

Hyposkillia-old and current concerns

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The deleterious diminished clinical skills (hyposkillia) associated, at least in part, with reforms in medical education around the world have been little discussed over the past two decades [1-6]. In fact, very expensive instrumental examinations, and diagnostic tests have now replaced the ancient art of clinical diagnosis, as William Osler anticipated when he said that medicine is learned at the bedside, not in the classroom” [1-5]. Therefore, it would be much better to concentrate on both the art and science of medicine to improve clinical skills, which will then lead to better diagnostic skills, with less misdiagnosis and underdiagnosis in clinical practice.

Another area of significant importance is the intricate and constant relationships between general practitioners and specialists from multiple domains, for example, anatomopathology [6]. The best example is the clinicopathological sessions with multidisciplinary participation which facilitate intelligent discussions on previous diagnoses and management of necropsied cases [6].

In a recent article, Dhaniwala explores the causes and consequences of hyposkillia in undergraduate and postgraduate medical education. The article also emphasizes the negative impact of the COVID-19 pandemic on the use of online simulation tools as a disadvantage compared to conventional practice on standard patients [2]. The acquisition of sound clinical skills by medical students has gradually become less important; with sparse traditional bedside instruction provided by unmotivated and relatively less competent instructors. In fact, the precise semiotic techniques of anamnesis and physical examination provide up to 80% of the data needed to establish correct clinical diagnostic hypotheses [2]. To demonstrate how semiology plays a role in directing doctors toward the right diagnoses, the author emphasized the need for more time to be devoted to hands-on clinical training during undergraduate and postgraduate courses, under the supervision of competent teachers [2].

It is pertinent to say that the medical students and trainees of all grades should spend more time in the bedside training and

the direct interaction with patients, as the best option to prevent or minimize hyposkillias [2]. Datta in the published article emphasizes the careful performance of anamnesis and physical examination as a good way to optimize the patient–physician relationships [1]. This contributes to obtain accurate information and elaborate diagnostic hypotheses, to be able to formulate comprehensive clinical diagnosis which ultimately leads to better management. In the 1960s, up to 75% of the teaching time for medical students’ teaching was spent at the bedside. Today, this irreplaceable formative activity occupies no more than 17% of their total training, resulting in a persistent hyposkilliac status among medical students of several regions [1]. The author also commented the indispensable continuous participation of competent trainers to proceed with the necessary reversion of this high rate of the medical hyposkillia [1]. Jain gave us a personal historical lesson under the format of a chronicle involving major aspects of true salutary relationships between patients and physicians from old times; and, with a meridian clarity, he made well exemplified the meaning of “the human touch” [3]. This basic issue was duly valorized by the author, who called attention to the increasing general tendency to deterioration with time, becoming a mechanical relationship; and the patient could be considered a mere object of work instead of a true human being [3]. He also highlighted the influence of the teachers’ actions on the students or patients; they should in fact practice what they teach, because of effects on the future practitioners [3]. Worthy of note was the suggestion to patients writing their impressions about the failures during the hospital medical assistance, besides presenting the respective suggestions [3]. Comments about Brazilian articles focusing on the aforementioned issues are included aiming to enhance the interest of general physicians, especially about the need for changes [4-6]. Hippocrates taught that the objective of medicine should be centered on the patient care, but nowadays it is becoming impersonal, superficial, and more centered on technology; in addition to a growing reduction of clinical skills among the younger physicians. Learning develops through medical activity, and technology is only a complement to work [4]. William Osler said that it is a safe rule to have no

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teaching without a patient as the text, and the best teaching is that which is taught by the patient himself. The most important is that the patient ranks from the first to the fifth place, and science comes after, meaning that the technology does not always improve the quality of patient care [4]. Sometimes, the simulators try to compensate the absence of competent trainer for students; this is not equivalent to the interactive supervised clinical bedside evaluation of patients by teachers with a longstanding experience in daily practice of Medical Semiology [4,5].

In conclusion, the modern diagnostic technology is very useful to confirm challenging hypotheses, but humanistic patient care and basic semiology at the bedside should be maintained as the cornerstone of clinical medicine. Collaboration of both will invariably lead to better quality and delivery of the health-care services.

AUTHORS' CONTRIBUTION

All the authors contributed to the conception and design of the study, acquisition of data, analysis and interpretation of

data, drafting the article and revising it critically for important intellectual content, and final approval of the submitted version.

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