Introduction to Clinical Medicine & Clinical Skills

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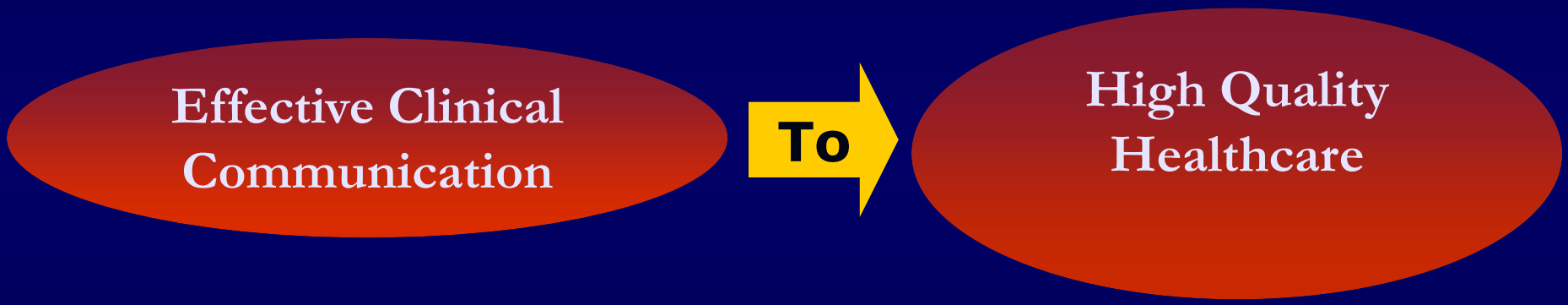
سم الله الرحمن الرحيم

﴿ وَمَا أُوتِيتُمْ مِنَ الْعِلْمِ إِلَّا قَلِيلًا ﴾

بِسْمِ ٱللَّهِ ٱلرَّحْمَٰنِ ٱلرَّحِيمِ

﴿ اقْرَأْ بِاسْمِ رَبِّكَ الَّذِي خَلَقَ * خَلَقَ الْإِنْسَانَ مِنْ عَلَقٍ * اقْرَأْ وَرَبُّكَ الْأَكْرَمُ * الَّذِي عَلَّمَ بِالْقَلَمِ * عَلَّمَ الْإِنْسَانَ مَا لَمْ يَعْلَمْ ﴾


Effective Clinical Communication
To
High Quality Healthcare

Course Overview

- Bridge the gap between basic sciences & Clinical Medicine.
- Provide the basic knowledge & skills needed to evaluate the patient.
- Emphasizing the importance of basic medical sciences & Present pathophysiologic principles needed to understand the genesis of the patients symptoms & signs.
- Prepare the students for clinical clerkships & Introduce basic elements of diagnostic reasoning.

Aim of the Course

- Help you become a knowledgeable, skilled and compassionate physician.
- To become an integral part of the health care team.
- You will learn & at the same time provide a valuable service to patients .

Course Description

- **Total Weeks**
  - Introduction Lecture
  - Hospital Rotation
  - University Lectures (Medicine & Surgery) – (4 Weeks)
- **Evaluation**
  - Lectures Attendance
  - In Hospital Attendance &OSCE Evaluation
  - Final Written Examination (Medicine & Surgery – , MCQ, EMQ & SAQ) – At the END of the course

Suggestion

- Seek out learning opportunities for your self.
- Learn from patients, use their problems as a stimulus to read ,think and research to help them and your self.
- Ask questions.
- Work cooperatively, show respect for others &become a skilled communicator.
- Solicit feedback from your teachers.
- **Work hard ,leave sufficient time for your self.**

We are always available and willing to listen your concerns and suggestions

contact us

Reading Books

- Macleod's Clinical Examination 14th Edition
- Pocket Guide to Physical Examination (BATES) 7th Edition
- Davidson’s principles and practice of medicine 23rd Edition
- Hutchison's Clinical Methods 24th Edition.
- Kumar and Clark's Clinical Medicine 9th Edition.
- Cecil Textbook of Medicine 26th Edition.

PATIENT & DOCTOR

- **Purpose of medical practice**
  - Is to relieve suffering
  - Cure vs relief of symptoms
  - No patient should feel that they well just to live with it
  - Even when the disease is incurable.

Hippocratic Oath

- To practice and prescribe to the best of my ability for the good of my patients, and to try to avoid harming them.
- Never to do deliberate harm to anyone for anyone else's interest.
- To avoid violating the morals of my community.
- To avoid attempting to do things that other specialists can do better.
- To keep the good of the patient as the highest priority.
- To avoid inappropriate entanglements with patients and families.
- To teach medicine.

القسم الطبي حسب المؤتمر العالمي الأول للطب الإسلامي

أقسم بالله العظيم أن أراقب الله في مهنتي. وأن أصون حياة الإنسان في كافة أدوارها، في كل الظروف والأحوال، باذلًا وسعي في استنقاذها من الموت والمرض والألم والقلق، وأن أحفظ للناس كرامتهم، وأستر عوراتهم، وأكتم سرّهم. وأن أكون على الدوام من وسائل رحمة الله، باذلًا رعايتي الطبية للقريب والبعيد، الصالح والطالح، والصديق والعدو. وأن أثابر على طلب العلم، أسخِّره لنفع الإنسان لا لأذاه. وأن أوقر من علمني، وأعلّم من يصغرني، وأكون أخًا لكل زميل في المهنة الطبية في نطاق البر والتقوى. وأن تكون حياتي مصداق إيماني في سري وعلانيتي، نقيًا مما يشينني أمام الله ورسوله والمؤمنين. والله على ما أقول شهيد

Dress code for meeting patients

- **Your is the external reflection of your professional attitude towards your patient.**
  - Clothes must be clean and in good repair.
  - Hair should be clean and well groomed.
  - Hands must be clean with nail trimmed.
  - Clean, white clinical jackets
  - Name tags must be worn and be visible at all times.

Medical Profession

I. Diagnostic Examinations

- Medical history
- Physical examination
- Laboratory examination
- Special examinations (US, CT, MR, Endoscopy, etc)
- Consultations with other professionals

II. Treatment Procedures

- Medical treatment
- Surgical treatment
- Etc.

Setting the scene

- Introduce your self and offer a greeting.
- Permission from the patient for the task .
- Observe the patient response for any clue.
- Pleasant surroundings.
- See your patient and establish eye contact ??
- Show sympathy and awareness of patients need.

Accompanying persons

- **Why others wish to be present ?**
- **Patient wish.**
- **Doctors need**

Approach's in history taking

- Change your approach if needed.
- Encourage patient to talk freely.
- Don’t interrupt your patient frequently.
- Avoid direct leading questions.
- Avoid suspicion.
- Observe your patient language ,interests, educational level &general demeanor.
- Use patient own words and description

Desirable Qualities for Establishing Open Dialogue

- Respect
- Genuineness
- Empathy
- Polite
- Professional demeanor

Data Collection

- **Subjective:** Perceived by the affected individual
- **Objective:** Signs that can be seen

Questioning Skills

- Open-ended questions
- Facilitation – encourages pt to elaborate
- Silence – give pt time to remember
- Probing questions – focus interview, provide more information
- Repetition – rewording, clarifies info
- Summarization – verifies accuracy

Leading Questions

- This is an **UNDESIRABLE** method of questioning.
- Introduces biases into the history.
  - Ex: Does the pain travel down your leg? Vs. Where does the pain start and where does it end?

Communication

- Two - way process .
- The beginning of the doctor patient relationship.
- Disperse any fear or any nervousness
- **The doctor should be**
  - Confident
  - Attentive
  - Dispassionate
  - Friendly

Communication

- Is the transmission and receiving the messages.
- May be between two persons or between one person and a group.
- It is a mutual process between 2 sides (Dialogue) not a one sided monologue.
- The success of any educational activity depends on the quality of communication.
- It includes listening & understanding with passion & respect as well as expressing views & ideas and passing information to others in a clear manner.

Communication

- Is the act by which information is shared between humans. Such encounters may cover:
  - **Desires**
  - **Needs**
  - **Perceptions**
  - **Knowledge**
  - **Affective states.**

Types of Communication

- Verbal .
- Non –verbal
  - Body language:
  - Touch
  - Silence
  - Physical appearance
  - Personal space

Communication: Why?

- Communication is essential for all aspects of life.
- Effective communication is the basis of mutual understanding & trust.
- Poor communication causes a lot of misunderstanding & hinders work & productivity.

PREREQUISITES FOR EFFICIANT COMMUNICATION

- IS TO ENSURE THE REMOVAL OF BARRIERS.
  - **Environmental barriers**
  - **Personal barriers.**

Common Communication Mistakes

- Failure to greet patients, tell them who you are and the purpose of your interaction with them.
- Failure to find out what is bothering the patient – worries, concerns, issues – how the patient feels about their condition.
- Accepting vague information too easily and not probing to find out more specifics.
- Failure to verify that what you thought you heard, was what the patient really meant…

Common Communication Mistakes

- Failure to encourage patient questions.
- Failure to be responsive to patient questions.
- Not paying attention to the verbal and NON-verbal communication messages sent by patients.
- Avoiding information that is personal.
- Using too many closed ended questions
- Allowing interruptions

Common Communication Mistakes

- Drawing conclusions too soon.
- Failure to provide appropriate information in the form of counseling.
- Not understanding the patients viewpoint.
- Poor reassurance.

GOOD COMMUNICATION CAN TAKE PLACE ONLY IF BOTH PARTIES FEEL AT EASE AND UNDERSTAND ONE ANOTHER

Ethical & Legal Issues

Introduction to Medical Ethics

- **Medical decisions** involve what one medically ***could*** do in a given situation.
- **Ethical decisions** involve what one ethically ***ought to do*** in a given situation.
- **Clinical Medical Ethics** decisions involve what one ***ought to do*** in a given ***medical*** situation.

What are Ethics?

- A system of standards or moral principles that directs actions as being right or wrong
- Ethics is concerned with the ways people (individually or in a group) decide the following:
  - What certain actions are right or wrong
  - If one ought to do something
  - If one has the right to do something
  - If one has the duty to do something

What are Ethics ,Values & Morals?

- **What are Ethics :**
  - Do no harm
  - Respect for persons
  - Justice
  - Beneficent.
- **What are Values :**
  - The worth that you assign to an idea or action
  - You choose to value certain things over others (affected by age, experience & maturity)
  - Values change as you mature & acquire new knowledge
- **What are Morals :**
  - To set standards and live by them.
  - Concerned with dealing with right or wrong behavior & character
  - Morals & ethics are often interchangeable

Ethical Considerations : Basics

- **Nonmaleficence** (Do NO Harm)
- **Beneficence** (Do good for the patient)
- **Autonomy** (The patient have the wright to determine what is in their own interest)
- **Confidentiality** (We are obligated not to tell others what we learn from our patients)
- **Justice**
- **Rule of Truth Telling.**
- **Rule of Promise Keeping**

Islam and Health Ethics

- The cardinal ethical principles of medical and health professions is from part of the cardinal principles of Islam, as away of life.
- These principles are:
  - **Respect**
  - **Justice**
  - **Beneficence**
- These three cardinal noble values as well as those secondary values deriving from them, were the main pillars on which biomedical ethics were built.

Islam and Health Ethics

- Dignity
- Confidentiality
- Fidelity
- Veracity
- Treat patients equally.
- Protect patients from any harm
- Responsibility and Accountability.

Regarding taking full Responsibility and Accountability.

” EACH INDIVIDUAL IS ACCOUNTABLE FOR HIS DEEDS”.

كل إمرىء بما كسب رهين ..... (سورة الطور ٢١)

These, which are among the most important Islamic principles, are also among the most principles in dealing with patients.

Respect

- For human dignity we mean that a human being should be treated as a person
- In Islam, man is entitled to respect as a human being irrespective of race or religion in the Holy Qran:"
- All members of the Muslim society (including non – Muslims) are considered brothers (in Islam or in humanity) and this brother hood implies many duties.
- WHO QUICKENS A HUMAN BEING, IT SHALL BE AS IF HE HAS QUIKENED ALL MANKIND" "AL MAIDA: VERSE 32".

(ومن أحياها فكأنما أحيا الناس جميعا) (المائدة ٣٢)

Justice and Beneficence

Are also among those strongly stressed by Islam they are mentioned together in the Holy Quran.

“ GOD COMMAND’S JUSTICE AND BENEFICENCE”

(إن الله يأمر بالعدل والإحسان). سورة النحل ٩٠

Veracity

TELLING THE TRUTH

- This includes the patients right to know the truth.
- When someone communicates that that they don't want to know bad news this causes dilemma - and a conflict of principles.
- By failing to make certain professional statements – one is lying.
- To say nothing can also to be lie.
- The content of what a patient is told is also based on the values and perceptions of the health worker offering the information.
- In most instances autonomy is also involved.

CONFIDENTIALITY

- Deals with unspoken contract that exists between the professional and patient.
- This includes the assumption that what ever is spoken will be held confidential.

Examples of Unprofessional Behavior

- Intellectual or personal dishonesty
- Arrogance and disrespectfulness
- Prejudice & Abrasive interactions
- Lack of accountability
- Fiscal irresponsibility
- Lack of sustained commitment to self learning

"PLEASE CARE"
Standards and Behaviors

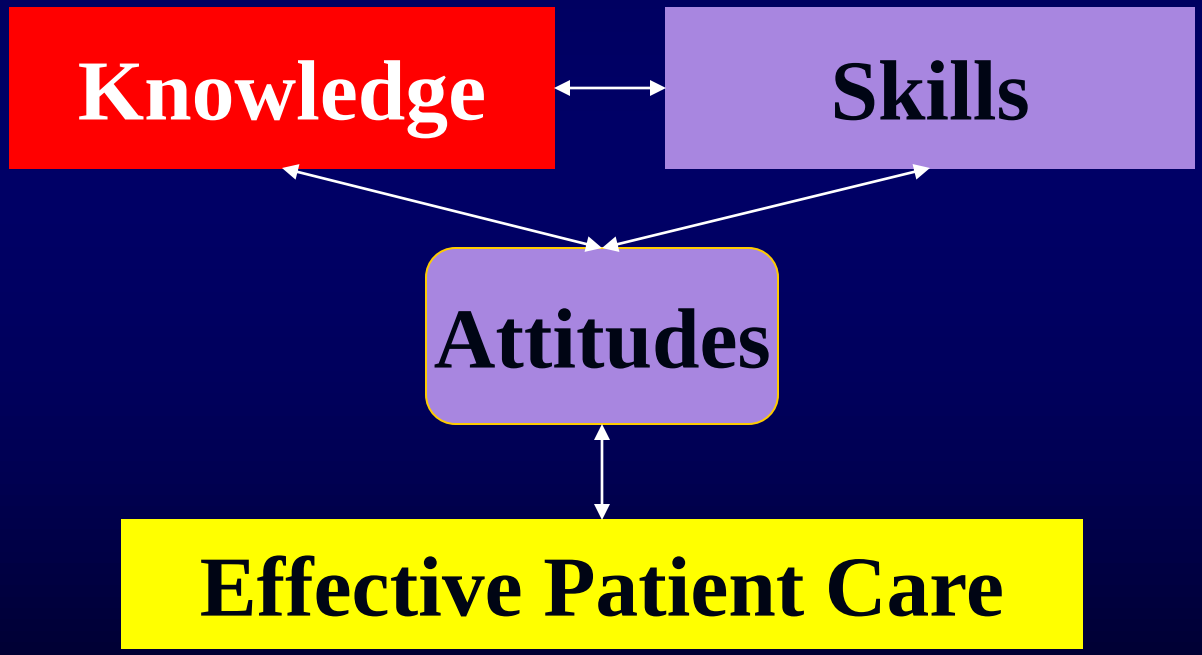
- **PLEASE**
- **P**resent: Acknowledge the person, smile, make eye contact
- **L**isten: Give each person undivided attention
- **E**mpathize: Express compassion, calm voice, personal connection
- **A**ction: Find the answer, follow through, offer assistance
- **S**ummarize: Restate key information, follow up questions
- **E**xcite: Exceed each persons expectations, "Go the extra mile"

"PLEASE CARE"
Standards and Behaviors

- **CARE**
- **C**onfidentiality: Protect patients' and colleagues confidentiality
- **A**ttitude: Make a positive impression and demonstrate caring
- **R**espect: Adapt to diverse cultures, languages, disabilities and value others time
- **E**motional Intelligence: Be sensitive, understand another's emotional state of mind

Professionalism & Clinical Competence

CLINICAL COMPETENCE



General principles of exam

The History and Physical in Perspective

- 70% of diagnoses can be made based on history alone.
- 90% of diagnoses can be made based on history and physical exam.
- Expensive tests often confirm what is found during the history and physical.

Equipment for physical examination

- **Required**
  - Stethoscope
  - Tongue blades
  - Penlight
  - Tape measure
  - Sphygmomanometer
  - Reflex hammer
  - Safety pins
- **Optional**
  - Gloves
  - Gauze pads
  - Lubricant gel
  - Nasal speculum
  - Turning fork: 128 Hz,512Hz
  - Pocket visual acuity card
  - Oto-ophthalmoscope

Important aspects of physical examination----physician

- Elegant appearance
- Decent manner
- Kind attitude
- Highly responsibility
- Good medical morals
- Wash your hands, preferably while the patient is watching
- Washing with soap and water is an effective way to reduce the transmission of disease

How to perform the physical examination?

- Exposing only the area that are being examined
- Offer a chaperone for both sexes.
- Explain what you're going to do
- Sequential

Important aspects of physical examination

- The examiner should continue speaking to the patient

- Showing care to his disease and answer to patient's questions
  - It can not only release patient's nerviness, but also help to establish the good physician-patient relationship

General principles of exam

- Have the patient empty their bladder before examination
- Before the exam, ask the patient to identify painful areas so that you can examine those areas last
- During the exam pay attention to their facial expression to assess for sign of discomfort
- Use warm hand, warm stethoscope, and have short finger nails
- Approach the patient slowly and deliberately explaining what you will be doing

General principles of exam

- Good light
- Relaxed patient
- Full exposure of abdomen
- Inspection
- Palpation
- Percussion
- Auscultation