

Using clinical follow-up visits to inform teaching and learning practices in the Clinical Skills centre



"It's OK, this is a teaching hospital. Some people just have to learn that the hard way."

Background

- Learning clinical procedural skills
 - Simulated environment
 - 5 step method
 - Based on the taxonomy of the psychomotor domain (Simpson, 1966)
 - » Conceptualization – Why, how, when, what questions
 - » Visualization – See procedure in totality
 - » Demonstration and Verbalization – educator explains steps as it is demonstrated
 - » Demonstration as students describe steps
 - » Students practice – guided practice on manikin/model in CSC
 - Experiential learning in the clinical setting
 - See one, do one , teach one (Rushforth, 2004)
- Transfer of learning
 - Application of learning from one context to another
 - Teach for transfer (Haskell, 2001)



Problem?

- Practical curriculum is not formalized
 - Teaching “just happens” in hospitals (Smith, 2006)
 - What is taught is left to chance
 - Teaching is not standardized to an agreed-upon acceptable standard
 - “We don’t do that here in the real world”
 - Assessment practices are not uniform



Possible solutions

- Formalize the practical curriculum
 - Include Clinical Skills as a credit bearing module
 - Formalize teaching and learning experiences
 - Formal skills training sessions in the CSC with all students during clinical rotations
 - Introduction of a Log book for clinical skills – record clinical learning experiences in hospitals and clinics
- Train the trainers
 - M.Phil. in Health Sciences Education
 - Short course in Clinical supervision
 - Short course in Objective Structured Clinical Evaluation

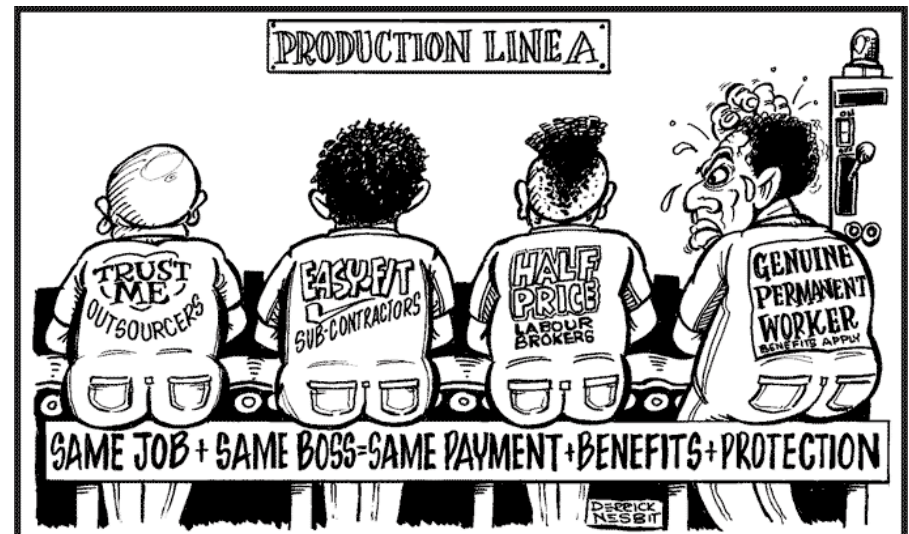
What was done?

- Clinical skill outcomes were formalized in 2010 for the Early Clinical Rotation (3rd year MB,ChB)
 - Consultation with rotation faculty heads
 - Obstetrics
 - Internal Medicine
 - Pediatrics
 - Surgery
 - Family Medicine
- Procedural skills teaching was formalized in the CSC according to agreement with rotation heads
- Log book was designed and implemented



Challenges

- Staffing
 - Increased demand on Clinical Skills Centre (CSC) staff
- Aligning T&L in the CSC and T&L in the clinical setting
- Communication
 - Many role players, especially in the clinical setting



Small research study: April 2010 to October 2010

- Clinical Skills Centre (CSC) educators visited students in the clinical setting during their clinical rotation to:
 - Observe what was taught in the clinical setting
 - Establish if practical outcomes listed in the Logbook were realistic and feasible
 - To reflect on their own teaching practices
 - » What and How procedural skills were taught



Findings

- **Communication**

- Teaching staff in the wards had very little or no knowledge about the introduction of a Clinical Skills Logbook
- Ward staff knew nothing about the role they could play in helping the MB,ChB student to achieve the outcomes
- Some students claimed that they knew nothing about the introduction of a Logbook



Findings(cont.)

- **Clinical exposure**

- Learning opportunities in the ward

- Most of the students did not actively seek learning opportunities (68/163 = 58%)
 - More senior students were favored when cases had to be presented, or procedures performed. This was mainly the case when learning opportunities were limited.
 - Students were not allowed to participate in, or perform many of the procedures in the ward
 - » Students reported feeling left out and useless.
 - CSC were not able to observe students who managed to practice some of the procedures
 - » Events could not be pre-planned
 - » Time available for accompaniment was limited
 - » Disposables needed were not readily available, e.g. gloves were often locked away or the wards were awaiting their stock



Findings(cont.)

- **Time management**

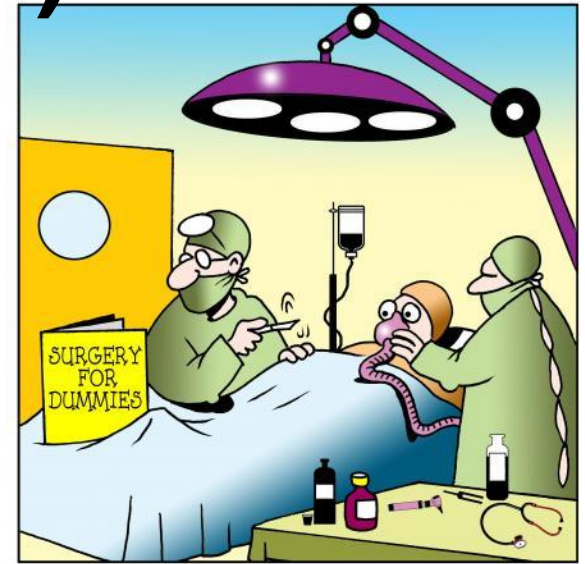
Students spent a lot of time waiting for tutors to arrive, or patient rounds to begin

- » Sessions in the wards were not structured enough. Students relied on other more senior students to guide them.

- **Introduction of the Logbook**

Students displayed resistance in the use of the Logbook

- Often forgotten at home
- Not enough time to record clinical experiences
- Clinical and teaching staff often did not sign off procedures
- A lot of duplication was identified which frustrated students and educators



Discussion and recommendations

- There is a great necessity for closer collaboration and communication between educators in the clinical setting and the CSC
- Dissemination of information w.r.t. the Logbook and its requirements need to be communicated thoroughly and explicitly with all involved
- Regular discussions with students as to their progress in reaching the outcomes in the Logbook needs to be undertaken during every clinical rotation
- Educators in the CSC must use feedback from their clients to reflect on their practices and improve their teaching strategy when indicated.
- Whenever possible CSC educators must visit students in the clinical setting to stay abreast with current practices and challenges

2011

- Clinical Skills included as a separate credit bearing module in the MB,ChB curriculum
- Middle clinical rotation skills component formalized into a Logbook
- Late clinical rotation skills being negotiated at present
- Small surgical skills workshop introduced in Middle clinical rotation
- Plaster cast workshop introduced for Late clinical rotation students

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Bibliography

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