Teaching Medical Skills

This is the Annual Impact Report written for Teaching Medical Skills Program, written by Ximena Núñez M (AEMPPI-Ecuador) on the 30th of June, submitted for the 67th IFMSA General Assembly August Meeting 2018.

Summary of the report

This report summarizes the work done under the Teaching Medical Skills Program for the term 2017/2018. During the last year we had 44 activities enrolled, 22 of them were reported successfully and within the deadline. These activities together targeted around 7648 medical, and other health sciences students from 3 of the 5 regions of IFMSA. The program mainly focused on non-formal education workshops, dedicated to improving medical skills with a capacity building point of view (64%), the rest of the activities were on education, and 1 campaign. Since activities have increased this last year, this numbers might reflect more the local impact NMOs are creating to cover the Program’s focus areas. Also, they show how capacitation efforts made to spread the Program’s word has worked good.

Souk’s Workshops (Le Souk Algeria)
Message from the Program Coordinator

Dear friends around the world, my name is Ximena Núñez M, a 23-year-old medical student, panda lover and Medical Education fan since my journey started back on 2013. I picked this program, because I strongly believe, most of the activities are directed to medical students, to improve their learning methods, skills and development under the Medical Field. Non-formal activities, workshops, peer to peer education is happening in all your NMOs, so I want to be part of your activities, by guiding Activities Coordinators on the design, implementation and evaluation of their activities. I must say, I love activity management, and this term has made me stronger and I know much more than I used to. After several months in this position, I can see how much IFMSA Programs have grown, and how every webinar, capacitation and contact has gotten to more and more NMOs every day. I want to invite you to enroll every local activity you develop, and mainly to report it, since is the only way we have to measure the real impact IFMSA is making on every important area. I want to thank our VPA, PSA, other PCs and the SCOME IT 2017/2018, for crossing knowledge frontiers, and taking programs further this year.

Big Panda Hugs

Ximena Núñez Mejía
Teaching Medical Skills Program Coordinator 2017/2018.

Introduction to the Program

For every Medical Education enthusiast and to most of the IFMSA members, providing opportunities to increase the skills outside of the classroom is a basic way to form integral medical doctors. Since the main goal we are trying to reach with this program is to close the gap formed between the skills we need to acquire, and those we really get from the faculty. For this program, is essential to provide, and support NMOs on creating this type of activities and to assess the impact made worldwide on medical education areas, advocacy and introduction of non-formal courses in the medical curriculum. To achieve these goals, TMS program is based on this focus areas:

- First Aid/ CPR, BLS
- Diagnostic Measures
- Diagnostic tests interpretation
- History taking
- Doctor-Patient communication skills
- Soft skills for medical practitioners
- Surgical Skills
- Clinical Examination
- Clinical skills in Maternal and Child Health
- Research basics for medical practitioners
Annual Working Plan of the Program

When I started this term, I proposed myself to focus my efforts mainly on capacitation. I think I managed to spread the word on Programs, during the Americas Regional Meeting, during a specific Webinar delivered with the Americas SCOME RA, and also with several individual meetings with Activity Coordinators, who wanted support on activity design. Also, I created some resources to help Ras and ACs understand the Program objectives and outcomes. I tried to get in touch as much as possible with SCOME RAs and after this report is ready, I will make sure to share my feedback regarding these activities with them. Another important part on my AWP, was the close work I had with the OTMD PC, with whom I created a survey to start a course manual on Organ Donation for Medical Curricula. If we see this year in perspective, I have to say I accomplished most of the things I expected to, and even more.

Impact of the Program

With 22 reported activities, the TMS program has reached 7648 medical and other health sciences students with activities held in 3 regions: 23% of the activities came from the Americas, 59% from Europe and 18% from EMR. (Gr. TMS-1)

Gr. TMS-1 Regional Distribution

If we check the type of activities developed during this term, we have 3 types. Capacity Building was 63% of the activities, Education in 32% and Campaign 4%. (Gr. TMS-2).
The focus areas covered with these activities were: First AID/ CPR, BLS: 27%, Diagnostic Measures: 32%, Diagnostic Tests Interpretation: 23%, History Taking: 9%, Doctor-Patient Communication Skills: 41%, Soft Skills for Medical Practitioners: 36%, Surgical Skills: 36%, Clinical Examination: 18%, Research basics for medical practitioners: 14%. As we can see, the majority is directed on Surgical Skills and Soft Skills for Medical Practitioners. (Gr. TMS-3)

Gr. TMS-3 Focus Area Distribution

Main outcomes obtained from different activities in this Program were:

1) Successfully achieving the Program main objective, ACs were great at providing their NMO members with educational opportunities, non-formal education activities, workshops, and skill courses.

2) Intercultural learning spaces, in which members from different countries applied and attended to training events. (Surgical Simulation Schools, Emergency Medicine Simulation Seminary, Breaking the Silence)

3) Practical Skills evaluation methods, where participants could use what they learn in action (Courses on Microsurgery, CPR: Save a life)

4) A campaign activity was included in the program, since one of the main objectives was to prepare medical students on gender based violence communication skills for medical practitioners, in this case, the activity got lots of press. (Open your eyes)

5) Also, most of the activities had recognition from external organizations who helped them achieve most of their goals. Support was economic and logistics. Also, they provided spaces and resources for skill evaluation process.

6) Target group included not only medical students, but also dental and other health sciences students, something that shows interprofessional education as an important part of medicine formation.
7) National Officers from Standing Committees different to SCOME (SCOPE) had the chance to design educational activities for medical students going on exchanges, something that increased even more the action area of the program. (IFMSA-Serbia)

8) Huge events have taken place this year, including some activities that gathered around 1500 medical students in one place, to learn and practice those skills that maybe classrooms couldn’t fill properly.

Discussion and recommendations

This year was full of new ideas and original activities, however, despite having 44 enrolled activities (from the 5 regions) only half of them were reported successfully (3 out of 5 regions); to improve this gap, PCs and the SCOME IT should work harder not only in promoting activity enrollment process, but specially guiding ACs trough the reporting importance on impact measuring.

The program also, increased the activity types made, including capacity building on first place, but also education and campaigning; In order to follow one of the program outcomes, that seeks for the inclusion of non-formal education activities on medical curricula, the advocacy activities must increase in future terms.

According to data found in the reports, support from organizations different to Universities is increasing, this shows, how external partners can help activities to make greater impact specially related to the number of participants.

For future Programs Coordinators, I would suggest keeping capacitation as the key strategy to increase enrollments and reports. Creation of toolkits, infographics, manuals and surveys is essential to attract new NMOs on the Programs field.

Finally, individual follow up, should be always taken in count, this way ACs from standing committees different to SCOME can also present activities in this Program.