

# Toward Objective Teaching Teaching Clinical Skills

Hikmat.A.Rasul Hatem\* FRCS

## Introduction:

Students may have knowledge of facts but they can not apply them, so they have the knowledge but they do not have enough of skills. The teacher's job is to help the students to learn the required skills, there must be enough time to teach skills and to reach proper skills it needs a good sound teaching methods & aids.

### How to implement teaching skills:

1. Teachers describe the skills explains what the skill is & when it should be used.
2. demonstrate the skill and let the student to demonstrate it and to make that skill learnt, all student should try to demonstrate it in alternative way and teacher must emphasis that student should practice that skill repeatedly to ensure that he master that particular skill.
3. It is desirable that theory & practice should be taught in the same period. The first stage in teaching skill is to describe the skill & teacher should explain when student must learn it & when it should use the skill & the stages that are involved in performing the skill.

All stages of skill must be explained with task analysis because task analyses describe exactly what is done & the order in which each stage is done.

The task analysis helps the students to be very clear in their minds about the stages involved in the task, the task should be rewritten as a list of instructions for students.

### How we can assist a student to learn:

1. There should be clear instructions describing the specific skill.
2. Students should keep these instructions & refer to them when needed.
3. Written instructions should be made quite clear, these instructions can be used by students to assess each other.
4. Demonstration methods must be made simple and visible.
5. All students should practice the skill.

### To aid good skill exercise we may need:

1. Patient.
2. Role play.
3. Case study: it is very valuable in teaching decision making skill.
4. Students have to practice to do some jobs themselves with the help of qualified health care staff like resident.

5. Simulators.

6. Hospitals: clinical skills required for practice including apprenticeship in (hospital wards (consultant teaching ward round, (the increasing size of student group attending put pressure on all resources and on the curriculum time table). Despite these problems, ward based teaching provide an optimal opportunity for the demonstration and observation of physical examination, communication skills and interpersonal skills and even for role modeling. Bedside teaching and medical clerking were the most valuable methods of teaching though increase depending on advanced imaging, Laboratory investigations increased at the expense of direct contact with patients, other problem is fewer patients are now available in hospital wards, 5 students are quoted as the optimum number for bedside teaching

### What is required from tutors:

1. Sound knowledge of the subject & in dealing with and familiar with diseases & sound knowledge of basic sciences & clinical experiences.
2. Understanding of the student present of stage curriculum.
3. aware of the general principles of teaching:
4. Involve student when needed.
5. Ask questions & using patients as problem-solving approach.
6. able to keep student attention and stimulate their interest.
7. Refer back and link between the patient and curriculum
8. Try to choose relevant cases related to curriculum.
9. able to demonstrate that the patient is representative of certain illness.
10. They are competent in performing & demonstrating clinical skills.

### To make ward suitable for teaching:

When x-ray and case notes and patients are ready (time should be outside meal time and visitors).

using side rooms if possible.

objectives of clinical teaching are:

1. Achieve clinical skills, gaining practice to demonstrate sound physical examination & eliciting abnormal physical signs.
2. To achieve communication skills.
3. Master clinical reasoning, students can do practical

\*Dept. of Surgery, College of Medicine, University of Al-Nahrain

procedures like bladder catheterization, venepuncture and we can observe them.

4. able to discuss investigations & lines of management.

5. able to interpret laboratory results.

6. To develop certain attitude & ethics.

in the first day the student should be briefed on duties work in the ward & briefed on how to learn from each student & acquire good rapport to staff to help them.

**Toward more objectives teaching clinical skills:**

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 ranges 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 patiently 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:

asuccessful 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 to discuss 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 prepares study and 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.

**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
3. Nair BR,cough/on jl,Hensley MJ1994 students and patient perspectives on bed side teaching.*medical education* 31:341\_346