

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.jfma-online.com



ORIGINAL ARTICLE

A clinical clerkship collaborative program in Taiwan: Acquiring core clinical competencies through patient care responsibility



Yong A. Wang a, Cheng-Feng Chen a, Chen-Huan Chen b,c, Ging-Long Wang a, Andrew T. Huang a,d,*

Received 17 March 2015; received in revised form 12 May 2015; accepted 13 May 2015

KEYWORDS

clinical clerkship; clinical skills; mentorship; patient care; undergraduate medical education Background/Purpose: Traditionally, clinical clerkship training in Taiwan does not provide medical students with sufficient patient care responsibilities and often results in inadequate clinical skills.

Methods: We implemented a pilot clerkship program at a comprehensive cancer center that emphasizes core clinical competency through direct patient care and dedicated faculty and mentors. Students were an integral part of the patient care team held accountable for providing coordinated and holistic care. Students' self-assessment of clinical competencies, faculty evaluation, and objective structured clinical examination were compared against their peers trained by traditional clerkship at a main teaching hospital.

Results: Fifty medical students completed the clerkship program in the first 3 years. At the end of the clerkship, participants rated themselves significantly higher than their peers in almost all patient care and clinical skill domains. The most significant areas included physical examination, clinical reasoning, developing management plan, holistic approach, handling ethical issues, and time management skills. The students rated their clerkship teachers significantly higher in time spent with students, skills and enthusiasm in teaching, as well as giving students appropriate patient care responsibilities. There was no significant difference in the end-of-clerkship objective structured clinical examination performance, but participants of the program achieved better grades in their subsequent internship.

^a Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan

^b Division of Faculty Development, Department of Medical Education, Taipei Veterans General Hospital, Taipei, Taiwan

^c Faculty of Medicine, National Yang Ming University, Taipei, Taiwan

^d Department of Medicine, Duke University, Durham, NC, USA

^{*} Corresponding author. Koo Foundation Sun Yat-Sen Cancer Center, 125 Lih-Der Road, Pei-Tou District, Taipei 11259, Taiwan, ROC. *E-mail address*: athuang@kfsyscc.org (A.T. Huang).

Conclusion: This pilot collaborative program presented a successful model for clinical education in the teaching of core clinical competencies through direct patient care responsibilities at the clerkship stage. It is hoped that the project will become a catalyst for medical education reform in Taiwan and regions with similar traditions.

Copyright © 2015, Formosan Medical Association. Published by Elsevier Taiwan LLC. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Introduction

Taiwan's medical training consists of 7 years of postsecondary medical school followed by residency and fellowship training. Medical students enter clinical clerkship in their 5th year followed by internship. Traditionally, during clinical clerkship, medical students observe attending physicians and residents without being involved in the direct care of patients. Fundamental clinical skills are acquired through lectures, observations, practicing on peers, or developed on their own initiative without supervision rather than hands-on supervised learning through patient care. When students enter internship or residency, these skills are no longer emphasized. In addition, clerkships have almost always been carried out in academic medical centers where patient care is highly specialized and clinical faculty lack adequate time and motivation to teach the fundamentals of general medicine. These factors contributed to poor clinical skills and overreliance on imaging and laboratory tests when students graduate from medical school.2,3

Early exposure to specialized practice of medicine during undergraduate and postgraduate training may have contributed to the uncoordinated and inefficient health care delivery. Patients in Taiwan frequently seek care from many specialists, resulting in the delay of proper management and wasteful spending of health care resources. Remedies for the fragmented care include strengthening general medical training and core clinical competencies, including history taking, physical examination, communication, integrated teamwork, professionalism, medical humanities, and essential knowledge and skills of medicine. The Taiwan Medical College Accreditation Council, which was founded in 1999,⁵ has been promoting a series of medical education reform, one of which is clinical education that emphasizes essential clinical skills and provision of holistic medical care.

We report here the first 3 years of a collaborative clerkship program in which medical students of a national university medical school undertook medicine and surgery clerkship at a comprehensive cancer center. The program focused on building clinical skills through direct patient care responsibilities, taught by a group of dedicated clinical teachers, and with close mentorship by senior physicians. We evaluated the program by comparing participating students' self-assessment of clinical skills, evaluation of their clerkship experience, performance in the objective structured clinical examinations (OSCEs), and pre- and post-clerkship grades with those of their peers who had undergone traditional clerkship training concurrently.

Methods

Description of the program

The National Yang Ming University (NYMU) is one of the three government-funded medical schools in Taiwan. The Koo Foundation Sun Yat-Sen Cancer Center (KF-SYSCC) is a comprehensive cancer center whose missions are to provide state-of-the-art holistic cancer care and to promote excellence in medical education. For years prior to the clerkship program, KF-SYSCC had accumulated a significant number of experienced clinician educators and had been actively involved in medical education reform because its members value medical education as one of the primary mechanisms for solving current issues in health care, in parallel with the views of the Institute of Medicine of the United States. In 2006, NYMU and KF-SYSCC formalized their educational collaboration by establishing the clerkship program aimed at innovation, diversity, discipline in clinical education, and emphasis on humane patient care. The collaborative program had obtained funding from the National Science Council of Taiwan and approval from the Ministry of Health and Welfare.

The collaborative program established an overall supervisor, two clerkship directors (1 for medicine and 1 for surgery), and a liaison business office. The program provided clerkship rotations lasting 3 months each in general medicine and surgery, with the remaining rotations still carried out at the main teaching hospital (Figure 1). Thus, NYMU students enrolled in the collaborative program spent 6 months at KF-SYSCC for medicine and surgery. The

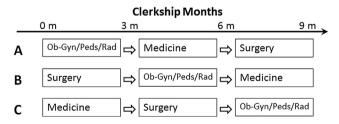


Figure 1 Block rotation schedule of the 5th-year clinical clerkship at the National Yang Ming University. Students were divided into three groups, each starting with medicine, surgery, or a combined obstetrics/gynecology, pediatrics, and radiology (Ob-Gyn/Peds/Rad) rotation. Each rotation was 3 months in length. Koo Foundation Sun Yat-Sen Cancer Center accepted six students for medicine and surgery in each block. Ob-Gyn/Peds/Rad rotation was offered only at the main teaching hospital.

Download English Version:

https://daneshyari.com/en/article/3478225

Download Persian Version:

https://daneshyari.com/article/3478225

<u>Daneshyari.com</u>