

Challenges of Clinical Teaching in Developing Countries

Abstract

Clinical teaching is very important for students' learning as it helps them to integrate cognitive, affective and psychomotor skills when delivering medical care. However, it has been noted that across all medical fields new graduates have low level of competency and questions have been raised with regard to the contributing challenges.

This paper aimed at exploring the challenges that affect clinical teaching in the developing countries. A Google search of the published article on challenges of clinical teaching in the developing countries was done and the reported factors were documented. The challenges found included: poor teachers' knowledge and skills, finance related constraints, unfavorable learning environment, large numbers of enrolled students and the accompanying constraints, poorly motivated teachers and poor government policies.

Based on these findings, it is recommended that efforts need to be made to address the challenges so as to enable effective clinical teaching that will roll out health workers who can offer appropriate services to society.

Keywords

Challenges • Clinical teaching

Introduction

Clinical teaching refers to a set of planned experiences designed to help a student acquire skills, attitudes and cognitive knowledge by practicing in a clinical environment. Effective clinical teaching is very important for students' learning, as it helps them to build their clinical competency which is the ability to effectively integrate cognitive, affective and psychomotor skills when delivering medical care [1,2]. It helps students to put theory into practice as they are exposed to patients through clinical clerkships [3]. During this process, the students are socialized into their professional roles and this prepares them for the kind of work they will meet as medical practitioners[1,4].

However, it has been noted across all medical fields that

Review Article

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new graduates have low level of clinical competency. In Ugandanoted that many young medical graduates lacked knowledge, attitudes and skills causing growing concerns about the declining standards of undergraduate medical education in the country [5]. Similar situations have been observed in other countries like Cameroon, Tanzania, Saud Arabia, South Africa and Iran and questions have been raised with regard to the contributing challenges[1,2,6].

Since effective clinical teaching is vital for quality medical practice, there is need for health systems to identify and address the challenges faced during clinical teaching. Such challenges interfere with teaching and learning of students and lead to poor outcomes[1]. An understanding of those challenges can provide a basis for the clinical medical educators to be empowered with the necessary teaching skills and thus improve the quality of students who graduate.

Aim

This paper aimed at reviewing and documenting such challenges that affect clinical teaching in the developing

countries with a view of coming up with the possible solutions to those challenges.

Challenges

Teacher related challenges

Preceptors' lack of appropriate professional and teaching skills has been noted to be a challenge. Some teachers lack the required qualifications to be preceptors and many are not trained teachers and thus cannot improve students' clinical competencies [1,7,8]. In a study done in Tanzania on factors influencing clinical teaching of Midwifery students[9], it was noted that tutors lacked both professional and educational qualifications for teaching and this affected the learning of students. While exploring the reasons for students' poor clinical competencies in the primary health care[10], it was noted that the lack of adequate knowledge and qualifications fails to compensate for the lack of clinical and theoretical knowledge of the students. The appropriate clinical knowledge and skills help to prepare and support the teacher for the role of mentoring which is the key to learning the skills.

Lack of proper communication skills and poor interpersonal relationships have also been noted as teacher challenges that affect the transfer of knowledge.

Many studies have documented inadequate staffing in the clinical settings as a big challenge [9,11,1,5,10,8]. The teacher: student ratio is so small in many settings. This shortage of clinical teachers leads to work overload and staff burn out, lack of adequate quality supervision and mentoring of students, poor preparation for the clinical teaching sessions because of time pressures and poor quality control of the program. All these contribute to poor clinical practices by taking shortcuts leading to poor clinical knowledge and skills acquired by the students.

The clinical teachers are not well motivated to teach. Studied have documented lack of financial incentives for the preceptors, lack of equipment and other relevant materials for proper teaching, poor working conditions and lack of opportunities for knowledge update[1,5,8,11,12]. This leads to low morale of staffs resulting into overall reduction in clinical performance efficiency.

The challenge of lack of research opportunities and funding has also been highlighted [5,13]. This impedes both academic and professional growth of the tutors. In Uganda, Kigonya noted that promotions are based on the number of publications done by the teacher.

There are no clinical guide lines to assist the clinical

teachers on how to effectively teach and supervise students in the clinical areas[1,8,9]. This is coupled with lack of clinical accompaniment of the students by the tutors which affects the quality control of clinical teaching and hence the poor outcome[14].

Appropriate and constructive feed back to the students has also been noted to be lacking [8,10]. Feedback makes teachers more competent, helps to rectify own mistakes and leads to perfection of knowledge and skills.

Student related factors

Many student related factors do affect clinical teaching in these countries. In all settings, the number of Students admitted is large compared to the facility provided [1,5,4,8,15]. This reduces the opportunities for learning by the students and leads to poor theory – practice integration. The large number of students also brings assessment challenges especial in the event that there is shortage of skilled manpower.

Some students do not take clinical learning seriously and lack preparedness. This affects how much knowledge and skills they can acquire during a particular exposure[1]. Self efficacy beliefs, interests and gender of the students are some of the other student factors that have adverse effects on clinical learning[2].

Institution related factors

Unsupportive learning environment has been highlighted by many authors [2,4,7,9,10]. The skills' laboratories are not well equipped, the wards and other learning areas are crowded with patients and lack the necessary supplies making effective teaching and learning difficult.

Poor financing of the institutions has also been documented and this contributes greatly to the inadequate staffing, poor motivation of staffs, lack of equipment and other teaching materials, and lack of funds for research as already mentioned before[1,5,9,10,11,13]. In Uganda, administrative mismanagement and poor or absent planning were also noted by Kigonya.

Poor Health or Government policies that do not favor clinical teaching do also affect the acquisition of knowledge by the students[1]. The curriculum design and teaching methods adopted by the teaching center have an impact on the teaching and learning[2]. It has been noted that the curriculum and teaching methods adopted should be able to impart the necessary knowledge and skills needed to address the demands of society [16].

Conclusion

In developing countries, a number of challenges do affect clinical teaching and lead to ill prepared medical workers being released to serve society. These challenges can be; teacher related, student related or Institutional in nature and include poor teachers' knowledge and skills, finance related constraints, unfavorable learning environment, large numbers of enrolled students, poorly motivated teachers and poor Government policies among others.

Recommendations

- All clinical teachers need to be trained teachers. This will help them to use the appropriate methods for the delivery of information to the learners and hence improve the out come
- Governments need to increase funding in the ministries of health and education. This will help in facilitating recruitment of more clinical teachers,

their motivation in terms of financial incentives and the purchase of equipment and other resources necessary for teaching and learning. It will also help to fund applied research in the institutions.

- Governments should set up more clinical centers and equip them so as to cater for the large number of students and the overcrowding of patients. This will improve the learning environment and hence facilitate teaching and learning.
- Clinical teaching guidelines should be developed and used to properly guide and teach students during their clinical placements. This coupled with improved supervision, will also help in effecting quality control and adequate theory – practice integration.
- Skills laboratories in all the healthy training institutions should be equipped with all that is needed for proper skills training.
- A constructive feedback system should always be employed in the teaching and learning process.

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