



MSC Electives Committee Annual Conference

# Transforming Electives

Friday 17 November 2017

The fifth annual MSC Electives Committee conference took place on Friday 17 November 2017 at Woburn House, London. Attendees included medical school elective leads, elective administrative staff, pre- and post-elective medical students and representatives from student bodies and charities.

The conference theme was 'transforming electives' and discussions focused on the transformative potential of electives. The conference was chaired by Dr Matthias Schmid and Dr Bal Bajaj.

### **The perfect elective (in primary care)**

*Chris Bull, RCGP Student Engagement Manager, Ismail Sooltan, RCGP Students Projects Group Chair*

Chris Bull and Ismail Sooltan discussed the need for increased positive primary care exposure to medical students. As more students are choosing to complete their elective at home, opportunities in primary care and general practice should be promoted and encouraged to both students and GPs.

To help improve support, the conference was asked to discuss what makes a perfect elective, either in primary or secondary care, and how electives within primary care can become more accessible.

*Share, discuss and construct the perfect elective (either in primary or secondary care)*

- Length – 5- 6 weeks, with flexibility of timing, minimum of 4 weeks
- There needs to be enough time for reflection after, this can be formal, such as an assessed poster or informal
- Good peer support post elective
- Primary care electives will need to be different from the core course – how will GPs manage this?
- Have a 'good teacher'
- Realism is important
- Push towards F1 level
- Free or affordable
- Should include research opportunities
- Should be ethical, it could be through bilateral exchanges but there needs to be equity in opportunities
- Location – an opportunity to experience a different healthcare system, culture and language
- Opportunities to do things you would not normally do in the UK
- Perfect location will depend on student choice and what drives their choice
- FCO advice available
- Not too isolated
- Good preparation such as pre-departure training and ethical simulations
- Good level of engagement – students should use competencies if qualified, there should be clear understanding of what you are allowed to do
- Should be needs-based – is it useful?
- There should be mutual learning
- Good supervision – freedom with point of contact, should be on the same wavelength (have they had students before?), expectations of supervisor and student needs to be discussed

- Needs to be adaptable
- Students should have freedom and self-direction balanced with risk/safety/monitoring
- Have a mixed purpose
- Variety of experiences
- Support with organisation
- GP electives in rural/ island based locations
- It should be both academic and clinical
- There is competition for placements in year 4 and 5
- Timing – start of final year or post finals, could plan elective for finals
- Students are more confident to go on their elective later in the year
- Open visa arrangements
- Medical indemnity (affordable)
- Electives are very individual so there is no clear answer
- Offer junior and senior electives at the end of third year and final year. This allows students to identify educational needs in the early years of medical school and address these as a senior student.
- Consider advising students to self-organise informal electives during summer holidays
- Single site locations, considering the costs and content
- Currently not enough resources and high company/ travel agent charges

*Discuss how electives within primary care can become more accessible and meaningful*

- Free accommodation – or live with GP
- Advertise idea of rural placements
- GP electives outside of the local area
- Combine with structured teaching – such as preparation for F1/ final year
- Dundee has an extended GP placement option which is separate from electives
- Funding is the main issue for many GPs as time for supervision means less appointments
- Still need free choice
- Be able to move from one GP practice to another
- Spend time with GPs with special interests (GPwsi)
- RCGP database would be helpful – can be UK based or international, and include a list of those with special interests or projects. Many GPwsi would be happy to take elective students
- RCGP funding
- Open to overseas students
- RCGP/ GP champions that promote primary care specific opportunities
- Promotion of available opportunities and a central register of opportunities for students
- Practices could promote information about the structure of their GP elective – prison work, focus on particular area such as sports and exercise medicine
- Main barriers are funding and ensuring it is outside of core teaching. One way to overcome this is by promoting the benefits to the GPs – drive interest
- Students can assist with any GP projects that are ongoing
- Medical school forums on how to arrange a GP elective
- Need to find ways to make it different from a normal placement

- GPs with special interests to talk at medical schools
- Need more than just the day to day. There needs to be more information about the life of a GP such as managerial elements, leadership etc
- Lots of partners with separate interests
- Not just attached to one GP as this could be unrealistic due to schedules
- Be interactive, exposure to different populations
- Friendly experience
- Be academic
- Placements with practice managers
- Primary care and GP is not limited to the UK
- Students need encouragement including publishing and presenting work
- Electives in the RCGP

In subsequent discussions the following points were made:

- The importance of ensuring a GP elective was different from placements was emphasised. Students are keen to understand the business acumen aspect of primary care that they might not experience during placement. Primary care is not always delivered in a traditional practice setting and students should be made aware of these opportunities.
- The quality of experiences should be prioritised over quantity to avoid negative student experiences.
- There was a strong response for the development of a database/ register of GPs who would be willing to take elective students.

### **Novel support after the Elective: An Elective Schwartz Round**

*Dr Stephen Barclay and Dr Jonathan Fuld, University of Cambridge*

Dr Jonathan Fuld and Dr Stephen Barclay described the background and history of Schwartz Rounds, an approach now used by the University of Cambridge for post-elective debriefing.

Schwartz Rounds provide an opportunity to share emotions associated with experiences in a safe environment. It is a forum for healthcare staff from all backgrounds to discuss challenges and emotional experiences they have faced. The importance is placed on the sharing of emotions and not providing solutions for each other.

A short Schwartz Round was held with medical students as participants. Following the end of the round, the following points were made:

- Schwartz Rounds were introduced at Cambridge two years ago, originally held during the evening it is now a part of the timetabled curriculum for one hour as an optional activity.
- Discussions during the round usually focus on named emotions
- There is training available for facilitators – most trusts have some experience with Schwartz Rounds
- The Schwartz Round allows the validation of emotional toil which may be lost if it were moved to a virtual setting – therefore the structure works best when held face-to-face.

## **Student poster forum – ‘Transformative Electives’**

Medical students and graduates who had returned from elective presented posters about their experience to the conference.

### **A Transformative Elective in Tonga: What do the public know about stroke, and how do their health beliefs influence presentation to hospital? - Katelyn Aitchison**

Katelyn focused her research on the prevalence of stroke in Tonga and researched culturally-appropriate health educational interventions to better inform patients.

### **Transforming electives: Benin City Central Hospital (BCCH), Nigeria – Faith Asemota**

Faith discussed her experiences of paediatric medicine in a resource poor setting focusing on global health inequalities and its determinants

### **Sport and Exercise Medicine in The West Indies – Elton Chawatama**

Elton’s poster explored the insight he gained into SEM and the assessment and management of musculoskeletal pathology.

### **Healthcare Without Government; How Rebel Communities Improve Health Outcomes – Liz Dunningham**

Liz discussed her experience providing care for Zapatista rebel communities in Mexico.

### **A Vietnam tête A Vietnam tête A Vietnam tête A Vietnam tête-à-têtanustêtanus : new solutions to an old problem – Catherine Hsu**

Catherine’s poster discussed research she had completed at the Hospital for Tropical diseases in Ho Chi Minh City, in Vietnam on the management of Tetanus.

### **Transformation of Acute to Chronic Psychosis: US vs. UK – Eilis Kempley**

Eilis’ poster compared the development of acute psychosis to chronic schizophrenia comparing societal barriers, services and laws in the US vs the UK.

### **Obstetrics and Gynaecology elective in Dubai – Molly Kerr**

Molly presented her research on the adherence to prescription charts to reduce prescription errors.

### **Elective in Kerala, South India and Nkhotakota, Malawi - Merina Kurian**

Merina reflected on her experiences working with the charity, World Medical Fund, and included exploration of global health inequalities and improving health education for children in Malawi.

### **Transforming Antenatal Anaemia Management in Rural Zanzibar – Lauren Medwell**

Lauren presented her investigations into the adherence to guidance on antenatal anaemia management to help improve patient outcomes.

### **19 Points to Save a Life: A Quality Improvement Report – Florence Shekleton**

Florence discussed findings from research implementing the WHO surgical checklist in a major hospital in the Solomon Islands.

### **A Transformative Elective in Belize: health promotion and prevention in the management of Type 2 Diabetes – Misha Thomas**

Misha researched the management of type 2 diabetes in Belize, including considering how health prevention and promotion is integral to reducing its impact.

### **Pre-hospital medicine in the northernmost capital of the world – Klara Weaver**

Klara described her experiences working in Iceland in the emergency department alongside Icelandic search and rescue.

### **Student presentations**

Medical students Katy Chisenga, Declan Chard and Fatima Junaid each shared experiences of personally transformative electives.

### **Transformative electives: lessons from home - Katy Chisenga**

Katy discussed her unique and challenging experience working at Great Ormond Street Hospital while Charlie Gard was a patient.

### **Widening patriation to medicine: A student BMJ Scholar's experience – Declan Chard**

Declan highlighted the importance of widening participation to medicine and outlined the work he conducted during his time as a student BMJ scholar, including the development of a resource supporting potential medical school applicants with medical school interviews.

### **Lessons in palliative care: patient dignity, personal humility – Fatima Junaid**

Fatima shared her experience and the lessons she learned working in palliative care in a culturally-sensitive country where death and illness are not commonly discussed.

### **What do medical students desire from a global placement?**

*Helen Slattery, Head of Global Health and Rajiv Sethi, Honorary Research Fellow, Undergraduate Scheme, Global Health Exchange Department, Health Education England*

Helen Slattery and Rajiv Sethi discussed the Global Health Exchange, a directorate of Health Education England with the aim of improving the quality and volume of the NHS workforce through global learning and exchange. Workstreams that the Global Health Exchange is currently involved in includes increasing opportunities for global health learning, promoting overseas learning and participating in the development and delivery of international projects. It also runs an undergraduate stream that supports current students of all health disciplines to go on long term sustainable electives.

This workstream is currently completing research on whether global learning can enhance medical student competencies, with a report being published in early 2018. For the study, data was collected from over thirty stakeholders including medical students, doctors and faculty members. This was analysed using google analytics. As well as finding that the majority of participants believed learning and skills could be enhanced through global learning, the project concluded that there is a need for a national bank of global health opportunities. The Global Health Exchange is working to develop a free open access global portal for students and professionals listing global health opportunities.

During discussion, the following points were made:

- The platform is planned to support students rather than dictate to medical schools. The tool will aim to help with elective planning and will be open to all health students.
- It is hoped that the resource will be a HEE supported platform. The conference was asked to contact the Global Health Exchange team to share ideas or comments.
- Medical school students and staff can feed into the Global Health Exchange's review of undergraduate global health education by completing the following survey: <https://tinyurl.com/GlobalHealthExchangeUGstream>

### **Capturing the transformational training potential of medical electives**

*Dr Maria Keerig, University of Leicester*

Dr Maria Keerig proposed to the conference that electives offer an opportunity for transformational learning. The conference was asked to discuss what constitutes transformational learning and which aspects of the elective could provide transformational learning experiences.

The following points were made during discussion:

- It was noted that the word 'transformational' may set expectations too high however electives are a part of a learning process and all elements of the elective can result in several small transformations. This gradual process of transformation can occur when students return from elective and are given the opportunity to reflect on their experience.
- Attitudes are a huge factor on how transformational an elective is. A sense of humility is required to learn and is key to making an elective transformative.
- It is important for students to challenge any perceived cultural norms and make clear what their own beliefs are.
- Electives can be the first-time students are seen as doctors resulting in feeling the need to 'step up.' This in turn improves a student's professionalism.
- Electives are not just about personal development. Sharing the lessons learnt with other medical students can be transformative.
- Experiences do not have to be 'mind-blowing' but something new and different.
- Organising the elective is a big learning experience, as well as being out of your comfort zone.
- Having a sense of ownership of your elective and refusing to make it a holiday are important factors.
- There are plenty of opportunities to learn about being a doctor and the attitudes and behaviours associated with the profession.

- Students do not have to come back completely changed after their elective. Learning is a longitudinal process and even small changes may have a significant impact.

A recent American study found that electives in under-privileged areas did affect career aspirations and had positive effects on participants' clinical skills, attitudes, and knowledge of medicine. However, it was mentioned that there is still a lack of robust research on the learning capacity of electives, particularly in the UK.

The concept of 'communities of practice', developed by the educational theorist Étienne Wenger, was discussed and its relation to electives in a well organised setting.

Communities of practice consist of three key elements:

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| The domain -    | Identity defined by a shared domain of interest and competence. This shared domain distinguishes its members from other people.   |
| The community - | Members engage in joint activities and discussions, help each other, and share information. This is where knowledge sharing and debriefing happens.   |
| The practice -  | Members of a community of practice are practitioners. They have to be an 'apprentice' – not a tourist or passenger. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems. This is the most transformational. |

Electives allow communities of practice to form and the community of practice acts as a living curriculum for the 'apprentice.' However, assessing this learning can be a challenge. The conference was asked to explore how the learning acquired by students on elective can be captured and assessed and also how the value and recognition of UK based electives can be strengthened.

*For the UK-based electives, how can we strengthen the recognition of the value of the electives in the curriculum (e.g. in the context of preparation for professional practice) Which approaches can we use to strengthen the links between electives learning and feedback and other clinical modules?*

- Many students may choose a UK based elective to further particular career aspirations and find transformative opportunities in the NHS or mature students who may have familial responsibilities. UK electives are just as valued as overseas electives however the disseminating of information to students is poor. Students need more opportunities to discuss UK electives. More workshops and conferences may be useful.
- Medical schools should record impact evaluations of student experiences and use the qualitative data to promote UK based electives.
- UK elective experiences should be included in lectures to pre-elective students. Schools should make use of technology, such as video blog campaigns.
- The collection of experiences and data could also be used as evidence of the value of electives to schools and organisations such as the General Medical Council.



- There is pressure for students to leave the country for their elective which can overshadow the benefit of an elective at home.
- More engagement is needed with the student networks to help promote UK electives to students – such as Students for Global Health and BMA Medical Students Committee
- Providing information on planning electives earlier, including information about UK electives, may be useful. Examples include taster sessions in year three. It was noted that sometimes it can be difficult to engage students before the clinical years.
- Promote research opportunities

*Within the UK medical school curriculum, how can we best capture/assess the learning and the skills acquired by students on their electives? Which innovative methods can be utilised to achieve this?*

- Do we need to assess the learning on elective? The aim of the elective is to holistically grow and transform a student's knowledge and skills. This can be difficult to quantify.
- Methods to capture student learning should be flexible. There should be an open selection of a variety of platforms such as data collection, reflective report, vlog, posters etc
- Electives cannot be failed which can pose a challenge on monitoring students' learning.
- Completing the elective is itself a form of assessment. Electives can be hard to assess in a way that doesn't involve paperwork.
- Completing some form of assessment before, during and after elective
- Electives need to be valued for the skills that the learners gain however care needs to be taken to not impose any set agendas and lose any meaningful outcomes.

It was noted that there is currently a lot of pressure on electives and the place it has on the medical curriculum. The value of electives needs to be emphasised to the academic community with evidence through data to ensure electives remain an essential part of the medical school curriculum.

At Leicester medical school, the elective aims and objectives were mapped against the GMC *Outcome for graduates, Achieving good medical practice* and the Foundation Programme curriculum. These documents were analysed against a standard elective report and student interview, which provided evidence of a number of fulfilled competencies.

To conclude, it was emphasised that electives are invaluable for student learning. Elective staff need to be proactive in promoting its value and ensuring that these outcomes are not lost.