

Introduction:

- The COVID-19 pandemic has severely disrupted medical education and clinical exposure for students of Queen’s university Belfast. (QUB)
- The pandemic posed unique challenges to delivering effective undergraduate education during hospital placements due to atypical case-mixes, staff shortages and self-isolation.

Aims:

- A 7 week intensive curriculum focused programme designed to counter the challenges to medical education for both final and third year students.

Methods:

- Novel teaching strategies were combined with traditional methods to address limited clinical exposure.

Novel Strategies:

- Near Peer Dynamic teaching - 5th and 3rd years are paired together to develop a **mutually beneficial** educational relationship. Educator to student ratio (ER) was 1:1.
- Good Foundations – FY1 peer mentoring illustrated the practical aspects of foundation training. ER 1:1.
- Zoom Making Histories - Students from the one year group individually take histories from students acting out the histories from the other year group. Educator observes history taking and critiques. ER was 1:10.
- Zoom Hot-Mic- Students received 4-5 curriculum based topics and prepared a 2-3 minute presentations on each. A topic would be chosen at random. An educator facilitated the session with a 5-minute debrief on each topic. ER was 1:10.
- Virtual Clinic: Students had the opportunity to observe clinic interactions via Zoom. Regular Clinic vs Zoom had ER of Clinic 1:2 and 1:6 respectively.

Traditional teaching methods :

- Bedside teaching: Traditional bedside teaching ensured student interaction with patients. ER 1:3.
- OSCE – A weekly OSCE carousel with debrief. ER 1:10.

Weekly Template



Results:

- Feedback forms were collected from 22 of 29 students (8 third year students and 21 final year students) combining free text and quantitative responses measuring on a linear scale of very useful to not useful (5 to 1 respectively).

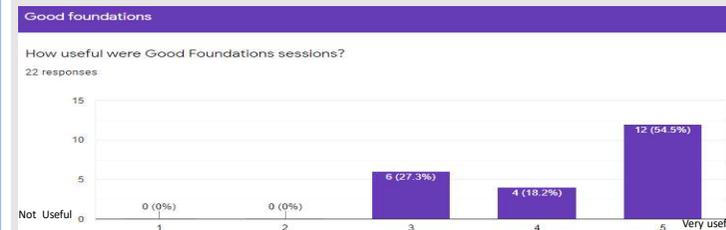
Near Peer Dynamic teaching Feedback

100% of third year and 92.8% of final year students reported this as “Very useful of useful”.

“Doing OSCEs alongside final year buddies helped improve our techniques...” (sample 3rd year feedback)

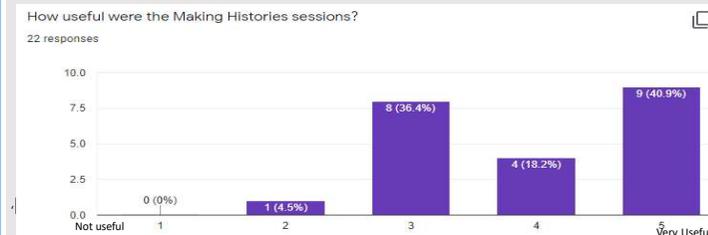
“The OSCEs were a good opportunity to practise and also teach!” (sample 5th year feedback)

Good Foundations Feedback:



“Very much appreciated how it was structured...” (sample feedback)

Zoom making Histories Feedback



“Requires a good understanding of the clinical case to make a history” (sample feedback)

Hot Mics:

4.6/5 for 3rd year (88% scores ≥4), 4.1/5 Final year (86% ≥4).

“Great way to revise topics in a short, concise way”

“Researching a range of topics forced us to learn a large amount ...which really took the pressure off closer to the exams”

“Good to be put under pressure to learn topics” (Sample feedback)

Virtual Clinic

33% of students reported 4.0/5 and 66% reported 5.0/5.

“Being able to fully take in information and be present when I otherwise would have missed the opportunity eg car broke down”

Bedside teaching:

90.1% of scored students scored teaching 5/5. The average score overall was 4.91/5.

“I find bedside teaching one of the most useful ways to learn on placement and get feedback if you do a history / examine.”

(Sample Feedback)

OSCE:

Ward-based OSCE was scored 5.0/5 (100%)

“I can not stress enough how lucky as a group we were to get this level of teaching and assessment on ward level... ”

“Really fantastic....The range of topics covered both in the OSCE and the debrief was great for revision.” (Sample Feedback)

Discussion:

- The pandemic limits clinical encounters for medical students due to isolation periods for educators and students.
- New strategies address these issues and provide a platform for high quality medical education delivery.
- Feedback indicates that Novel strategies should be used in combination with traditional methods.
- Increased QUB admissions and a new medical school at University of Ulster have created challenges to delivering clinical teaching. (1)
- Our approach will become an integral part of medical education.

Conclusions:

- **Efficient:** Multiple students can be educated by a single educator and minimal prep time required for educators.
- **Effective:** It allows for augmented learning in a supportive environment that mitigates disruptions due to isolation.
- **Sustainable:** This programme provides a curriculum focused approach to clinical education in the face of rising medical school admissions and can be applied region-wide.

Reference:

- 1) Royal College of Physicians. Double or quits: a blueprint for expanding medical school places. London: RCP, 2021.

