective of the course and the level of student so it range from history taking to management of the patient and prognosis of the disease ,and these questions might involve the follow up of the patient during the ward round.

-tutors should emphasize on all tasks directly related to the patient concern

-observing the student and check the student performance.

The tutor should check whether the features described are actually present and some good safeguard against serious deficiencies in clinical skills.

This is only achieved when tutor witness the student while doing their practice in taking history and conducting physical examination and explain things to the patient.

.This activity is very essential especially to the students and must be conducted patently and consistently.

.It goes without saying that tutor should adopt friendly and helpful attitude to reduce the tension and apprehension by students.

.Clinical tutorial can be improved; the teacher should concentrate on solving of patient problems rather than on the disease alone.

.for students have other opportunities to acquire factual information but little time to deal with more difficult task and learning.

### **-HOW TO PLAN TEACHING SESSION ?**

The course should have fixed objective topics to cover as well as there should be free hand in dealing with other matter arising during the course.

In either objective there must be an intervention to achieve in each session.

#### ***A.Student involvement :***

Should be achieved from the beginning and there must be emphasized that most of the task is done by the students and all of them participate and encourage student to prepare new topics for discussion fro next session and student should be given home work to make on particular subject.

#### ***B.Teaching Environment:-***

To achieve good clinical session, all environments should be sound especially if we wish to encourage active participation; firstly teachers should act as facilitator and the source of good knowledge and to resist jumping from subject to another.

.How to conduct clinical problem solving session:

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an unsuccessful clinical problem solving is depend on experience and on effective utilization of medical knowledge relevant to the problem.

To teach clinical problem solving the student should be provided with as much experience as possible in manipulating their factual knowledge in relationship to patient problem and try to avoid discussing topics as such alone.

For example if you want to discuss gall bladder disease than a patient with gall bladder disease should be the focus.

#### **How to plan the session?**

1 -Before the session, student prepare study the presentation.

-in the beginning the aim of exercise has to be outlined.

-Student will present the patient and allow the patient to tell the story.

Then ask the other students about the problem or the possible diagnosis and ask them what they think the diagnosis is, encourage the other students to participate.

Encourage the students to bring the other possible diagnosis in order to allow presentation of more data.

Stop again and ask the group whether they have changed their minds and why.

Then these exercises used for data gathering and what investigation is needed and as well as treatment.

Because the ward round teaching usually executed in haphazard way, some teachers arrange structured courses for basic clinical skills.

These courses comprises of:

1. History taking and interviewing.
2. Physical examination.
3. Technical skills.
4. Clinical problem solving.

To construct such courses first of all the general objective of the course should be defined according to the availability of the students facilities and availability of teachers.

We suggest these courses are more suitable to the fifth or sixth year students.

Example:

1. Take history with recording facility for the exercise.
2. Physical examination.
3. Register the history taking and physical examination and construct a problem.
4. Diagnose and write down investigations and management lines to make the exercise valid, not more than three students to conduct the history taking and physical examination.

One of the advantages of this approach is that the students are expected to take responsibilities of their own learning.

#### **Step by step**

The teaching style should be denote to small group session and teaching and revision of the theoretical

aspect of the subject and others left entirely to the students.

In the final year of medical teaching usually students attach to a ward for a period of time when he/she will be allocated to a certain number of patients to look after and follow them each day. They are made responsible for presenting them on ward rounds and be able to comment on their status, current investigations, laboratory results, and others.

Practice presentation skills and possible practical procedures, this will increase student confidence and interactions with his seniors and have a good opportunity to interact with patients, nursing staff.

Students are given an opportunity to practice their communication skills on their pass.

Demonstrate their presentation skills and knowledge of the case.

The student has the opportunity to witness the discussion of management problem of different cases in medical conference.

#### **Aid to clinical teaching:**

There are many aids help conducting clinical teaching:

1. Video recording.
2. Role playing and simulator.

The proper way to use these recordings when playing back, playing and stopped frequently to discuss points as they arise.

The advantages of these methods that it is not necessarily for the teacher to be present at the actual interview ,other advantages is that the students can review his own performance .

Simulations: using simulated patients which are used for interview skills ,pace this need good time of training and simulators and need expert trainers ;one of the advantages of these methods is that one can discuss the method in the presence of the simulator and students can take as much time as he required

1. One can take the exercise at his pace; these simulators can be used efficiently in the exam. .

2. Physical examination :

3. Video recording :

4. Camera recording can be used for demonstration and adapting physical skills ,these films should be available for the student to playback .

5. skill lab. Is were many devices are available.

6. Patient simulator:can be used for conducting examination and eliciting physical signs.

7. Models and other devices:

Very useful in physical examination of the prostate, breast ,heart sounds ,breath sounds ,end tracheal intubation with cardio-pulmonary resuscitation and ophthalmoscope ,proctoscope ,laryngoscope ,syringe infusions and lumbar puncture.

#### **ASSESSMENT METHODS OF CLINICAL SKILLS**

It is important to match the assessment methods with the objectives ,failure to do so will lead to failure of the course and while designing it ,it is important to distinguish between two types of assessment .

1. Formative Assessment: It is primarily designed to give feedback to the students as they go along of formative assessment.

Example:

Taking history: assessment by either recording or patient introgation.

Physical examination ; either by direct observation during the course (formative assessment)

1. The formative assessment is very important for the educational process and it is vital in clinical

teaching and there should be matching assessment to the course objective.

2. Summative assessment: This will assess their abilities for the purpose of grading (summative assessment). After history and physical examination ability to concentrate on problem list make decision on diagnosis ,investigation and the treatment ,this is done through a group sessions(summative). E.g. direct observation at the end of the course (summative assessment) another example is OSCE.

**Department of Surgery**  
**Sixth year**  
**Clinical surgical courses (General surgery and urology)**  
**Continuous Assessment and final Examination form**

Student's Name

1- Daily work : (writing case sheets)

Date	Score	Date	Score	Date	Score	Date	Score	Date	Score	Mark
										10%

2- Follow up (looking after the patient)

Date	Score	Date	Score	Date	Score	Date	Score	Date	Score	Mark
										20%

3-Clinical presentation. And contribution to discussion.

Date	Score	Date	Score	Date	Score	Date	Score	Date	Score	Mark
										30%

4- Methods of Examination and procedures.

Date	Score	Date	Score	Date	Score	Date	Score	Date	Score	Mark
										30%

5- Interesting Case report (Siminar)

Mark 10%
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TOTAL

Mark 100%
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COLLEGE OF MEDICINE  
Department of Surgery

IV Year Assessment Form and Check List

Student's name: \_\_\_\_\_ Ward: \_\_\_\_\_ Hospital: \_\_\_\_\_

A) ATTENDANCE (6 WEEKS)

1.						4.						10%
2.						5.						
3.						6.						

B) HISTORY TAKING

3 Complete written case-sheets will be required before the end of the sixth week period. A full history and examination of atleast the affected part should be done. It is suggested that the case sheets be collected for marking at the 2nd, 3rd and 5th week of the period.

	Case 1	Case 2	Case 3	
1. Case presentation (given to the group)				40%
2. Written case sheets				20%

C) KNOWLEDGE, PARTICIPATION AND CONDUCT IN THE WARD (in the opinion of each teacher)

	Participation 20%	Conduct 10%
Dr.		
Dr.		
Dr.		

Final Marks

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Check off what has been seen or performed  
Examination Check List

Head		Hernias	
Cranial Nerves		Rectal examination	
Neck lump		External genitalia	
Chest (for lungs)		Peripheral pulses	
Chest (for heart)		Veins of lower limbs	
Breast & Axilla		Examination of a lump of an Ulcer	
Abdomen (acute)		Other (state please)	
Abdomen (Viscera)			
Kidneys			

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Assessment of V Year  
(Out-patient)

Name of the student..... Roll No. ....

**Attendance**

Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	Dr.	10%
Days	Sat.	Sun.	Mon.	Tue.	Wed.	Thr.	
I week							
II week							
III week							
IV week							
Remarks							

**History Taking (Short Cases)**

Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	30%
Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	

**Physical Examination**

Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	30%
Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	

**Clinical Acumen, Discussion & Knowledge**

Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	20%
Teacher	Dr.	Dr.	Dr.	Dr.	Dr.	

**Conduct & Behaviour**

	10%

TOTAL

Department of Surgery

Name ..... Year .....  
 Subject ..... Ward .....  
 Teacher .....

**Attendance**

1. In the Ward & Theatre																					10%
2. Clinical Meeting																					

**Performance**

**Work**

- Writing the case sheets

Date	Marks	Date	Marks	20%

- Looking after the patient investigation

**Knowledge & Skill**

A-Contribution to the discussion in the ward round

Date	Marks	Date	Marks	20%

B-Clinical Presentation

Date	Marks	Date	Marks	20%

C-Physical Examination & Manual work

Part Examined	Marks	Part Examined	Marks	20%

Behaviour

Conduct

				10%
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***Evaluation of the course:***

At the end of each course it should be evaluated and how the course being designed and planned, this can be modified and adjusted accordingly. The student attitude has to be taking in consideration focus should be given to the conduct of the teaching, learning assessment, so the sources of evaluation should include:

1. ....

**References:**

1. *Bradley P, Bligh J 1990 one year's experience with clinical skill resource center, medical education 33: 114-120*
2. *Ledingham L MCH, Harrder R.M, 1998, twelve tips for setting up a clinical skill teaching facility, medical teacher 20: 503-507*
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