



## Editorial

# Developing clinical skills among medical students

Madhur Gupta<sup>1,\*</sup>

<sup>1</sup>Dept. of Biochemistry, NKP Salve Institute of Medical Sciences, Nagpur, Maharashtra, India



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A lot of emphasis is being given to proper ways of clinical teaching all over the globe. This is rightly so since one of the major components required for a medical graduate is competency of clinical skills.

The term clinical skills includes physical examination skills, practical procedures, communication skills, and treatment/therapeutic skills, with or without integration across all domains. Moreover a student who graduates from a medical school is recognized as a professional by the expertise of his or her clinical skills.

Needless to say for clinical skills to be learnt one has to have not only the procedural knowledge but also correlate the same with clinical reasoning (diagnostic reasoning and clinical decision-making). Clinical skills that will enable him to practice safely and effectively in the real world.

Without these clinical skill become a “mechanical performance” which has limited diagnostic value, and cannot be adapted for different patients and different situations.

To ensure acquisition of clinical skills, medical teachers must adopt teaching methods that prioritize observation, practice, feedback; and more practice.

According to Martina E.J. Michels, teaching clinical skills first requires a clear decision as to which domains are to be addressed, as clearly different domains require different types of training based on educational theory.

Secondly, attention must be given not only to training a task/performance/procedure, but to integrating this with both underlying knowledge and clinical reasoning skills. How these components are best taught, and at what stage of learning they need to be taught.

Thus, an essential purpose of medical education is to ensure that each student develops and continues to define the basic clinical skills that are required to provide competent care throughout a lifetime of professional work.

To achieve the final outcome of competency based education which focuses on developing clinical skills of medical students, every medical school should design and implement an explicit clinical skills curriculum in the following manner-

1. Medical school should adopt a set of common principles for guiding the clinical skill education process.
2. The medical school should identify a specific set of skills to be learnt prior to graduation.
3. Medical school should provide opportunities for learning clinical skills for medical students.
4. Clinical skill education curriculum should contain essential pragmatic elements so that the medical teacher and the learners have a common understanding of professional skill education and their share in the responsibility of implementing the same.

\* Corresponding author.

E-mail address: [drmadhur20@rediffmail.com](mailto:drmadhur20@rediffmail.com) (M. Gupta).

**Conflict of Interest**

None.

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**Author biography**

**Madhur Gupta**, Professor and Head, Director and Chairman, Medical Education Unit