



Preparedness For Practice Of Medical Graduates: Survey data findings from a longitudinal study

A. Chow¹, B. Bartlam¹, S. Chen¹, N. Low-Beer², L.V. Rosby², H.E. Smith¹

1: Family Medicine & Primary Care, Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore

2: Medical Education Research Scholarship Unit (MERSU), Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore



Study Contact: aloyusius.chow@ntu.edu.sg

Background and Purpose

Recent international literature has reported concerns about the preparedness for practice of medical graduates. The Student Assistantship Programme (SAP) is a part of the MBBS curriculum in the Lee Kong Chian School of Medicine (LKCMedicine) that aims to help students be more prepared for their duties as a Postgraduate Year 1 (PGY1) doctor.

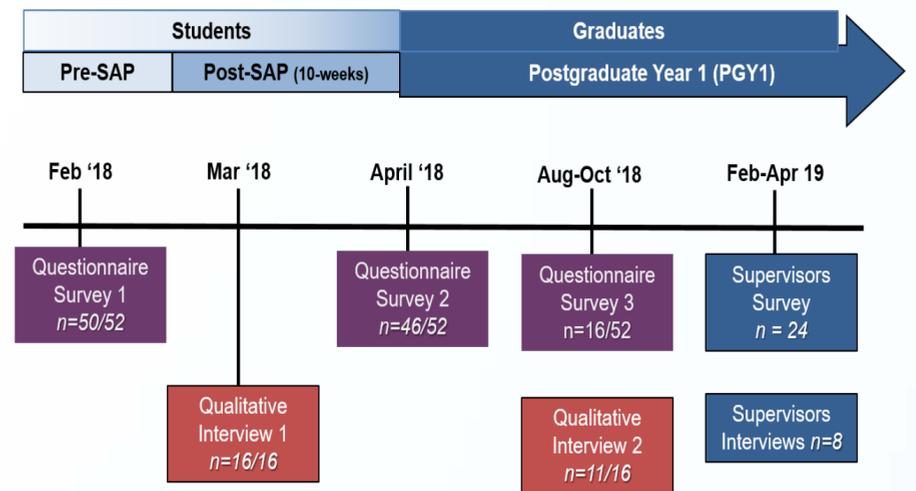
SAP is a 10-week programme with placements in Family Medicine, General Medicine, and Surgery/Orthopaedics. During the SAP, students assist junior doctors, and carry out defined duties under appropriate supervision and guidance. Students receive real-life experiences of being part of a clinical team. They have opportunities to enhance their clinical, communication, and prioritisation skills, to increase their awareness of clinical responsibility, their independence and confidence, and develop a sense of professional identity.

This study explores preparedness for practice amongst the first cohort of LKCMedicine graduates and the impact of SAP.

Methods

Graduands completed a **63-item online questionnaire** before and after the 10-week SAP, and one month into PGY1. Levels of preparedness, acute experiences, and readiness were scored on a 5-point Likert scale.

A subsample of graduands were also **interviewed** twice, during the SAP and one month into PGY1 (*refer to Abstract ER-10026*).



Results

Fifty graduands (96% of cohort) responded at baseline.

- ✂ **Average age:** 24 years
- ✂ **Gender:** 68% were male
- ✂ **Ethnicity:** 96% were Chinese.

Clinical Practice	Overall Score (<i>Higher score = More prepared</i>)	
	Pre-SAP (n = 50)	Post-SAP (n = 46)
	Mean (S.D.) = 3.5 (0.4) Range = 2.3 to 4.5	Mean (S.D.) = 3.8* (0.4) Range = 2.7 to 4.9

* = statistically significant, where $p < 0.05$

Clinical Practice	Highest preparedness before SAP		Lowest preparedness before SAP		Comments
		4.3 (Pre-SAP Score)	Conducting blood transfusions	2.4	
Clinical Practice	Infection control	4.4 (Post-SAP Score)	3.1	There was an upward trend of mean scores generally after SAP. Scores changed very little one month into PGY1.	
		Baseline observations	2.8		
Clinical Practice	Baseline observations	4.5	3.2	End of life care	
Acute Care Experience	Highest involvement before SAP		Lowest involvement before SAP		Comments
	Sepsis	51.2%	Adverse drug reactions	10.5%	
Acute Care Experience	Sepsis	86.7%	39.5%	There were marked increases in reported involvement in acute care experiences after the SAP.	
		Asthma	51.1%		Pulmonary embolism
Acute Care Experience	Asthma	73.8%	48.7%		
Responding to Acute Care Situations	Highest readiness before SAP		Lowest readiness before SAP		Comments
	Diabetic ketoacidosis	3.5	Paracetamol overdose	2.7	
Responding to Acute Care Situations	Diabetic ketoacidosis	3.8	2.8	Mean scores of readiness as first responders to acute care situations increased after SAP, but changed little after one month of PGY1.	
		Acute coronary syndrome	3.5		2.7
Responding to Acute Care Situations	Acute coronary syndrome	3.7	3.1		

Conclusion

Before SAP, graduands reported moderate levels of preparedness and readiness for practice. **SAP impacted positively, with the greatest impact on skills and acute experiences that graduands ranked lowest prior to SAP.**

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