



# UNIVERSITY OF GHANA



## **REPORT ON FIRST CLINICAL YEAR- SELMA ADEVU**

Dear friends,

Warm greetings from Korle-Bu. I hope this finds you in good health while still in this era of the Covid-19 global pandemic. And I hope we are all keeping safe and taking the Covid-19 precautionary measures.

After being home for well over 5 months, our class was finally recalled to school on August 24 after the President announced that college students who could not complete their academic year online could return to school. This was expected as prior announcements were made with regard to opening up schools in phases.

What we were not sure about however was whether we were going to be given the entire 7 weeks we had left to be on the wards because as you may already know, things were going on as planned and I was 3 weeks into my 10-week Surgery rotation before schools were suspended.

We were recalled to school on the August 24 with no idea of how things were going to be in the 'new normal'. The Dean of the Medical school together with a team of other lecturers including Public Health experts and Psychologists met us on the morning of August 24 in order to orient us to our new way of life and to tell us what was expected of us in the 3 weeks that had been allocated to us to finish our 7 week course. Because we didn't have any time to waste, lecturers started that same evening. We were required to have 4 separate lectures a day and spend no less than 3 hours on the ward. The lectures were on Zoom but we have to go to the ward not only to see patients and practice our examination skills but also to have small group tutorials

with lecturers who did not want to make use of the online platform. The last 3 weeks therefore saw us 'hopping' from one online lecture to another and then to the ward with very little time to even revise what we had been taught previously. There were days that we were so occupied that the only free time we had during the day was the 30-minute break between an online lecture and an in-person tutorial. Some of the lectures were so intensive that we had to go past the 4 PM, which was the official time that class ended.

After the extensive 3 week learning and teaching period, we had only 3 days to prepare for exam. That was new to us because we were used to having 2 whole weeks for revision. But this could only mean one thing: There was no time to waste!

Together with a few friends who are part of my study group, we got on quickly with the revision and practiced the examination skills among ourselves.

Our Final Part 1 examinations started on Thursday September 17 and ended on September 24, 2020. The exam was divided into a theory part and the clinical part. One needed to make at least a 60% pass in both in order to advance to the next year. However, a lot more emphasis was placed on the clinical exam such that a failure in the clinical aspect with or without a pass in the theory part was still considered a below average performance and would warrant a referral and re-sit of the course.

As part of the new normal, we did not get to perform clinical examinations on patients as was done in the past but had to rely on manikins which the school provided. The downside to this was that the Clinical skills and Simulation Centre at Korle-Bu was woefully under-resourced and most of the mannequins there were either faulty or not enough for the entire student population. The Skills center which had a walk-in policy therefore had to start accommodating students based on appointments and reservations, which were even difficult to get. There was also a limit to the number of times and the amount of time each student could have at the Centre to allow for most if not all of us to have some experience with the mannequins. School management also allowed for the skills lab to be opened on Saturdays as that was the only time most of us had to practice with the mannequins. Choosing to go there on a weekday would mostly mean that you had chosen to miss an online lecture or in-person tutorial as there was literally no time allocated for that on the timetable.

On the day of the clinical examinations we were bused to the University of Ghana Medical Centre, a newly built facility that was however yet to be put to full use. It had a well-resourced Skills lab with state of the art mannequins. This got me wondering why the school could not give us the opportunity to practice with these mannequins before the exam.

For the Internal Medicine exam, we were divided into small groups and had to go to different stations to be examined. Each station had us going through the steps of clinical examination in the presence of a consultant who would grade us based on the order and dexterity with which we performed the steps and the proficiency with which we presented our findings. Questions with regards to symptoms, diagnosis and management were then asked based on a clinical picture.

In all, there were 7 stations; Neurological, Respiratory, Cardiovascular & Gastrointestinal system stations, a History station and 2 rest stations. In a History taking station, we were required to take a detailed Clinical history from a simulated patient and present our findings and most probable diagnoses to an examiner. We had 7 minutes at each station; 5 minutes to go through the actual exam and 2 minutes to present our findings and answer questions.

The Surgery exam had a similar format except that there were about 15 stations. 1 for history taking, another for oral exam, yet another for examining a surgical case, 2 rest stations and 10 for Objective Structured Clinical Examinations (OSCEs). In the OSCE stations we were either required to answer questions based on a surgical clinical picture presented, identify a surgical instrument or interpret a radiological investigation or laboratory report.

We completed our exams on the 24<sup>th</sup> of September but had to stay in school for a further 3 weeks for our Trauma and Orthopedics rotation, which is a subspecialty under Surgery. It must be noted that this was just an introduction to the course, as the subspecialty would be dealt with again in the final year. During the 3 weeks of learning, we had 4 lectures a day. There were also videos and pictures to make up for what we were required to see and know on the ward. The aim of the course was to equip us with working knowledge of both operative and non-operative treatments of a wide variety of orthopedic conditions. Also importantly, we were taught basic resuscitation skills and asked to take that seriously as the number of road traffic accidents were increasing in Accra, and Ghana as a whole and our ability to control severe bleeding in such patients would come in handy.

At the end of this rotation, we wrote a mock examination to orient us with what to expect in final year. Although we were not too sure if this exam score would contribute to our final year result, we put in our best so that we are not caught by surprise.

A few days after this mock exam, our results for the Final Part 1 exam were released and to the glory of God, I passed both the Medicine and Surgery papers. That means that I have secured my spot in 5<sup>th</sup> year (2<sup>nd</sup> Clinical year) and I am inching steadily and closer to fulfilling my lifelong dream of becoming a Medical Doctor.

Unfortunately, about 90 of our colleagues could not pass on the first attempt and have been given another opportunity to prove their worth. They would therefore have to stay in school and be seen on the wards everyday for 3 weeks after which they take another shot at the exams. As a class, we put some structures in place to help them through this experience.

Hopefully all 90 of them would sail through and join us for 2<sup>nd</sup> Clinical year, as a failure in the supplementary exams would merit an automatic repetition of the 1<sup>st</sup> Clinical year.



## The Way Forward.

Pursuant to the President's directive, school would reopen next year. We are however yet to be furnished with the exact date of reopening. I am guessing that information would be available to us when the supplementary exams are over.

I look forward to 5<sup>th</sup> year and so in the meantime, I would be acquainting myself with some notes I got handed down to me from my seniors. They have charged us to be diligent with 5<sup>th</sup> year as it may be a little more challenging than what we just went through and involve a lot more.

Thank you for your continued support as this has spurred me on this all important journey of acquiring medical knowledge and skills. It is my earnest prayer that the Good Lord rewards all your kindness in ways that you never imagined.

