

Introduction of a Longitudinal Clerkship for Wales: Community and Rural Education Route (CARER)

Katie Webb, Rhian Goodfellow, Frances Gerrard, Alan Stone, Sue Fish, Ffion Williams & Steve Riley

For further information contact: Dr Katie Webb
 WebbKL1@Cardiff.ac.uk  @drKatie_Webb

BACKGROUND AND CONTEXT

Healthcare delivery faces significant challenges due to changing patient needs and clinician recruitment. Within five years a shortfall of 400 General Practitioners (GPs) in Wales, UK is projected¹. Sustainable medical education models in rural populations shows other healthcare systems facing similar challenges.

The CARER programme is the first phase of a coordinated programme, utilising inter-university collaborative provision, of evidence-based medical education to encourage students to work in underserved areas.



AIMS

To evaluate the impact of the CARER programme and guide future innovations.
 Here we discuss the effectiveness and impact of CARER for students, the rural workforce and patients

METHODS

Longitudinal and Mixed-Methods Evaluation follows the next three cohorts of CARER students (2018/2019/2020) before, during and after their CARER experience.

Participants

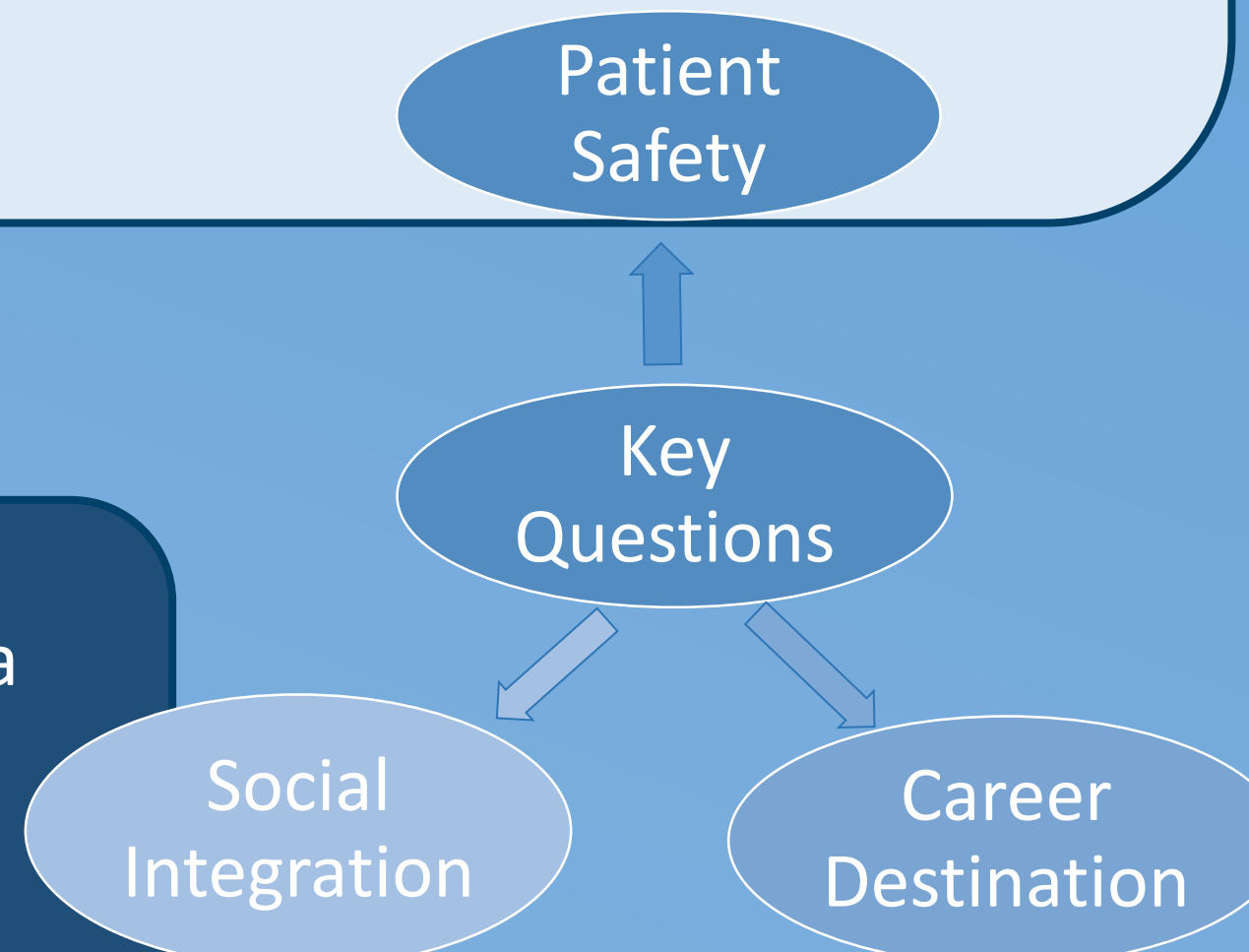
- All CARER students (2018 n=12; 2019 n=13)
- Comparator Group C21 Yr 3 students
- 9 host GP practices (~45; incl. GPs, allied health professional, administrative personnel)
- GP tutors
- Secondary Care clinicians
- Clinical Senior Lecturers
- Clinical Skills Lecturers

DATA COLLECTION

Online questionnaires (pre-mid-post)	Student gathered data
Patient experience questionnaire	Focus groups
Interviews	Assessments
Supervision reports	CBL reflective reports
Comparisons with C21 Students	

ANALYTICAL FRAMEWORKS

Theory of Planned Behaviour ⁴	Identity Theory
Social Accountability	Preparedness
Quality Improvement Framework. ⁵	
• Qualitative data: Narrative ⁶ and Thematic Analysis ⁷ using Nvivo	
Quantitative data: Statistical Analysis using IBM SPSS	



CARER

Cardiff introduced 'CARER' in 2018, a LIC similar to LICs successfully introduced in North America and Australia^{2,3};

Year 3 Students are embedded and learn within a community, primary care environment for 10 months following their patients into hospital where they achieve learning outcomes that cannot be covered within community practice.

Using a social accountability framework and offering more educational continuity, cultural awareness and engagement of the rural workforces, students experience additional benefits through long term supervision of mentors in a multi-professional environment.

RESULTS

One-to-one learning experiences enhances confidence; career choice and location; engagement in patient-facing clinical encounters; and increases understanding of the patient journey.

Confidence

"Huge change to my confidence without question. Not just to achieve things clinically but to speak up when confused, bored, uncertain or lost. I now feel self reliant in a way I didn't before starting Y3, and I feel that I will make better decisions in my life as well as in my day to day practice" (ch1.cs.11.b.m.q2)

Career conviction

"I developed an understanding of how challenging, varied and rewarding general practice could be, seeing patients with everything from acute and life-threatening disease to chronic and asymptomatic disease across almost every specialty and every demographic" (ch1.cs.14.b.f.q2)

Patient encounter

"Yeah the patients loved him because they got to sit and talk for half an hour and they got their problem really in detail. They got really listened to and heard. So they loved that. A lot of the patients really loved the fact that they were teaching him. He was kind of presenting it. Especially the ones who've got a bit of theatrical side they really enjoyed that side of it." (GP, dvy.t2)

"Actually just talking to a patient and getting your hands straight on them which some people really find that a hurdle. He's not even going to think about that because he's been sat in consultations just going quite naturally from, this is the story. Do you mind if I check this?" (GP, dyv.t2)

Teaching/learning

"I think the benefit really in teaching somebody is you do, it helps you to keep up to date and keep your interest in everything going. They ask questions and you know a lot of the time, when you've been working along time, lots of things you just automatically do, you kind of forget why you do it, so the student ask you why are you doing the liver function test and you think oh hang on, why am I doing them. And then you explain, so it keeps it all alive and fresh." (GP, mbf.t2)

Patient Journey

"He's been quite proactive about that hasn't he. He's always popping, I'll pop into the hospital and see how, if we've admitted someone and he's been involved...And was he following SE COPD was it COPD yes, as well who had been admitted" (Practice nurse, b.t2)

Impact on the practice

"Well I think he's been very useful, certainly the workload number of people we see, or I see is less, I see a lot less coughs and colds and things like that." (GP, b.t2)

"From my point of view you know non-clinically in terms of the practice, that's been quite important that she has integrated as a member of staff." (Practice manager, mbf.t2)

UNINTENDED BENEFITS

Greater links to other GP practices within/outside the CARER; development of alternative mentoring, teaching and communication sessions to support students achieving learning outcomes; presence of CARER students encourages multi-professional teams to reflect on all aspects of own practice.

Discussion and Conclusion

CARER provides students with a sense of purpose, direction and confidence in their abilities. Findings indicate sustained exposure to patients fosters relationships and provides greater understanding of the key political ambition of integrating health and social care.

Acknowledgements:

We would like to express special thanks to all those participating in CARER across Wales and who have given generously of their time.

References

1. UK Foundation Programme (2017) Career Destinations Report. <http://www.foundationprogramme.nhs.uk/pages>
2. Strasser R, Hirsh D (2011) Longitudinal Integrated Clerkships: transforming medical education worldwide? *Medical Education*, 25(5):436-7
3. Connelly M, Sweet L, Campbell D. (2014) What is the impact of Longitudinal Rural medical student clerkships on clinical supervisor and hospitals? *Aust. J. Rural Health*, 22:179-188
4. Ajzen I. (1991) "The Theory of Planned Behaviour." *Organizational Behaviour and Human Decision Processes*, 50:179-211

4. Ajzen I. (1991) "The Theory of Planned Behaviour." *Organizational Behaviour and Human Decision Processes*, 50:179-211
5. Boaden R. (2009) Quality Improvement: theory and practice. *British Journal of Healthcare Management*, 15(1) :12-16
6. Somers MR. (1994) 'The narrative constitution of identity: a relational and network approach'. *Theory and Society*, 23:605-49
7. Boyatzis RE. (1998) Transforming qualitative information: Thematic analysis and code development. Thousand Oaks, CA: Sage.