
Article:
Checkley, E.W., Prosser, C.J. and Sandler, R.D. orcid.org/0000-0002-6933-9921 (2021) Student doctors: learning from the front line. Medical Science Educator, 31 (4). pp. 1549-1550. ISSN 2156-8650

https://doi.org/10.1007/s40670-021-01336-5

Student doctors; Learning from the front-line

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Introduction

During the COVID-19 pandemic, student doctor placements across the UK were cancelled in response to the extreme pressures imposed on health services. These pressures resulted from increased rates of hospital admissions and staff sickness, creating potentially dangerous clinical environments, where demand exceeds service capacity. To mitigate this critical shortfall, our local hospitals enlisted student doctors, onto the front-line. The following discussion outlines the invaluable experience gained through challenges faced working on an acute admission unit during a global pandemic. We then reflect through the lens of theoretical literature by considering how this experience exemplified the benefits of a situational learning and subsequent andragogical approaches to medical education (can you add this reference in Elliot, Brookfield S. Critically Reflective Practice. The Journal of Continuing Education in the Health Professions. 1998;18:197-205.). We finally inform our reflection by including the perspective of our supervising medical registrar and consider how medical school placements could be adapted to provide the educational experiences we gained from this atypical opportunity, created in response to health crisis.,.

Perspective: Student Doctors

We were allocated to a specific unit at a local District General Hospital, designated for the acute assessment patients without features of COVID-19, streamed from the Emergency Department front door directly to the relevant medical or surgical speciality. Our role was to utilise prior knowledge and skills to alleviate clinical pressures, through assessing new patients, undertaking clinical skills and supporting medical and nursing colleagues.

In the ensuing paragraphs, we proffer three key aspects of reflection from our experiences: shifting health care professional's perception of medical student to improve service provision and educational experiences; medical student autonomy augmenting the acquisition of clinical skills; the development of professional behaviours as we were given responsibility.

Aspect 1: Perception from the team

When first arriving on the ward, we encountered the challenge of establishing our new role within the clinical team, in that we were now employees with clinical responsibilities, rather than student doctors on educational placement. Initially, there was a misconception that we would be supernumerary with minimal responsibility. This may be the result of the fleeting nature of typical medical school attachments making it challenging to be reliably effective within a clinical team. In response, we took a proactive approach to demonstrating our value, by briefing the charge nurse on our clinical competencies and subsequently performing these skills. This enhanced our engagement with, integration in and trust we received from the clinical team. This partnership allowed us to be flexible and self-directed in our learning, affording us exposure to a diverse range of clinical experiences. This differs from our normal short placements, which usually entail little responsibility and defined objectives. The latter scenario feels safe as a medical student but can limit our professional and personal development. This role represents an andragogical approach to learning and implementation of practical skills, which Forrest and Peterson stated 'Without implementation, students cannot adapt to the ever changing work-place' (Chan, 2010)..

Aspect 2: Clinical Skill Acquisition

Garwood stated that medical students lack opportunities to perform procedures because of high service pressures or that it was deemed unsuitable by a senior practitioner (Garwood, 2020). Conversely, high service pressures afforded us exposure to a greater variety and quantity of clinical skills than those experienced through a typical placement. We were given new responsibility and autonomy, facilitated by the strong support network and close mentorship from experienced staff. This allowed the safe but deliberate practice of clinical skills and patient assessments required for mastery (Ericsson, 2008). We developed a proficiency in core skills, including venepuncture and cannulation, and developed those less frequently utilised, including catheterisation and obtaining electrocardiographs. Medicine is a vocational area of study with a clear progression into professional practice for which undergraduate study aims to prepare us for. We will be required to competently perform these skills in the near future as newly qualified junior doctors. The need to learn, driven by changing circumstances is a key pillar of andragogical learning as outlined by Knowles (Taylor and Hamdy, 2013).

Aspect 3: Learning from responsibility

A by-product of increased responsibilities was the exposure to the uncertainty of clinical practice. Being first responders to an emergency situation during our initial shift provided us an instantaneous measure of our own clinical competence and the need for immediate senior support. This demonstrated that we we recognised and worked within the limits of our competence outlined as one of the Duties of a Doctor by the General Medical Council giving us confidence in our ability to practice safely in the

future (GMC, 2006). The valuable development of decision-making skills and heightened self-awareness gained through these experiences increased our readiness for professional practice.

Perspective: Supervising Registrar

On a typical medical school placement with conflicting educational demands, we rarely have this opportunity to work so closely and frequently with a group of students, and as such it is hard for them to enter the community of practice and benefit from the affordances of the workplace. This programme preferentially attracted students with enthusiasm for situated learning experience, and allowed them a unique opportunity to enter and become key members of our community of practice (Lave & Wenger, 1991). By assessing and recognising the student's competencies at an early stage, we were able to delegate responsibilities to improve the speed of acute care delivery within the department. We also had the opportunity to observe practice (both clinical and consultation skills) and deliver feedback, with immediate opportunities for the students to identify and implement areas for improvement.

Conclusion from Student Doctors

Following the peak in mid-April, as local demands have plateaued, so has our working hours, giving us pause to reflect upon and illustrate the invaluable experience gained. We student doctors felt valued, respected and supported in our role, which acted as strong personal motivators to engage within the clinical team. The commonality throughout this reflection is the value of a strong colleague support and close mentorship, vital to the successful integration of student doctors. We have

illustrated how we maximized our learning experience through increased responsibility and active participation within a clinical team, This situational learning created the opportunity to harness an androgocial approach to our own educational development in preparation for clinical practice. We propose that longer undergraduate placements within clinical teams, similar to the situation encountered due to the pandemic, can present such valuable learning opportunities to all student doctors.

Disclosure of interest

The authors report no conflicts of interest.

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