

Students in acute & emergency care – what helps and hinders their learning?

Chris Beet, Joel Burton, Adam Iqbal, Rebecca Shields, Svitlana Zhelezna and Viviana Elliott.

UHCW and Warwick Medical School

Background

Emergency departments and acute medical units are potentially a rich source of learning for medical students with opportunities to practice patient assessment, procedural skills and gain relevant clinical experience^{1,2}.

Spending time in emergency departments has been shown to be a great motivator for student learning, however these areas can be difficult environments for students to learn³.

Students are regularly asked to provide feedback on their perceptions of the quality of teaching they have received in clinical areas. However, little is known about what factors students find important in providing high quality teaching.

Aims

We aimed to explore what factors students considered to be important in delivering high and low quality teaching in busy clinical environments.

Methodology

Setting

Medical students at Warwick Medical School undergo a six week acute block where they spend time in Emergency Departments, Acute Medical Units and an Intensive Care Unit.

Method

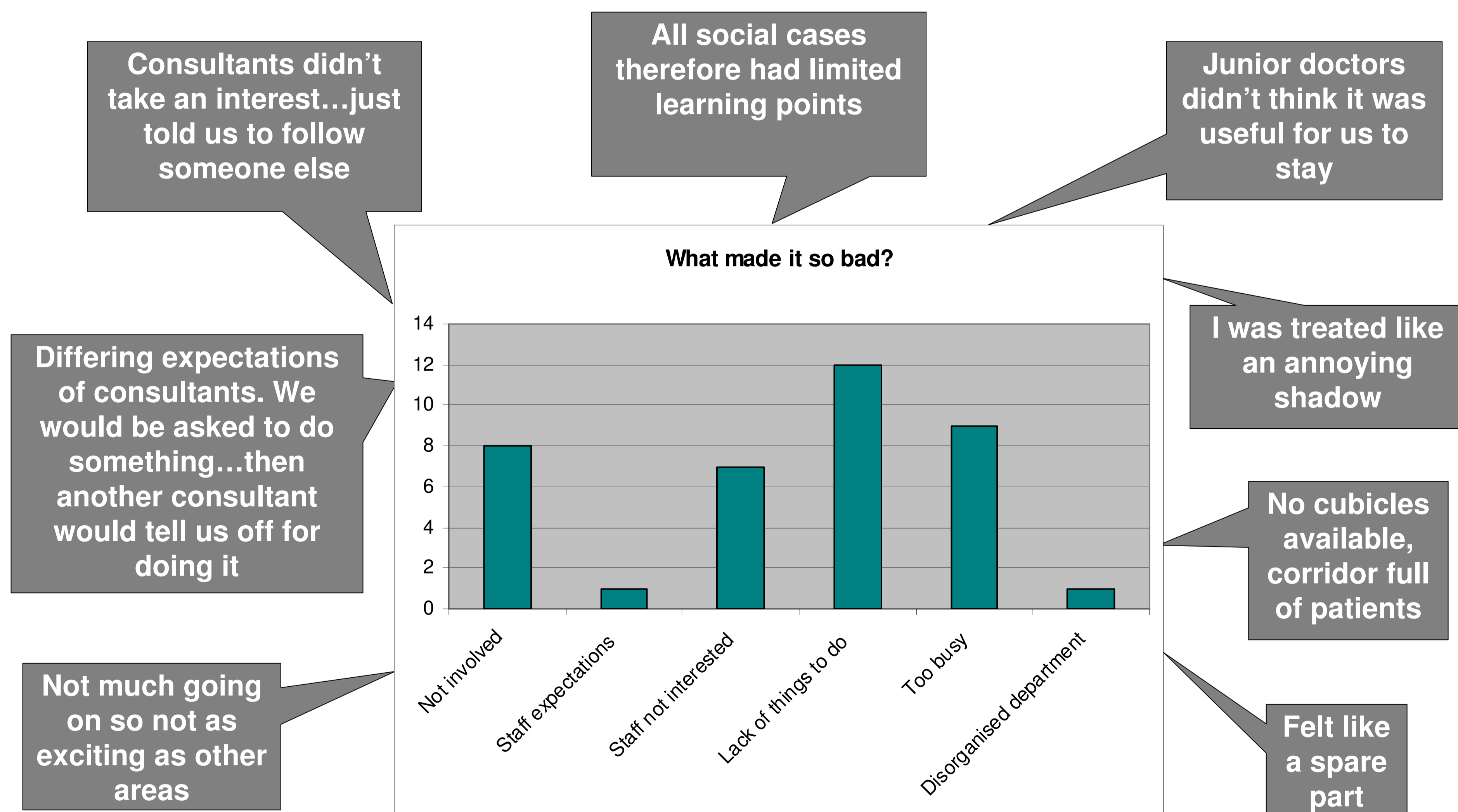
A questionnaire was given to each of the 36 students undertaking the acute block. Completion of the questionnaire was voluntary and all responses were anonymous.

Three clinical teaching fellows conducted a thematic analysis of the responses. Comments were coded through iterative discussion and consensus among the panel.



Results

- 36 responses were received.
- The emergency department was cited most frequently as the most valuable learning experience (84%) with majors the most popular area (38%).
- Being involved in patient care and friendly enthusiastic staff were most commonly cited as reasons for these being good learning experiences.
- Reasons for poor clinical experiences included a perceived **lack of learning** opportunities, areas being **too busy** and **not being involved** in patient care.
- Listed learning outcomes from positive experiences included history taking practice, experience in patient assessment and management and knowledge of specific conditions.
- Where students had a negative learning experience 13% stated that they did not learn anything. Others (35%) gained insight into the work of a junior doctor.



Excellent and poor teaching in the acute block

We're keen to find the areas that are particularly good and particularly poor in clinical experience in the acute block so that we can continue to improve it.

Gender: Male Female
Age: 25 and under 26-30 31 and over

What has been your best clinical learning experience in the acute block so far? Where was it?

What made it so good?

What did you learn from it?

Can you suggest any ways in which your exposure to similar experiences could be increased?

Conclusions

Although this study was conducted in a small sample of students a number of themes have emerged. Providing students with opportunities to become **involved in patient care** and the presence of **friendly enthusiastic staff** have been identified as facilitators to student learning. A perceived lack of learning opportunities was the most frequently cited barrier to learning.

This could be overcome by developing means of allowing students to gain maximal benefit from their clinical experiences such as a handbook for students and staff training. This will facilitate the provision of feedback to these clinical areas and individual clinicians so that excellence in clinical teaching can be promoted.

References

1. Wald D, Lin M, Manthey D, Rogers R, Zun L & Christopher T. Emergency medicine in the medical school curriculum. Academic Emergency Medicine 2010; 17: s26-30.
2. Celenza A, Li J & Teng J. Medical student/student doctor access to patients in an emergency department. Emergency Medicine Australasia 2011; 23: 364-371.
3. Pelaccia T, Delplancq H, Tribby E, Bartier J-C, Leman C & Dupeyron J-P. Impact of training periods in the emergency department on the motivation of health care students to learn. Medical Education 2009; 43: 462-469.