

What are the **minimum essential** practical procedures our students should be competent in and **how do we ensure they are trained?**”



Panel Discussion I.

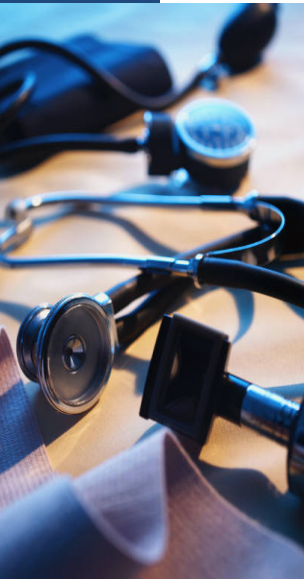
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*\* A list of practical procedures expected at graduation is in your handout*

# Significant Concerns Survey

235 item Student Questionnaire - 2001-2006

Recently .....2010 Considerable improvements continuously since 2003



Reason why training was considered inadequate.		
A :	Insufficient access to the number of patients needed for practice	8%
B :	Insufficient guidance from teachers	8%
C :	Restricted to using only mannequins or simulations	
D :	Only able to observe procedure done by third party	49%
E :	Only lectures provided on this skill / procedure	37%
F :	No training provided in any form	

# Significant Concerns



Procedure	A Insufficient access	B Insufficient guidance	C Models only	D 3 <sup>rd</sup> party observer	E Lectures only
Bandaging	9	26		43	22
Skin Traction	20	10		40	20
Wound Dressing	14	21	29	36	
Urinary Catherizatio n	30	3	57	10	
Demonstrate Aseptic technique	86	14			
Demonstrate Surgical Gowning	60	40			

# Key Questions to ask ourselves

1. Should we be looking to develop a culture where students are gradually allowed to take part in the clinical activities of a team.
  - *This also exposes them to the non-technical aspects of tasks and procedures such as patient safety, communication and inter-personal relationships*
2. Should we make student participation a mandatory feature of our clinical modules?
  - *Both, teachers and students share this responsibility*
3. Should we identify some “**must-know**” clinical tasks and procedures for which competency is an obligatory requirement for graduation

