Correspondence

The clinico-epidemiological conference: a proposed new pedagogic tool for the integration of epidemiology and clinical practice

Although disease prevention and health promotion fall within the remit of public health professionals, clinicians are being called upon to play an increasing role in these spheres. The UK General Medical Council⁠¹ already requires all doctors ‘to protect and promote the health of patients and the public’. Medical curricula contain minimal guidance as to how this might be achieved within a routine clinical context.

I propose a new educational tool, inspired by the clinicopathological conference (CPC),⁠² that responds to the new preventive obligations being placed on doctors. I have called this new pedagogic tool the clinico-epidemiological conference (CEC). Like the CPC, the CEC is an educational tool that aims to promote a deeper understanding of, and draw generalizable lessons from, an in-depth review of an individual patient’s clinical journey, from initial presentation to outcome, by means of a formal presentation followed by discussion. Unlike the CPC, however, the CEC is not primarily intended to improve the clinical diagnosis or management of the established disease. Its purpose is rather to increase knowledge about underlying aetiology and how the disease process might have been prevented. Thus, the intended beneficiary of any insights generated in this way is not just the individual patient or groups of patients with the disorder under discussion, but also the population as a whole.

The CEC starts with a presentation by a clinician of the salient clinical features of a case. That is followed by a second presentation offering an account of the condition’s epidemiological characteristics including its population frequency, natural history and, most importantly, susceptibility to the three levels of prevention in relation to the natural history of the disorder. Its purpose is rather to increase knowledge about underlying aetiology and how the disease process might have been prevented. Thus, the intended beneficiary of any insights generated in this way is not just the individual patient or groups of patients with the disorder under discussion, but also the population as a whole.

After each presentation, an ‘integrated discussion’ ensues with audience participation. The proceedings close with a summary of the case, what is known about the condition in terms of its clinical, epidemiological and preventive aspects, and finally the articulation of a small number of ‘take home messages’. These will include the answers to two key questions. First, how might the disorder have been prevented or ameliorated in this particular patient prior to presentation. Secondly, how might the disorder be prevented or ameliorated in the wider population at risk?

The CEC would refocus the attention of medical educators on familial, social, cultural and environmental influences on the human health, and on how doctors may seek to halt or reverse disease processes and promote health, whether through clinical or public health interventions.

An experimental CEC took place in late 2012 during the public health course (under the direction of Professor Mary Rudolph) of first year students at the new Galilee medical school of Bar Ilan University, Israel. The topic was miliary tuberculosis presenting in an infant of parents who had recently migrated to Israel from Russia. The event received strongly positive approval in the course of informal student and staff feedback. The next step will be to refine the CEC further and undertake a more formal evaluation of the extent to which its intended learning outcomes were achieved.

References