Clinical Skills in Today's Practice: A Declining Art

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Abstract

Medical colleges are traditionally teaching the medical history taking and clinical examination to the aspiring medical graduates, which are the fundamental for making the most appropriate diagnosis by reasoning and planning management. Today's world see a decline in these clinical skills and too much reliance on investigations. There are many factors leading to this deterioration, this article is an effort to look into those aspects and suggest a possible solution to it.

Keywords: Clinical Skills; Planning management.

Introduction

Medical colleges in India and other countries are the important places where an aspiring medical graduate learns the art and skills of communication, and physical examination. World over this skill has shown adecline [1] over the last 2-3 decades, though reports of declines are present in seventies too [2]. Years back physicians and surgeons were spending a lot of time to learn and master these clinical skills, as it was the backbone for arriving at an accurate diagnosis. The decline of these skills over the years is due to many reasons- less time, more time on computers, boom of diagnostic facilities, which are accurate and reproducible, and becoming easily available though at a cost to the patients.

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The deteriorating skills at history taking and clinical examination has gained attention all over the world as evidenced by many publication and discussions. Many medical colleges have introduced courses and assessments to include physical examination and communication skills, and in-turn stress the importance of clinical skills [3,4].

Equally important is to look into the factors responsible for the declining clinical skills and to take necessary measures to keep this versatile art alive as it the backbone for the medical training and practice.

This article suggests few ways to perpetuate and enhance these skills for medical students.

Medical interview

Medical interview or history taking is most powerful, sensitive and versatile tool a physician has. Early clinical exposure in medical school exposes these students to this skill and is continued throughout the course. A good history, which is generally taught in a structured format so that all relevant and important points are included to arrive at a clinical diagnosis. Often a poor

history leads to poor or inaccurate diagnosis. Many studies have demonstrated that inaccurate and incomplete patient histories are among the leading causes of diagnostic errors [4,5]. History taking can get 60-80% of information to make a correct diagnosis [6,7]. History taking not only gives important information about the patient but is also an important tool to build rapport and trust. Effective communication during the medical interview is critical to the formulation of a positive physician-patient relationship, which can result in better health outcomes [6].

It is important to stress the importance of this skill, and to examine causes for decline of this skill. Often history taking involves lot of time, and lack of time in today's busy world is a genuine reason. But the time spent in history taking is well rewarded, hence it is important to spend sufficient time to get relevant information.

Poor, insufficient, or absent history taking can lead to incorrect diagnoses, unnecessary testing, delays in treatment, and a compromised physician-patient relationship, with the potential for disastrous outcomes. It is thus important to identify the causes of this deficit in essential clinical skills in order to intervene in medical educations[4,8]

Physical Examination: missing art

Complete head to toe examination of patient gives important clues not only for making a diagnosis, but may also give information which the patient thought as not important or is hiding from the physician. A good clinical examination narrows down the diagnosis and helps in planning relevant investigation which may help in clinching the accurate diagnosis and planning treatment. There are many stories in literature where wrong investigation or medications were prescribed due to lack of examination. A middle aged person coming with chest pain and burning may be prescribed ECG or treatment for Acid-peptic disease, while an examination of chest might have revealed the cause to be Herpetic lesions at chest wall ! A women being prescribed treatment of Urinary tract infection for complaints of retention urine, while the cause was prolapse of uterus which an examination would reveal.

Physical examination requires time, keen observation and gentleness from treating doctor, qualities an aspiring medical students must have and learn. Many skills in medicine are learnt by observing seniors doing them, the art of good clinical examination is one of them [9,10,11].

The importance of clinical methodical examination is well understood, and has been included in assessments of students too. Bed side clinic are ideal to impart these skills to a small group of students, and traditional teaching heavily relies on it.

The boom of medical investigations have seen a downslide of clinical examination. Many of these investigations are accurate, reproducible and better quantified. But they come with added cost, and may involve radiation exposure or discomfort to the patient. Even non-invasive investigations requires some additional time of the patient. However these investigations are best interpreted in the light of clinical scenario which requires clinical history and examination.

Decline of Clinical Skills- multi-factorial

Traditional, bedside teaching is ideal clinical teaching method, where history taking and physical examination skills can be demonstrated along with professional behavior, traditional teaching relies deeply on it. The attrition of bedside clinics and the resultant decline of clinical skills have several causes: excessive dependence on investigations, a large time spent at the computer, and resultant less time for ward bedside rounds and teaching. Often attending doctor, medical students and post graduate trainees, are pulled simultaneously in diverse directions [11,12]. Perception that certain clinical skills are not valued (diagnosing a murmur with a stethoscope rather by echocardiogram).

Appropriate and inclusive history taking often is more challenging, a medical student is required to take and present history multiple times in order to master this art. Direct observation of students and residents indicates they have difficulty taking a pertinent history and deciding which data of the review of systems, past medical history, and psychosocial/family history are relevant to a specific patient's case [8,12]. As a result, it becomes somewhat cumbersome if not impossible. Barriers in language and understanding is often encountered in students coming from different states of India as many states have their own spoken language [13].

The history required for medical evaluation is very variable with different patients and the presenting symptoms, patient concerns, and the past history. Inadequate knowledge often leads to ineffective history taking skills and lack of clinical exposure. Residents and medical students may need

more exposure, guidance, repetition and training in choosing the most important components of the history and physical exam to achieve suitable diagnosis. Bed side teaching includes clinical reasoning exercises, during which small groups of students are guided to work through several of the most common complaints and symptoms and reaching to most appropriate differential diagnosis through reasoning followed by feedback and discussion. All these are time-intensive processes which requires the active participation and commitment of many faculty members, who may be already overextended. Teaching physical examination skills in a large group setting using computer technology, simulators and audiovisual modalities requires less faculty involvement [14] and may be more cost-effective in western countries but may not be suitable for countries like India.

Oversights in history taking and physical examination can cause delayed diagnosis, unnecessary and potentially harmful investigation and treatment, escalating medical costs. There may be potentially life-threatening consequences for patients.

Pre-PG entrance examination in India has taken a high toll in teaching these important clinical skills to students. Medical students instead of learning these important skills are missing their bedside clinics to crack the entrance examination, as these MCQ based examination relies on theoretical knowledge; clinical skills of history taking, examination, communication are not assessed in these exams. If these issues are not addressed, there may be a significant loss of value associated with the positive patient-provider relationship, which has been shown to produce better health outcomes [12].

The underpinnings of this gradual yet steady deterioration of clinical skills are complex and represent a significant challenge to academic medical institutions. While a multifactorial phenomenon, often medical schools create an environment which, does not offer the proper bedside clinical skills. Students are busy as their target is to compete for pre-PG exam.

Medical education may sometimes take a backseat to the other activities of research and clinical work which medical teachers are expected to do. Medical teachers performance is evaluated on basis of research publications and clinical skills, evaluation for teaching is often marginalised. Clinician-educators receive less recognition for working with students / interns than for research and clinical work despite their hard work and appear to be profoundly undervalued which leads to frustration and dissatisfaction with job. Their promotion and career advancement is also difficult as being a good teacher is generally not evaluated [14,15].

Medical school administrators and stakeholders (Medical council of India, government) should consider re-evaluating their stance on high-quality medical education and invest resources in programs to adequately prepare clinician-educators to teach. Though MCI has suggested all medical teachers must be trained in medical education technology but has failed to arouse desired interest of medical teachers. Providing clinician-educators with true protected time, financial incentives, academic rewards, and a path to promotion and recognition may rekindle their interest in enhancing medical education and imparting all inclusive essential skills to the budding doctors of tomorrow [15]. Students too should be assessed for clinical and communication skills in post graduate examination.

Conclusion

The declining clinical skills at history taking and clinical examination are disturbing and needs to be preserved to make better doctors of future. The many reasons for this, needs to be adequately addressed. Assessment of medical trainees for these skills in their pre-PG examination should be included. Medical teachers must be adequately rewarded for their efforts, and governing authorities should invest resources for producing good medical educators.

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