

Reinventing Undergraduate Clinical Placements with a Switch to Delivery by Clinical Teaching Fellows: A Medical Student's Perspective [Response to Letter]

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Dear editor

We appreciate the comments of Ratcliffe and George regarding the article “Reinventing Undergraduate Clinical Placements with a Switch to Delivery by Clinical Teaching Fellows”.¹ From a teaching perspective, our study demonstrates how a clinical teaching fellow (CTF) led teaching programme can significantly improve medical student experience on hospital placements.² The authors’ observation that traditional undergraduate clinical placements are outdated was one of the reasons for the implementation of our novel teaching model.

Our analysis from the focus group discussions resonates with the authors’ insights regarding the potential for CTFs to act as a reliable reference point throughout placements and enable student improvement ahead of Objective Structured Clinical Examinations (OSCEs). As the authors point out, having CTFs in placement settings can help to ease concerns regarding the lack of staff familiarity students commonly experience at hospitals.

Future research should look at the impact of CTF-led teaching programmes on student experience within year groups of medical students other than final years. Although theoretical at this point, it is reasonable to suggest that the presence of regular CTFs in clinical settings would help to allay the “imposter syndrome” students on initial placements can feel as suggested by the authors.³ Quantitative data analysis from our study supports that a CTF-led programme helps students to feel more comfortable in ward environments and integrated within medical teams. The authors make a valuable observation that CTF presence could enable students to maximise learning in clinical settings early on in the course, helping to smooth the difficult transition from student to doctor.⁴

Despite the potential benefits of early CTF involvement with first year medical students, there is usually a degree of pre-clinical to clinical divide in UK medical school curriculums and a focus on the learning theory of constructivism.⁵ Studies show how medical students benefit from acquiring knowledge of basic sciences before studying more clinical medicine.⁶ Whilst students learn the scientific theory of medical practice, it is natural that they will not spend as much time with CTFs compared to students in higher year groups who are on placements where the CTFs are based. Furthermore, CTFs themselves only have a limited amount of time to give to first years, particularly as multiple year groups are likely to be on clinical placements at the same Trust simultaneously. It is also possible that while on placement first year students may value more consultant teaching to provide an overview of a topic rather than the detailed supervision a regular CTF may provide.

Our study also shows a method for hospital trusts to improve staffing and make savings on locum costs by employing CTFs. If Trusts did want to employ more CTFs for both service provision and teaching benefits for all year groups, it would require more expenditure overall. The expansion in medical school places in the UK and associated SIFT (Service

Increment for Teaching) tariff uplifts could be a helpful funding stream.⁷ This is demonstrated in our study with the opening of Anglia Ruskin University Medical School.

In conclusion, we agree that it would be valuable to garner the opinions of younger students on CTF-led teaching. We recognise the benefits that CTF presence could provide for younger groups of medical students, while appreciating that due to limited time and resources hospitals may struggle to accommodate these year groups to the same degree as older ones. Our study suggests that CTF-led teaching placements would provide an overall benefit to medical education, but we theorise that its impact will vary depending on the year group in question and the design of a medical school curriculum.

Disclosure

Sabir Hossain, Shilen Shah, Jonathan Scott, Abigail Dunn and Alexander W Hartland are CTFs employed at Broomfield Hospital. Jo-Anne Johnson is the senior lecturer in child and family health at Anglia Ruskin University. Sonia Hudson is a consultant in Critical Care Medicine at Broomfield Hospital, clinical sub-dean for Anglia Ruskin University and an associate dean for Queen Mary University of London. The authors report no other conflicts of interest in this communication.

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