19.02 Medical student experiences of a generalist curriculum: A qualitative study.

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Aim:
This study aims to examine student experiences and perceptions of a transformative GP learning model on future professional practice, workplace-based experience and remote learning.

Background:
- Recruitment to General Practice (GP) is a national challenge.
- Medical student experience during placements is an important factor in shaping career choices.
- A key challenge is to demonstrate the intellectual stimulation and complexity of general practice.
- Connected curriculum’ sessions were introduced to highlight complex elements of generalism including:
  - Ways of knowing
  - Using evidence in primary care
  - Health justice
  - Prescribing in primary care
  - Culinary medicine
  - Multi-morbidity and complexity

Methods:
- Purposive sampling of penultimate year students
- Semi-structured interviews with one of the authors
- Inductive analysis of data according to Mezirow’s 10 phases transformative learning
- Iterative deductive thematic analysis

Initial findings:

1) Disorienting dilemma:
"(In) GP they’re a bit more independent…there were different approaches between different doctors within the same practice, and I don’t think that happens…within hospitals like there’s a guideline for how to do UTIs"

2) Self-examination:
"It’s kind of one of those slow burning things that all sorts of slowly comes."
"To me its less about putting the seminars into the context of the clinical practice and more understanding how the seminars apply to clinical practice"

3) A critical assessment of assumptions:
"I didn’t expect to learn) problem-solving and a lot of the time if there’s not something that you can offer immediately…being able to communicate that to a patient"

4) Recognition that others have shared similar transformation
"And some of them said about responsibility, not that they had a lot of responsibility thrown out there, and it was quite scary"

5) Exploration of new roles or actions:
"It was my first time having any sense of responsibility at all. It gave you a bit of a taste. What it be like as a doctor."

6) Development of a plan for action:
"I say it’s definitely added a few more questions into my normal history taking. And it’s stuff like you know How is it impacting your life elsewhere?"

7) Acquisition of knowledge and skills for implementing the plan:
"When you when you’ve done the case. You’re like I did that badly and this is what I would do next time, you’re doing it 20 minutes later rather than 10 days later."

8) Trying out the plan:
"I kind of learned to work more independently"

9) Development of competence and self-confidence in new roles:
"I’m more confident talking to patients on my own.. I think it comes a lot more naturally to me now than before GP."

10) Reintegration into life on the basis of new perspectives:
"I don’t think I would have picked up on that if I’d just had read it in the textbook in the same way. And now I’ll sort of always remember that”

Thematic analysis:
- Perception of relevance to future career and/or assessment
- Pros and cons of remote learning
- Pros and cons of remote consulting
- Benefits of placement block
- Filling gaps in knowledge
- Importance of retrospective analysis

Discussion:
Findings from the first three interviews suggest that students do integrate their connected curriculum seminars into their understanding, although this is a time-consuming process, which not all students will invest in and often something that happens over time rather than immediately.

Students appeared to be able to see the worth of learning that is not formally examined but acknowledge that sometimes it is hard to be motivated when assessments are looming.

Students also identify several positive aspects of both learning and consulting remotely and it appears that they would prefer a “blended” approach going forwards.

Going forwards:
- Continue semi-structured interviews to look for evidence of transformational learning
- Continue iterative thematic analysis until thematic saturation is reached