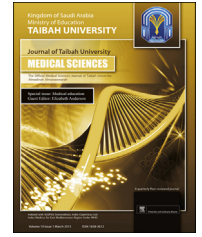




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Educational Article

Effect of early clinical skills teaching on 3rd year medical students' learning: The student perspective



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المخلص

أهداف البحث: إن الغرض الرئيس من إدراج تدريس المهارات السريرية المبكر لطلاب ما قبل المرحلة السريرية هو السماح لهم باكتساب الخبرة في مهارات الفحص السريري، والإجراءات الطبية الأساسية، وأخذ التاريخ المرضي وتعلم مهارات التواصل الطبي. وتهدف هذه الدراسة إلى تحديد فاعلية تدريس المهارات السريرية المبكر في إعداد طلاب الطب للسنوات السريرية.

طرق البحث: وزعت استبانته على طلاب الطب بالسنة الثالثة للتحقق من فاعلية تدريس المهارات السريرية المبكر على الطلاب في السنة السريرية الأولى. تتكون الاستبانته من ثمانية بنود تحتوي على خمس نقاط تقييم بمقياس ليكرت مع سؤال واحد مفتوح.

النتائج: كانت استجابة الطلاب للاستبانته بنسبة ٦٢٪. وأبدى ٩٧ (٧٠.٨٪) من الطلاب رضاهم عن استراتيجية تدريس المهارات السريرية المبكر. وقد وافق ٩٠.٥٪ من الطلاب على الفائدة الحاصلة من البرنامج في المرحلة قبل السريرية

إعدادهم للسنوات السريرية الخاصة بهم. وأبدى الطلاب ردود فعل إيجابية لاكتسابهم الخبرة في مهارات الفحص السريري، والإجراءات الطبية الأساسية، وأخذ التاريخ المرضي وتعلم مهارات التواصل الطبي مع المشرفين والمرضى. ولم يبد أي من الطلاب عدم الرضا عن برنامج تدريس المهارات السريرية المبكر.

الاستنتاجات: كان تقبل الطلاب لتدريس المهارات السريرية المبكر جيدا لإعدادهم للسنوات السريرية. ويعتبر تدريس المهارات السريرية المبكر جزءا حيويا من المناهج الدراسية للمرحلة ما قبل السنوات السريرية، وينبغي مواصلة تطويره مع الزيارات المتكررة للمستشفى لتعزيز مستوى الثقة لدى الطلاب، والأداء عند تعاملهم مع المرضى خلال السنوات السريرية.

الكلمات المفتاحية: تعلم المهارات السريرية; سنوات ما قبل السريرية; استبانته; الإدراك; أخذ التاريخ المرضي; الفحص السريري

Abstract

Objectives: The main purpose of the early introduction of Clinical Skills Learning (CSL) to pre-clinical years is to allow medical students to gain experience in clinical examination skills, basic medical procedures, history-taking and clinical communication. The objective of this study was to determine the effectiveness of the early teaching of clinical skills in preparing medical students for their clinical years.

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Methods: A validated questionnaire assessing the value of CSL on students in their first clinical year was distributed to 3rd year medical students. The questionnaire consisted of 8 items with a five-point Likert scale and one open-ended question.

Results: The response rate to the questionnaire was approximately 62%. Nearly 97 (70.8%) students suggested that CSL was a favourable teaching strategy. A high percentage of students (90.5%) agreed that CSL was a useful pre-clinical module to prepare them for their clinical years. The students gave positive feedback on the teaching of history-taking and physical examination, exposure to the hospital environment and acquisition of communication skills with supervisors and patients. No student perceived the CSL module as poor.

Conclusions: Early CSL was well-perceived by students in preparing them for their clinical years. CSL is a vital part of the pre-clinical curriculum and should be further enriched with frequent hospital visits to enhance students' confidence level and performance when interacting with patients during their clinical years.

Keywords: Clinical skills learning; History taking; Perception; Physical examination; Preclinical years; Questionnaire

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Introduction

Skill is defined as the ability to perform a task and is related to competency.^{1,2} Clinical skills range from skills in history taking, physical examination, and performing procedures to communication and interpretation.^{3,4}

The Clinical Skills Learning (CSL) Committee of the Faculty of Medicine of Universiti Kebangsaan Malaysia (UKM) was formed in 2005 with the introduction of a CSL module during the preclinical years as a new component of the medical undergraduate curriculum. The committee is under the Department of Medical Education, which is directly involved in the development of the curriculum of the Faculty of Medicine. It is also responsible for managing and coordinating the formulation and implementation of the medical education curriculum.

The CSL committee is headed by a senior clinician as the chairperson. Other members include a deputy chairperson and the heads and assistant heads of the CSL modules for each semester. The committee monitors CSL activities, examinations and curriculum reviews. It is also responsible for overseeing the skills learning programme and is charged with curriculum development roles to ensure congruence between clinical skills and other elements of the curriculum.

Several supporting staff members of the Department of Medical Education were assigned to assist the CSL committee. There is an administrator who is responsible for the

day-to-day operational control and running of the CSL activities. The administrator also monitors the use of the facility as a learning resource. There is a coordinator for standardised patients (actors or volunteers) who is responsible for maintaining a database of standardised patients who will be used for the learning and assessment of clinical skills. Several technicians are available to maintain and ensure the availability of the models, manikins and other clinical diagnostic and therapeutic equipment required for skills learning activity.

The activities in each CSL module are coordinated by the head of the module and an assistant. The teaching staff consists of clinicians from various departments. They provide support for the learning activities. Because the staff members come from different clinical backgrounds, training workshops are organised prior to the start of each semester by the CSL committee to train them on the characteristics of being a 'good teacher.' The workshops also standardise the methods of the delivery of the module contents and an evaluation of the students' clinical skills. Lecturers from the nursing department are also involved in the CSL module as clinical skills instructors of specific procedures. The assistance provided by the Nursing department is valuable because studies have shown that the teachings of nurse tutors in CSL programme were well received by the students.⁵

Early exposure to clinical skills teaching helps to integrate students' knowledge in basic sciences with clinical concepts. This integration enhances students' understanding and interest. The CSL module also equips the students with skills in history taking and physical examination in preparation for their clinical years. It improves students' confidence in clinical skills, such that they become less self-conscious and can give their full concentration in performing their clinical skills. This would translate into an increase in students' problem solving skills, clinical reasoning, competency and action plans.^{6,7} In a study involving several medical faculties, students scored a higher average mark when the CSL module was introduced during the clinical years.⁸

The objective of the study is to determine third year students' evaluation of the CSL module in terms of preparing them for their clinical years.

Material and Methods

The Faculty of Medicine of UKM has a 5-year undergraduate medical programme. The Clinical Skill Learning (CSL) module was first introduced during the preclinical years for the 2005/2006 session of the medical undergraduate curriculum. The CSL focuses on teaching skills in history taking and physical examination and allows clinical learning to occur in a safe classroom setting. Prior to 2005, these basic clinical skills were taught in an intensive 8-week course before the students entered their third year.

The students were divided into several small CSL teaching groups, with each group consisting of eight to ten students, which was facilitated by a clinical lecturer. Each CSL session was conducted every fortnight, with each session lasting for 3 h. The CSL sessions used various learning methods, including demonstrations, video-watching, role-playing and interactive sessions with standardised patients and patients

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