

Transforming the Healthcare Simulation Spectrum: **Now, Next and Beyond** 19 - 21 October 2022 Academia, Singapore





Strength and pitfalls of remote clinical skills teachinginterventional case control study.

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Background

Worldwide Covid restrictions had shifted teaching of clinical physical examination for graduate medical students to remote/online mode¹. Different strategies were adopted for online skills teaching ²⁻⁵.We intend to explore the pros and cons of synchronous and asynchronous online skills teaching methods.

Objectives:

To compare the outcome skills teaching by synchronous virtual demonstration versus asynchronous video demonstration and also with that of face to face teaching .

Methodology e control study.

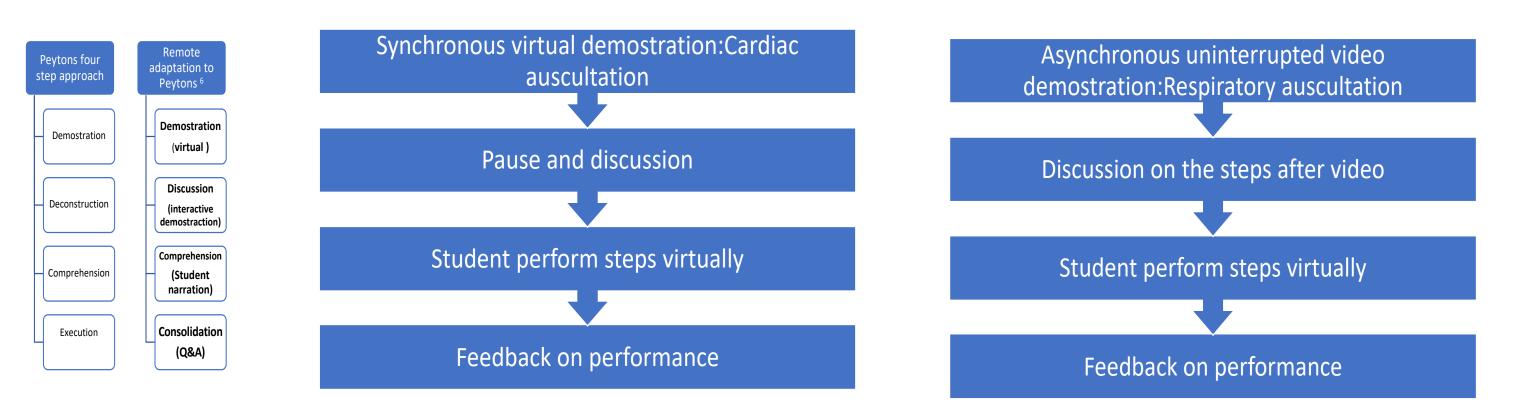
Institutional ethical clearance ref No: AUHEC/FOM/2021/5.

Subjects: Graduate medical students of two consecutive academic batches at the initial clinical skills training phase (n=297).Students taught by virtual mode were the subjects and historic cohort of previous year taught face to face were control.

Discussion

- Skill gain of both cardiac and respiratory auscultation taught by virtual mode was satisfactory with score above 50%(2.93 & 2.76) and were almost equal (p=0.141).
- Performance was significantly lower in virtual teaching compared to face to face teaching (3.7 vs 2.93 and 3.90 vs 2.76) (p<0.000).
- Student feedback and focus group discussion themes reflect the reasons for lower performance and challenges faced.
- Faculty expressed lack of opportunity to provide hands-on training, active learner participation and technical issues.
- Majority of students expressed lack of confidence, dissatisfaction with interactions and inability to correlate sequence of tasks.
- Strategies to overcome the challenges and improve outcome are proposed.
 - Develop institutional policy, build supportive strong technical team.

Interventions:Synchronous **v**irtual demonstration of cardiac clinical examination skills by facilitator in situ to learner at distant location by **Remote adaptation of Peyton's 4stage approach⁶.** Asynchronous prerecorded video demonstration of respiratory systems examination by facilitator through digital platform.



Data collected:

I) Objective quantitative data: Objective Structured Practical Examination OSPE score for maximum 5 marks per station

ii) Subjective quantitative :Student feedback by questionnaire on online teaching⁷.
 iii) Subjective qqualitative data: Focus Group Discussion with facilitators

Results:

OSCE Score

i) OSCE score analysis:

- cardiac auscultation taught by virtual demo versus face to face teaching [p<0.0001]
- Respiratory auscultation taught by video demo versus face to face teaching

- Design session with small learner group, ideal faculty learner ratio 1:6.
- Faculty to embrace approaches that encourage learner participation.
- Design hybrid model of teaching with feasibility for hands-on practice.

Pros and cons of the two online teaching tools.		
	Asynchronous video demonstration	Synchronous remote teaching- Virtual demonstration
Pros	Available recourse.Save faculty time.	 Can be tailored to learner knowledge level on the run. Learner interaction possible.
Cons	 Less opportunity for interaction. 	 Technically challenging.

Conclusion:

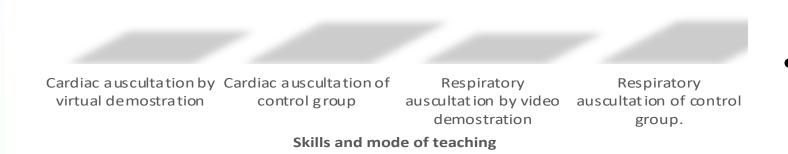
- Clinical skills can be effectively taught online yet face to face teaching enables attainment of proficiency.
- Active learner participation, provision for hands on practice and error correction would yield better outcome.
- Recorded videos save time, while virtual demo enables interaction.

Limitations:

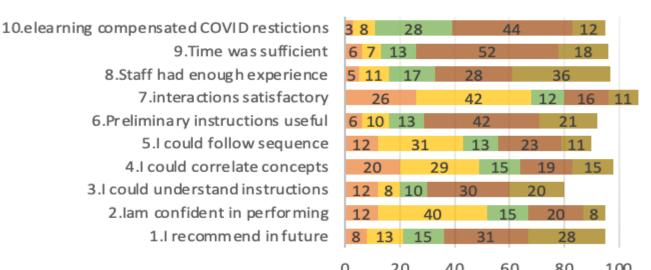
- Short term retention of skills were only studied .
- Analysis of long-term retention of skills to be done.

Acknowledgements:

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■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

[p<0.0001]

Comparison of virtual demo versus video demo scores [p = 0.1411]

ii) Student feedback

- 52% disagree to item 2, confidence level
- 49% disagree to item 4,correlating concepts
- 43% disagree to item 5, ability to follow
- 66% disagree to item 7, interaction
 iii) Focus group discussion themes
- lack of hands-on training,
- paucity of active learner participation
- technical issues faced
- videos were preferred as they save time
- virtual demo enabled interaction.

Research and Education)

• Asian Institute of Medical Science & Technology, Malaysia.

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