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Brief Communication

CLINICAL SKILL CENTRES: is it an alternative?

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مراكز المهارة السريرية: هل هي بديل؟

الباقر الفاكي
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الخلفية والمقدمة: 2000 عام قبل الميلاد والفحص السريري يمر بمراحل تطور متعددة المصادر من قدماء المصريين الى عهد ابوقراط (450 قبل الميلاد) الى عام 200 بعد الميلاد حيث عصر قلن اول من ادخل اخذ التاريخ المرضي وهو ما كان يعرف (الاستماع لرواية المريض) ثم جاءت الالفية الاولى والتى حفلت بالازدهار الطبي الاسلامي لابن سينا والرازى (900-1000م) والذى كانت بصماتهم ظاهرة في المهارات الطبية و الفحص السريرى و التاريخ المرضي واستمر كذلك حيى القرن التاسع عشر حيث تم صياغة مفاهيم التعليم الطبي فى اوربا وشمال امريكا وتتابع التحديث فى التعليم الطبي متسارعا حتى الخمسين عاما الماضية والتي شهدت قفزة عالية فى وسائل التعليم والتعلم الطبي وبصفة خاصة التدريب السريري ودلك للتطور السريع والتقانة العالية التى شهدها الحقل الصحي مع الزيادة المضطردة عالميا فى اعداد كليات الطب والتوسع الكبير فى القبول مع قلة اماكن التدريب السريري التقليدية وعدم قدرتها للتأقلم لمواكبة تطورالكيف و الكم من الاعداد مما افرز تحديات عالمية كبيرة جعل استحداث وسائل وطرق تعليمية بديلة للتعلم والتدريب السريري امرا حتميا ومن هنا برزت اهمية مراكز المهارات السريرية كاحد اهم البدائل المساعدة والفاعلة لتعلم المهارات السريرية لكل متدربى القطاعات الصحية ومن ثم زاد الاهتمام بها والاعتماد عليها

مراكز المهارات السريرية لها وما عليها : احدى الابداعات التعليمية الحديثة والهامة فى مجال التدريب والتعليم واكتساب المهارات السريرية وبعد نجاح تجربة مركز المهارات السريرية الاولى بماسترخت-هولندا-والتى وجدت قبولا عالميا كبديل احيانا ومساعد امثل احيانا اخرى للتدريبي السريري التقليدي بالمستشفيات وتوالى قبولها واستحسانها عالميا مما جعلها مركز اهتمام التعليم الطبي لكونها تلبى متطلبات التدريب واحتياجات المنهج الاساسية لاغلب متدربي القطاعات الصحية فى بيئة تعليمية هادئة موحدة الاهداف ومتكافئة الفرص وخالية من الضغوط التى غالبا ما تصاحب التدريب التقليدي بالمستشفيات كما انها تسد كثير من الثغرات وتتماشى مع تعاليمنا الاسلامية حيث تهيء بيئة تعليمية مشجعة وفرص خصوصية لتدريب البنات والاولاد كل على حده ومع كل هدا فمازالت هناك صعوبات ومعوقات تواجه التدريب بمراكز المهارات والتى متها محدودية التقانى والاخلاص وضعف النظرة الشمولية للمريض التى غالبا ما تلازم التعلم بالمحاكاه كما ان هناك بعض النقص فى ما يواكب بيئتنا وتقاليدنا فى بعض المحطات التدريبية والمانكان و التى يجب ان تؤخد حاجة مجتمعاتنا وتعاليم ديننا فى الحسبان

اقتراحات لتعميم الفائدة وتحسين وتطويرالمهارات السريرية : هناك كثير من المقدرات الكامنة والممكن تطويرها والاستفادة منها فى هده المراكز لتلعب دورا بارزا ومحوريا فى العملية التعليمية والتدريبية السريرية خاصة مع التطور الهائل والتسابق التقني المتسارع ولكى تقوم هده المراكز بدورها كاملا يلزم :

تكوين مجموعة عمل دائمة ومتخصصة من المهتمين بشأن التعليم الطبى والتدريب السريري- وضع برنامج متكامل للتدريب واكتساب المهارات الاساسية كحد ادنى – تدريب اعضاء هيئة التدريس على هدا النمط التعليمي الموحد – اشراك الطلاب فى وضع منهج التدريب للمهارات بالمركز مع تقيم وتقويم دورى لدلك – قيام ورشات عمل دورية مستمرة ومبرمجة لتفعيل وتطوير دور المركز وطرق التدريس والتدريب- الدعم المادى السخي لمواكبة التطور والاستحداث

الرسالة المستقاه : بالرغم من الفائدة الكبيرة والدعم الفاعل لمراكز المهارات السريرية فى العملية التدريبية لطلاب العلوم الصحية والطبية الا انها لاتعتبر بديلا كليا للتدريب السريري التقليدي بالمستشفيات بل انها تعتبر اضافة لاغنى عنها ويجب ان تكون ملازمة ومكملة وداعمة لعملية التدريب السريري التقليدي والمستقبل مازال واسعا لمزيد من التطور والاحلال التدريجي وأخد دور الريادة لهده المراكزفى التدريب السريري

INTRODUCTION AND BACKGROUND

Clinical is derived from the Greek 'klinikos', which means 'pertaining to or around the sick bed'. Clinical examination developed from several sources from 2000BC, including the practice of the Ancient Egyptians and Ayurvedic practitioners. The basic examination procedures were developed further by the schools of Hippocrates (450BC) and Galen (200AD), who introduced the concept of 'taking a history' or more pertinently, listening to the patient's story, progressing to a 'focused' examination of the patient. Hippocrates highlighted the importance of clinical skills and recognized that better outcomes would be achieved by those with greater competencies in the required treatments [1].

Over the next 1,000 years, influenced by the great Islamic physicians Avicenna and Razi in Baghdad (900–1000AD), today's approach developed: taking a history followed by a systematic clinical examination.

Acquisition of clinical examination today has changed since the formalization of medical education in Europe and North America in the 19th century. Although clinical procedures and investigations have become increasingly augmented by the various technologies involved yet the teaching and learning of clinical skills invariably occurred on the patients. During the last 50 years due to rapid advances in technologies in health field, reduced hospital stay (day case and laparoscopic surgery), decay and limitation of traditional clinical settings and an increase in the number of medical students[2] has taken place. All these changes in clinical environment and working practices have been encouraged to seek other methods of acquiring clinical skills and to look beyond traditional teaching settings. Since then, there is growing international interest in teaching and training clinical skills away from the hospital bedside.

Clinical Skill Centers

Clinical skill centre is one of educational innovations that are moving toward preparing learners better and have been adopted throughout the world to teach a wide range of practical skills for the entire health education on manikins. Clinical skill centers are on the point of having a significant impact on health care education across professional boundaries and in both the undergraduate and postgraduate arenas [3,4].

Clinical Skills Centres have been successfully developed in European Countries; the first one was in Netherland [5,6,7,8]. Most of the clinical skill centres are based on the Maastricht model 5. Each medical school has developed its centre with some modification to reflect its own educational methodology; but it is not always appropriate to transfer the model wholesale to medical and healthcare schools in developing countries [5,9]. Recent study form Indonesia

showed that clerkship students have encountered significant problems when they had to perform clinical skills on patients for the first time, in particular with respect to invasive clinical procedures [10].

Advantages:

The use of clinical skill centre has the potential to confer benefits at all stages of medical education from early undergraduate years to the provision of ongoing education for diverse health care professionals. It can also provide safe and nonthreatening environment for skill acquisition and maintenance at all levels of medical education[11]. Learning in a Clinical skill centre provides standardized reproducible experience to all students[11,12]. Furthermore, one important advantage seems to be the fact that social and ethical problems are overcome when students learn intimate examination skills[13]. All students should have the same opportunity to experience and learn the competencies they require for clinical practice. The range of flexibility in the available models is convenient for adapting the model of clinical skills centre teaching to local need.

It is worth mentioning that in Saudi Kingdom and some other gulf countries medical schools where religious beliefs make it especially difficult for male and female students to be taught together, clinical skills sessions conducted by using manikins and not patients, may offer support for students and provide opportunities to explore physical examination and other skills [4,14].

Difficulties and constraints:

Clinical skill centre models can have limited fidelity to real practice and encourage students to memorize the steps of the process rather than thinking about the patient as a whole. The emerging emphasis on patient safety and patient-centred care reinforces the need for a holistic approach to teaching and learning clinical skills in simulation so that it can be demonstrated in real practice.

The capital cost of setting up a clinical skills centre may be far in excess of local budgets. Even if the problem is overcome by outside funding, several obstacles exist; however these models can have limited fidelity to real practice [5,10].

Suggestions to improve clinical skills centres and maximizing their benefits:

There are many potentialities for the clinical skill centres to play a greater role in the educational processes. Although a clinical skill center can augment the educational process, it is not an absolute alternative for the hospital based-training and cannot substitute the real patient. Advances in the technologies and rapid changes in medical curriculum may help in maximizing the benefits of the centres and acceleration of development. Followings suggestions can possibly help the stakeholders for better planning for the future contribution of clinical skill centres to be successful in training healthcare professionals for practice in contemporary society.

- Help unit work and the educational talents of a group of staff assigned .
- Determine how the core skills will be assessed.
- Staff development .
- A series of staff development workshops on clinical skill role in educational process training, problem-based learning and other current medical education methodologies is essential.
- Train the teachers to teach in a standardized, systematic and organized manner.

- Involve students in curriculum change and program evaluation.

Take Home Message:
Clinical skills centres have contributed significantly to undergraduate medical education. But still there is a place for the traditional training in the hospital and real patients specially the core curriculum. Clinical skills sessions can complement and enhance more traditional learning opportunities in the curriculum. Sessions provide opportunities for students to become proficient in communication, clinical skills and practical procedures before using them in the wards, outpatient departments or in general practice attachments. It provides a safe environment for training and the opportunity to draw upon the clinical experiences of a range of healthcare professionals and a variety of innovative techniques in medical education. In spite of that hospital based training cannot be discarded.

The Clinical Skills Centres are one of the ways clinical skills teaching may be provided. However, recent changes in patients' attitudes and expectations and in students' and doctors' needs indicate that further changes in the delivery and learning of clinical skills are required.

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