Overcoming Barriers to Critical Clinical Skill Acquisition: Structured Clinical Insights Modules (SCIMs)

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Introduction/Background:
Scarcity of clinical placements and heightened concern for patient safety have led to an increased focus on simulation methodologies for the early acquisition of clinical technical, human engagement and reasoning skills in undergraduate medical education. Feedback from senior medical students and their supervising clinicians identified the need to supplement the learning of particular skills in clinical placements with structured learning opportunities.

Purpose/Objectives:
To develop a methodology to optimise learning of clinical practice and reasoning skills through contextualising them in a realistic evolving scenario.

Issues/Questions for exploration or ideas for discussion:
Feasibility, acceptability and potential problems with implementing the SCIMs methodology.

Results:
Loosely inspired by the Structured Clinical Instruction Modules reported by Sloan, an approach was developed that combines the reasoning-development elements of Problem Based Learning with high fidelity clinical simulation. Students were divided into teams (designated as a registrar and four interns) who managed a simulated patient through an evolving story over a week. Innovative elements included extensive use of trained simulated patients and relatives, technological simulations, after-hours on-call experiences and a simulated court case involving cross examination of learners by an experienced barrister. 150 Year 3 students in a graduate-entry medical course undertook the program in 2009. Evaluation utilised standardised student questionnaires, as well as Interpretative Phenomenological Analysis of learners’ reflective journals, to identify evidence of learning in the affective domain (values, attitudes and human engagement). The program was very positively received by learners (mean subjective effectiveness score of 6.38 on a 7-point Likert scale). Analysis of journals revealed numerous examples of deep reflection and affective learning in association with the program.

Discussion:
The SCIMs methodology appeared highly acceptable to learners and their reported subjective experience suggests that it may be associated with effective learning of manual and cognitive skills for which opportunities to practice are rare in clinical environments. The approach is resource intensive, however, and good evidence of its effectiveness will be required in order to mount cost-effectiveness arguments for its implementation on a wide scale. A randomised educational trial of the methodology is currently underway to this end.

Conclusions:
The SCIMs methodology shows promise for promoting the initial acquisition of essential clinical skills in a safe environment, as an adjunct to clinical attachments.