

Learning in the Clinical Years

Kennedy Ng

Scope of sharing

- Introduction to the wards and overview (20 mins)
- Academic aspects (20 mins)
- Non-academic aspects (10 mins)
- OSCE

Three questions to answer

- How are clinical years like?
- How do I learn during clinical years?
- How do I survive during clinical years?

Overview of Clinical Years

How are clinical years like?

Schedule

- CSFP
 - 1 week of procedural week
 - 4 weeks of wards
- M3
 - 5 Postings (2 months each)
 - Internal Medicine, General Surgery, Orthopaedics, Paediatrics, Family Medicine
 - Electives

Schedule

- M4
 - Various Postings (2 weeks to 6 weeks duration)
 - Electives
- M5
 - Student Internship Program + M3 Postings + Others

Academic Focus

- Year 2
 - Basic clinical skills - History, Physical Examination, some procedural skills
- Year 3/4
 - **Diagnostic and clinical reasoning**
 - Basic management
- Year 5
 - Management
 - Student Internship Program

Academic aspects

How do I learn during clinical years?

How do I learn during clinical years?

- 1) Stepwise approach
- 2) Clerking patients and learning around patients
- 3) Ward Rounds/Following up with patients
- 4) Tips and advices
- 5) Resources and practical steps (for CSFP)

Start thinking, acting and learning as a doctor!

If you think, act and learn as a medical student, you will always remain a medical student.

CSFP Objectives (Official)

- History Taking
- Physical Examination
- Communication skills and professionalism
- Develop procedural skills

(1) Step-wise approach

- Level 1: Steps of History-Taking and Physical Examination (Remembering)
- Level 2: Learning the rationale behind Level 1 (Understanding)
- *Level 3: Developing approach to problems (Applying)*
- *Level 4: Management of problems (Analyzing, Evaluating, Creating)*

History Taking (Level 1)

- **Headings**
 - Demographics
 - Presenting Complaint
 - History of Presenting Complaint
 - SOCRATES
 - Systemic Review
 - Past Medical History
 - Drug History
 - Social History
 - *Ideas, Concerns and Expectation/Functional History*

History Taking (Level 2)

- Understand why certain questions are asked
- Patient comes with Chest Pain:
 - S
 - O
 - C
 - R
 - A
 - T
 - E
 - S

History Taking (Level 2)

- Scenario 1:
 - Retrosternal, Sudden, Crushing, Radiate to left arm, Not relieved by anything, nor exacerbated by anything, Lasts for 1 hour, Associated with nausea and increased sweating.
 - What is this?

History Taking (Level 2)

- Scenario 2:
 - Patient comes with jaundice - Questions to ask:
 - HOPC
 - Pale stools? Tea-coloured urine?
 - Duration?
 - Presence of abdominal pain?
 - Any loss of weight or loss of appetite?
 - Why ask these questions?

Physical Examination (Level 1)

- Medicine
 - Cardiovascular
 - Respiratory
 - Abdominal
 - Neurology - Cranial Nerves, Upper Limbs, Lower Limbs, Visual Fields, Cerebellar
 - Endocrine - Cushing's syndrome
 - Rheumatology - GALs
 - Geriatrics - Abbreviated Mental Test, ADL assessment, Postural Blood Pressure

Physical Examination (Level 1)

- Surgery
 - Thyroid and neck lumps
 - Salivary gland
 - Inguinal hernia
 - Arterial and Venous
 - Breast and axilla

Physical Examination (Level 2)

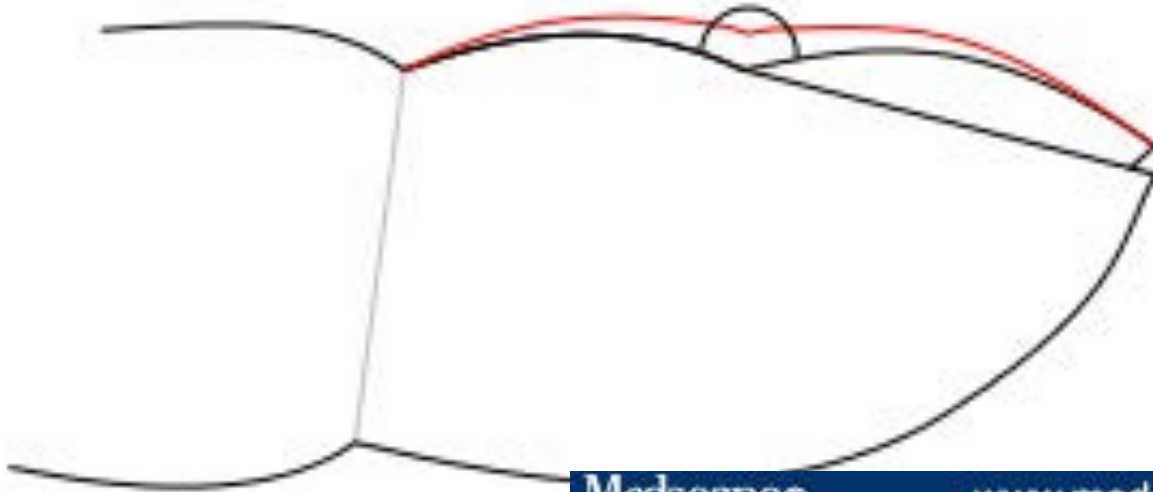
- Knowing the signs to pick up with each step of the examination
- Significance of each sign and interpretation of the signs collectively
 - Identify
 - Interpret



Physical Examination (Level 2)

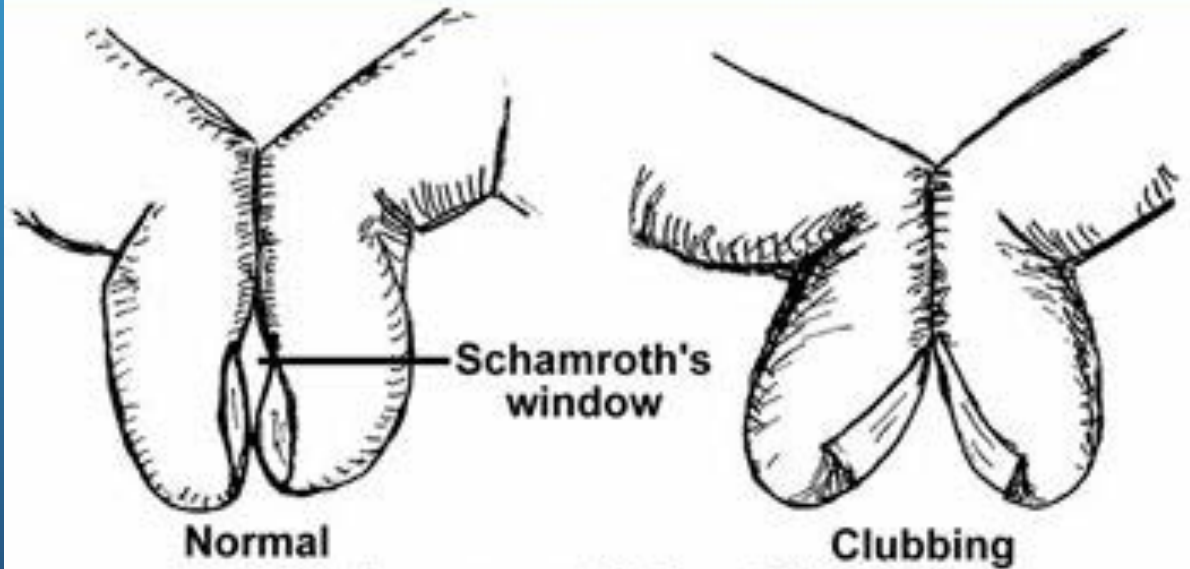
- Nail Bed Clubbing
- How to identify?
 - Loss of Lovibond angle (>165 degree)
 - Schamroth's test

$<165^\circ$



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Schamroth's Sign

Physical Examination (Level 2)

- Interpretation (Etiologies of Clubbing)
 - Cardiovascular
 - Cyanotic heart disease
 - Infective Endocarditis
 - Respiratory
 - Lung Cancer
 - Chronic Pulmonary Suppuration
 - Bronchiectasis
 - Lung Abscess
 - Empyema
 - Idiopathic Pulmonary Fibrosis
 - GIT
 - Cirrhosis
 - Inflammatory Bowel Disease





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History and PE (Level 3) - Approaches

- Learn how to approach problems
- Patient present with problems, and not with diseases.
- As a doctor, you find out what the problem is and solve the patient's problem.

History and PE (Level 3) - Approaches

- Everything you do must help you answer these essential questions
 - What is the patient's problem?
 - What is the diagnosis or differentials?
 - What is the severity?
 - What complications are there?
 - What are the existing management plans?
 - How is the patient's response to the management thus far?
 - What are the psychosocial issues?

History and PE (Level 3) - Approaches

- Abdominal Pain
- Abdominal Mass/Distension
- Bleeding GIT
- Chest Pain
- Cough
- Change in bowel habits
- Dyspnea
- Dysphagia
- Distended lower limb veins
- Fever

History and PE (Level 3) - Approaches

- Hemoptysis
- Jaundice
- Joint Pain
- Palpitations
- Swellings (Breast)
- Swellings (Head and Neck)
- Swellings (Inguinal and Scrotal)
- Swellings (Others)
- Weakness

History and PE (Level 3) - Approaches

- Quick example with patient who comes with Jaundice.
 - What are the etiologies?
 - How do you take a history?
 - What do you look out for in the examination?
 - What are possible investigations?

Management (Level 4)

- Learn to manage common conditions (e.g. Heart Failure, Diabetes Mellitus)
 - Principles are more important than specific steps
- Learn basic resuscitation skills

(2) Clerking patients and learning around patients

- You learn by clerking patients, but what does that mean?
- You practice BEING a doctor
 - Long case - History and Physical Examination
 - Short case - Physical Examination

(2) Clerking patients and learning around patients

- Long Cases
 - Introduction and explain purpose of conversation
 - Take a history
 - Formulate your differentials - List of possible causes
 - Perform a physical examination
 - Refine your list of differentials - At least 3 -5
 - *Work out your investigation plans to confirm your diagnosis*
 - *Think of your management plan - resuscitation and definitive*

(2) Clerking patients and learning around patients

- Short Cases
 - Examine the patient
 - Pick up the signs
 - Work out your list of differentials
- Finally... Read the patient's file and check if you are on the right track (*The doctors may not always be right!)

(2) Clerking patients and learning around patients

- But for now...
 - Just talk with the patients and learn to recognize the presentation of common diseases
 - Learn to recognize common signs

(3) Ward Rounds/Following up with patients

- Things to you can learn from the ward rounds -
 - A) Understand how doctors work in a hospital
 - Roles and responsibilities of the different doctors
 - Roles and responsibilities of different healthcare professionals
 - Systems within the hospital
 - B) Develop your clinical reasoning skills
 - Diagnostic
 - Management
 - C) Learn the art of medicine

(3) Ward Rounds/Following up with patients

- How to maximize your learning during ward rounds?
 - Build respectful and cordial relationships with your mentors
 - Know your patients well - Choose 3 for depth, know the rest briefly
 - *Pre-round and follow up*
 - Open your eyes and ears -
 - Observe and learn
 - Understand why certain decisions are made
 - Write down your questions
 - *Find opportunities to present*

(4) Tips and advices

- **Develop the learning cycle - shorts-cuts will hurt you**
 - Know the learning outcomes / objectives
 - Plan
 - Do
 - Evaluate
- **Take initiative, take charge of your learning**
- **Adopt the right attitude**
 - Chasing grades will lead to disappointment

(4) Tips and advices

- **Go for breadth and deep understanding**
 - Breadth - cover all systems and disciplines
 - Deep understanding - integrate basic sciences and clinical sciences
 - Example: Acute Myocardial Infarction
 - Anatomy and Clinical Presentation
 - Physiology and Risk factors
 - Pathophysiology and Management
- **Increase your exposure - practice, practice and practice**

(5) Resources and practical steps (CSFP)

- **A) Learn and Practice (History, PE, Procedural Skills)**
 - CSFP Guidebook
 - CEX checklist
- **B) Read your textbooks**
- **C) Clerk patients and enjoy CSFP! (It's meant to be fun)**

(5) Resources and practical steps (CSFP)

- Recommended Textbooks for CSFP
 - Clinical Examination: A systemic guide to physical diagnosis (7th edition) - Nicholas J Talley, Simon O'Connor
 - Macleod's Clinical Examination (13th edition)
 - Browse's Introduction to the Symptoms and Signs of Surgical Diseases (4th edition)

Non-academic aspects

How do I survive during clinical years?

#Tip 1: Remember why you wanted to do Medicine

- This will keep you going.
- This will keep you sane.
- This will keep you to the highest standard.

#Tip 2: Prioritize important things and plan your time well

- Mistakes made now has little consequences, make all the mistakes and learn all you can before you finally shoulder responsibilities
- Year 3 is long and tough, but it is doable
- Look through your year and de-conflict commitments

#Tip 3: Enjoy the journey with friends and family

- You will dread going to the hospital at time, but your friends and family will keep you going
- Don't be in a hurry to rush ahead alone, you learn best with friends

Summary

Three questions to answer

- How are clinical years like?
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