

SINGHEALTH DUKE-NUS EDUCATION CONFERENCE 2019

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A Student-Run Pre-Clinical to Clinical Medical School Transitional Program: Design and Review at a Singapore Medical School

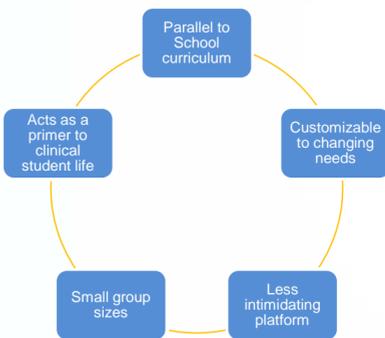
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INTRODUCTION

- Lee Kong Chian School of Medicine (LKCMedicine) is a 5 year undergraduate medical school where students undergo 2 years of pre-clinical university based training following by 3 years of clinical hospital attachment based training.
- Prior studies have demonstrated that the transition from preclinical to clinical years in is a great source of stress.
- Organised by senior medical students in LKCMedicine the two-day LKC Bridging Programme is an annual student led learning activity consisting of a clinical skills programme, practical skills programme, and sharing sessions by the senior students.
- The programme runs alongside the official school programme and complements it.

Benefits



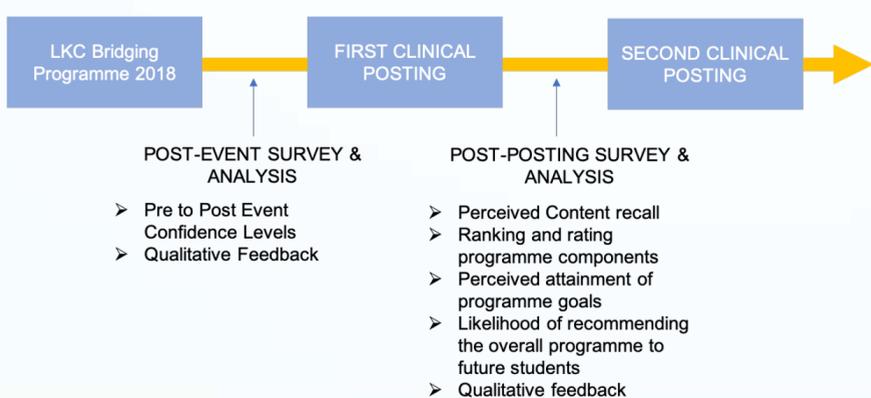
Aims

- The aim of this study was to review the LKC bridging program in its ability to meet its objectives and its impact on participants' during their clinical postings. We also aim to provide some insight into the benefits and limitations of running a transitional program, especially that of a student run one. We will be focusing on the impact of the LKC Bridging Program conducted in 2018.

METHODS

The LKCMedicine Bridging programme 2018 was organized and carried out by 4th year medical students. There is guidance received from the faculty in the review of the content to ensure that the medical content is accurate, relevant and in line with the learning outcomes for third year students as set out by the medical school. Surveys were carried out at 2 time points.

Clinical Skills Segment	<ul style="list-style-type: none"> Run in groups of 6 Year 3 students: 2 senior medical students. Content includes: <ul style="list-style-type: none"> New Physical examinations – Upper limb neurological examination & Thyroid examination Revision of Old Physical Examinations – Cardiovascular, Respiratory & Abdominal Examinations History Taking in the Clinical Setting Case Presentation in the Clinical Setting
Practical Skills Segment	<ul style="list-style-type: none"> Run in station based system. Skills taught and revised include: <ul style="list-style-type: none"> Blood Cultures taking Intravenous Drip Intravenous Cannulation Male & Female Catheterization Electrocardiogram (ECG) Recording
Sharing & Advice Segments	<ul style="list-style-type: none"> Large Group lecture style sharing with senior medical student speakers. Topics include: <ul style="list-style-type: none"> Study techniques in the clinical years Coping with the clinical years Small group posting based sharing. Topics include <ul style="list-style-type: none"> Challenges in starting with a particular posting (eg. Surgery)

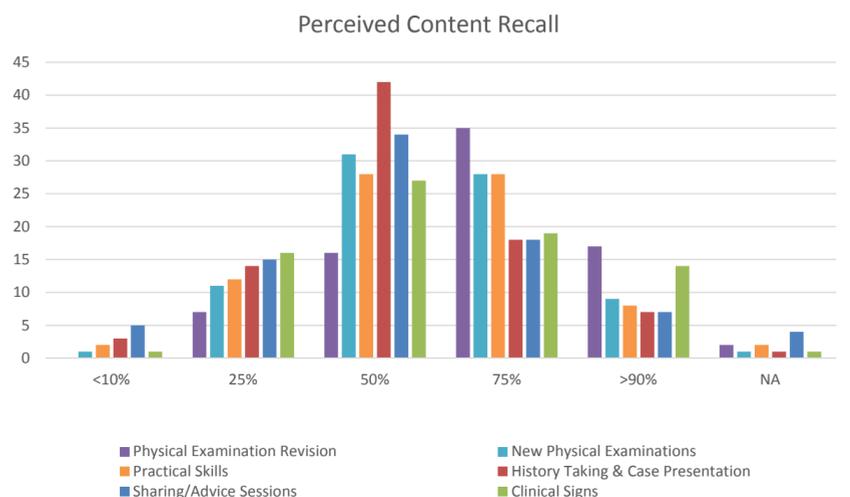


RESULTS

Post-Event Survey

- Participants had a significant change in confidence in performing every practical skill after attending bridging.
- Participants had a significant change in confidence in performing most clinical skills after attending bridging. There was no significant change for performing the respiratory and abdominal examination.
- Thematic analysis of the qualitative feedback showed that students appreciated the various benefits of the bridging programme including the opportunity for more practice and giving clinical context to pre-clinical teachings.
- However, some felt that there was an information overload, that bridging should be longer or more spread out and that less time should be spent revising content and more time should be spent teaching new content.

Post-Posting Survey



- Median content recall for all aspects of bridging after their first clinical posting varies from 50-75%.
- Participants ranked new physical examinations the highest and the senior sharing/advice segment the lowest.
- Participants overall rated the usefulness of the bridging programme in attaining our predetermined goals mostly positively.
- Participants rated the bridging programme as least useful in terms of being able to 'present new/existing cases in the wards' and 'reducing stress levels in preparing for their clinical years'.
- Overall, the majority of the participants recommend keeping all the current components of the bridging programme. The vast majority of participants would also recommend the bridging programme to future batches of medical students
- Thematic analysis of the qualitative feedback once again emphasised a need for a decreased focus on Old PEs and more on teaching new physical examinations that were not covered previously in their pre-clinical years but which they found necessary in their clinical years.

DISCUSSION

- Overall, most participants found that the bridging programme has been beneficial. It has helped improved their proficiencies in practical and clinical skills with some of these benefits extending into their first clinical posting as well. The teaching of practical skills has been very positively received.
- More can be done to improve this programme including reducing revising old content and focusing on new content. Organizers should remain cautious of information overloads.
- It is important to tailor the programme to one's specific context.
- Areas for further research include the impact of organizing these student led transition programmes on the organizers and comparing the effectiveness of student vs faculty led transition programmes.

ORGANISER



SECRETARIAT

