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A Peer Reviewed International Journal for the Advancement of Clinical Skills
– *'docendo ac discendo' – 'by teaching and learning'*



C.O.M.E.T. – A novel educational method in clinical skills

From simulation to reality

Shibboleths of incompetence

Development of a clinical skills bus: making simulation mobile

"See one, do one, teach one!" – the uphill struggle for clinical skills acquisition

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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

Contents

The Executive Board Members	1
Acknowledgements	1
The Editorial Board	2
Mission Statement	2
Foreword	
– Professor The Lord McColl CBE	3

Editorials

Developing the continuum of clinical skills teaching and learning; from simulation to reality	
– Patsy Stark	4
Medico-legal consequences in surgery due to inadequate training in anatomy	
– Harold Ellis	8
Development of clinical skills bus: making simulation mobile	
– Maggie Nicol	10
Clinical communication: the emergence of a clinical discipline	
– Elaine Gill	14
See one, do one, teach one – the uphill struggle for clinical skills acquisition	
– Raina Nazar	17
Feedback to enhance student learning: facilitating interactive feedback on clinical skills	
– Faith Hill	21

Original Research

COMET: Clinically Observed Medical Education Tutorial – A novel educational method in clinical skills	
– Rajiv Nair	25
Preparing for practice – use of simulation to identify sub-optimal levels of care with junior medical students	
– Jean Ker	30
Assessment of final year medical students in a simulated ward: developing content validity for an assessment instrument	
– Louis McIlwaine	33
The use of medium fidelity simulation to develop technical and non-technical acute care skills early in the undergraduate curriculum	
– Lucy Ambrose	36
Reducing errors in laboratory test requests	
– Lysa Owen	38

Reviews

Shibboleths of incompetence	
– Dason Evans	41
Patient safety skills	
– Rick Johnson	43
Face to face: a training DVD-ROM to develop skills to diagnose patients presenting with mental health problems	
– Lisetta Lovett	47
Interview with Kuldip Birdi, author of 'Clinical Skills for OSCEs'	
– Wing Mok	49

Correspondence

51

Clinical Skills Notice Board

52

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Mission Statement

The clinical skills arena is an ever expanding field with an increasing wealth of knowledge; however there is no central resource for the sharing of evidence based research and information. The International Journal of Clinical Skills (IJOCS) is a peer reviewed International Journal, which will promote the sharing of information and evidence based research, as well as bringing together the clinical skills community.

The Journal aims to develop and maintain standards in research and practice, lay a platform for discussion and debate, and provide opportunity to present evidence based medicine and critical appraisal of research. Provision of this much needed resource for both students, teachers and healthcare professionals, will ultimately enhance patient care.

The IJOCS will be a regular publication, three times a year in the first instance, both online and in print. The implementation of the IJOCS website will provide a continual resource for daily use. Also, in conjunction with the 'Clinical Skills Lab', the IJOCS will allow access to an online database on over 200 clinical skills – launching in 2008.

A diverse range of reviewers support the Editorial Board, all of whom are leaders in their respective fields and the IJOCS prides itself on the quality of content. Contribution of original ideas, research, audit, policy, reviews, case reports and 'Letters to the Editor' are welcome from all those involved in this multidisciplinary field. Submissions are not limited to these specific publication types and your novel suggestions will be considered.

I wish to thank all those involved in the development of this unique venture – a Journal whose remit is highly significant to today's needs.

Dr Humayun Ayub

Editor-in-Chief

International Journal of Clinical Skills

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Foreword

International Journal of Clinical Skills – An exciting forum for clinical skills

There has been an explosion in the volume of medical information related to clinical skills, which are essential in our efforts to maintain optimal patient care. The International Journal of Clinical Skills (IJOCS) aims to disseminate this knowledge in an easily accessible form. This will not only enhance our attempts to provide a quality health service, possibly with some standardisation, but also provide a vehicle for teaching and learning, hence the Journal's motto – 'docendo ac discendo' (by teaching and by learning).

The IJOCS will not only serve as an avenue for publication of research papers, but will also act as a means of communication between clinical skills professionals at an international level. Consequently, those involved in the clinical skills field, can keep those in other countries informed of their activities, as well as offering best practice guidance.

Alongside this valuable publication, a continually evolving online database ('Clinical Skills Lab') will become available for students and teachers to access – this will hold extensive information on over 200 clinical skills. The Clinical Skills Lab will be regularly updated by all those involved in this field and provide a platform for discussion and debate.

The IJOCS also aims to present comment on items of specialist interest. For example, the current issue contains a paper by Professor Harold Ellis CBE, on 'Medico-legal consequences in surgery due to inadequate training in anatomy', and explores the potential niche for anatomical clinical skills training within the newly developed medical Foundation Years (F1 & F2). It is hoped readers will make use of the Journal to comment on matters such as this – and on others relating to the subject of clinical skills – by means of 'Letters to the Editor', research based evidence and shared practice.

In order for IJOCS to become an exciting forum for clinical skills, the Journal welcomes submission of innovative research, papers, reviews and case reports. Of course, submissions are not only limited to these specific publication types and your innovative ideas would be greatly welcome by the Editor.

I am confident that IJOCS will be appreciated by a variety of health care professionals, at an international level. It promises to be representative of an ever expanding field, and with the support of all those able to contribute, it will, without doubt become increasingly influential.

I wish those responsible for the production of the International Journal of Clinical Skills, the success which their initiative deserves.



Professor The Lord McColl of Dulwich CBE
September 2007

Clinical Communication: the emergence of a clinical discipline

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KEYWORDS:

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Communication between doctors and patients has always been important in medicine. There are endless quotes taken through the ages of wise words from doctors themselves, philosophers (often cited as stand alone quotes at the head of chapters or papers), and in more recent years sociologists have added a modern discipline perspective. A quote generally gives the message that doctors' should listen to patients, ask them about their story, treat the patient and not just the disease and so forth. Furthermore, the implied message was that this is what good doctors should do.

The nineteen fifties and sixties saw the emergence of doctor-patient relationship models. Balint, talked about the 'doctor as the therapeutic tool' and Parsons (1951) and the societal system described the 'sick role' for patients. Both gave us seminal general practice and sociological models. Szasz and Hollender (1956) provided a sociological model of the doctor-patient relationship that is still referred to today. The seventies further expanded sociological and political discourse about medicine and its role and impact on society. (Freidson 1970, Foucault 1973, Sontag 1977, Zola 1970)

The doctor-patient relationship had become a topic for scrutiny. The focus was very much on the doctor's behaviour. Paternalism in medicine was being challenged in a number of quarters and medical ethics at this point meant more than a nod to the Hippocratic Oath. Consent to treatment became a central issue alongside such challenges (Beauchamp and Childress 1979, Wear 1993, GMC 1998). However, whilst medical ethics debated ethical positions and the General Medical Council and professional bodies laid down guidelines and recommendations for professional practice, they did not teach doctors how to meet these demands in practice. Ethical theory and communication research grew independently and in parallel. The realisation that both disciplines needed each other to function effectively was not widely explored throughout an otherwise early productive theoretic and empirically researched period.

The latter end of the seventies resulted in a swell of research into the doctor patient relationship through the exploration of the consultation process and micro skills. This continued to develop throughout the eighties and nineties and remains an area of research today. The evidence began to add to the notion that communicating effectively with patients wasn't just about being nice to patients but that communication was shown to have an effect on patients' outcomes. (Mumford et al 1982, Orth et al 1987, Kaplan et al 1989, Fallowfield 1990, Rost et al 1991, Roter et al 1995, Stewart 1995). A significant body of research looked at patient satisfaction, understanding, recall and adherence. (Meichenbaum D, and Turk DC. 1987, Eisenthal et al. 1990, Tuckett et al. 1985, Ley 1988). There are numerous others – too many to be cited here. *(please note that the terms compliance and adherence have recently been replaced by the term concordance in a patient-centred approach).*

The research in the eighties also saw a focus on patient satisfaction and this fitted well with the rise of consumerism, managerialism and quality assurance models in healthcare delivery. The Toronto Consensus' published in 1991, and 1998's 'Tomorrow's Doctors', were two influential documents in the development of communication skills teaching in undergraduate medical education. The delivery of communication skills teaching in medical schools in an attempt to improve patients experience of communication in medicine was patchy, ad hoc and of variable quality (Hargie et al 1998). Some medical schools did have aims for development and were paying attention.

As a subject, communication skills was a growing area of expertise and interest for clinicians and related academics. Negotiating space within

the timetable for communication skills teaching was a major problem in a factual science based curriculum. There was also a school of thought that did not believe in teaching communication skills; after all they never had such teaching and surely you were inherently 'good' at it or not, and anyway you could just learn it with experience.

Resistance to a subject that was commonly, and dismissively called 'touchy feely' or at best called an equally low value 'soft science' was par for the course. It would be somewhat naïve to state that these views and attitudes do not continue, albeit less vehemently.

It is of no surprise therefore that there continued to be problems related to communication and information for patients (Audit Commission 1993). The term 'patient-centred care' became common usage, not just by communication skills teachers, but by those advising, designing and delivering care in practice. Mead and Bower (2000) provide an oft quoted conceptual framework and review of patient-centredness. Since the nineties and to date the relationship between healthcare ethics and clinical communication has been argued with increasing theoretic weight. (Little 1995, Gill 2003). Sociological approaches to the doctor-patient relationship continue to hold some influence, particularly around the notion of patient-centredness. All of what has been outlined so far has sat alongside the rise of technological advances in medicine and a lead in to the 'information age'.

In summary, the consistent theme that has emerged throughout research over the last 30 years is that there are problems in doctor-patient communication and a number of the problems identified continue to be evident in practice today. This has meant that the call for medical education to respond to such need has been loud and clear; a move that has been further supported by government and professional body recommendations translated more as requirements by the media and society in recent times. (Kennedy report 2001) GMC's updated Tomorrow's Doctors (2003).

Given the increasing body of evidence regarding positive patients' outcomes in light of effective communication and the increasing external drivers that informed medicine, society began to demand that doctors should meet their communication and information needs. All medical schools across the UK now have communication skills teaching in the undergraduate curriculum.

Effective communication in healthcare ought to be maximised in order for patients to make informed choices about their healthcare, and to minimise serious harm caused by health problems as patients experience them, not as health professionals define them.

Longitudinal, integrated programmes have been shown to give the best results. Optimal training of communication skills in a medical curriculum is argued to be achieved through regular and consistent sessions that are integrated into the whole curriculum (Van Dalen 2001, Gill 2003). Lead clinical communication skills academics from almost all medical schools in the UK now belong to the UK Council of Communication Skills Teaching in Medical Undergraduate Education. The Council meets regularly and is hosted by different medical schools across the UK. The Council aims to improve, develop and provide a National Core Curriculum for undergraduate clinical communication skills. It is also a forum for shared learning, experience and research. This is a significant step forward since Hargie's study in the nineties.

The majority of medical schools are aiming for integration and longitudinal programmes with room to be flexible enough to fit in with their own institutions. The assessment of communication skills may take the form of reflective writing, portfolio work, submission of videoed consultations or observation in practice to name a few. However, the OSCE

(objective structured clinical examination) is common across schools. Postgraduate medical education and practice includes clinical communication competencies and assessment. Royal College's membership exams have all responded to the changing demands of modern medicine in today's multicultural society and have included communication assessment. The assessment of communication skills is a ripe area for research and debate currently.

The recognition that effective clinical communication is a core component of good doctoring and not something to be added on the end of a doctor-patient interaction is now reflected in medical education. Research into communication in medicine continues to gain strength. Our challenge continues to be translating research based evidence, integrating it in practice and working with clinicians in useful and supportive ways to make this achievable. ■

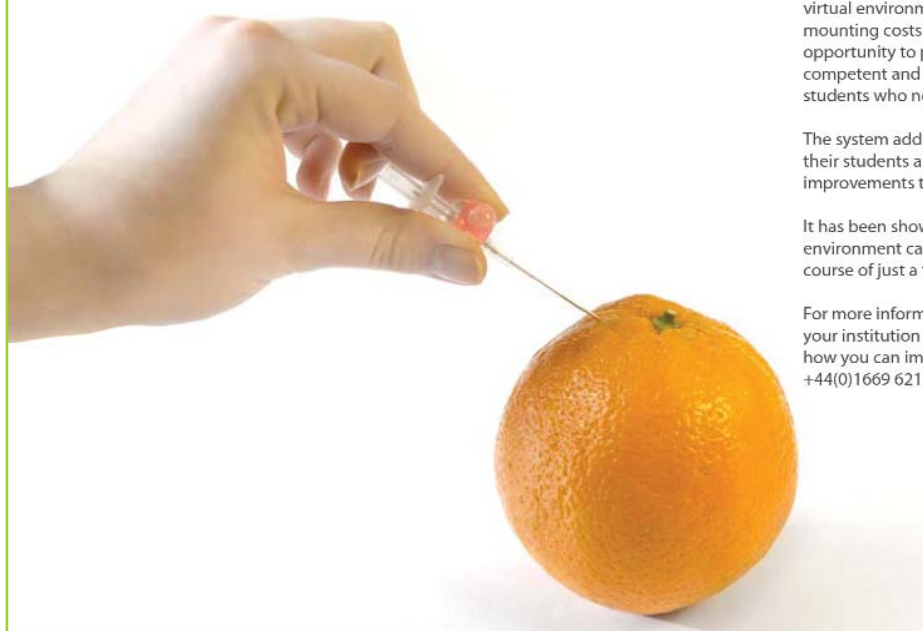
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This paper has merely provided an overview and summary of a clinical and theoretic journey. Details of clinical communication curricula, learning methodologies, assessment, research and clinical communication in practice will be included periodically in the International Journal of Clinical Skills. We can look forward to an integrated and accessible journal focusing on clinical skills that will be informative and helpful for clinicians and teachers alike.

References

- Balint M. The doctor, his patient and the illness. The Lancet. April 2, 1955; 683-688
- Beauchamp TL and Childress JF. 1989 Principles of Biomedical Ethics. (3rd ed) Oxford University Press. New York
- Eisenthal S, Koopman C and Stoeckle JD. The nature of patients' requests for physicians' help. Academic Med. 1990; **65**: 401-5
- Fallowfield LJ, Hall A, Maguire GP et al. Psychological outcomes of different treatment policies in women with early breast cancer outside a clinical trial. BMJ. 1990; **301**: 575-80
- Foucault M. The Birth of the Clinic, trans. Sheridan-Smith A. Tavistock, London. (1973)
- Freidson E. Profession of Medicine: A Study of the Sociology of Applied Knowledge. New York: Harper Row (1970)
- General Medical Council Report of a working party of the Education Committee on the Teaching of Behavioural Sciences, Community Medicine and General Practice IN Basic Medical Education. London (1977)
- General Medical Council Tomorrow's Doctors. London: GMC (1993)
- General Medical Council Tomorrow's Doctors. London: GMC (2003)
- General Medical Council. Good Medical Practice. 2nd ed. London: GMC (1998)
- General Medical Council Seeking patients' consent: the ethical considerations. London: GMC (1998)
- General Medical Council Withholding and Withdrawing Life-Prolonging Treatments: Good Practice in Decision Making. London: GMC. (2002)
- General Medical Council The new Doctor London: GMC. (2005)
- Gill E.E. Why don't we ask people what they need?: a combined approach to teaching communication in healthcare. PhD thesis, London University Senate House (2003)
- Hargie O, Dickson D, Boohan M and Hughes K. A survey of communication skills training in UK schools of medicine: present practices and prospective proposals. Med Ed. 1998; **32**(1):25-34

- HMSO Audit Commission 'What seems to be the matter?': communication between hospitals and patients (1993)
- HMSO (www.doh.gov.org) National Health Service Plan DOH. London: Kaplan SH, Greenfield S and Ware JE. 1989 Assessing the effects of physician-patient interactions on the outcome of chronic disease. Med Care. 2000; **27**:S110-1127
- Kennedy Report DOH London: HMSO (see also www.bristol-inquiry.org.uk/final report) (2001)
- Ley P Communicating with patients: improving satisfaction and compliance. Croom Helm, London (1988)
- Little M. Humane Medicine. Cambridge University Press. (1995)
- Mead N. and Bower P. Patient-centredness: a conceptual framework and review of the empirical literature. Social Science and Medicine 2000; **51**:1087-1110
- Meichenbaum D and Turk DC. Facilitating treatment adherence: a practitioners guidebook. Plenum Press, New York. (1987)
- Mumford E, Schlesinger HJ and Glass GV. The effects of psychological intervention on recovery from surgery and heart attacks: an analysis of the literature. AJP. 1982; **72**:141-51
- Orth JE, Stiles WB, Scherwitz L et al. Patient exposition and provider explanation in routine interviews and hypertensive patients' blood pressure control. Health Psychol. 1987; **6**: 29-42
- Parsons T. The Social System, The Free Press. Glencoe. 1951; 111
- Roter DL, Hall JA, Kern DE et al. Improving physicians' interviewing skills and reducing patients' emotional distress. Arch. Internal Med. 1995; **155**:1877-84
- Rost KM, Flavin KS, Cole K et al. Change in metabolic control and function after hospitalization. Diabetes Care. 1991; **14**:881-9
- Simpson M, Buckman R, Stewart M et al. Doctor-patient communication: the Toronto consensus statement. BMJ. 1991; **303**: 1385-7
- Sontag S. Illness as Metaphor. Allen Lane, New York. (1977)
- Szasz T. and Hollander MH. A contribution to the philosophy of medicine: the basic models of the doctor-patient relationship. Archives of Internal Medicine 1956; **97**:585-92
- Stewart MA Effective physician-patient communication and health outcomes: a review. Can Med Assoc J. 1995; **152**:1423-1433
- Tuckett D, Boulton M, Olsen C et al. Meetings between experts: an approach to sharing ideas in medical consultations. Tavistock. London (1985)
- Wear Stephen Informed Consent: Patient Autonomy and Physician Beneficence within Clinical Medicine: Kluwer Academic Publishers (1993)
- Van Dalen J. Communication skills: teaching, testing and learning (PhD thesis) University of Maastricht. (2001)
- Zola IK. Medicine as an institution of social control: the medicalising of society. The sociological Review 1972; **20**:487-504



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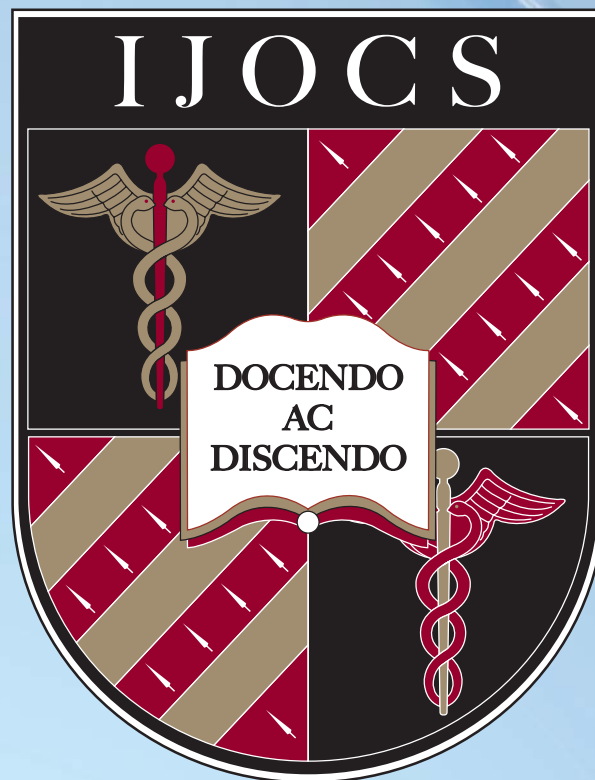
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Clinical Skills Lab (CSL)



The Clinical Skills Lab database will comprise information on over 200 clinical skills, broadly separated into:

- History taking skills
- Communication skills
- Clinical examination/interpretation skills
- Practical skills

Not only will this valuable resource provide material to students as a learning tool and revision aid, for example, OSCEs, it will also offer educational materials for teachers from all disciplines, allowing some standardisation of practice. The Clinical Skills community will also be encouraged to contribute, making this database interactive.

CSL is Launching in April 2008 – view sample material at **www.ijocs.org** and take advantage of a 50% discounted rate if booked prior to **1st March 2008** (enter promotional code **CSL63R** at registration)