

PREPAREDNESS FOR PRACTICE OF MEDICAL GRADUANDS: QUALITATIVE FINDINGS FROM A LONGITUDINAL STUDY

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Background

Transitioning from student to practicing doctor is a critically intensive learning period.¹ A variety of potential factors **affect levels of preparedness**; student characteristics, the undergraduate curriculum and pedagogy and hands-on experience in practice and the work environment.²⁻⁹

The **Student Assistantship Programme (SAP)** has been developed by LKC Medicine as a means of preparing students for practice. It is a **10-week clinical placement** after final examinations and before graduation. Students work as part of care teams under close supervision of senior doctors, gaining experience in key specialties such as internal medicine, family medicine, general surgery and orthopaedic surgery. The qualitative findings reported here are part of a **mixed-methods longitudinal study** including surveys.

Aim

To explore preparedness for practice amongst the first cohort of LKC Medicine medical graduates

Methods

Semi-structured interviews with:

1. Students and graduates at two time points:
 - a) during the SAP: ($n=16$)
 - b) follow-up interview during first Postgraduate Year 1 posting (PGY1): ($n=11$).
2. PGY1 clinical supervisors ($n=8$)

Interviews were transcribed in full and anonymised prior to **thematic analysis**¹⁰. Four researchers independently coded a random selection of six transcripts to agree the coding frame, which was applied to the remaining transcripts. Connections between codes and themes, and across both groups, including consistencies and variances, were explored to identify final themes. Student and supervisor identifiers reflect the participant number allocated in the initial survey.

Results

The three themes that emerged across both groups are presented using illustrative quotes:

Knowledge and skills

The MBBS programme had given participants a good basis in essential knowledge and skills, including team-working and communication, with the SAP providing opportunity to prepare for practice:

He [LKC graduate] knows his patients well... he takes a long time to be through with all the patients which is good. (Supervisor 7)

I'm glad that the challenge comes right now, doing SAP, so that when we are HOs we hit the ground running. (Student 20)

Personal attributes

Participants described developing resilience by drawing on personal, professional and organisational resources but recognizing this as a continuous process:

I think it's the positive attitude, the resilience in particular of this candidate that led her to be more prepared, that actually stood out (Supervisor 6)

I'll never be ready [chuckles]. Like raw materials, knowledge and skills-wise, we have most of what we need. It's just the experience and confidence of putting it into practice. (Student 45)

Organisational factors

These were highlighted in terms of the importance of constructive work cultures providing access to on-going, safe learning environments within the clinical setting:

The environment that we have in a hospital also needs to be encouraging... Needs to be understanding. We help them to reach expectations to the best of our ability. (Supervisor 2)

There was a lot of help from our fellow colleagues, as well as from the nursing staff. (Graduate 19)

Conclusion

Both groups felt that graduates were **well prepared**, with good knowledge and skills (particularly good **communication skills**), the process of transitioning to practice was articulated as a **critically intensive learning period** for which one could never be fully prepared. Increased emphasis on providing **workplace environments** offering greater support for emotional and physical well-being, in addition to opportunities for **acquisition and enhancement of knowledge and skills**, should be considered.

ORGANISER



References

SECRETARIAT

