EARLY CLINICAL EXPOSURE

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NON COMMITTAL

ECE

" ငါတို့ကို ဒါတွေ သင်ပေးရင် ကောင်းမှာပဲ" ... လို့တွေးခဲ့တဲ့ ပညာတွေကို သင်ပေး တာပါ ။

INTRODUCTION

- INTERGRATE: Basic /clinical science
- ENHANCE: Understanding
- INCREASES: Clinical reasoning
- IMPROVE: Confidence

CHANGING PHILOSOPHY

- **Concept of Cultural Competency**:
  Medical education must address both the needs of an increasingly “diverse society” and disparities in health care
- **Multicultural education:**
  Go “beyond the traditional notions of competency” namely knowledge, skills, and attitudes
- **Critical Consciousness:**
  Fostering consciousness - of the self, others, the world, and commitment to addressing issues of societal relevance in health care” “ လူမှုပတ်ဝန်းကျင်နှင့် ဟန်ချက် ကျသော ကျန်းမာရေး ဝန်ဆောင်မှု သင်ပေးခြင်း”

CULTURAL HUMILITY

Incorporates a lifelong commitment to

- မိမိကိုမိမိ ဝေဖန်ခြင်း သုံးသပ်ခြင်း
- redress the **power imbalances in the patient-physician dynamics**
- develop **non-paternalistic clinical and advocacy partnerships** with communities

Ongoing Changes in Meded

- Patient centered curriculum
- Small group teaching
- Problem Based Learning
- **Horizontal integration**
- **Vertical integration**
- Recognition of diversity
- Social context
- Life long learning
- Mastering information technology
- Just in time teaching
- Team based learning

MCI Vision 2015

- Foundation Course in Medicine
- BMS, BMD and GIM
- Integration: Horizontal and vertical
- **Early Clinical Exposure**
- Student-doctor Method of Clinical Training
- Selective and Electives
- Skills development and training
- Secondary hospital exposure

ECE BACKGROUND

- **Traditional Medical Schools**: Two or three years lapse before students come into contact with patients

- **Modern Medical Schools**: Early contact with patients → ECE in the first two years of the undergraduate course

PROGRAM'S LIMTATION

- " Learn clinical skills over two years time and get to practice only a couple of times a month.

  I do not feel very confident in my students abilities when facing real patients"

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ECE

Early Clinical Exposure

“Pathway” or “Tool”?

DEFINITION

- **Early:** စေါစေါစီးစီး
- **Clinical:** ဆေးရုံအာလုပ်
- **Exposure:** တွေ့.ထိပေးခြင်း

WHAT IS ECE

- **“Authentic human contact in a clinical context that enhances learning of medicine”.**

Instilling the sense that they are becoming
“ **Physicians** not **Basic Scientists**”.

WHY

- OLD versus NEW APPOACH
- TRADITIONAL v/s INTEGRATED CURRICULUM
- STUDENT CENTERED LEARNING
- ENHANCE CLINICAL REASONING

ဆေးပညာ အသွင်ပြောင်းမှု

“EVOLUTION OF MEDICAL EDUCATION”

THE YALE MODEL

YEAR 1 DAY 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
MEDICINE				
SURGERY				
OBGYN				
PEADIATRICS				

CURRICULUM BENIFITS

Oct. 13, 2004 — Cathy Tokarski:

- “Strengthen and integrate the curriculum”
- “Complement the problem-based learning approach “

PROVISO

Encouraging Phase One students to see patients should not come at the expense of educational requirements in bioscience

October 9 – 2014. The British Medical Journal

PROGRAM LOGISTICS

WHAT to TEACH

YEAR 1

SEMESTER ONE

- BMS: [1] Hand washing [2] Vital Signs
- BMD: History Taking [Four Sessions]
- GIM: General Examination [Three sessions]

SEMESTER TWO

- CVS: History [2], Examination of CVS, ECG
- RESP: History [2] Chest Examination, PFR research, Set up Nebuliser
- HEMO: History [2], Lymph Node Examinations, Venipuncture, blood film, setting up an infusion

YEAR 2

- CNS: History [2] Cranial Nerves, Motor and Sensory Examination
- MSK: History, Exam of Joints, I/M Injection
- REN: History, Exam of Ext. Gen and kidney and P/R. Male and female catheterisation
- GIN: History, Exam of Abdomen, Nasogastric intubation. Proctoscopy
- REP: History, Obsteric Exam, V/E, PAP smear
- ENDO: History [2], Thyroid Exam, Ottoscopy and opthalmoscopy

WHO

CSL COMMITTE

1. **Department of Medical Education** → Clinical Skills Learning Committee
2. **Clinical Skills Department:**

   Coordinates [standardised patients]
3. **Technicians and nurse** :

   availability of the models, manikins,

   clinical diagnostic and therapeutic equipment

TEACHING STAFF

- **ALL MEDICALLY QUALIFIED STAFF**
  [Anatomy, Physiology, BC, Microbiology, Pathology, Pharmacology, ECE and Com.med]
- EYE + ENT + ORTHO invited once per year
- INT. MED + SURG + OBGYN for some lectures: Vetting of question and as Co-examiners
- Questions are set by ECE department and vetted by HoDs. Finalised by The Dean
- Pharm and Commed for Counseling stations

STAFF TRAINING

- Staff members come from different backgrounds
- **Training** workshops are organised prior to the start of each semester [CSL committee]
- **Standardise the contents** of the module [in written]
- **Training in evaluation** of the students' clinical skills [OSCE training and briefing]

HOW and WHERE

- HOW is mentioned as “Delivery tools”

- Basic science labs
- Multipurpose rooms
- Hospital visits + GP Clinics
- ECE – Simulated Wards
- Nursing Homes

DILIVERY TOOLS

- Large group lectures
- Small group [bedside at simu-wards]
- Case Presentation with feed back
- Individual work [Clinical Skill Log Book]
- Field Work [Hospital visit and Nursing home]
- GP sessions
- CPC - discussions with feed back


Effects of Hypertension


Effects of Hypertension
COPD
Chronic Obstructive Pulmonary Disease
Asthma


Effects of Hypertension


Effects of Hypertension
COPD
Chronic Obstructive Pulmonary Disease


Effects of Hypertension


The Heart

WHEN

- THURSDAYS for YEAR 1
- TUESDAYS for YEAR 2
- Avoid first and last week
- 8AM - 10AM: Lectures [minor recess]
- 6 to 8 Small group practical
- Can make side to side with basic science
- Submission of Log Books: next day by 12

MATERIAL NEEDS

- Simulated wards
- Rooms with couch and good light.
- Examination and skill practicing models for systems
- ECG machines
- X-ray viewing boxes
- Nasogastric tubes, catheters [Foley's], Wright's PFM, syringes, needles, glass slides and gloves.
- BP Boxes, Obstetrics Speculums, Proctoscope, Ottoscope, and Ophthalmoscope. Snelling's, Jaeger's and Ichihara's charts.
- Two point discriminators, tuning forks, kidney trays.
- Sound system, timer-bells.
- Simulated Patient Program

STRUCTURE

- 4 Credits [8 to 10% of delivery and assessment]
- Mandatory for students of medicine
- Year One and Year Two

Curriculum:

1. Theory: Anatomy + Pathophysiology lectures on symptoms and signs of diseases in systems
2. Practical: History taking, physical examination, procedural skills.
3. Hospital sessions, GP sessions

ECE and GP

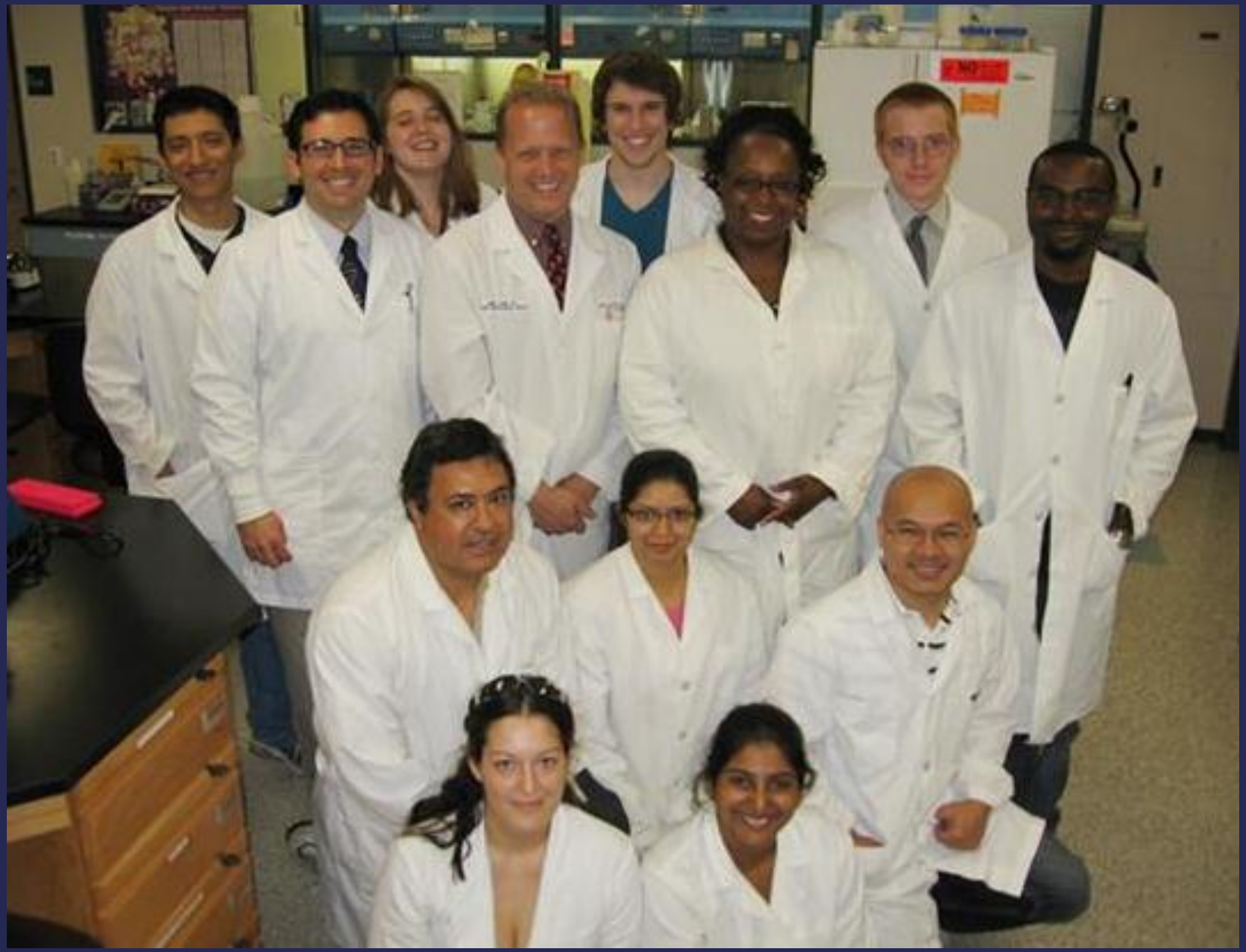
- Communication is the core element of GP
- GP can make important contributions: teaching of interviewing skill and vital signs.
- **Students find the environment of general practice supportive**
- **Appreciated the variety of patient seen and personalised tuition**
- GP's emotional needs. Contact with enthusiastic student produce → gain in self-esteem

STUDENT FEEDBACK

- “increases my interest for the subject”
- “contribute to knowledge of the subject”
- “enhances the understanding of physiology”
- “helps integrate the knowledge”
- “motivate us to read more”
- “enables us to remember the subject better”
- “empathy to patient’s and their problem”
- “increased sensitivity toward patient needs”

VALUE for STUDENT

- “Makes me know that one day, at the end of this course, I am going to be a doctor”
- “I felt much more comfortable with physical examination because I practiced it so many times throughout the course of a single day.”
- “ If our preceptors were standardized in guiding us through a history and physical exam, I would feel more comfortable with the experience .”




MEDICINE

Discussions please !!!