

**Title:** Clinical skills training: Respect the learner's needs

**Author:** Wei Li

**What problem was addressed:** The Chinese Education Ministry has authorized 15 medical universities to run a pilot reform program that reduces the period of traditional medical doctor degree course from 11 years to eight years. Chinese educators have raised discussion on how to balance the portion of theory and practice in teaching and pedagogical approaches for clinical skill training in the eight-year program due to its special internship arrangement. (Ji et al., 2013) Bedside teaching combined with the simulation teaching platform has been suggested. Yet these reforms have not addressed specific curriculum-design needs and strategies for the balance of theory and practice teaching and how to implement these strategies at different phases of the program. The purpose of this research was to study the individual learning characteristics and the transformation process in clinical skills training of the 8-year program students in different phases within the internship in order to inform future curriculum design.

**What was tried:** A survey study of students in their fourth, fifth, and sixth year on clinical skills training implementation were carried out among 177 eight-year program medical students at Southern Medical University. Relevant information such as attitudes toward the theory learning, pedagogical approach, and forms of clinical skills competence training were surveyed. Assessments on clinical skills including CPR and thoracentesis were carried out in fifth year students before and after their six-month internship experience to identify the effect of bed-side training on clinical skills performance.

**What lessons were learned:** Survey results showed that from clinical observation stage to internship, medical students become less satisfied with their own theoretical basis and increase their expectations for competence of mentors. In terms of clinical skills training forms, most medical students preferred the combination of simulation and bed-side training. The six-months bed-side experience does not appear to have contributed significant improvement to students' CPR and thoracentesis procedure performance. The experience of clinical observation and practice have improved the medical students' clinical psychological quality, and enhanced the awareness of humanism such as medical ethics and patient safety.

The study results offer an opportunity to better clarify the relationship between learning objectives and pedagogy, based on individual learning characteristics and the transformation process across different phases of the eight-year program. Opportunities for improvement in clinical skills teaching during internship ought not to be constrained by questions such as how

many times a medical student needs to perform a particular clinical skill procedure, or how a clerkship or internship should be designed to meet the quantity requirement. Rather, opportunities for improvement should be shaped by (1) what skills and knowledge are needed at every stage, (2) how students should be assessed within each stage to ensure a level of preparation that respects the learners' needs without compromising the needs of patients, and (3) how students should be taught within each educational stage, given the objectives assigned to that component. If clear standards are understood at every stage, the faculty and the students can work to close the gap between the students' incoming level of competency and the desired learning outcomes.