

BRIEF COMMUNICATION

## **Integrating Communication, Clinical and Research Skills in Medical Education: The Daisy Project**

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### **Introduction**

Due to the rapid developments in medical technology, and the increased specialization of the medical profession, medical education is dealing with the challenge of integrating the principles of a biopsychosocial approach to an increasingly complex medical environment. This has resulted in a trend to diminish theoretical burden in favor of practical skills acquisition, integration of communication and clinical skills, and a shift towards more community-oriented education (Schmidt *et al.*, 2000; Thistlethwaite, 2000; Huey, 2001; General Medical Council, 2002).

### **The Daisy Project: Setting & Objectives**

The educational curriculum of the Medical School of the Aristotle University of Thessaloniki is characterized by the compartmental division between theory

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and practice. This division is expressed by the curriculum split into three “pre-clinical” and three clinical years. Recently, the Medical School has launched a systematic attempt to reform its undergraduate curriculum towards a more patient-centered and community-oriented medical education perspective, following the principles of problem-based learning.

Within this framework, the Department of Social Medicine developed a two-year pilot educational project integrating communication, research, and clinical skills in a variety of health care settings. The pilot project aimed at:

1. Enhancing students communication skills;
2. Helping students to integrate clinical, communication, and research skills;
3. Familiarizing students with the diversity of experiences encountered in medical practice in hospital and community settings;
4. Promoting the physician role as a clinician, researcher, and active citizen, focusing not only on treating, but also on preventing disease and promoting health.

The steering committee for the educational reform of the Medical School approved the pilot project to run for two years, with completion in 2005.

## **Overview of the Project**

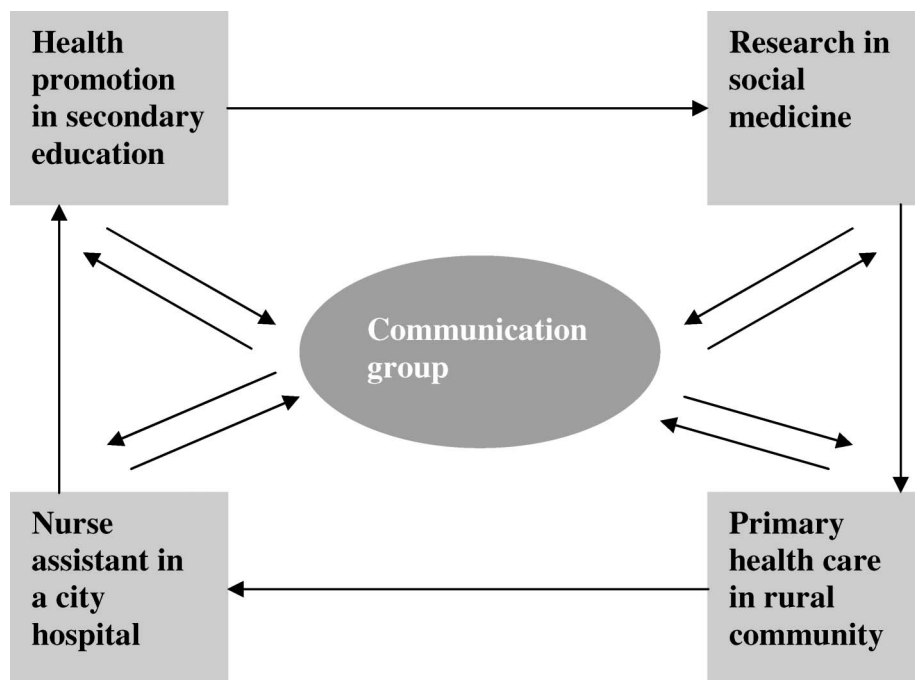
The activities of the project include: (a) a communication/reflection group, and (b) four separate placements (see Figure 1).

The four placements consist of:

1. Participation in a health promotion program in secondary education;
2. Working as a nurse-assistant in a city-hospital setting;
3. Attending the activities of a primary health care practice in a rural community;
4. Designing and conducting research in social medicine.

Participation in the project is on a volunteer basis. All participating students attend the communication group meetings for two years. In addition, they are asked to participate in at least one placement of their choice for the first year of participation, and rotate placements for the second year.

The communication/reflection group is the connecting agent integrating the activities of all placements: Students are encouraged to apply the skills they learn in the communication/reflection group in their placements. Alternatively they are encouraged to discuss in the group, the experiences they encounter in their placements. This interactive, two-way process is the reason the project is called the “Daisy” Project. In effect, the placements represent petals and the



**Figure 1.** The Daisy Project: Integrating communication, clinical and research skills in medical education.

communication/reflection group represents the center of the flower and the conduit between the different skills learnt.

## **Coordination and Participation**

The project is coordinated by a multidisciplinary team consisting of an associate professor in Social Medicine, a health psychologist, a general practitioner, two nurses, and a public health researcher.

## **Description of Activities**

### *Communication Group*

Communication skills training takes place in two levels corresponding to the two years of the project: in the *first level*, students are familiarized with the basic models of communication, and introduced to basic communication skills. In the *second level*, they are trained in communication skills in specific medical encounters: Students meet weekly for the first year, and biweekly for the second year, for 1½ hours in groups of 10–12 people. The groups are coordinated by a health psychologist.

### *Health Promotion in Secondary Education*

In this placement, students are encouraged to work together with local authorities, teachers, and parents, in order to apply a health promotion intervention in a secondary education setting. The placement includes two separate groups of activities:

*Promoting safe sexual behavior in high-school students.* Students attend biweekly seminars on issues concerning sexual behavior, and the design of health promoting interventions. At the end of the seminars, students design their own intervention promoting safe sexual behavior, which they deliver to two high schools in the local area.

*Health promotion in a multicultural setting.* Students attend biweekly seminars on issues concerning needs assessment of multicultural population groups. At the same time, students design an intervention addressing the needs of immigrant adolescents from different ethnic groups.

### *Nurse Assistant in a City Hospital*

During this placement, students attend two seminars where they are introduced by the nurse members of the team to the principles of nursing as well as to the clinical and communication skills required for nursing practice. Following this they perform five 3-hour visits to the hospital where they practice a variety of nursing skills under the supervision of a nurse.

### *Primary Health Care in a Rural Community*

For the purposes of the placement, students attend an introductory seminar on primary health care and the role of general practitioners in the community. Following this, they conduct four 8-hour study visits to a primary health care center under the supervision of general practitioners.

### *Research in Social Medicine*

This placement addresses methodological, biostatistical, and ethical issues concerning research in social medicine. Students attend seminars addressing issues such as hypothesis testing and research design, or grant writing. In the end, they design a research protocol based on their experience from participation in the Daisy Project.

## **Evaluation**

The Daisy Project is one of the first pilot educational projects to introduce change in the undergraduate curriculum of the Medical School of the Aristotle University of Thessaloniki. Evaluation using both quantitative and qualitative methodologies will provide useful information concerning

feasibility, effectiveness issues, and will raise the challenge of integrating the project into the curriculum. The big challenge for the future will be to ensure that the new educational experience can contribute effectively in the integration of traditional and modern medical practices in a stimulating, flexible, and cost-effective framework.

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