Transition to major clinical years: a multi-institutional preparatory course run by junior doctors for first-year clinical students

Daniel Pan¹, Alan Gopal¹, Thomas Hine¹, Timothy Rawson², Amar Sharif³ & Mahmoud Loubani¹

¹Hull and East Yorkshire Hospitals NHS Trust, ²Imperial College Healthcare NHS Trust, ³London Northwest Healthcare NHS Trust
Correspondence to: Daniel Pan: daniel.pan@nhs.net

INTRODUCTION

A multi-centre medical school preparatory course was designed to address preclinical students’ reported learning needs during their transition from lecture- and classroom-based learning to learning from clinical rotations. The main objectives identified from focused groups of the target audience were:

1. To provide high-quality teaching of basic clinical examinations and data interpretation;
2. To teach students strategies to utilise time on the wards most efficiently;
3. To give career advice through a comprehensive workshop covering research, audit, teaching, and assessments.

METHODS

The course was implemented serially at two sites in the UK: Northwick Park Hospital in London (28th/29th November 2015) and Hull Royal Infirmary (22nd/23rd October 2016). Local medical education departments were actively involved in the conception and implementation of each course, to tailor the course to the specific learning needs of the local student cohort. All learner and tutor materials were designed in advance and approved by local departments to ensure quality before dissemination. The course was advertised to all undergraduate medical students in London and Yorkshire & the Humber. The course was delivered by Foundation trainees and consisted of small group teaching in a round-robin format (c.f. objective 1), simulation of difficult ward round situations (c.f. objective 2), and a careers workshop comprised of large-group lectures (c.f. objective 3). Each tutor was formatively assessed by a local teaching fellow for quality assurance. Feedback from students was collected after each session and as an exit questionnaire. Brief end-of-course debriefings were held and delegates were invited to attend.

RESULTS:

Thirty-five students participated in the London course; sixteen participated in the Hull course. A Likert scale from 1 (very poor) to 5 (excellent) was used for feedback. Overall feedback indicated attendees found teaching to be relevant (Mean (M) 4.84 Standard Deviation 0.36 (SD)), useful (M4.82 SD0.39), enjoyable (M4.73 SD0.45), organised (M4.52 SD0.57) and regarded faculty as knowledgeable (M4.91 SD0.29). Collated feedback for individual sessions reflected this; relevance (M4.73 SD0.54); usefulness (M4.71 SD0.53); enjoyable (M4.71 SD0.51); and tutor knowledgeability (M4.80 SD0.46). A word cloud (generated using an online tool) displays the most frequent words from qualitative feedback (figure 1). End-of-course debrief sessions with delegates revealed students valued learning about the function of ward rounds and learnt to appreciate the importance of research, audit, and teaching.

Figure 1: Word Cloud generated from qualitative feedback comments from delegates for Upon Inspection.

DISCUSSION:

For many medical students, the transition from their preclinical to clinical years is a stressful one, often due to frustration at their inability to synthesise and apply knowledge on the ward. Evidence in the literature suggest that junior doctors are well placed to alleviate these concerns as they share recent experiences and are often familiar with current assessment processes and practice, correlating with our results. Multiple courses employ junior doctors to teach final-year medical students, but few, if any, such arrangements exist for clinical students in their first clinical year. Our results suggest junior doctors are regarded as highly credible tutors for medical students when supported by local institutes and quality assurance mechanisms. Junior doctors can be valuable in preparing first-year clinical students for making optimal use of their clinical years and beyond.

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