

Evaluation of an innovative undergraduate longitudinal placement for 2nd year medical students in General Practice.

Kirtchuk, L., Jakeways, N., Wylie, A., Stephenson, A.

Background and purpose

The UK is experiencing a shift in healthcare provision towards primary and community care settings to meet the challenges of a growing and ageing population, with more long-term conditions and co-morbidity (1, 2)

Traditional block placements in undergraduate medicine, which lead to short-term, opportunistic exposure to acute episodes of care/illness, align poorly with this trend towards holistic community care. Longitudinal undergraduate placements (regular, recurrent placements in the same setting with the same supervisor (3)) can address these limitations and are gaining traction internationally (4). Positive outcomes include the development of trust and professional relationships between students and their tutors, patients, peers, and the practice (3). The student role becomes more established as part of the community of practice, enabling improved participation which is sensitive to the student's competency. An enhanced understanding of the impact of illness and health is gained, enabling the student to develop rapport and compassionate care (3).

Concurrently General Practice (GP) recruitment is sub optimal (1, 2) and there are concerns regarding the attrition rate of the current workforce (5). Optimal exposure during undergraduate years is believed to enhance the likelihood of GP as a career destination (5) and strong recommendations have been made that GP should be promoted more vigorously in medical schools, through a greater exposure to the speciality and positive role models (6).

Our GP longitudinal placement aims to increase exposure to GP in the early years, with the benefits of longitudinal delivery. The programme commenced in September 2017, with all 400 2nd year medical students at King's College London (KCL) spending a day a week in GP, for a total of 30 days over the course of the year.

Methodology

We have taken an Action Research approach to evaluation, using an interpretivist lens. This has involved student focus groups, field notes from tutor development events, faculty reflections, relevant documentary analysis, surveys about student career intentions and GP tutor job satisfaction.

The data is being coded independently and reviewed collaboratively for similarities and emerging themes with the help of Nvivo. Findings will be used to develop the delivery of the curriculum further and to inform the next steps of the evaluation.

Ethical approval has been granted by KCL.

Results

Preliminary data analysis shows core themes that include valuing the longitudinal relationship between student and tutor/practice; valuing continuity with patients; legitimisation of the student role within the community of practice; and valuing the importance and complexity of General Practice.

However, the delivery of a new and complex placement has given rise to challenges regarding standardisation across diverse placements; tutor recruitment and support; the need for appropriate scaffolding for junior students with no prior clinical experience; and how this is managed by tutors and faculty.

Discussion and Conclusion

The first stage of our evaluation demonstrates success in meeting the core goals of an innovative longitudinal GP placement. The findings will inform development of the programme as part of an ongoing cycle of action research. Key areas of focus include tutor retention, sustainability of delivery, parity of student experience, quality assurance, and insights into the dynamics of this placement within the ecosystem of each GP setting.

References

1. Securing the future GP workforce. Delivering the mandate on GP expansion. GP Taskforce final report. . Health Education England; 2014.
2. In-depth review of the general practitioner workforce. Final report. CfWI. Centre for Workforce Intelligence; 2014.
3. Thistlethwaite JE, Bartle E, Chong AAL, Dick M-L, King D, Mahoney S, et al. A review of longitudinal community and hospital placements in medical education: BEME Guide No. 26. Medical Teacher. 2013;35(8):e1340-e64.
4. Ogur B, Hirsh D. Learning through longitudinal patient care-narratives from the Harvard Medical School-Cambridge Integrated Clerkship. Academic medicine : journal of the Association of American Medical Colleges. 2009;84(7):844-50.
5. Lambert TW, Smith F, Goldacre MJ. Perceived future career prospects in general practice: quantitative results from questionnaire surveys of UK doctors. The British Journal of General Practice. 2016;66(652):e848-e57.
6. Wass Veal. By Choice not By Chance: Supporting medical students towards future careers in General Practice. Health Education England; 2016.