

## Background

Giving students more responsibility for real patients during medical school could help to prepare them for their transition to clinical practice (Coakley et al., 2019). Student-led clinics (SLCs) may have the potential to facilitate this.

Within SLCs, students take the lead role in delivering patient care, while being supported and supervised by qualified healthcare professionals (Chen et al., 2014).

A general practice SLC was established at Newfield Medical Centre in Dundee, Scotland, in a purpose-built Student Hub. Groups of four final-year medical students, supervised by one general practitioner (GP), led their own clinics as part of a four-week placement.

## Aim

This study aimed to explore students' and educators' experiences and perceptions of this SLC. The specific research questions for this study were:

1. What are students' and educators' perceptions of their learning and teaching experiences within the SLC?
2. Which factors contribute to these experiences and perceptions?
3. What are the areas of strength and areas for development of the SLC?

## Methodology

**Research Design:** An exploratory case study approach, using semi-structured interviews and observation, was adopted.

**Participant Selection and Recruitment:** Final-year medical students and educators involved in the SLC were invited to participate via email. Eleven students and three educators were recruited for interview. Eighteen hours of observation were conducted over six clinics.

**Ethics:** Ethical approval was granted by the University of Dundee School of Medicine Ethics Committee.

**Data Collection and Analysis:** Interviews were recorded and transcribed verbatim. Detailed fieldnotes were taken during observations. These were integrated and thematically analysed as per Braun and Clarke's (2006) guidance.

## Findings

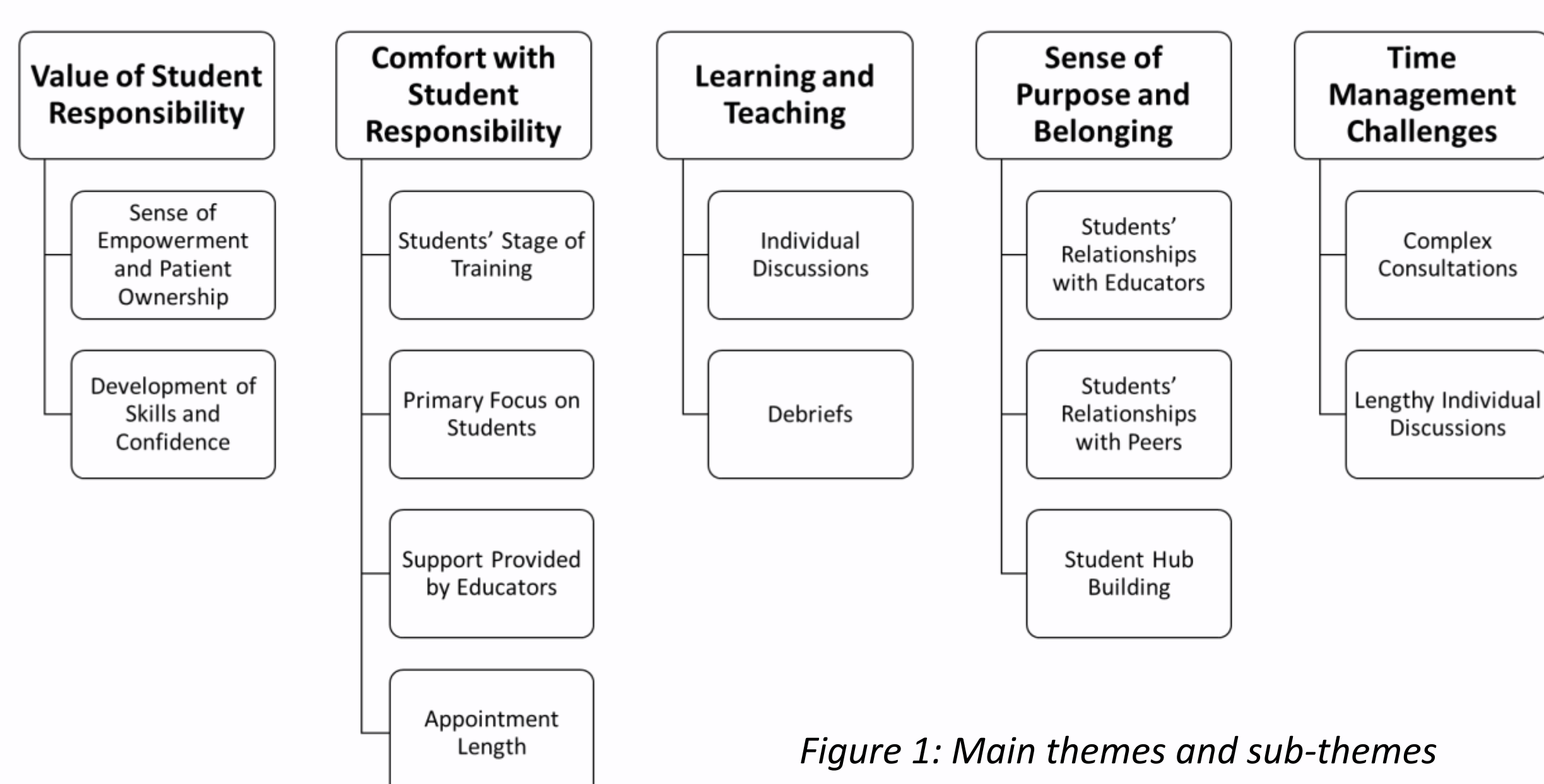


Figure 1: Main themes and sub-themes

### Value of Student Responsibility

- Students' lead role in patient care (conducting consultations and performing procedures independently) empowered them, fostering a sense of autonomy and patient ownership, and enhanced their confidence and clinical reasoning skills, making them feel more prepared for the transition to clinical practice

*"The students and patients were put at the centre and we were supporting, and I thought that was brilliant. They need that space to learn and grow..." – Educator 1*

### Comfort with Student Responsibility

Four key factors played a role in ensuring that both students and educators felt comfortable with students having this level of responsibility:

- Students were in their final year of medical school and so were experienced
- Educators' only role within the SLC was to supervise students, enabling them to manage multiple students
- Educators checked students' work and were very approachable and supportive

*"I do think the fact that you are so supported is what allows it to be so good... If it wasn't as supported, you would spend more time worrying about whether you had done everything right than learning from what you were doing." – Student 10*

- The extended appointment time (1 hour, with each consultation lasting 15-20 minutes) allowed students and GPs to work thoroughly without feeling rushed

### Learning and Teaching

Educators found teaching straightforward and viewed it as an extension of their normal teaching during traditional placements, and students felt the teaching was useful and appropriate for their stage of training. Teaching was delivered in two ways:

- Individual discussions with students after their initial consultation with each patient (to develop a differential diagnosis and management plan)

*"That was quite useful because it was getting my brain working and it wasn't just, you know, giving me the correct answer. It was making me think about 'why am I suggesting this diagnosis?', 'what were my findings that made me think it was this?'" – Student 11*

- Debriefs (opportunity for further discussion at the end of the clinic, either individually or as a group)

### Sense of Purpose and Belonging

- Educators were enthusiastic about teaching and felt students' contributions were valuable; this gave students a sense of motivation and belonging

*"You don't just feel like an add-on to their job... You're adding to and helping and supporting them... and I think that makes you feel more part of the team rather than just observing." – Student 9*

- Students thoroughly enjoyed working alongside and socialising with their peers, and appreciated having their own physical space to work in within the Student Hub

### Time Management Challenges

Appointments were staggered by 15 minutes to give the supervising GP time to see each student and their patient. Challenges arose when the clinic ran behind schedule, due to:

- Unexpectedly complex consultations (despite patients being vetted via telephone by a GP before being allocated to the SLC) – this could be stressful for educators
- Overly thorough individual discussions – this made some students anxious about making patients wait a long time

*"We need to be very careful about having appropriate patients selected. I think that the potential downfall of the clinic is when the timings go off." – Educator 3*

## Conclusions and Recommendations

Overall, the findings reveal that both students and educators had very positive experiences and perceptions of the SLC. Students thrived in their lead role in patient care and both students and educators felt comfortable with students having this level of responsibility. Indeed, the combination of feeling both independent and supported was highlighted as a major benefit of the SLC.

However, time management challenges were identified as an area for development. To address these issues, the patient vetting process could be developed to minimise the amount of unexpectedly complex consultations occurring in the SLC, and educators could be encouraged to ensure that individual discussions are not unnecessarily long.

Future research could focus on quantitatively measuring the development of students' skills, confidence and preparedness for clinical practice after participating in the SLC. Additionally, it would be valuable to explore patients' experiences and perceptions of this SLC.

It is hoped that findings from this study may contribute to the limited evidence relating to SLCs within the UK, which have been explored in only one previous study (Tanna et al., 2020).



Figure 2: Student Hub

## References

- BRAUN, V. & CLARKE, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. DOI: 10.1191/1478088706qp0630a
- CHEN, H. C., SHEU, L., O'SULLIVAN, P., TEN CATE, O. & TEHERANI, A. 2014. Legitimate workplace roles and activities for early learners. *Medical Education*, 48(2), 136-145. DOI: 10.1111/medu.12316
- COAKLEY, N., O'LEARY, P. & BENNETT, D. 2019. 'Waiting in the wings'; Lived experience at the threshold of clinical practice. *Medical Education*, 53(7), 698-709. DOI: 10.1111/medu.13899
- TANNA, S., FYFE, M. & KUMAR, S. 2020. Learning through service: a qualitative study of a community-based placement in general practice. *Education for Primary Care*, 31(5), 305-310. DOI: 10.1080/14739879.2020.1759459