



Towards widening access to medicine

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Evaluation of clinical teaching in general practice using the Maastricht Clinical Teaching Questionnaire

Dear Sir

We report our use of the Maastricht Clinical Teaching Questionnaire (MCTQ) (Stalmeijer et al. 2010) in Irish general practice, supporting its use in a different clinical context and country.

We evaluated clinical teaching by general practitioners (GPs) with year 2 undergraduate medical students. Students ($n=107$) were invited to evaluate their clinical teacher by completing the MCTQ and making qualitative suggestions for improvement. GPs ($n=10$) were asked to self-rate their teaching before and after a faculty development workshop. At the end of the academic year, 82 students (76.7% response rate; 55% female) submitted ratings on 10 teachers; eight teachers were evaluated by 10 or more students. Students rated their GP teachers highly, with a mean item score of 4.5 (out of 5) and a global rating of 8.8 (out of 10). GPs rated their own teaching lower with a mean item score of 3.1 and a global rating of 6.7.

The internal reliability of the scale was high with an alpha co-efficient of 0.91. Our subscale reliability ranged from 0.63 to 0.84. Domains of modelling (0.84) and learning environment (0.82) were kept with those reported (Stalmeijer et al. 2010). Domains of coaching and articulation were 0.63, lower than those reported in studies of hospital doctors (Stalmeijer et al. 2010) or veterinary clinical teachers (Boerboom et al. 2012).

Students and teachers identified similar strengths and weaknesses in teacher performance. Teachers rated their interest in students as their highest strength and felt they provided a safe learning environment. This was supported by students' comments on the friendliness and approachability of teachers. Teachers recognised the need to help students define their learning objectives (exploration domain). More feedback was the most frequent suggestion from students to improve placements. GPs also identified this deficit (coaching domain).

The use of the MCTQ and its basis in the apprenticeship theory was helpful in allowing us to identify areas of strengths and weaknesses of specific aspects of teaching. As far as we know, this is the first report on the use of the MCTQ outside the Netherlands and in a general practice setting.

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Towards widening access to medicine

Dear Sir

Diversity at medical school would lead to a more culturally sensitive education process, vital in producing competent doctors capable of serving the UK's increasingly heterogeneous populations. Although much effort has concentrated towards widening access to medicine, disparity still occurs, and studies have shown that students from lower socio-economic backgrounds, certain ethnic groups, and those whose parents did not attend university are still less likely to apply to medical school (Greenhalgh et al. 2006; Ferguson et al. 2012).

As medical students, we believe that we are in a unique position to bridge this gap. As part of our Widening Participation Programme (WPP), we invited sixth form students from pre-selected schools in Newcastle to enter an essay competition on a medical subject. Of 25 entrants, we selected 15 best essays and invited the students to attend the WPP, a one-day event organised as part of the National Academic Medicine Student Conference (NAMSC) at Newcastle Medical School (April 2012). Of the 15 participants, 11 were of ethnic minority, 10 came from non-fee-paying schools and nine had parents who did not attend university.

Briefly, the NAMSC was an academic conference for medical students consisting of lectures and student presentations (morning) and workshops (afternoon) aimed to promote academic medicine. WPP participants were paired up with medical student 'buddies' and attended the conference's morning sessions. The buddies' roles were (1) to help explain the content of lectures/presentations to the participants so as to inculcate interest in medicine and (2) to provide essential insider's knowledge on the experience of applying to/being at medical school. In the afternoon, we organised two workshops, separate from NAMSC workshops; one was a Q&A session on application process (organised by the Director of Medical Studies) aimed to encourage participants to apply to medical school, and another was a clinical skills demonstration, aimed to provide insights as to what students learn at medical school.

A post-event five-point Likert scale questionnaire demonstrated that all participants found the WPP to be useful in helping to decide on a medical career and the use of buddies

was effective in stimulating interest in medicine. All agreed that they were more likely to apply for medicine after attending the event. Although short-term outcome indicates that the WPP was effective at widening access to medicine, we aim to follow-up this group of bright students to see if the WPP actually resulted in admission into medical school.

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Simple maths of 'task-based learning (TBL)' in Acute Medicine TBL = effective learning + timely completion of tasks + productivity

Dear Sir

Despite major structural and organisational advancements in Acute Medicine, it remains a very busy medical specialty. Clinical activity in Acute Medicine is on the rise in the United Kingdom. In addition to timely and effective clinical management of the acutely unwell patients, ensuring patient safety and meeting high professional standards, we also have an important responsibility to train students both at post-graduate as well as at undergraduate level. People often end up thinking whether they have to make a choice between service commitments or training. That is where TBL can be very useful; it ensures good quality training and timely completion of tasks without causing delays in service provision.

During undergraduate as well as postgraduate training, healthcare professional spend a significant amount of time working in clinical environment carrying out various tasks. These tasks can be used as the central focus and further

learning arranged around it (O'Halloran 2001). Such learning strategy is termed a task-based learning (TBL). Relevant learning objectives derived from the task may include generic skills like communications skills as well task specific outcomes like understanding of basic medical sciences, disease prevention, health promotion, physical examination skills and clinical management of a disease.

We have employed TBL locally in our very busy Acute Medicine department with undergraduate as well postgraduate students and have received excellent feedback from students and trainees, who get the feeling of being involved in patient care and decision-making and have reported increased level of confidence in managing various conditions. This has no adverse effect on our unit's waiting times.

TBL offers many *advantages* as following (Harden et al. 2006).

- (1) TBL is an opportunity for on-the-job learning and suits well to clinical environment.
- (2) It follows the principles of adult and independent learning.
- (3) TBL offers an excellent opportunity to allow horizontal and vertical integration.
- (4) It gives students an opportunity to see the learning in its real life perspective
- (5) It prepares the students for what is expected of them after graduation.
- (6) Service provision can be continued while learning takes place alongside it.
- (7) It is relevant and time efficient.

TBL's *limitations* include

- (1) It is a relatively new concept (and terminology) and long-term drawbacks are not known.
- (2) Teachers (clinicians) would need some training to facilitate TBL in their clinical settings.
- (3) Too many new strategies can cause confusion amongst senior medical staff who are already struggling to come to terms with PBL.

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