

Reinventing Undergraduate Clinical Placements with a Switch to Delivery by Clinical Teaching Fellows: A Medical Student's Perspective [Letter]

George Ratcliffe , Nicole George 

Imperial College of Science Technology and Medicine, London, UK

Correspondence: George Ratcliffe, Tel +44 7805 402 637, Email George.ratcliffe17@imperial.ac.uk

Dear editor

We have read the article “Reinventing Undergraduate Clinical Placements with a Switch to Delivery by Clinical Teaching Fellows” by Hossain et al.¹ The authors of this manuscript provide insight into the current restrictions experienced by medical students on clinical placements whilst subsequently offering a solution to improve their educational experience. We wanted to objectively critique this study from our personal experiences of clinical placements and integration into hospital teams.

This manuscript identifies numerous limitations of the outdated traditional undergraduate clinical placements from a student perspective. The implementation of Clinical Teaching Fellows (CTFs) could vastly improve the educational capacity of hospital placements. Most notably CTFs enforce for a continuous reference point for teaching to allow for real-time improvements in academic and clinical ability, something often overlooked when training students for Objective Structured Clinical Examinations (OSCEs). CTFs theoretically will be able to identify gaps of knowledge or potential areas of improvements in individual students and mentor them through a progression of change. A comparable study from Harvard Medical School identified that improved student-faculty mentorship and collaboration is necessary for continuous curricular adaptation alongside the ever-changing clinical practice;² a factor CTFs will further improve.

In addition, the roles of CTFs may allow for student interaction and engagement during ward and clinic settings, acting as a reliable reference point in an environment where constantly changing doctor and staff rotas can result in a lack of familiarity for students. Ultimately, this should allow for the enhancement of practical skills whilst ensuring personal professional development throughout the placement. Various studies have identified the gap between clinical medical school years and foundation years as a daunting prospect for most students;^{3,4} a gap that could be bridged through the implementation of CTFs to ensure a smooth transition from student to doctor.

The authors focused the study on final year medical students, due to their ability to judge teaching quality throughout the trust. However, the implementation of CTFs would arguably have the most applicability and success on students in their first clinical year. Studies have shown third-year students progressing from pre-clinical to clinical years' experience high levels of stress and a decrease in confidence during their initial clinical placement, with over 50% meeting the criterion for “imposter syndrome”.⁵ It is debatable that this cohort of students could benefit from CTFs to the greatest extent. CTFs could expose and educate students on participating in ward rounds and how to appropriately learn whilst on placement to ensure maximum enjoyment and confidence throughout their clinical years.

In summary, Hossain et al have provided various themes and insights which indicate the implementation of CTFs at teaching hospitals would be beneficial.¹ From a student perspective, the use of CTFs is not only advantageous but necessary to ensure a productive educational environment and allow progressive longitudinal learning throughout a clinical placement. However, additional qualitative and quantitative information piloting the role of CTFs assigned to

first clinical year students would be useful to further substantiate the claim that mentorship during placements will improve student experience.

Disclosure

The authors report no conflicts of interest in this communication.

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