

- Scottish University of the Year 2017



School of Medicine
University of Dundee

Longitudinal Integrated Clerkship

A new approach to fourth year!

Presenter:

- Dr Fiona Muir, Acting Head of Undergraduate Tayside for General Practice

April 2017



Marketing Resources

- <http://www.thehighlandtimes.com/news/2017/03/10/medical-students-talk-about-pilot-project/>
- <http://ruralgp.com/2017/03/longitudinal-clerkship-vs-traditional-medical-curriculum/>
- **Student Feedback**
 - Being able to follow a patient is great!
 - Covering a lot of the curriculum early in the year.
 - Spending time in areas of interest e.g. acute medicine.
 - Getting a valuable insight into rural medicine and GP team.



Dundee Longitudinal Immersive Clerkships (DLIC)

The Dumfries & Galloway Experience

DLIC D&G

- Convinced by international research:
good for students/good for recruitment
- Initially recruited 4 students – 2 in the
event due to ill health
- Both based in Newton Stewart

DLIC D&G - challenges

- D&G rural?
- 2 students (4 planned)
- Secondary care experience
- GP workload significant
- Travel

Not rural enough?



DLIC D&G - travel



- Langholm to Stranraer 107 miles/2 hrs 18mins
- Newton Stewart to Dumfries 48 miles/1 hour 6mins
- (Inverness to Perth 112 miles/2 hours 27mins)

DLIC D&G - successes

- Positive student experience
- Positive GP experience
- Plenty of cases and 'pathology'
- 4th year exams?

DLIC D&G - learning

- Student selection vital – self directed, team players, part of primary health care team
- Early/ongoing support with identifying learning needs and arranging secondary care placements
- Raise profile: programme and students
- Base nearer Dumfries?

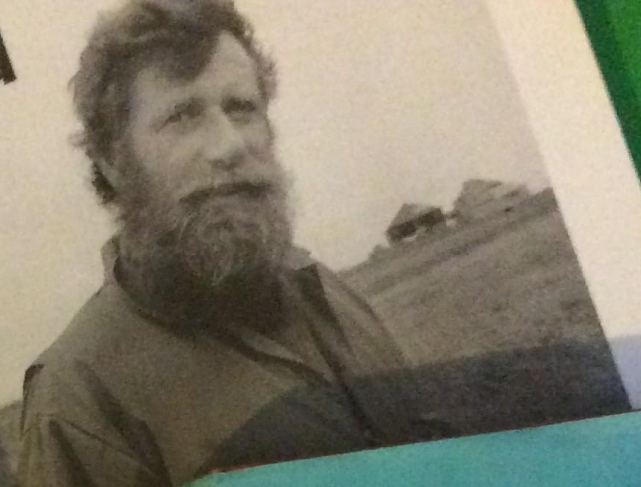
Immersive Approaches to Medical Education

Research Conducted to Date

Dr Issie MacPhail, UHI

Single-Handed

General Practitioners in
Remote and Rural Areas

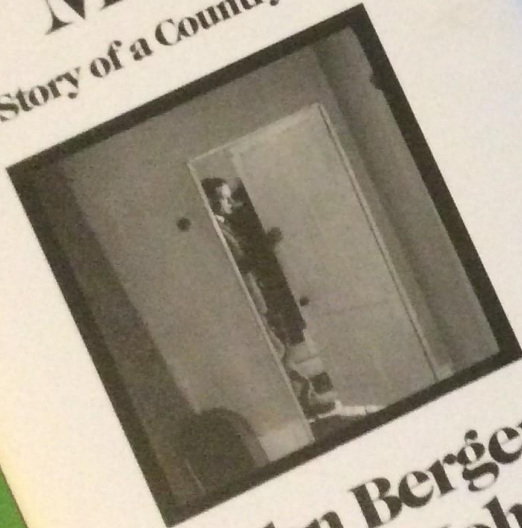


'A masterpiece'
Geoff Dyer

'A genuine tour de
force' Observer

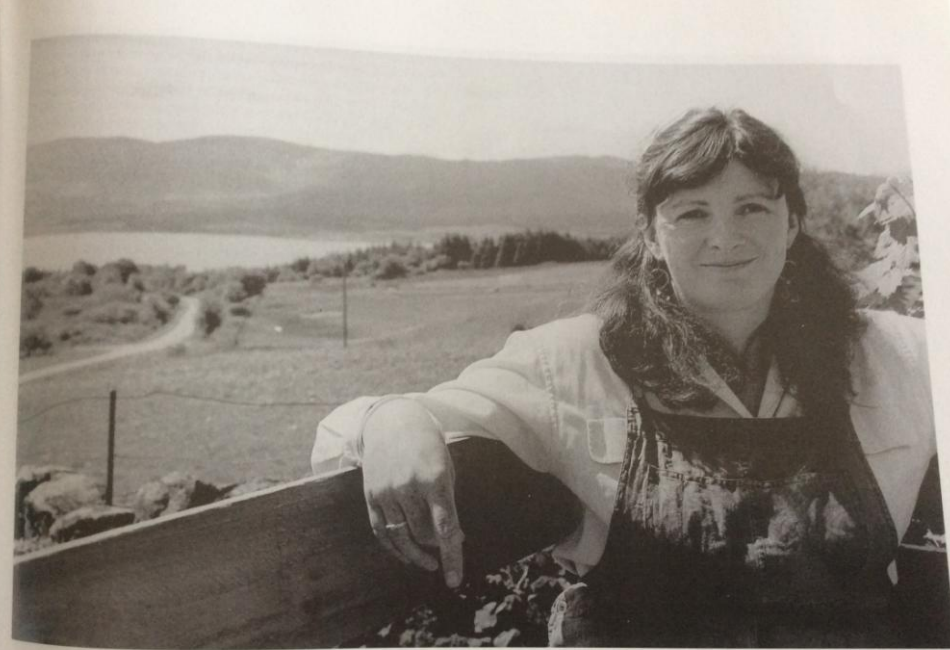
A Fortunate Man

The Story of a Country Doctor



John Berger
Jean Mohr

My Friends George and Tom



Students', supervisors' and staff perceptions and experiences of an immersive community based medical educational clerkship in rural Scotland.

Schedule

- Kick Off: Dundee Student Focus Group & Staff Focus Group, Sept 2016
- One-to-one interviews (Dundee students) – Autumn 2016 & Spring 2017
- Participatory Workshop (Aberdeen Remote & Rural Programme students) – May 2017
- Focus Group: GP Tutors (Highland; Dumfries & Galloway), May/June 2017
- Participatory Workshop (Raigmore Tutors – Aberdeen R&R Programme), June 2017
- Consolidating Thoughts: Dundee Student Focus Group, June 2017
- Focus Group: Dundee staff, June 2017

Qualitative Methods

- Representations of rural practice
- Student Audio Diaries (no. tbc)
- Audio recorded Semi-structured Interviews (14 plus 1 video recorded)
- Focus Groups (4)
- Participatory Rural Appraisal (2)
- Photovoice (no. tbc)

The story so far....impressions to date...

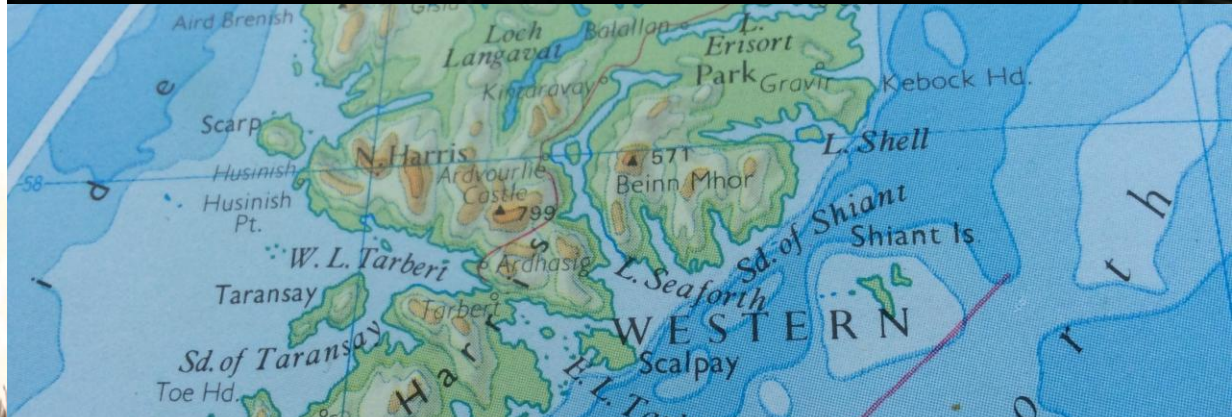
- Experience of, and a growing confidence about, real working environments & relationships there
- Learning how to be a professional person in a small place – medically & socially
- Strong ‘learning by doing’ benefits
- Active rather than passive model is felt to be of benefit – reporting that usual model of shadowing on wards involves far less real patient contact and engagement, less variety of cases and a lot of down time just ‘taking a patient history again, to fill in time’ (paraphrased)
- Greater variety of cases than through usual means – greater hands on experience; follow through..
- Learning about how a patient’s life and circumstances is integral to how they might self manage and how a GP might best assist



Rural Practice is a good kind of challenging..

'that's something I hadn't considered as being a GP or being a practitioner in the future - how much of my time will be spent telling people they can't have antibiotics? You know in a world where they're trying to cut antibiotics, [...] – I didn't imagine so much - I sort of saw myself as always helping people - suppose that's sort of a fairy tale idea, but rather that a lot of your time might be saying 'no' to people who say I need antibiotics, and that might become a daily occurrence, in fact it's probably likely to become that.'

- Real experience of how to explain treatment choices and reasons for not medicating when patient is seeking such – broader resource implications of this form of learning?
- Perception that because, in rural practice, sending someone to hospital is a big decision on account of distance – students are learning how to weigh such critical decisions. This has also raised questions as to whether perhaps urban GPs overuse hospital, as an option – implications for broader resource management within NHS?
- Complete change in perception of rural practice, from an assumption that it is quiet and undemanding, to a feeling that in rural practice you are pushed intellectually and practically all the time, in good ways – satisfying professional challenges



Early thoughts on immersive approaches

- Dundee LIC provides immersion in rural practice, and hospital based experience of, ward, clinical and surgical specialisms
- Aberdeen Remote & Rural Prog provides immersive experience of the unique challenges tackled by a major hospital serving a very large, dispersed remote and rural catchment area
- Rural areas have been habitually framed up as problem places to be 'fixed', by making processes and approaches more urban
- In view of the insights so far into decision making; measured use of hospital admissions, balancing the 'best treatment against 'the best decision'; importance of follow through and context (patient's life); nurturing of 'clinical courage' and patient dignity - & useful flattening of old professional hierarchies through rural MDTs – is it time for 'rural' to inform urban models, in the interests of resource management and person-centred practice?
- Going forward... is a longitudinal tracking of student participants possible, to track impacts on rural career paths, and other shifts in practice generated by immersive approaches?
- This approach perhaps balances the training to be 'concise', for notes and hand overs, with better access to context – patients' lives & circumstances
- Being based in a rural practice lets students find out if their diagnostic conclusions were correct or not - deeper learning, due to longer time there
- Students have raised the question, based on this longer trajectory, of the dangers of rushing to 'test' (conflicting results) – and rushing to diagnose – might this lead to better ways of tackling complex cases?
- Applaud the courage of this year's students in being so prepared to be open and reflective about this process – the credit for these insights is all theirs...