Clinical Skills Foundation Course *Some thoughts*

by Chie Zhi Ying

Sir Arthur Conan Doyle, writer of the renowned Sherlock Holmes series, once famously said:

"Life is infinitely stranger than anything which the mind of man could invent."

Indeed, with every new chapter opening in your lifestory, there are bound to be events or things that leave lasting impressions upon your mind. Speaking from the perspective of a M2 student (a little naïve and uninformed), my Clinical Skills Foundation Course (CSFC) days will always be fondly remembered. My batch is the privileged cohort that underwent the newly-restructured CSFC programme. Surgical and Medical postings were boldly packed into a tight and intensive 4-week schedule, culminating in a mind-boggling multi-station exam that comprised not only of the routine history-taking and physical examinations (PEs), but also included snippets of pathology, microbiology, pharmacology, as well as imaging tracks. Nevertheless, it was with great anticipation and a tinge of excitement that I embarked on this pioneering programme at the National University Hospital (NUH).

Gone were the days of spoon-feeding lectures and tutorials, and in place, were bedside teaching and literally "self-directed learning". By the end of the first day, most of us were so physically drained that we couldn't stop complaining of our wobbly knees and aching calves. To top it off, we found ourselves lost in the boundless sea of medical knowledge, clinical information and diagnoses.

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Tutorials were spent behind drawn curtains, each of us taking turns to clerk patients and present the cases. We had the novel "mini-CEX", a short and sweet list of steps that we adhered to while doing the PEs for each system. Grasping the steps might seem easy at first glance, but it was with repeated corrections and practice that we slowly came to appreciate the art of physical examination. Often times, we would find ourselves stiff-necked (from the "unbearable" weight of the stethoscopes) and all sweaty (air-conditioned wards are the ultimate luxury) after an hour plus of tutorial. Still, we forged on enthusiastically, undeterred by any physical discomfort and fatigue.

My clinical group (CG) was obsessed with the mini-CEX for a start, knowing too well that our final multi-station exam (a hefty 20 percent of our final grade) would be based on it. Being studious, we were eager to brush up our lacklustre PE skills. So when we hunted down a quiet room, albeit one that smelt of stinging fresh paint, we swung into action at once. The guys were self-sacrificial on this occasion, and as we girls laid our hands on them, palpating, percussing and ascultating away, we were unaware of the curious stares outside the room. We were in the midst of performing cardiovascular (CVS) exams when all of a sudden, a ward Sister barged in. She glared at us for a second, shook her head and in a half-reprimanding voice, said, "Don't you know that what you all are doing is very obscene? What would people who pass by, go away thinking of?"

"But we're practising PE, we have to practise enough before touching the patient." The CG replied in chorus.

"Then get a screen to cover for goodness's sake." She soon returned with it, and we went roaring with laughter after she left. To us, we had nothing to hide. But then again, this underscored the level of professionalism and appropriateness we were expected to uphold at all times, and it was kind of her to give us this timely reminder.

Working as a CG has taught me valuable lessons, one of which is the importance of a reliable infomation relay system within the group. We had a first taste of "communication breakdown" when half of the CG (my all-girls group) arrived late for a medicine tutorial one day. The CG leader had called us an hour or so earlier, and we conveniently left our handphones in our bags as we wandered around the pathology museum revising for the upcoming exam. After I discovered to my horror the many missed calls and SMSes, the three of us scurried to NUH helter–skelter, reaching ten minutes after the lesson had started. Our Professor was generous and forgiving, and he advised us to come up with solutions to fix this problem. We ended up hanging handphone pouches around our necks so that we could be contactable at all times. Communication breakdown would have serious repercussions in real clinical settings and makes a stunning difference between life and death. Therefore, it was important to cultivate good habits earlier on in our formative years as medical students, so that we would not have to bear with dire consequences of "uncontactability" in future.

Patient clerking brought me great satisfaction and joy. Beyond rattling off the standard list of questions in history-taking and doing PEs, I actually enjoyed talking to patients, each of whom had a unique story to tell. There was the teenage girl who smoked, drank and came in with severe anemia; the uncle who had a road traffic accident (RTA) and insisted the culprit was someone who wanted to seek revenge on him; the elderly lady stricken with Parkinson's whose unfilial children threatened

callously to change their locks if she didn't settle the medical bills herself, and the list goes on. I was glad to lend a listening ear to their many woes and frustrations and felt privileged when the patient confided in me. This special bond inspires me to give my best as I move through the clinical years.

Examining patients could turn out to be a hilarious experience. I once examined a stroke patient and as I tested his upper and lower limb's strength, large beads of perspiration trickled down my face. The weather was sweltering (although the fan was at full blast, it did not help much), and my thick white coat was suffocatingly uncomfortable. It got so bad that I had to stop and wipe myself with tissue paper. I must have looked rather comical, for he chuckled at the sight of me wiping my face. I grinned back and joked, "Sir, you are so strong that you made me perspire so much." And we both had a good laugh.

But at the other end of the spectrum, we would inevitably meet patients who shunned talking to medical students. As the days passed, I could see a patient's fatigue from overclerking. Whenever a bunch of white coat-donning students approached the wards, it was typical to receive the following responses.

Patients:

1) Avoid any eye contact with us;
2) Pretend to sleep;
3) Glare at us warily with a message that says, "Don't you come near me!"

I was amused but not at all disheartened, because it was understandable that patients needed their rest and privacy. I had one patient telling me pointedly that I was the sixth student who had approached him, but thankfully, he relented and gave me a chance to learn. From then on, I never took patients for granted.

Establishing rapport with patients entails the need for a common language of communication. Indeed, many of us would consciously avoid speaking to patients who did not speak our language. I was glad to be comfortable in both English and Mandarin, but was unconfident of my Hokkien, a dialect I was not accustomed to speaking. Unsure as I was, I mustered enough courage one day and approached an elderly patient for clerking. The patient was visibly surprised when I chatted with him in Hokkien and he seemed grateful for that. Apart from my sometimes queer intonation and occasionally halting speech, I was thrilled that the patient did understand me and vice versa. As the saying goes, "no pain, no gain". I've made the right decision by stepping out of my comfort zone to practise my language skills, breaking that barrier that would have otherwise stopped me from knowing the patient.

On hindsight, CSFC has truly given us the first taste of clinical life that lies ahead of us. I was grateful to our tutors for their generosity in sharing their experience, for their patient guidance in enhancing our clinical skills and thinking processes, and most of all, for being so inspiring. In all, I enjoyed this enriching experience which broadened my horizon of medical know-how and which allowed me to feel what it's like to be at the frontline of patient management. Clinical years can be trying and onerous, and although I may be copped out along the way, I know clearly that my memorable interaction with patients will be that driving force that propels me to surmount all the challenges in the years to come. SMA

▲ With Dr Chai (Senior Consultant, Department of Cardiology), our medicine tutor

▶ My all-girls CG with the hand hygiene mascot, as part of the Hand Hygiene week at NUH