INTERNATIONAL JOURNAL OF CLINICAL SKILLS

A Peer Reviewed International Journal for the Advancement of Clinical Skills
- ‘docendo ac discendo’ - ‘by teaching and learning’

In this issue:

Studying living anatomy: the use of portable ultrasound
Clinical reasoning and interactive board-games
Inter-professional simulation
Communicating with confused elderly patients
The African Working Time Directive
Acknowledgements

We would like to take this opportunity to show appreciation to all those involved with the production of the International Journal of Clinical Skills (IJOCS). Many thanks to all members of the Editorial and Executive Boards.

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

Head of Clinical Communication
King’s College London

Since its inception, the International Journal of Clinical Skills (IJOCS) has provided a unique platform for the teaching and learning of clinical skills in a variety of healthcare disciplines. It has become a well-established peer-reviewed Journal publishing a diverse range of clinical skills articles.

The Editorial Board consists of people active in the field of clinical skills teaching and this is reflected in the Journal’s philosophy to encourage sharing of ideas and practice. Pertinent contributions aim to meet the current needs of researchers and practitioners.

Clinical skills teaching is going through a definite ‘growth spurt’ at present with increasingly responsive models, manikins, and e-learning programmes – not dismissing financial investment that comes along with this. High-quality clinical simulation is becoming more sophisticated as a teaching and learning methodology. The need to equip health professionals with the skills and competencies to improve patient safety is one of the drivers behind this growth. However, alongside the purchase of the ‘Sim’-men/women/babies and linked e-learning, let’s not forget the importance of personal interactions through faculty support, i.e., experienced clinical teachers. In addition, simulated patients and the delivery of interprofessional sessions, bring clinical simulation closer to the realms of reality and validity, for both undergraduate and postgraduate health professionals.

The use of simulated patients, relatives, and carers is well established in clinical communication education. More recently, additional interesting and innovative approaches to clinical communication teaching are in various stages of substantive core curricula and special study activity across medical schools in the UK.

The IJOCS is now established in the world of clinical skills publications by providing a niche specific arena that welcomes quality research, thereby promoting excellence in healthcare internationally. The wide range of papers covering research, discourse, and reflection in clinical education and practice, plus the inclusivity of interprofessional approaches in one publication, raises the validity of this journal. There remains room for research based evidence to support teaching and practice of patient-centred clinical learning. The IJOCS welcomes additions to the literature that encourage critical debate.

Without doubt, the International Journal of Clinical Skills has continued to exceed its original ambitions and I wish it growing success.

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Consultants’ feedback on medical graduates’ performance: Universiti Kebangsaan Malaysia experience

Abstract

Background: Universiti Kebangsaan Malaysia Medical Centre (UKMMC) is the second largest public university in Malaysia producing medical graduates. Being a competent and safe doctor requires more than scientific knowledge and clinical skills. The objective of this paper is to identify the overall perceptions of various Malaysian Ministry of Health consultants on UKMMC graduates’ performance.

Methods: This cross sectional study focused on consultants’ feedback regarding UKMMC graduates’ performance who had received ‘houseman training’ under the consultant’s supervision for 2 years prior, at different hospitals within Malaysia. 110 consultants participated. Quantitative and qualitative data was collected by questionnaire with particular focus on graduates’ medical knowledge, clerking skills, English language proficiency, communication skills and working attitudes.

Results: A total of 915 UKMMC graduates were supervised by 110 consultants. Performance domains which were rated included medical knowledge, clerking skills, English language proficiency, communication skills and working attitudes. Open comments were generally positive, but also gave critical analysis.

Conclusion: Overall performance of UKMMC graduates is positive thereby providing a platform for training of competent doctors giving quality patient care. Diverse educational curricula are pivotal for the acquisition of essential competencies and clinical skills. All medical schools should have a standardised framework for evaluation of graduates, to help the continual development and promotion of a high class education and continued professional development. Practice does indeed make perfect, and with the right educational balance, confidence in the student reaches the level required of a safe and competent doctor.

Introduction

For all health care professionals, including doctors, to provide a strong comprehensive healthcare system it is widely acknowledged that having broad scientific knowledge is by itself inadequate; many key qualities are essential, and these include core clinical skills such as effective communication with patients and colleagues, professionalism, cultivating an awareness of ones’ own values and prejudices, and providing healthcare with an understanding of the patients’ cultural and spiritual dimensions [1].

Universiti Kebangsaan Malaysia Medical Centre (UKMMC) is the second largest public medical school in Malaysia, producing medical graduates for the increasing national healthcare demands [2, 3]. After graduation the medical graduate undertakes their internship (‘houseman’ or ‘foundation’) training at different hospitals within Malaysia, under the supervision of consultants of various disciplines.

Like many medical schools, UKMMC is committed to the holistic training of the medical graduate, thereby producing a doctor who...
can independently manage a health problem in an expert and professional manner, yet know their own limitations and undertake continued professional development [2].

The objective of this study was to consider the performance feedback from consultants supervising the UKMMC graduates, with an ultimate aim of utilising this knowledge to improve future curricula and healthcare training.

Methods

Feedback on the overall performance of UKMMC graduates was requested from 110 consultants. All consultants worked in different hospitals within Malaysia under the Malaysian Ministry of Health. As well as being trained educational teachers, their specialist backgrounds included general medicine, general surgery, obstetrics and gynaecology, paediatrics and orthopaedic surgery. The consultants were requested to give their feedback on the performance of all graduates under their supervision and training for two years prior.

Data was collected by questionnaire which contained questions in different domains, such as graduates’ medical knowledge, clerking skills, English language proficiency, communication skills and working attitudes. As well as space for both positive and critical free comment text, questions used a rating scale to measure the consultants’ feedback. This ranged from 1-10, where 1-2 indicated very poor, 3-4 not satisfactory, 5-6 adequate, 7-8 good, and 9-10 excellent.

The data was processed using SPSS Version 12 and presented as number and percentage distribution.

Results

A total of 915 UKMMC graduates were supervised by 110 consultants in the 5 major disciplines during the year 2002 and 2003. Considering the clinical specialty of the consultant, most were from obstetrics and gynaecology (25%), with the fewest being from general medicine (16%). Therefore as might be expected, obstetrics and gynaecology consultants assessed the largest number of graduates (33%), but interestingly general medical consultants assessed 29% of graduates, and paediatric specialists assessed the fewest number of graduates at 9% (Table 1).

Table 2 shows the ratings from the consultants. All 110 consultants provided a response to each of the performance domains. Graduates’ medical knowledge and clerking skills where both were rated as adequate to good by 96% of the consultants. English language proficiency was rated adequate to good by 82% of consultants and as excellent by 3% of consultants. Communication skills with the different professional and patient groups also received positive ratings. Communication with senior doctors and colleagues was rated as adequate to good by 89% of the consultants, whilst with nursing staff and supporting staff it was 92%, and with patients it was 90%. Punctuality and cooperation were rated adequate to good by 86% and 84% of consultants respectively.

Table 1: Distribution of consultants and graduates

<table>
<thead>
<tr>
<th>Consultant’s Specialty</th>
<th>Consultants [Number, (%)]</th>
<th>Graduates assessed [Number, (%)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obs &amp; Gynae</td>
<td>27 (25)</td>
<td>300 (33)</td>
</tr>
<tr>
<td>Surgery</td>
<td>23 (21)</td>
<td>170 (19)</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>23 (21)</td>
<td>83 (9)</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>19 (17)</td>
<td>92 (10)</td>
</tr>
<tr>
<td>Medicine</td>
<td>18 (16)</td>
<td>270 (29)</td>
</tr>
<tr>
<td>Total</td>
<td>110 (100)</td>
<td>915 (100)</td>
</tr>
</tbody>
</table>
Table 3: Free text comments regarding UKMMC graduates

<table>
<thead>
<tr>
<th>Comment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, most of UKMMC graduates were competent in their work.</td>
<td>Good</td>
</tr>
<tr>
<td>Most graduates encountered were good and punctual, well mannered and pleasant</td>
<td>Good</td>
</tr>
<tr>
<td>Generally the graduates were quite knowledgeable and capable, especially in performing procedures</td>
<td>Good</td>
</tr>
<tr>
<td>Graduates adapt well to the working environment</td>
<td>Good</td>
</tr>
<tr>
<td>Disciplined, hard working and dedicated</td>
<td>Good</td>
</tr>
<tr>
<td>Had positive attitudes towards patients care</td>
<td>Good</td>
</tr>
<tr>
<td>UKMMC graduates have good basic knowledge, but are more timid and lack self-confidence in speaking up and interacting during discussions</td>
<td>Good</td>
</tr>
</tbody>
</table>

Discussion

Medical professional proficiency comprises a set of knowledge, skills and attitudes necessary to competently carry out the practice of medicine [3]. The ultimate aim of any doctor is to maintain and restore human health through the study and management of disease and health promotion, thereby extrapolating medical sciences knowledge into clinical practice. Although there is no doubt that a doctor must be well equipped with medical sciences knowledge, s/he must also develop core holistic ‘doctoring’ skills.

This study shows that the consultants felt most of the UKMMC graduates possessed ‘good’ (51%) to ‘adequate’ knowledge (45%) in medical sciences. The patient history is a vital piece of the doctor-patient relationship; it is essential to direct the consultation towards the final diagnosis and subsequent management. Ramani [4] reported that skilled history taking is declining amongst medical trainees and that many educators consider current educational methods not to have significant emphasis on history taking skills during medical school training. In our study, clerking skills of the UKMMC graduates were rated by the consultants as ‘good’ (64%) to ‘adequate’ (32%).

English language proficiency of medical professionals is an issue attracting increasing attention in medical education [5]. The majority of consultants rated UKMMC graduates’ English proficiency as good to adequate. However, one consultant viewed that graduates’ English proficiency was ‘very poor’ and 16 consultants (15%) identified that the English proficiency of graduates was ‘not satisfactory’. Hayes & Farnill [6] indicated that worry is often expressed about the English language proficiency of students engaged in professional training. As the population in Malaysia is of varying ethnicities and English is the second language, English proficiency is very important to provide adequate healthcare to the diverse ethnic patient groups. Moreover, the medical curriculum at the UKMMC is taught in English and therefore a comprehensive understanding of the English language is required for satisfactory progression.

Communication between doctors and patients has always been fundamental in medicine [7]. The ability to communicate well with patients is an essential element of a doctor’s clinical expertise [8]. Our study looked at the perceived communication skills of the graduates with different categories of people encountered during day-to-day clinical work. Although the majority of the UKMMC graduates exhibit good communication skills with the different groups of people, consultants did rate some graduates to have communication skills which were ‘not satisfactory’ and ‘very poor’. Good communication skills enhance professional satisfaction and psychological well being [9, 10]. Good communication is needed for doctors to build a trusting relationship with patients and their families; to make an accurate diagnosis; to facilitate compliance with treatment; and also to cope with difficult situations such as breaking bad news or angry patients.

The close working relationships of healthcare professionals via the multidisciplinary team (MDT) aims to deliver high quality patient care. Most of the UKMMC graduates were rated as good and adequate by their consultants with regards to working attitudes. Some graduates may have an inherent ability to work in teams, however, it may be that team working, including inter-professional training, needs a greater emphasis during medical school and during continued professional development [11]. Developing an insight into the functioning of local health care systems by placing the junior medical student under hospital supervision as a shadow ‘intern’, may help develop and reinforce team working abilities [12].

General free text comments from consultants were positive, suggesting that graduates possess essential knowledge, have good working attitudes, are reliable and safe, but may sometimes lack self-confidence in interacting during discussions or case presentations.

This study is of course limited by its small size and potential for bias. The next step may be to compare more recent consultant feedback in light of curricula changes and also compare these findings with comparable medical schools.

Diverse educational curricula are pivotal for the acquisition of essential competencies and clinical skills. The UKMMC is committed to continually evolving its curricula to help train medical students into safe and competent graduate doctors.

Conclusion

Performance of UKMMC graduates is good and adequate in terms of their medical knowledge, clerking skills, English language proficiency, communication skills and working attitudes, as perceived by the various consultants of Malaysian Ministry of Health. Practice does indeed make perfect, and with the right educational balance, confidence in the student reaches the level required of a safe and competent doctor. UKMMC provides a diverse curriculum necessary for the acquisition of essential skills.

All medical schools should have a standardised framework for evaluation of graduates, to help the continual development and promotion of a high class education and continued professional development.
References

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

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