

CLINICAL SKILL LABORTARIES

A new trend of medical teaching methodology, is it a good tool of learning?

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At the era of freedom, West Pakistan had got two health universities, one at Karachi in the name of Dow Medical College and 2nd at Lahore in the name of King Edward Medical College. With the passage of time, growth started under the public sector. As population proliferated, demands of medical colleges in the country increased not only in public sector but also in private sector. Accordingly, today there are in excess of 117 restorative schools and medicinal colleges existing. Their number, training, teaching faculty members, facilities, space, fees of students are already under rule by PMDC with some restrictions from higher courts also.

Economic crisis has compelled colleges as well as universities to create self-finance scheme in public sector also from which these institutes generate their funds for utilization under a S.O.P rules for their various requirements which help in their survival and make them less dependent on government. In private sector, this policy has flourished and has made them a good business trend.

Pakistan acquired medicinal educational plan from the Britain at the hour of separation and still in many institutes, this system is running. It has created superb outcomes. As capable, restrained specialists were delivered, who had demonstrated their competency not just broadly just as globally. Their teaching was through the old methodology of lecturing; manual dissection carried out on dead bodies in Anatomy, patient doctor interaction like history taking, presentation and real patient examination and then ward test or sub stages with annual system of

long essay and viva voice examination. By the growth of institutions, candidates as well as of technology, the past system of teacher dependence is no longer surviving. It has created so many lacunae like validity, uniformity, structure based teacher bias problems and so many.

It is well established reality that medicinal educating is deep rooted learning framework (C.M.E) with improvement or utilization of new aptitudes (CPD). Other than this, it needs to create or learn basic reasoning, administrative abilities, support, correspondences aptitudes, proficient qualities and mentalities to carry on populace wellbeing.

To accomplish above undertakings we should be knowledgeable with current patterns of therapeutic training and new innovation. During the most recent 2 decades, instructing has been moved to objectivity, basic thinking, assessment to assessment, yearly assessment to semester framework, instructor focused to understudy focused, specialist situated to persistent arranged, disengaged to coordinated, emergency clinic based to network based. Regular educating of addressing, exhibitions, learning is changing to multimodal framework like gathering intelligent sessions, little gatherings conversations, self coordinated learning, tolerant based learning, group based learning, and execution based learning with little activities and assignments too. Protest on regular based instructing neither support right characteristics in understudies nor grants a deep rooted learning.

SIR WILLIAM OSLER more than 100 years before from today realized that complexity of medicines creates so much problems that it is not possible for every teacher to teach the whole subject to all students that needs to know. OSLER suggested canceling the talk technique for guidance and permitting more opportunity to contemplate. He likewise underscored the job of educator in helping understudies to watch and reason.

In 1975 OSCE system of examination came into existence after that in basic subjects OPSE system also came to avoid teacher bias and create uniformity. On teach side numerous issues endured over the ground looking colossal number of understudies and insufficiency of material (patients), another idea of clinical expertise research facilities has created which upgrades specialty of ceaseless restorative instruction (CME) and proceeding with proficient advancements (CPD).

Right now of institutionalized clinical methodologies are utilized for understudies to get corresponding preparing in framework, sheltered and secured path by utilizing viable instructive procedures, suitable to their training needs and level of understanding. Execution of this new pattern in establishments in Pakistan is clearly tedious and expensive and must be incorporated with educational programs. It is office for student to learn clinical, correspondence and data innovation aptitudes to a predefined level of capability before or co-ordinate with direct patient contact. It is backing of getting, keeping up, and expanding clinical aptitudes of understudies in medicinal services calling. This can give hands on learning experience before applying over patients for instance, vascular anastomosis, valve substitution, intestinal anastomosis. Notwithstanding

over, these research centers must guarantee equivalent open doors for all understudies and afterward appropriate evaluations additionally before drawing closer to genuine patients.

These research facilities likewise can add to a few educational plan capabilities like intuitive with patients, physical assessment, methods like indicative and restorative, critical thinking abilities proficient perspectives and morals, cooperation the board aptitudes and so on. What's more, clinical aptitudes labs are likewise reasonable for upgrade of different abilities, for example, explore, basic evaluation, proof based drug, logical introduction, data innovation and computing.⁹

Gouge portrays 4 current rising patterns in educating and learning in clinical abilities research facilities which have suggestions for their future executions. These are extension of conveyance techniques, adaption of instructive procedures, and arrangement of appraisal openings and acknowledgment of help components.

Clinical skills laboratories should be set up near to patient care; it should be equipped properly with facility of seminar room, bedded ward area, procedure skills training, and room for consultant, resuscitation network, computers with internet facility, video cameras and microphones. Simulated domestic environment should also be present. It should be attractive, conducive atmosphere with ward environment. It should accommodate self-directed learning with OSCE type of impression tests and other type of clinical examination.

The training can be performed on models, manikins, screen based simulators, high technology procedures and interactive

simulators. Following are the sum of procedures which are included like intravenous puncture, infusion, blood pressure, listening for heart sounds, digital examination of rectum, for growth or enlarged prostate, changes in retinopathy, ear disease diagnosis, air way management, labor management of normal or obstructed labor for Gynae trainers, testicular examination, lung examination for various types of breathing and added sounds, breast examination with lymph node palpation, catheterization procedure, spinal injection, central venous cannulation(CVP line), heart catheterization simulator and testified with number of case history and quizzes to test proficiency level. Valuable video tapes or CD, ROM/DVD are also learning facility, X-RAYS, PHOTOGRAPHS, ECG, on human resources, sites simulators, real patients, volunteers with instructors should be available.

Clinical aptitudes instructing likewise ought to be there with show sessions, case situation, little gathering encouraging intelligent session and pretending.

It ought to be more understudy focused. For this, the term utilized is "Flavors" (understudy focused issue based, incorporated, network situated, Elective and framework based). Other instruction methodologies which can be embraced by expertise labs can act naturally coordinated learning, task based learning, multi proficient learning and result based training.

Continuously it ought to be secured with showing staff of concerned claim to fame with great administration and genuinely working with help from educational program board. Who ought to be included additionally in assessment of students, answerable for timing, planning, timetable

assessment course of action, invigorated and genuine patient banks, support of types of gear and spending readiness? Legitimate direction, supervision, bolster material and rules are useful for protected and right utilization of lab.

The physical offices, organization, association, and sorts of models utilized rely on nearby prerequisite, spending educational program needs relying on spending plan, number of understudies and staff, accessible space and neighborhood condition.

It can be used in assessment of students also, can be used in regular test as well as in OSCE making series of stations. Exposure to clinical skills in relation to curriculum integration can produce the appropriate skills in students as supported by Dacre et al. The educators ought to be likewise prepared all around ok to show understudies and assess their presentation equitably. New innovation utilizing modern models and recreation hardware helps understudies with learning all the more adequately. The persuading factor for expertise research facilities are expanding number of understudies, relative short stockpile of clinical materials, diminishing number of patients, patients attention to their privileges, their solace, autonomy and their issue with being presented to untalented students.

Medico-lawful contemplations, as therapeutic understudies learn both their clinical and transmittable abilities on accessible patients, day care medical procedure. All variables all things considered have made the sentiment of presence of such research facilities.

Medicinal understudies used to learn clinical and relational abilities in patients care by rehearsing on accessible patients

may not be supportable for a really long time. Subsequently clinical ability labs can be utilized to get ready understudies for clinical practice without troubling the patients. Permitting understudies to learn students in safe environment under a supervised care, it can be used to perform difficult, painful and embarrassing procedure in a cordial atmosphere, doing rehearsal of a particular skill to learn more about it. It can be used for under graduate as well as for post graduate learners. Cognitive, psychomotor skills CME and CPD. Clinical abilities research facilities can improve proficient advancement of staff and network specialists too. After the clinical aptitudes research facilities, preparing understudies are better spurred, have more trust in overseeing patients with taking care of the patients issues all the more adequately without dread and tension so of showing staff who looked into better and learned understudies. Expertise labs likewise takes out the bother to the patients, makes self-learning mentality, addressing understudy's needs and encouraging intelligent learning. Another significant factor is less time is expended in learning abilities so time can be put something aside for investigate, proficient advancements, instructive administration and other scholarly exercises.

When all it appears to be better of learning for understudies yet its negative marks could be. Abilities which are not educated accurately will constantly rehearse inadequately, this might be because of poor administration controls when educator or manager isn't accessible and understudies practice it by their own.

Clinical aptitudes sessions ought to be planned appropriately bolstered by conventional instruction models, be stuck in time, spot and substance.

However, this methodology cannot replace real clinical training; it may be a good trainer factor. High cost of purchasing, maintaining and updating of materialized equipment, Punctuality and regulatory of students and supervisor, regular assessment and summation of these assessments should be mandatory part of training. Putting them as valuable factor in final examination may help in keeping regularity of students and supervisor. This system should be flexible and tailored to local needs. Any negative attitude from students or teacher staff may spoil whole attempt.

To sum up, it is concluded that clinical skill laboratories are highly beneficial for students and is the excellent method of giving orientation regarding the clinical methods that are to be directly applied to the patients. This trend of teaching is the good one.

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