Identifying the learning objectives of clinical clerkship in community health (CCC) in Japan: Focus Group

AUTHOR(S):
- Daisuke Kato, Department of Family Medicine, Mie University Graduate School of Medicine, Japan (Presenter)
- Hideki Wakabayashi, Department of Community Medicine, Kameyama, Mie University School of Medicine, Japan
- Akiteru Takamura, Department of Medical Education and Community Medicine, Kanazawa Medical University, Japan
- Yousuke C. Takemura, Department of Family Medicine, Graduate School of Medical and Dental Sciences, Tokyo Medical and Den, Japan

ABSTRACT

Background: The importance of medical education in the community has been recognized globally. World Federation for Medical Education emphasized in 2015 the importance of medical education in various settings in the community. In Japan, the Model Core Curriculum for medical education stated the necessity of clinical clerkship in community health (CCC) in 2016, as well. On the other hand, learning objectives of CCC and the concrete strategy for CCC have not been clearly established in Japan yet.

Summary of Work: We conducted six focus groups (n=35) at three prefectures in Japan from 2017 to 2018, with medical professionals and inhabitants, who were involved in CCC. We recorded, transcribed, and analyzed the discussion thematically. In the analysis, we used the SPICES model as a conceptual framework.

Summary of Results: We extracted 13 domains for learning objectives: 'professionalism', 'medical knowledge and ability to solve problems', 'medical skills and patient care', 'communication skills, team-based care', 'quality and safety management in medical care', 'medical care in society', 'scientific inquiry', 'lifelong learning attitude', 'future-oriented systematic view', 'organic integration of knowledge/skill', 'understanding of the community,' and 'awareness as an individual physician.' The latter four domains were not found in 'Basic Qualities and Capacities for Physicians' in the Model Core Curriculum in Japan.

Discussion and Conclusions: This study had mainly two strengths. First, we conducted this study in various settings: a mountain/seacoast area, and a city/rural area. For example, at Mie University, many types of medical professionals and inhabitants have involved in CCC for four weeks in the community: health care centers and other community health care settings. Second, some participated physicians belonged to both a university and a community hospital/clinic. The outcome of this study would reflect the community needs and academic perspective.

Take-home Messages: We explored the learning objectives of CCC by focus groups targeting medical professionals and inhabitants in communities. Some domains we found were specific in CCC. We hope these learning objectives are useful for the further improvement of CCC in Japan in the future.
Re-thinking the purposes and practices of community based medical education

AUTHOR(S):

- Clare Morris, Barts & The London School of Medicine and Dentistry, Queen Mary University London, UK (Presenter)
- Louise Younie, Barts & The London School of Medicine and Dentistry, Queen Mary University London, UK

ABSTRACT

Background: Community Based Medical Education (CBME) offers vital insights into what it means to care holistically, how to manage uncertainty and complexity and what it means to be a General Practitioner (GP). The challenges of ensuring that students are able to access authentic clinical learning experiences are ever increasing, not least due to nation-wide challenges faced in recruiting and retaining GPs.

Summary of Work: We believe that is time to re-think approaches to CBME. Drawing on the conceptual and methodological tools offered from Activity Theory (Engestrom 2001), we devised a modified change laboratory that offered opportunities to analyse existing practices and imagine new ones. We ran 4 sessions, lasting between 1 and 2 hours, involving GP Tutors, Medical School Faculty, Medical Students and Physician Associate Students. The emphasis of each session was to consider the purposes of offering students clinical placements in community settings and how we might make best use of an increasingly scarce resource.

Summary of Results: Our preliminary analysis reveals tensions between the desired purposes of CBME and the practices traditionally adopted. For example, GP Tutors wish to offer students insights into how health systems work and what it means to be a GP and/or how GPs practice. In reality, they feel constrained by historical approaches to teaching that emphasise (body)systems-based teaching and the collection of procedural skills in student logbooks. Students experience tensions between the wide learning GP placements offer and the narrow imperatives created by summative assessments.

Discussion and Conclusions: The change lab approach offers deep insights into the ways in which CBME is conceptualised by faculty in medical school and placement environments and how it is experienced by students. It offers up contextually rich suggestions of ways to make better use of clinical placements.

Take-home Messages: An Activity Theory approach moves the researchers gaze from individual learner to the interactions between the learning environments they operate in. Change Lab methodology can be adopted and adapted to inform curriculum developments and shape pedagogic practices.
Non-clinical community clerkships: experiences from University Medical Center Utrecht

AUTHOR(S):
- Conny Seeleman, UMC Utrecht, the Netherlands (Presenter)
- Ruben Schmits, University Medical Center Utrecht, the Netherlands
- Stella Martens, University Medical Center Utrecht, the Netherlands
- Marielle Jambroes, University Medical Center Utrecht, the Netherlands

ABSTRACT

Background: Good health cannot be achieved by focusing solely on treating disease. In most European countries health gaps exist between groups, related to social determinants of health (SDoH). At the same time, healthcare changes: there is a shift from hospital care to outpatient and primary care and society expects increasing self-management of its citizens. This means future physicians have to learn more about SDoH and how to take patients’ social context into account. Additionally, interdisciplinary collaboration with professionals in the social domain is important. However, medical curricula still train students predominantly within the hospital setting.

Summary of Work: We developed an innovative one-week community clerkship for all fifth-year medical students at UMC Utrecht. Students follow this clerkship in a variety of community care and welfare organizations (e.g. social community teams or organizations that support psychiatric patients or migrants). Learning goals are: students experience the social context of health(care); students get acquainted with vulnerable groups and social domain professionals; and students learn what self-management means in patients’ daily lives. The students conclude the week with a reflection paper.

Summary of Results: Since 2017, 250 students fulfilled this clerkship. Participating social organizations appreciate the clerkship because they experience the need to train future doctors about SDoH. Also, the majority of students experience the relevance of this week. Learning about clients in their everyday live is much appreciated by students, as well as getting insight in the social domain. The reflection papers show that students learn about SDoH, however they find it difficult to relate these experiences with their future work as a physician.

Discussion and Conclusions: We succeeded to develop a valued clerkship that provides students insight in SDoH and vulnerable groups. Nevertheless, we experience that learning goals are not fully achieved. In further development of this clerkship we aim for a new reflection method in which students receive daily reflection exercises to increase learning outcomes.

Take-home Messages: - A community oriented clerkship can contribute to students’ insight in the relevance of SDoH and vulnerable groups’ daily lives. - Students need support in relating community experiences to future work as physicians.
Fostering Socially Accountable Rural Health Research through Longitudinal Faculty Development

AUTHOR(S):
- Shabnam Asghari, Memorial University of Newfoundland, Canada (Presenter)
- Thomas Heeley, Memorial University of Newfoundland, Canada
- Cheri Bethune, Memorial University of Newfoundland, Canada
- Wendy Graham, Memorial University of Newfoundland, Canada

ABSTRACT

Background: Rural faculty often encounter questions that matter to their patients but lack the skills to investigate them through research. Memorial University of Newfoundland (Newfoundland & Labrador, Canada) launched 6for6 to address these issues.

Summary of Work: 6for6 is a longitudinal faculty development program focused on improving the research skills of rural faculty at Memorial University. Named after its unique design where six rural faculty are sponsored to attend six face-to-face educational sessions annually, 6for6 uses a tailored curriculum to empower participants during and between sessions to pursue socially accountable, rurally relevant research projects.

Summary of Results: We assessed the needs of our rural faculty and devised a blended curriculum to address identified areas for training in scholarship and common barriers to conducting research. The final curriculum is divided into six two-day small group learning sessions using synchronous face-to-face workshops supplemented by a dedicated research assistant, individual mentorship from academics, and asynchronous online content (e.g., readings, videos, activities, assignments). Each participant develops their own research project that emerges from their rural context while learning applicable research skills. Peer review in each session provides pragmatic feedback and opportunities for learning from and contributing to several authentic research projects. The program is also continuously assessed and improved using face-to-face discussion, pre-post surveys, and an end-of-program focus group. To date, thirty rural faculty have participated across five years of the program. Each has pursued a research project addressing a health issue in their community, resulting in 10 publications and $3 in grants for every $1 Memorial University invests in the program.

Discussion and Conclusions: 6for6 has empowered its participants to conduct impactful, socially accountable health research. This success is attributable to vigilant support from faculty mentors and staff, and a meticulously tailored curriculum that promotes professional networking and a safe learning environment that is responsive to participant needs.

Take-home Messages: Longitudinal faculty development programming can empower rural faculty to conduct socially accountable research. The curriculum should be supported by passionate faculty and staff, tailored to the needs of participants, incorporate peer engagement and feedback and be responsive to changes in those needs.
North and south: Rural medicine attracts students with a similar approach to learning

AUTHOR(S):
- Kylie Mansfield, University of Wollongong, Australia (Presenter)
- Anita Iversen, The Arctic University of Norway, Norway
- Maja-Lisa Lochen, The Arctic University of Norway, Norway
- Torsten Tisor, The Arctic University of Norway, Norway
- Lyndal Parker-Newlyn, University of Wollongong, Australia
- Gregory E Peoples, University of Wollongong, Australia

ABSTRACT

Background: The shortage of rural doctors has led medical schools worldwide to focus on training doctors for underserved communities. Doctors in rural areas are often isolated and need to be independent and self-directed. The aim of this cross-cultural study was to compare learning approaches of students in two geographically separate medical schools that focus on producing doctors with a desire to practice rural medicine.

Summary of Work: Medical students from Wollongong University (Australia), a graduate-entry 4 year medical program (n=158, mean age 26 years), and, the UiT the Arctic University of Norway, an undergraduate 6 year program (n=110, mean age 21 years, P<0.0001), were included. Three instruments were administered during the first study month. The study process questionnaire was resolved into deep or surface learning approaches. Student achievement goal orientation, a measure of self-directed learning capacity, was resolved into learning goal and performance goal orientation. Exploratory factor analysis of the learning disposition survey results were resolved into four factors: curious, creative, conscientious and routine. Comparisons between the responses from the two Universities were made using unpaired t-tests.

Summary of Results: Medical students from both countries had similar scores for deep learning (P 0.64), performance goal orientation (P 0.087) and creativity (P 0.39). However, the Norwegian students had higher scores for surface approaches (P<0.0001), and lower scores for learning goals orientation (P 0.011), and they displayed higher scores for conscientiousness (P 0.05) and routine (P<0.0001) while the Australian students were more likely to be curious (P 0.0033).

Discussion and Conclusions: Students from both cohorts had similar deep approaches to learning which probably correlate with success in medical school. Australian medical students had higher scores for learning goal orientation indicating a strong self-efficacy and more adaptive responses to challenging learning situations. Differences could be due to age or selection methods as entry into UiT is based on prior academic performance while selection in the Australian school is based on academic success and portfolio and interview.

Take-home Messages: - Rural medical education attracts students with a similar approach to learning. - Selection methods and age might define students learning goal orientation at entry.
Understanding the factors affecting student performance in rural and metropolitan campuses

AUTHOR(S):
- Jessica Macer-Wright, University of New South Wales Rural Clinical School, Australia (Presenter)
- Boaz Shulruf, University of New South Wales Office of Medical Education, Australia
- Lesley Forster, University of New South Wales Rural Clinical School, Australia
- Linda Ferrington, University of New South Wales Rural Clinical School, Australia

ABSTRACT

Background: In 2017, 177 local and rural students commenced the 6-year undergraduate medicine program at the University of New South Wales (UNSW). Of these students, 14 became the first to embark on their entire medical degree in a rural setting at a Go8 University by commencing at the Port Macquarie (PMQ) campus of UNSW’s Rural Clinical School (RCS). Increased exposure of medical students to a rural medical environment is associated with increased regional and rural career preferences, although few studies have examined the educational outcomes of rural medicine training programs. While students’ education in a rural setting may be enriched by their environment, equally their studies may be compromised by the unique challenges experienced in this setting. Thus, we sought to examine the performance outcomes of the first two years of delivery of the full UNSW medicine program in a rural setting.

Summary of Work: Examination data from all 177 students was included in this study. A multiple regression analysis was carried out to investigate the factors affecting student performance. The independent variables included: demographics, admission path, admission scores and campus of study. The dependent variables consisted of student academic and clinical skills examination outcomes.

Summary of Results: The results of the regression indicated that the model explained 10.5% (R²=0.105) of the variance and that the model was a significant predictor of weighted average mark (WAM); F(9,167) = 2.182, p=0.026. Studying at the PMQ campus was the strongest statistically significant predictor of WAM outcome (B=6.597, p=0.039), when the other independent variables were controlled for.

Discussion and Conclusions: The data describes only a small percentage of the variation in WAM, possibly due to a small sample size. With continued study of future cohorts we will more fully understand the impact of campus on overall performance. Future studies will include a comprehensive evaluation of the impact of rural training on medical student education, and an exploration of the benefits of access to a full medical program in a rural setting.

Take-home Messages: These preliminary results demonstrate that the Phase 1 undergraduate medical education programme introduced at UNSW RCS does not compromise the performance of medical students and may improve outcome measures for students.
Experiences from the implementation and pilot of a Rural Elective in a Brazilian University: feedback from students

AUTHOR(S):
- Ana Julia Araujo de Carvalho, Universidade Federal de Uberlandia, Brazil (Presenter)
- Fernanda Arantes Mendonça Toledo Almeida, Universidade Federal de Uberlandia, Brazil
- Mayara Floss, Rural Seeds, Brazil
- Erica Maria Ferreira de Oliveira, Universidade Federal de Uberlandia, Brazil
- Marcela Araujo Oliveira, Universidade Federal de Uberlandia, Brazil

ABSTRACT

Background: According to the World Health Organization, 50% of the population lives in rural areas, however just 24% of the doctors work in them. Some factors influence doctors moving from an urban to a rural area and, one of the most important, is if the doctor had experienced rural health during their medical education. The aim of this study is to show the potentialities and difficulties of building a rural internship program in a countryside university in Brazil.

Summary of Work: The Federal University of Uberlandia (UFU), in Brazil, is building a rural internship program, the idea was raised by the students advocacy. Currently, the students spend one month, during the family physician rotation, in a locality near the University, doing activities in the primary care facilities and emergency department. To evaluate that experience, it was performed a focal group with 20 students, for share positive and negative points in the rural rotation.

Summary of Results: The students pointed as negative the lack of experience of supervisors. Some did not have a supervisor to guide the patient care in primary care facilities and in emergency department. Despite this, they understand that the reality that they were exposed to is frequent in Brazil, and agreed that this rotation is necessary in the graduation. The students were asked if they consider working in a rural area after the experience and all said yes.

Discussion and Conclusions: The lack of structure and human resources are barriers for the implementation of a rural internship at UFU. Despite all odds, the pilot of implementation of the rural elective could work as a catalyst for students and open new opportunities.

Take-home Messages: Rural practices should be encouraged to improve medical recruitment and retention in rural areas.