How to prepare for clinical studies?
Some Suggestions For The Budding Clinician
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The emphasis of clinical study is to see patients and more patients. As no two patients are exactly the same, not even when they have the same diagnosis or pathology, the more patients you see, the more experience you will gain. There is no limit to the amount of clinical experience you can amass. It is going to be a life long process as well. This whole process is going to be exciting as well as interesting, rewarding and fulfilling.

It is therefore important to develop the keenness and the proper skills in assimilating clinical experience while you are in the medical school. Another important aspect of clinical study is the many clinical examinations that you have to take throughout your professional career that are characterized by the limitation of a specific time frame. You have to prepare yourself to be able to meet with these requirements. In fact your everyday practice is really like a collection or succession of many mini-clinical examinations packed together.

The problem with many medical students is that their patient seeing (clerking) is not very efficient. The time spent in the wards is frequently not planned and without any specific goal. To make the best out of seeing patients you need to have a more strategic planning.

I would suggest three approaches, from my personal experiences, that you may find useful:
(a) The "hit-and-run" study of physical signs
(b) The "timed" clinical examination and presentation
(c) The "in-depth" case study

These approaches should be used together and they will complement each other.

(a) Hit-and-Run study of physical signs
The ability to pick up physical signs quickly and to interpret them correctly is a cherished cornerstone skill in medical practice. Therefore you need to see and be familiar with as many physical signs as possible. To make this process efficient, I would suggest the "hit-and-run" approach.
(i) The basic idea is: go to the ward directly, identify cases with clear and
typical signs, examine the signs carefully, then leave the ward. Try to complete
everything in 30 minutes time.
(ii) This practice is a very good time-filler and is best fit into redundant,
unoccupied time slots between sessions, after meals or to serve as a physical
break after a long spell of intensive study. This is a very efficient way of time
management.
(iii) For surgical patients, the best time to look at the signs is the afternoon
immediately before any OT day or in the early morning of the OT day. Most if not
all OT patients will be admitted by this time, and most of them will have some signs.
(iv) Physical signs need practice. The more you see them, the more familiar you
are with them, and the more competent you will be.

(b) Timed clinical examination and presentation
The purpose of this approach is to drill yourself to work fast with your history taking
and physical examination, and to complete everything according to the time limit
of the examination you are going to take. In a way it helps you to develop your
own "clinical skills". This is critical for examinations and will be very useful for your
future practice as well.

(i) The basic idea is: practice your case clerking (and presentation) skill
according to examination formats, in particular the time constraint imposed by
examinations.
(ii) It is a reality of life that you have to go through many clinical examinations
in your career and most of these examinations have a limited time frame for your
case clerking. It is equally true that in actual clinical practice, there is limited time
for every patient you see. You have to make a quick clinical judgement within a
short time, and during ward round with your colleagues, to be able to present the
clinical data precisely to your seniors for discussion (and to impress them!).
(iii) Therefore the aim of this exercise is to familiarize, drill yourself to work
according to time constraint.
(iv) Allocate around 1 hour for this practice. Go to the ward and randomly
identify a patient who is in good mood (and general condition) to be able and
willing to talk to you. Never mind about the diagnosis. It does not matter.
(v) Start clerking him or her as if you are seeing a new case and try to obtain all
relevant history and carry out a complete physical examination within a time limit.
The precise diagnosis of the patient does not matter. It is actually better if you do
not know the exact diagnosis of the patient. Just treat him or her as a new case. (see note 1)

(vi) The key of this practice is to give yourself a time limit. This can be worked out according to the sort of examination you are going to sit. For example, in the final MB surgical long case allocates 20 minutes for case clerking, and for the medical long case around 30 minutes. (see note 2). Try to complete everything within the time limit.

(vii) You may find it difficult at first, but with more practice you will quickly internalize the steps of Inspection, Palpation, Percussion, Auscultation or Look, Feel, Move, Measure, and develop your own clinical skill in assess a patient. This will be very useful for your future examination or your future clinical practice.

(viii) There is an important step you must do after the time limit is reached: you should leave the patient even though something may not be completed. By enforcing the time limit on yourself, you will become faster and more skillful with your history taking and physical examination.

(ix) The next important thing you have to do after leaving the patient is to find a way to immediately “present” your findings in a systematic manner. This is also an important integral step of the whole practice. You may present it to another colleague if you are working with others. If you are practicing on your own, go and find a quiet corner, quickly organize your thoughts, formulate a diagnosis and a management plan, then spend another 5 to 10 minutes in voicing out (actually saying out loud) your findings in the standard case clerking manner, beginning with the Chief Complaint, History of Present Illness etc. If there is another colleague working together with you, let him or her serve as an examiner and report your findings to him or her, and vice versa.

(x) The aim of this practice is to train yourself to develop your own strategies in asking a history and performing a complete clinical examination. Your own clinical skill.

Note 1: if you work with another colleague, he or she may assign you the case.
Note 2: the format of examination may change so that you may no longer have a long case in some of the examinations. It does not matter. In real clinical practice you still have to see new patients as if clerking a long case. Therefore this practice is still useful. Give yourself a reasonable amount of time initially, then as you improve, you may shorten the time bit by bit.

(c) In-depth Case Study
The essence of all clinical studies is to thoroughly understand the symptoms of your patient, the signs and then the management. You have to do it systematically,
persistently and diligently. By so doing, you will then build up a complete understanding of a particular disease and its response to management. Eventually you will be able to identify variations from the classical presentation and you may be able to suggest your own management. This has been how many new diseases and treatments have been developed. Are you prepared to do that?

(i) In this practice you are spending time in trying to understand all different aspects about the patient. You may go back and talk to the patient again or even for a few times, or study the clinical notes in order to understand the case fully. You are also looking up textbooks (or electronic databanks) about the condition, and comparing your findings with available information, to identify the similarities as well as the discrepancies, and to analyze the reason for these discrepancies. You may then realize you are either seeing a variation of presentation of the condition or you have detected some new information about the condition. Make notes of your findings. They will become very useful. You can gradually build up on your notes, adding on management aspects as you move on to more senior years or postgraduate training and when you have more clinical experience.

(iii) You have to develop a habit in doing this from time to time.

(iv) In this practice, you are looking for cases with a clear-cut diagnosis and plan of management. You would be looking for patients who are fully worked up, and avoid those cases who are still being worked up and the diagnosis is still not clear. This will be more time-efficient.

(v) You should start with common cases, or put yourself in the position of a family practitioner and start with diagnoses that you are likely to see or to management. You may also start with some so-called classical cases.

(vi) However, do not labour yourself too much every time. One hour or 75 minutes will be good enough for either yourself or the patient. If you need more time or have missed something, come back another time to continue or repeat the questions or examinations.

(vii) With time, this practice will become a very valuable resource and experience for yourself.

Conclusion

I have presented three useful ways of preparing yourself for clinical studies. Are there anything else we can do?
I think it is important to be open minded. Find out about examinations. Understand how they are designed and what they aim to get from you, and then prepare yourself accordingly. For example many clinical examinations are being changed into OSCE type. OSCE stands for Objective Structured Clinical Examination. Clinical skills that need to be assessed are carefully itemized and these are tested in stations designed specifically for that skill, and you will face many stations. A different kind of skills is required for such an examination (although it bears only a superficial resemblance to real clinical practice). Oral examination is another different matter. The list may go on and may change with time. But it does not matter. Change your strategy and practice accordingly.

The popularity and ready availability of electronic media will certainly change our way of getting and recording information. I think you should also make a better use of them to facilitate your clinical learning. However what I have presented are still the key issues in clinical studies. Try them out. I am sure you will be surprised by how effective they are. Good luck.