

Teaching Phase 1 Structured Clinical Skills

Tamara Boyd

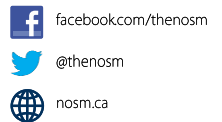
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Disclosure Slide

- **Speaker Name: Dave Allen/Tamara Boyd**

- **We have no relationships with commercial interests to disclose.**

Learning Objectives

At the end of this presentation, participants will be able to:

1. Discuss strategies for dealing effectively with some common issues that arise in Phase 1 SCS sessions.
2. Examine the roles and capabilities of standardized patients along with strategies to use them effectively in enhancing clinical skills instruction.

Deciphering NOSM Jargon

- SCS
- Phase 1
- Theme 5
- ICE
- SP

SCS

- 3 hours per session, 2-7 sessions per module
- Four students to one tutor and two SPs or one “warm body”
- Teach clinical and communication skills, not primarily clinical medicine
- All sessions are in Sudbury or Thunder Bay
- Students tend to love them

Phase 1

- First two years of MD program
- Mostly based in Thunder Bay and Sudbury, with three ICE placements over two years
- Eleven 4-7 week long system based modules e.g. GI, endocrine

Themes

- Theme 1- Northern and Rural Health
- Theme 2- Personal and Professional Aspects of Medical Practice
- Theme 3- Social and Population Health
- Theme 4- Foundations of Medicine
- Theme 5- Clinical and Communication Skills

ICE

- Integrated community experience
- No more SCS sessions during the ICE placements

SCS

- Three hours
- First ½ hour of first week is faculty development
- Intro/discuss last week and overview of new material
- Two interviews +/- physical or strictly PE
- If interviews, then group meets for student's self-reflection, SP, peer and tutor feedback
- Some sessions have documentation skills
- Wrap up and planning

Advantages of Using SPs in SCS

- **Availability**
- **Repeatability**
- **Safety**
- **Controllability**
- **Flexibility**
- **Immediacy**

NOSM SP Demographics and Recruitment for SCS

- 150 SPs - Laurentian and Lakehead Campuses
- 16-85 years of age
- Healthy with limited findings
- Challenges: cultural diversity and male patients
- Application, interview and case/feedback testing process before selection.
- NOSM strives to recruit SPs that not only can portray a role effectively but have strong communication skills.

SP Training and Feedback

- 1-3 hr training per case
 - Focus on case content
 - Demonstration and portraying physical findings and symptoms
 - Review skills worksheets and objectives
 - Role playing
 - Providing feedback
- Pre-examined for physicals
- Monitored and assessed by staff, facilitators and students.

SP Feedback

- Based on communication only not on medical content
- Focused on observable behavior rather than the student's traits.
 - Verbal skills
 - Paraverbal skills
 - Non-verbal skills
- Did the medical student.....
 - Use a formal title to address patient
 - Pay attention to space
 - Allow the patient to finish opening their statement
 - Avoid leading questions
 - Avoid multiple questions
 - Avoid using medical jargon
 - Summarize
 - Use transition
 - Have good eye contact
 - Respond to patient's feelings
 - Validate patient's feeling
 - Avoid assumptions
 - Use clear voice



Feedback continued

- maintains feedback format
 - Identify something that occurred (*not assumed or presumed*) and **then** state how that made you feel or how it impacted you.
- Gives feedback from patient perspective
- Always address the student
- Shares information rather than gives advice
- Is descriptive rather evaluative
- Does not compare students
- Focuses feedback on the value it may have to the learner, not the value or release that it provides to them
- Chooses the most significant points that a student can use.
- Starts with the positive

The sky is the limit.....

Types of Interview Roles Done and Can do

- Breaking Bad News
- Difficult patient (talkative, flirty, angry)
- Manic and Schizophrenic
- Anxiety and Depression
- Consent
- Medical Error
- Violent patient
- Intoxicated patient
- Cultural (translation, Indigenous, religious)
- Adolescent
- Trauma/Injury
- Hybrid simulations
- Marriage counselling

Physical findings that can be portrayed

- Brudzinski's Sign
- Babinski Reflex Response
- Rebound tenderness
- Guarding
- Decerebrate Rigidity
- Jaundice
- Limp
- Dizziness
- Hyperventilation/shortness of breath/wheezing
- Muscle weakness
- Romberg Sign
- Sensory Loss
- Tremor
- Visual field loss
- Vomiting
- Bruising/Burns
- Pneumothorax



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Information for SCS Tutors

- Treat the SP as a real patient – SP's are trained to always stay in role during the encounter and during feedback. AVOID any conversations that would take them out of character.
- If an SP initiates coming out of role, it should be reported to the Coordinators
- Do NOT ask the SP to change case details – tutors may only “tune-up” or “tune-down” a portrayal.
- Do NOT ask the SP about case details the student may have missed. They don't provide feedback on medical content.
- Do NOT practice physical examinations on SPs scheduled for history-only encounters.
- If SPs are asked information that is not in the case, they are trained to answer either “No”, “Not sure”, “Can't remember”.

- SPs are trained to not be too forthcoming with information and allow students to figure out what they need to ask (unless it's part of the case)
- Maximize your teaching time with the SPs
 - Use time outs
 - Replay part of the encounter
 - Double up on interviews if the case is short
- Ask for patient's feedback after hearing from the student.
- allow the SP to remain in the room, as this not only benefits the SP's feedback skills, but if the group wishes to replay a point in the case, ask further questions of the patient or clarify their perspective, the SP is still available to do so.

SCS

- Sessions are meant to be safe
- Professionalism expected at all times
- Consider using the time out or the replay
- For most skills, there isn't a “right” way or an “official NOSM way”
- Bates (consider buying it)
- Peer examination policy

Assessment

- Formative module review (FMR)
- Summative MCQ test (P1SA)
- OSCE
- End of module formative skill assessment
- End of module professionalism assessment

Feedback

- Tutor to learner
- Learner to tutor
- Program (forms)

Issues

- Teaching/learning to the OSCE
- “Bates sucks”
- Desire to be perfect
- SP issues
- Hostile dynamic within group
- Balancing clinical medicine with clinical skills

Issues

- Group struggles at giving meaningful peer feedback
- Disruptive/insensitive learner
- Sensitive learners
- Tutor doesn't feel comfortable with their own skills
- Dealing with uncertainty

Discussion points

- Gowning
- Confidentiality
- Dress
- Late learners
- Unprepared learners

Discussion points

- Extra students
- Extra time
- Warm body session strategies
- How should we do documentation?
- Multiple tutors for one module/group

Addressing Barriers to Change

- If new, what can you do to get involved and prepared?
- If a veteran, are there two things you've heard about today that could change how you teach SCS?
- If so, what can you do to implement them?

Session Evaluation and Outcome Assessment

These short forms serve important functions!

- For **speakers**: Your responses help them understand their strengths and weaknesses, participant learning needs, and teaching outcomes
- For **the CEPD office**:
 - To plan future programs
 - For quality assurance and improvement
 - To demonstrate compliance with national accreditation requirements
- For **YOU**: Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties

Please take 3-5 minutes to fill the evaluation form out. Thank you!




Ideas

- What can we do to make SCS better?



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