

## LACK OF CLINICAL SKILLS – 'HYPOSKILLIA'

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As house officers, we were supposed to write a history-based diagnosis, before proceeding with clinical observations. After sometime the in charge of the unit drew our attention to the fact that in more than ninety percent of cases the history-based diagnosis remained the final diagnosis. This was an earnest effort on the part of our seniors to teach us the importance of history. This was like a practical demonstration of Osler's dictum, "Listen to the patient, he is giving the diagnosis".<sup>1</sup> In yesteryears, trainee doctors were tutored how to elicit and then interpret clinical signs. Heated debates used to take place on the loudness and splitting of heart sounds and quality and radiation of murmurs. House staff would auscultate and invite their friends from other wards to listen to a 'rare' auscultatory complex. Before the era of echocardiography the only tools available were ECG and Chest XRay to help establish a diagnosis. We had to scratch our heads and put two and two together to arrive at a diagnosis. In our unit, all house staff had to write daily progress notes under four heading SOAP – subjective complaints, objective observations, assessment and plan. The most deficient parts used to be objective findings and assessment and hence a flawed plan as most house staff would not pay heed to the clinical findings.

In current times, a decent chronological succucinit history has become a rare entity. A properly conducted clinical examination has become a thing of the past. Logical and rational interpretation of a hoard of ordered investigations has become impertinent and inconsequential. In the absence of above three, no decent diagnosis can be made and medical plan envisaged. Most unfortunate part of this saga is the apathy this has generated and the apathy, we as teachers, have developed towards this apathy. This new purely iatrogenic malady has been labeled as 'hyposkillia' – lack or deficiency of clinical skills. Though our medical programs are churning out hundreds of such graduates but these 'hyposkilliacs' are adding to the stock of untrained-trained physicians.<sup>2</sup>

By default these 'hyposkilliacs' are incapable of offering optimal patient care. Doctors who cannot extract an adequate medical history, who cannot elicit clinical signs glaring in their eyes and drumming in their ears, too lazy to order only required tests as against a huge battery and unable to logically interpret the data, can never synthesize the available information to develop a dependable diagnosis and create a management plan. They lack good communication skills and reasoning power.<sup>3-8</sup> They invite shame to the comity of physicians. Such physicians have ample of time for everything else but their patients and to know them 'through and through'.<sup>9</sup>

What is competence? The most comprehensive definition adopted by most is, "Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served."<sup>10</sup> Some of these domains are easily definable and measurable where as others are difficult to quantify. Competence is no longer regarded as an achievement but rather a habit of lifelong learning.<sup>11</sup>

"Give me numbers," one of our foreign trained consultants would ask, while conducting a round. Medical rounds became a number game - this number has gone up and another number came down – the biochemistry is perfect but the patient lives no more. The 'hyposkilliacs' become very good at number game – they order tests in big number including expensive radiology tests and then do not know how to interpret them. They prescribe a big number of drugs hoping that one of them may hit the target. They see a big number of patients in a limited period of time.<sup>12</sup>

There is no sane physician who is against the 'high tech' medicine practice. Newer diagnostic modalities offer a wealth of information, which we never had access to before. 'High tech' medicine solves the riddles that we could not decipher in the past. But the concept of asking for a large battery of test for a rather simple benign complaint is like overshooting. It's like jumping from chief complaints directly to investigations, without taking a detailed chronological history and conducting a comprehensive examination. It is like killing an ant with a missile. 'High touch' medicine, on the other hand, should be preferred where a physician forms a bond with the patient, takes a good history and conducts an all-inclusive examination to clinch the diagnosis. Here one deeply touches the body and soul of the patient and heal the body and soul in return. A young lady with vague chest pain and nonspecific ECG changes may not need an angiogram, rather she needs a listening ear to pour out her discontent. No doubt high tech has increased our capability to diagnose and treat diseases, but it has generated a mental laziness creating an obsessive habitual reliance on investigations, without using brain to solve the conundrums. Also, in the same vein the stress has moved away from patient as a whole to the disease the person has.<sup>13,14</sup>

This problem is neither local nor national, rather both sides of Atlantic have been raising hue and cry about it. The falling standards of clinical skills have been under debate for more than a decade.<sup>15-20</sup> Where lies the fault? Of course with us as teaching faculty and the system which trains them. How and why do we allow such deficiencies to develop, grow and flourish?<sup>2</sup>

What we need are teachers, who are God-fearing and compassionate equipped with common sense, candor and devotion. We need teachers, who do not consider medical practice as a business but a true calling. Faculty, who have the time and more importantly commitment to listen and talk to patients. Medical teachers who truly believe in taking a good history, conducting all encompassing examination and order selected relevant tests. Doctors, who reflect on a regular basis and strive to improve upon their medical practice. Tutors, who take pride in their progeny they had the privilege to teach and groom.<sup>2</sup> The dream will come true when the doctors of tomorrow imbibe the 'Oslerian' spirit and work hard to achieve the very core of humanism and professionalism.<sup>1,3</sup>

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