

Helping students become doctors

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IMPACT PARAGRAPH

RESEARCH

My research findings have populated a gap between medical education as described in research journals and the reality experienced by students and clinicians, who are engaged in the joint activities of learning and practice. I have contrasted the ‘state of the art’ with the reality on the ground, by harnessing privileged access afforded to me as a junior doctor and education researcher. This thesis shares insights from patients, students, clinicians, and educators, who have together helped me understand more about how students learn to become doctors. It shows a level of alignment of medical education research, undergraduate curricula, and the realities of clinical workplace education which is sometimes better described as ‘destructive’ than ‘constructive’. It asked how it might be possible to change them and mapped out possible ways of doing so. This impact statement reviews the principal findings of each study in relation to the objectives of the thesis and draws inferences from them. It then synthesises implications, specifying how these apply to students, clinicians, educators, and researchers.

RELEVANCE

The work presented in this thesis lies within a larger programme of work, which considers how medical students learn in workplaces. Working with a broader research team, I have also published editorials exploring opportunities for authentic interprofessional learning and the drawn attention to risks inherent in focusing solely on competency based medical education. I have also co-authored a toolkit for clinician-educators who want to involve students in practice and examined how ‘*patient safety*’ could be reimagined for the benefit of both patients and clinicians. Together, my whole programme of work explores the malalignment of education and clinical practice, and offers possible solutions. Better aligning education and clinical practice, I argue, could help healthcare students build stronger professional identities.

TARGET GROUP

The results of this thesis may have impact on those who have a role in training healthcare professionals. As outlined in Chapter 7, this programme of research has implications for students, clinicians, educators, and researchers. For students, I hope this thesis represents their reality well and offers possibilities for improving their learning in clerkships. For clinicians, this research offers an alternative to ‘teaching’ students. It shows how simple interactions with students can be meaningful and encourages them to involve students in practice. For curriculum leaders, this research shows that even in stretched clinical workplaces, many meaningful learning opportunities exist. This thesis shows curriculum leaders how these opportunities can be realised, particularly by supporting

clinical staff and students in their educational activities. For researchers, this thesis asks them to acknowledge that the settings in which healthcare and healthcare education are practised are varied and it is unlikely that one educational solution will suit every setting. To improve education and training, interventions should acknowledge this complexity and target specific contextual factors that influence the efficacy of interventions.

ACTIVITY

As most of the studies were designed to instigate change, the work presented in this thesis created impact long before it was published in research journals. Chapter 3 presents the findings of a longitudinal co-participatory research project, during which we worked with 8 students attached to a clinical unit to improve their placement experience. Chapter 4 explains how we made it possible for 70 students to speak openly about their experiences of learning to prescribe. Chapters 5 and 6 explore the impact of changing prescribing education for over 250 students across 11 hospital sites each year. To make these projects possible, I have worked with many other individuals: clinical-educators, academics, clinicians, and administrators. Taken together, I hope that the impact of this research may lie within the individuals who participated in them, including myself, and the places in which they worked.

Going beyond local and individual impact, I have presented this work at national and international meetings. I presented Chapter 2 at AMEE 2016 and ASME 2018, winning research paper awards at both conferences. I subsequently presented this work in an online ASME Bitesize Webinar. Chapter 3, together with Chapter 4, formed the basis of a presentation during a symposium on Workplace Learning at AMEE 2022. In addition, I have shared insights about pre-prescribing at different events, including the Queen's University Belfast Learning and Teaching Conference 2018, the Northern Ireland Medicines Safety Conference 2019, and the Irish Network of Healthcare Educators 2019. I also drew upon this work to present at a workshop in University of Bergen in 2021. Together, the potential impact of this thesis was recognised by the award to me of the AMEE "Miriam Friedman Ben David New Leader" Award, 2022.

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The research presented in this thesis has grown over several years. In a way, this thesis describes my own journey as a medical student and junior doctor: one who hopes for ideals, is troubled by tensions, and who hopes to use these tensions as opportunities for improvement. I am so grateful to everyone who made this possible.

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Finally, I would like to thank the educators who have encouraged and inspired me throughout my life. I have been fortunate to know truly exceptional educators, who have shown me it is possible to change things for the better. I hope I can follow in your footsteps.