

From final-year medical student to resident: changes in learning preferences

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Dear editor

We read with great interest the recent article by Caton et al¹ exploring the type of learning experience that internal medicine residents find most useful. As final-year medical students from a UK-based medical school, who are <10 months away from completing our degree, we found it interesting to contrast the learning preferences of the residents from this study with our own. While there were some similarities, we found some pertinent and almost polarizing differences with respect to the theme and participants of preferred learning experiences.

In this study, bedside learning was considered the least valuable learning experience. The authors noted this as a surprising finding, describing it as an “essential” component of resident training. From our experience as medical students, bedside teaching is one of the most effective learning modalities, as it is patient centered, provides an opportunity to practice clinical and communication skills, and allows us to translate theory into a clinical context. These differences may be explained by the shift in learning priorities between students and doctors. In that, students may be more concerned by learning to recognize pathology and practice clinical skills, which are essential for a junior doctor² and form a core component of our practical assessments.

Another surprising finding was that patients only featured as a participant in 8% of chosen learning experiences, and clinical environments such as the ward (9%) or clinic (6%) were less favored than the team workroom (31%). From a student perspective, patients are arguably the most valuable participants in our learning. Interacting with patients better allows us to understand their perspective and attitude toward their disease. This allows us to put holistic medicine into practice and fully appreciate the importance of patients as decision makers. One possible explanation for this difference is that medical students have no direct responsibility for patients, and we are therefore afforded the time to more fully explore the patient’s perspective.

In this study, residents most frequently cited attendings as the health care professional involved in their most useful learning experiences. As medical students, we also highly value consultant teaching in the context of learning medical theory. However, we are perhaps more likely to consider junior doctors as our main clinical tutors.³ There are many possible reasons for this, including greater contact time with juniors and the perception that junior doctors are more approachable and better appreciate

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the student perspective. Furthermore, students may value the opportunity to learn from someone immediately their senior, to fully grasp the practicalities of the job.

It is evident that there is a significant discrepancy between student and resident learning preferences. While such changes are to be expected as clinical training progresses, the extent of these differences was surprising. We found these comparisons particularly eye-opening as the majority of residents were in their first postgraduate year. Perhaps the most useful message for us as final-year medical students is to appreciate that both our learning needs and preferences may change.

Disclosure

The authors report no conflicts of interest in this communication.

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Authors' reply

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Dear editor

We welcome the insightful comments we received from Samyukta Sundar and Alice Lee, two final-year medical students from the Faculty of Medicine, Imperial College London, regarding our article "Asking what do residents value most: a recent overview of internal medicine residents' learning preferences."¹

We agree that more senior trainees often serve as valuable teachers, in addition to attendings and consultants. In our study, 36% of the residents surveyed reported that their

most valuable learning experience of the day involved a coresident. This supports Sundar's and Lee's premise that medical trainees appreciate learning from near peers.

As Sundar and Lee note, bedside learning provides a unique and important venue for honing clinical and communication skills for both medical students and residents in training. For example, this was recently shown in Perez et al's² study using the patient as coteacher on rounds. At our institution, we are working on initiatives to make the patient a more central educational figure in medical student and resident learning experiences on ambulatory as well as inpatient services.

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The authors report no conflicts of interest in this communication.

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