

Experiential Learning to Prepare Final Year Medical Students for Clinical Practice

Bart Daly, Eleanor O'Sullivan, Marian McCarthy, University College Cork

Background

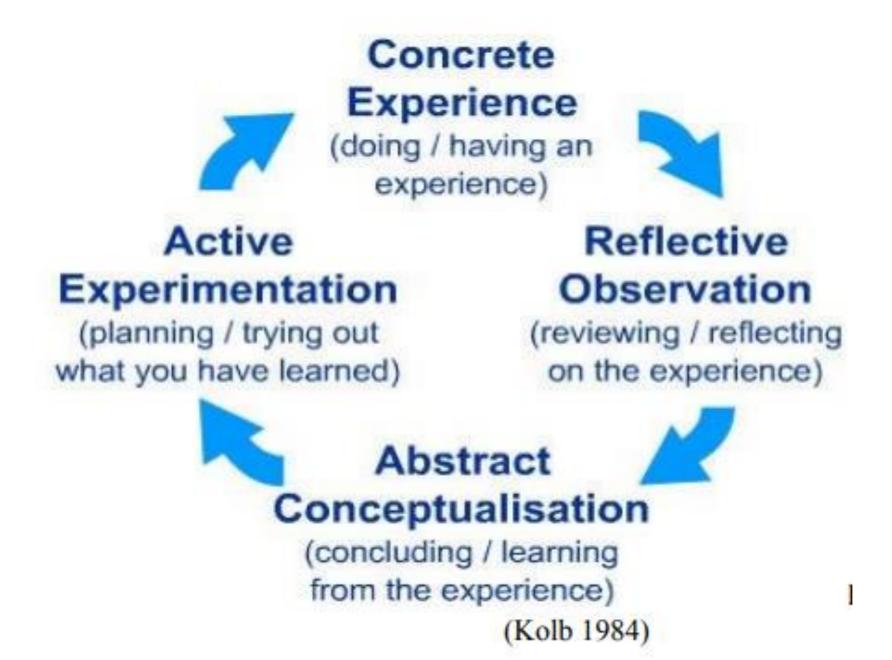
- Undergraduate Queens Belfast/UCC 2012
- Transition from student to working doctor
- Intern shadow module in UCC
- ◆ Increased level of simulated training 1,2
- ◆ UK training involves extended clerkship ^{3,4}

Identifying an issue to investigate

- Graduate doctors possess adequate theory
- ◆ Learning in a controlled environment ⁵
- Challenge applying knowledge on unpredictable wards ⁶
- Lack of familiarity with working environment
- ◆ 25 newly graduated doctors surveyed ⁷

"For the things we have to learn before we can do them, we learn by doing them" Aristotle





Research design

- Based on existing intern shadow program
- ◆ Two sessions of "on call work" per group/fortnight
- ◆ Near peer teaching 10,11
- Learning outcomes based on ward tasks

Developing inquiry methods

Student feedback



Previous research

Observation by SHO's

Feedback from intern doctors

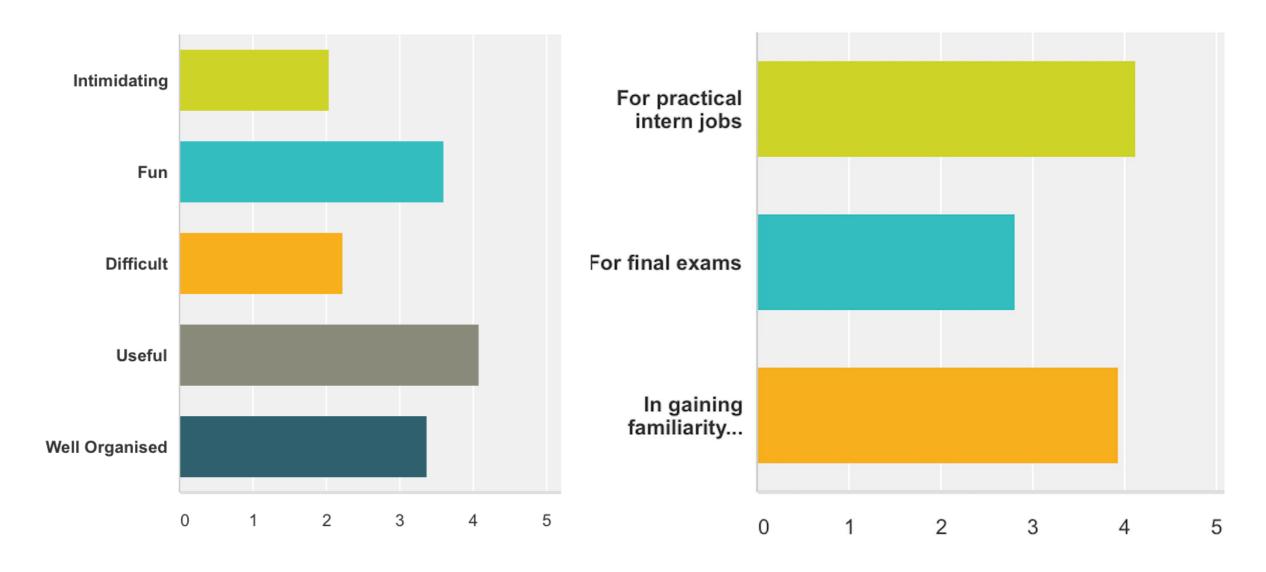


Data collection

- 123 students in class 49 included in sessions
- ◆ 19 sessions 14 supervisor responses
- 25 student responses
- 48 intern responses to Survey Monkey

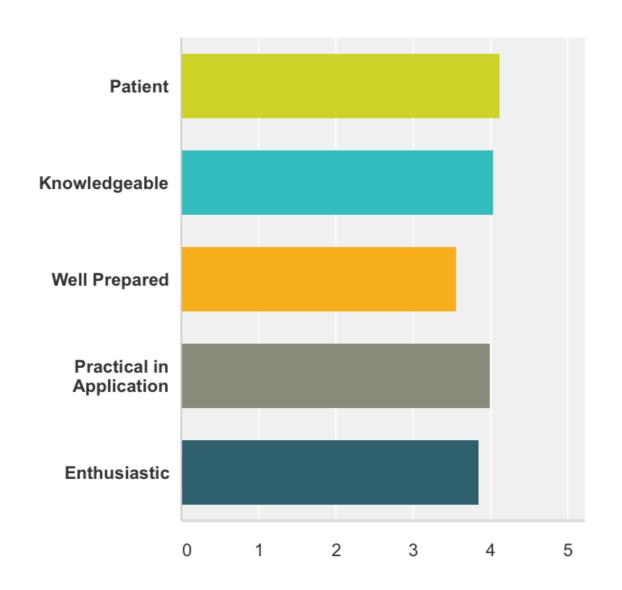
Questionnaires

- Mixture of Qualitative/Quantitative questions examining
- Demographics
- Near peer teaching
- Experience of sessions
- → Benefits/ difficulties with sessions
- ◆ Intern shadow module

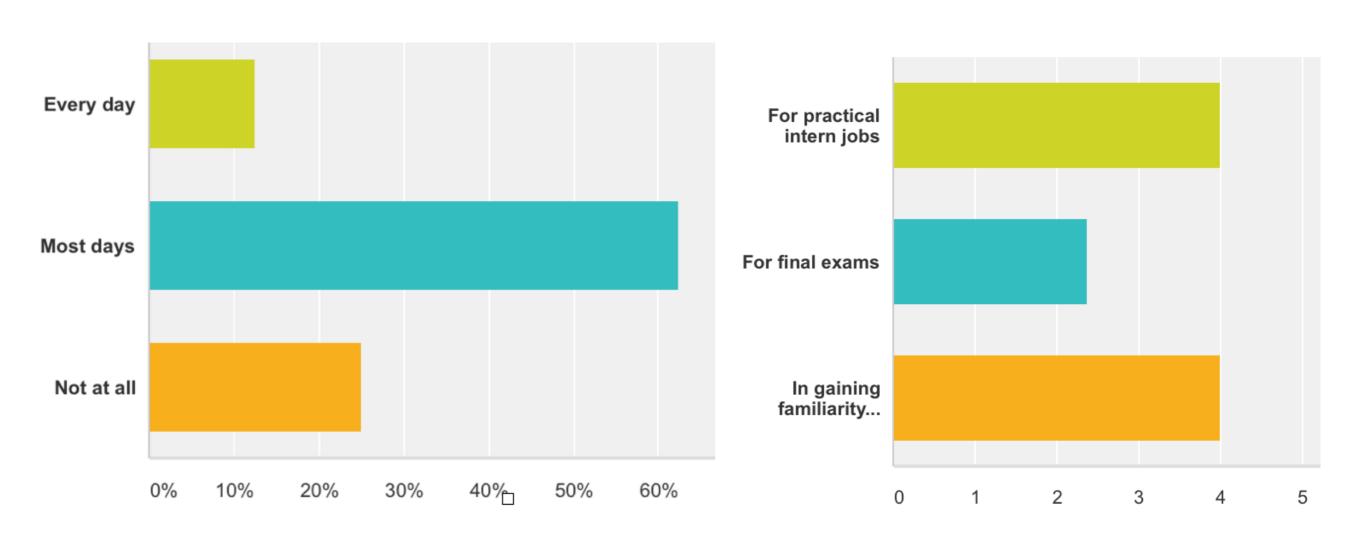


How did you find the sessions?

Did the sessions benefit you?



Rate the SHO's as teachers



Did you attend your day shadowing?

Did shadowing during the day benefit you?



- Benefit in preparing students for internship and in gaining familiarity with the wards
- Relevance to final examinations and lack of formal assessment as weaknesses.
- SHOs comparable to more senior doctors as teachers
- All students and supervisors felt that the sessions should become part of the existing intern shadow curriculum

Contribution to the course

- Benefits of experiential learning
- A cost effective addition to the current curriculum
- Use of novel teaching resources
- Improved preparation for intern work

References

- 1. Smith, S. D., P. Henn, et al. (2012). "A study of innovative patient safety education." The Clinical Teacher 9(1): 37-40.
- 2. Ker, J. S., L. J. Mole, et al. (2000). "Ward simulation programme." Medical Teacher 22: 20. GMC (2011). The state of medical education and practice in the UK. London England, General Medical Council.
- 3. Brennan, N et al. 2010 'The transition from medical student to junior doctor: todays experience of Tomorrows Doctors. Medical education 44: 449-458. Blackwell publishing.
- 4. Schon, D.A. (1995) "Knowing-in-action: The new scholarship requires a new epistemology," Change, November/December, 27-34.
- 5. Weatherhead School of Management, Case Western Reserve University.
- 6. Dewey's (1938) "Logic: Theory of Inquiry"
- 7. Duke University "Guidelines for structuring a focus group" https://assessment.aas.duke.edu
- 8. Kolb, D. A. 1984. 'Experiential learning: Experience as the source of learning and development', *New Jersey: Prentice-Hall.*
- 9.Kolb, D. Boyazatis, R and Mainemelis, C. 1999. 'Experiential Learning Theory: Previous Research and New Directions'.', Department of Organizational Behaviour,
- 10. Teunissen PW, et al 'Attending doctors' perspectives on how residents learn.', Med Educ, 41: 1050-8.
- 11. Teunissen PW, et al 2007. 'How residents learn: qualitative evidence for the pivotal role of clinical activities.', *Med Educ*, 41: 763-70
- 12. Bernstein, D., Burnett, A., Goodburn, A, and P Savory. (2006). Making Teaching and Learning Visible, Course Portfolios and the Peer Review of Teaching. Massachusetts: Anchor
- 13. Senge, P 1990. 'The Fifth Discipline.' (Doubleday.: New York)
- 14. Peets A.D, Stelfox, H.T. 2012. 'Changes in residents' opportunities for experiential learning over time.", *Medical Education*, 46: 1189–93.