Transition issues for medical students starting clinical training: a qualitative enquiry

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Background: Medical students at Imperial College undergo a transition in their training in Year 3, moving from a lecture based course to clinical placements in hospitals. This particular transition in medical students has been described in the literature from a mostly limited individual cognitive perspective. An argument is developed for investigating transition from a sociocultural perspective to usefully inform course development.

Summary of Work: An empirical study using focus groups of Year 3 students was used to carry out a phenomenological enquiry into the experience of transition, and its consequences to those undergoing it. An inductive approach was used. Emergent codes leant themselves towards the development of a descriptive narrative.

Summary of Results: Social workplace learning is key to understanding how students develop socially mediated identities, which has strong resonance with current sociocultural views of workplace based learning.

Discussion and Conclusions: Transitions are inevitable and present both an opportunity and threat, involving a fundamental re-examination of who we are. Recommendations are made, informed by these findings, about students and teachers learning interactions.

Take-home messages: Facilitating transition requires more than an individualistic approach to rectifying some perceived lack of skill, or piece of knowledge, before starting training - although these may be important. Changes are also required within the clinical environment. Adopting a holistic approach - paying particular attention to; inductions; points of contact and communication with staff; assigning meaningful roles; debriefing students; and teacher training - has the power to transform students' experiences and imbue the skills and attributes within them, that patients deserve.

Tensions in the learning environment of medical students in clinical settings: an Activity Theory analysis

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Background: During clinical rotations, the learning environment of medical students becomes more complex as they transit from lecture- to patient-based learning. Such complexity can emanate from tensions, a phenomenon according to Activity Theory (AT). Through the perspectives of medical students and healthcare professionals, this study aimed to delineate the tensions that students encounter in the clinical environment.

Summary of Work: Thirty one semi-structured in-depth interviews were conducted with doctors (n = 12), nurses (n = 8), and medical students (n = 11). AT was used as the analytical framework. Interviews were recorded, transcribed and analysed for unifying themes to identify systemic tensions, known as contradictions in AT.

Summary of Results: Seven themes were identified to be relevant to two contradictions – role contradiction in faculty members, and differing perceptions in the relationship between theory and practice. For the first contradiction, faculty members face tensions from the concomitant need to enact the role of a clinician and educator simultaneously, where the requirement of one role can conflict with the other. For the second contradiction, tensions arise as medical students construe a unidirectional relationship between theory and practice, while faculty members adopt a bidirectional stance.

Discussion and Conclusions: These contradictions are possibly contributing to complexities in the learning of medical students in clinical settings. The use of AT analysis is new in medical education research, but has provided a useful framework in advancing understanding in this domain.

Take-home messages: Systemic tensions exist in the learning environment of medical students during clinical rotations. These tensions should be addressed to enhance the learning of medical students.
#9G3 (23897)
Educational Innovations to Enhance the Transition of Junior Medical Students into General Medicine Ward Teams: Development, Rationale and Lessons Learnt

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Background: Advances in medical simulation have led to novel learning methods to better transit students into incumbent ward teams. This study compares two recent educational innovations: 1) Embedding (2010-2011) and 2) Simrounds (2013-2014). By examining the data and learning theories underpinning each method, Situated Learning Theory and Cognitive Load Theory, we aim to determine how Simrounds has complemented Embedding in enhancing the transition of junior medical students into general medicine ward teams.

Summary of Work: We used mixed methods to analyze qualitative and quantitative data from both Embedding (n=35) and Simrounds (n=72) based on survey responses from third-year students doing their medical clerkship in Tan Tock Seng Hospital. For Embedding, we performed thematic analyses of open ended responses to corroborate themes identified from explorative factor analysis. These themes were then compared with the Simrounds data to determine program effectiveness.

Summary of Results: In embedding, despite the learning relevance and increased resident interaction from situated learning, students reported difficulty integrating into the ward team. They were unsure of their role, felt overwhelmed and unable to cope. Simrounds addresses this by enabling deliberate learning in a controlled and authentic setting with interprofessional participation. The reduction of cognitive load enabled students to assimilate the necessary knowledge and skills.

Discussion and Conclusions: By reducing the cognitive load through deliberate practice in a secure and authentic environment, Simrounds complement embedding and facilitate the integration of junior students into the community of practice of incumbent ward teams.

Take-home messages: Simrounds complements Embedding, enabling students to integrate better into General Medicine ward teams.

#9G4 (24509)
The transition through clinical clerkship – the parts in the sum of the whole

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Background: This presentation will describe the process of transition to become medical professionals that third-year students experienced during their longitudinal integrated clerkship.

Summary of Work: I will share the perspectives of 12 Northern Ontario School of Medicine third-year medical students regarding the transition process. Three conversational interviews with each of these students comprised the longitudinal dataset, occurring before, during, and after the clerkship. I employed a guided walk method to explore students’ everyday lives and elicit insights about the transition process prompted by the locations and clinical settings where the phenomena were taking place.

Summary of Results: The participants identified three interconnected stages in the transition process: (a) shifting from classroom to clinical learning, (b) dealing with the disorientation process, and (c) seeing oneself as a physician, with evidence supporting the adaptive strategies the participants developed in response to these.

Discussion and Conclusions: Based on the findings, the transition process during the clerkship can be characterized as entering the unfamiliar with few forewarnings about the changes, experiencing moments of confusion and burnout, and eventually leading to increased confidence and competence in relation to assuming the clinical roles of a physician.

Take-home messages: Recommendations are made regarding future research opportunities to further the discourse surrounding this conceptualization of the stages in the transition process. There is tremendous value added for researchers to extend this work, as well as for medical educators and faculty developing educational activities designed to orient and prepare the students better for each of the stages in the transition they are about to embark on.
‘From classroom to care provider’ – helping students transition into effective members of the multi-disciplinary team

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Background: Effective team work is the corner stone of good patient care but medical students have reported feeling vulnerable, unwanted and in the way during clinical placements. They often struggle to integrate into the ward and the team. Traditionally, nursing staff have played a minimal role in the direct education of medical students and have a limited knowledge as to their skills and thus how they may be a useful part of the ward team.

Summary of Work: Working with nursing staff, we wanted to find creative ways to involve students more in the whole clinical environment and team during their short placements. Following a pilot, third year students now work 1:1 with nursing staff for six hours during a rotational placement. During this time the students experience patient handover and morning care.

Summary of Results: Evaluation continues by questionnaire and focus group s to students and staff involved.

Discussion and Conclusions: Initial student feedback suggests that their involvement with this project has empowered them to move from being passive transient observers to more visible and valued members of the ward team. Nursing staff value the opportunity to share their patient care and management roles with the student and positive relationships are built.

Take-home messages: Working with nursing staff:
• consequentially helps students feel more comfortable on the ward. They are recognised as and welcomed as part of the team.
• acts as an effective way to help students consolidate their clinical and communication skills.
• opens doors and breaks down barriers to enable a greater understanding of true holistic patient care.

Simulation based training: Should it be an integral part of departmental induction for junior doctors?

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Background: Junior doctors routinely rotate every 4 to 6 months in most ENT departments. These doctors encompass a broad range on non-speciality foundation doctors and general practice trainees. Also, due to the European Working Time Directive junior doctors from other specialities cross cover ENT during out of hours. Most have no postgraduate training in ENT but they need to be equipped to provide safe and efficient patient care from day 1. Therefore the departmental induction of junior doctors is critical. It is now already established that simulation based training provides a safe and realistic environment for junior doctors to practice clinical scenarios without causing any harm to patients.

Summary of Work: We have introduced hands-on simulation based training for managing common ENT emergencies as a part of ENT departmental induction for junior doctors. This is in addition to the usual departmental induction.

Summary of Results: All the junior doctors felt more confident and much better equipped to deal with common ENT conditions and emergencies after the hands-on training on simulators.

Discussion and Conclusions: Junior doctors are an important part of a team and are key to delivery of safe and effective care. They rotate between departments as frequently as 4 months. The local departmental induction should facilitate this changeover with minimum service disruption without compromising patient safety and the quality of care.

Take-home messages: A practical simulation based induction improves the abilities of junior doctors and give them much more confidence in managing common emergencies.