



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:

Involving patients as educators: adding value to clinical experience

Emergency department ultrasound

Examination of the cardiovascular system

Medical student theatre etiquette course

The OSCE: a marathon, not a sprint!

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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	61
Acknowledgements	61
The Editorial Board	62
Foreword	
- Professor Dame Carol Black	63

Original Research

Involving patients as educators: adding value to clinical experience	
- Patsy Stark	64
Development of an undergraduate medical student theatre etiquette course	
- Catherine Kellest	70
Interprofessional teaching using a computerised patient simulator: what do students learn and how?	
- Stephen Abbott	74
Nursing students' perceptions of learning vital signs in a clinical skills laboratory	
- Jill Murphy	80

Reviews

A simple method to assess hip flexibility in the presence of a fixed flexion knee deformity	
- Alun Yewlett	83
The OSCE: A marathon, not a sprint	
- Rashmeet Chhabra	85
Confirmation of death	
- Muhammed Akunjee	89
Examination of the cardiovascular system	
- Tom Stockmann	91

Editorials

Cultural barriers to the spread of clinical skills teaching methods	
- Toshio Sato	95
Emergency department ultrasound: experience in a Malaysian teaching hospital	
- Abdul Rashid Abdul Kader	103
Learning styles: teaching medical ethics to students with tendency to pragmatism	
- Atef Markos	106
Challenges encountered during development of scenarios for a management simulation exercise for undergraduate student nurses	
- Colette Lyng	108

Correspondence	115
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Clinical Skills Notice Board	116
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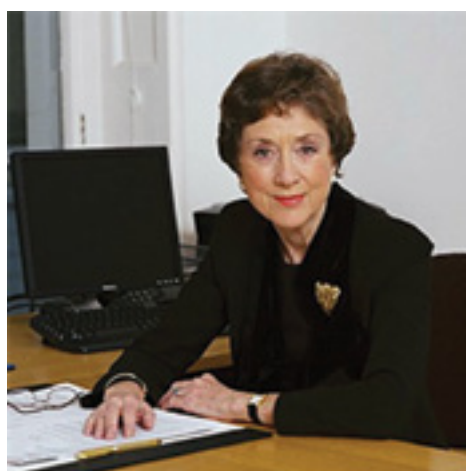
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Foreword

Chairman of the Academy of Medical Royal Colleges



The searching reappraisal of almost every element of health care that we have seen in recent years has brought challenges and stimuli to all who have a part in this enterprise. Ultimately, the quality and safety of patient care depend upon the professionalism of people of many disciplines who have a responsibility to deliver that care, and therefore upon the quality of their education and their training and the ability to exercise their clinical skills and competences at the highest possible level in practice.

The mission of the International Journal of Clinical Skills is to support and promote that professionalism and I wish it growing success.

A handwritten signature in black ink, which appears to read 'Carol Black'.

Professor Dame Carol Black DBE FRCP FMedSci
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Learning styles: teaching medical ethics to students with tendency to pragmatism

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Introduction

The scarcity of research on learning styles for medical students clouds the vision of whether learning should be consistent and the same for the group or modified according to individual learners' situations. There is realisation that positive interpersonal relationships between teachers and learners increase the quality of learning [1]. The balance between the teaching style and the learning style is evidently proved to affect and enhance the learning process [2]. We wish to share our approach of linking our teaching style to the learning needs of trainees who may exhibit tendency to pragmatism.

The concept of learning, evolving with time, subject and personality features, is worth considering. Medical students of recent years have a higher proportion of women than days gone by (almost 50:50 share between sexes). There are students from different ethnic backgrounds in UK medical schools. The cross-cultural divide, between different countries and countries of the UK, perpetuates differences between students and requires consideration. There is also a myriad of personality traits that influence our perceptions, decisions, actions and how we interact with others.

Clinical Skills Educators should consider and interact with learners' characteristics. There is evidence that gender influences learning style preference [3-4]. Mentoring, as part of the educational process, requires attention and sensitivity to multicultural diversities [5]. Educators who would make effort to analyse the objectives and content of the educational material, will eventually appreciate how their educational process may influence the trainees' learning style [6-7]. In the light of the recognised differences between students, we need to explore whether one single instructional strategy may be adequate or a flexible one is necessary for the education of a subject like medical ethics. Whether it is necessary, or even possible, to change students/trainees personality traits is open to question. Until we have evidence based answers, we shall continue to address the trainees' needs proactively; by exploiting existing knowledge on teaching and learning styles.

There are key issues we should consider, when applying learning styles in medical ethics, for a group of students who show tendency towards pragmatism. Pragmatists positively search new ideas, theories and techniques. They take the opportunity to experiment with their application. The pragmatist will learn best from clinical scenarios, where there is a link between subject matter and a problem or opportunity, shown a technique and have a chance to practice, receive feedback from a credible expert and coached by a respectable role model. Care must be exercised to avoid crossing the line between giving a role model and stimulating excessive dependence on the faculty resources (rather than conforming to the PBL principles) [8].

Interactive Clinical Examples

(1) The pragmatists' trait of positively searching new ideas and seeking opportunities to apply them.

We organise our course in a way as to give trainees practical challenges. It encourages students' contribution and we give

students the opportunity of discussing the application of the clinical principle in clinical situations. For example, the concept of patient's autonomy is discussed first with students, prior to patients' attendance. The clinic's respect, understanding and acceptance of the patients decision-making process is exhibited in real clinical scenarios (e.g. what tests to undertake and when to take them). We give students the opportunity of interviewing some patients, under supervision (medical and sexual history taking and explanation of tests). We aim to stimulate their applicability and respect to patients' autonomy.

(2) The pragmatists' trait of desire to make practical decisions and solve problems.

We practically test the students' ability to interact in the process of contact tracing for Sexually Transmitted Infections (STIs). The concept of breaking the cycle of spread of a communicable disease from an infected individual (the index case) to his/her partner (the contact) is practically exhibited in variable, recurrent and challenging situations. It is not uncommon for patients to decline referring their partner(s) for contact tracing and treatment. There needs to be a balance between the clinicians' attempt to identify the partner (and advise him/her on the need to take a test and/or treatment) and keeping the confidentiality of the original source of information (the index case). The contact tracing situations have challenging circumstances. It ranges from the readiness of the index case to advise his/her partner personally and encourage him/her to attend, to the other extreme of refusing to take any action. The clinic is then obliged to initiate the process of contact tracing (out of duty of care to the sexual contacts), if their personal details are available.

The situations bring a challenge for the pragmatist student, to exhibit their practical decision making skills on the issue of *beneficence*. We introduce the students to the concept initially and then exploit the recurrent clinical situations where patients present with a worry and concern regarding one issue although in fact there is a secondary hidden subject that could be of more clinical significance, which they need to consider. For example, patients' concerns regarding HIV following casual sexual intercourse is a typical scenario (where in our semi-rural clinics, the incidence of HIV is not as common as in inner cities). The patient's presenting symptom is worry and concern regarding HIV. In fact his/her chance of contracting another infection (e.g. Chlamydia) is higher than his/her chance of contracting HIV. The attending doctor has a duty to advise the patient – it is in the patient's benefit and interest to take tests to exclude other common infections (e.g. Chlamydia). The concept of *autonomy* will be recalled upon again, when the patient has to decide whether or not to take the test, on the same visit, in another one, or not at all.

(3) The pragmatists' trait of linking between the subject matter and a problem or opportunity.

We link the subject matter (e.g. concepts of autonomy and beneficence) to the problem or opportunity (refusal or consent, when testing for other infections). We take the opportunities of the clinical scenarios to show the students techniques of counselling, readiness to accept the patients' decision and the

practical advantages of the autonomy strategy. For example, clinical examples will show that a patient who may feel pressurised to take a test is less likely to comply with advice thereafter. We then give the students the chance to practice the counselling techniques (under supervision) and then provide feedback. Students are given the opportunity of learning from *examples* and *role models*. Students are expected to replicate the skills in their own practice.

The training programme is started by introducing concepts and subjects that are more common and likely to be met in clinical situations; to reduce the chance of the pragmatist to react negatively against these concepts (if they are not immediately expressed in a practical need). The routine cases help to provide *clear guidelines* and *practice examples*. It is possible to show a pragmatist the reward of the learning process (where respecting patients' autonomy leads to positive outcome in uptake of tests). Explaining the benefits of investigations leads the patients to make an informed decision about the additional tests.

(4) The pragmatists' trait and desire to achieve safety.

We set the students in a harmonious group, and use the clinical scenarios to encourage the trainee's skills and attitudes, to achieve the educational and training outcome. We exploit the students' learning preference of a link between subject matter and problem, desire to observe techniques and valuation of practical advantages. We encourage their cognitive strategy and adaptive approach for designing balanced materials, which suit their need.

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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 a free not for profit database. Visit www.ijocs.org for access

Clinical Skills Notice Board

This section of the Journal can be used by Clinical Skills Centres, and other members of the healthcare community, to relay important messages or key dates across the International clinical skills community.

For further information please contact the Editor at editor@ijocs.org

2-6 May 2009

2009 Canadian Conference on Medical Education (CCME, Edmonton, Alberta, Canada
www.mededconference.ca

13-14 May 2009

The 5th Annual World Health Care Congress Europe, Brussels, Belgium
www.worldcongress.com/europe

14-15 May 2009

BEME Conference (Best Evidence Medical Education), Warwick, UK
<http://www.amee.org/index.asp?lm=115>

17-22 May 2009

Harvard Macy Institute Program for Educators in the Health Professions, Boston & Cambridge, MA, USA
www.harvardmacy.org

20-22 May 2009

Collaborating Across Borders II (CAB II), Halifax, Canada
www.cabhalifax2009.dal.ca

27-29 May 2009

eLearning Africa, Dakar, Senegal
www.apbam.org

5-6 June 2009

First International Conference on Virtual Patients, Krakow, Poland
www.icvp.eu

11-13 June 2009

RCN Beyond the borders: International nursing education in the 21st Century, Glasgow, Scotland, UK
Contact: holly.peppiatt@rcn.org.uk

11 June 2009

15th annual meeting SESAM (Society in Europe for Simulation Applied to Medicine), Mainz, Germany
<http://www.sesam-web.org>

14-19 June 2009

Harvard Macy Institute Program for Leading Innovations in Health Care and Education, Boston, MA, USA
www.harvardmacy.org

21-24 June 2009

Association of Standardized Patient Educators (ASPE) 8th Annual Conference, Las Vegas, USA
www.aspeducators.org

24-25 June 2009

3rd UK Simulation in Nursing Education Conference, University of Glamorgan, Wales, UK
http://www.meti.com/uk_simulation_conference.htm

29 June to 3 July 2009

IAMSE 2009 Conference (International Association of Medical Science Educators), Leiden, Belgium
<http://iamse2009.wikispaces.com/>

1-4 July 2009

3rd International Clinical Skills Conference, Prato, Tuscany
<http://www.internationalclinicalskillsconference.com>

10 July 2009

3rd Children & Young People's Nursing Clinical Skills Conference
Grounds of St Cadoc's Hospital, Caerleon Campus, Cardiff School of Nursing and Midwifery Studies, Cardiff, UK
<http://cardiff.ac.uk/sonms/newsandevents/events/nursing-clinical-skills-conference.html>
E-mail: clarkedj@cardiff.ac.uk

15-17 July 2009

ASME - Medical Education in Pursuit of Excellence, The Royal College of Physicians of Edinburgh, Scotland, UK
http://www.asme.org.uk/conf_courses/2009/asm.htm

29 August 2009

AMEE 2009 Conference, Malaga, Spain
<http://www.amee.org>

10-11 September 2009

Scottish Clinical Skills Network 9th Annual Meeting, University of Glasgow, Scotland, UK
<http://www.scsn.scot.nhs.uk>

16-19 September 2009

15th Wonca Europe Conference, Basel, Switzerland
www.woncaeurope2009.org

24-26 September 2009

The 2009 International Conference on Residency Education (ICRE), Victoria BC, Canada
<http://rcpsc.medical.org>

28 October - 2 November 2009

The Third International Conference on Medical Education, Khartoum, Sudan
www.edc.edu.sd

5 - 7 November 2009, Glasgow

UK Royal College of General Practitioners (RCGP) Annual National Primary Care Conference, Excellence in Practice: winning ways for primary care, Glasgow, UK
www.rcgpannualconference.org.uk

6-11 November 2009

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www.aamc.org/meetings/annual

16-20 May 2010

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4-8 September 2010

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