

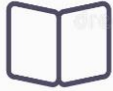
Enhancing Student Engagement in Outpatient Clinics Through 'Clini-Cex': An Active Observation Tool

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Introduction



Outpatient clinics offer unique learning opportunities that are otherwise unattainable through ward-based learning (1). However, these opportunities are impeded, as engaging medical students during a busy clinic is difficult owing to time pressures (2).



Objectives



- Promote knowledge construction through active learning (3).
- Increase engagement in clinics

Methods



-Students were encouraged to fill in the active observation tool designed on MS forms, followed by a debrief with the CTFs after clinic week.

Clini-cex tool



5. Can you write a brief summary of this patient's history? (Include a few sentences of about their relevant presenting complaints and their background)*

Follow up appointment patient with gastric ulcers that are not healing with renal impairment as well. Why they are not healing, suspect NSAID use but patient has always denied use of NSAIDs. Recent hospital admission for abdo pain resulted in urine being tested > urine test found Iliotom.

6. What were the investigations ordered, if any? (These could be bloods, as well as imaging)

None

7. What was the likely outcome of the consultation? (Was it admission, follow-up, referral, did they add/remove/change drug doses?) *

patient admitted to NSAID use, said that paracetamol makes her feel ill. doctor explained the importance of NSAID avoidance. follow up scheduled for 3 months time > sox it there is any improvement in gastric ulcers or renal function

8. What was your working diagnosis at the time and why? If you can't commit to a diagnosis, then just write down your likely differentials *

NSAID overuse

9. What would you like to discuss with your CTFs during the debrief? (A drug you haven't heard of? An investigation you weren't sure of? Bloods you couldn't interpret? etc) *

discusses when patients do not tell the truth/do not realise they are taking something they shouldn't be. The patient had been told not to take NSAIDs in the past but denied using them until the test proved they were. this has delayed treatment and lead doctors to do a variety of different, tests for rare conditions

Non-Technical skills focusing on communication.

As per the clinic week survey, thi wasn't a popular option therefore this section is not mandatory to fill. It does however provide you with a structure to focus on the quality of communication carried out during consultations. Feel free to use this to critique communication.

10.

Key things to look for in a positive patient encounter

No answer provided.

11. If you've selected any options, then can you specify why? (don't just write good/ bad communication, please try to answer what made it good/bad). provided.

12. Factors contributing to a challenging encounter

Offering advice and reassurance before the main problems have been identified

Explaining away distress as normal

Attending to physical aspects only

Switching the topic:

Rushing patients along

13. If you've selected any options, then can you specify why? (don't just write good/bad communication, please try to answer what made it good/bad)

this patient's symptoms were largely caused by this overuse of NSAIDs. The fact she was not forthcoming about it may suggest there might be a psychological aspect that

Clini-CEX Feedback Results



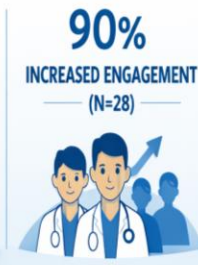
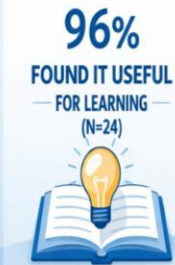
41 Students Completed Clini-CEX



31 Gave Feedback After Debrief



SURVEY RESULTS



References



1. Spencer J. (2003) *Learning and teaching in the clinical environment* BMJ, 326(7389), 591–594
2. Irby DM. (1995) *Teaching and learning in ambulatory care settings: a thematic review* Academic Medicine, 70(10), 898–931
3. Freeman S et al. (2014) *Active learning increases student performance in science, engineering, and mathematics* PNAS, 111(23), 8410–8415