

Private hospital clinical attachment and teaching program for medical students: Our experience and challenges.

Kwang Chien Yee¹, Angela Wyatt²

¹ The University of Tasmania, Hobart, Australia; Calvary Health Care, Lenah Valley, Hobart, Tasmania

² The University of Tasmania, Hobart, Tasmania

Abstract:

Calvary Health Care, Hobart, is in the exclusive position of being one of the few private hospitals that provide clinical placements to medical students in Australia. This offers a unique opportunity to investigate workplace learning opportunities for medical students within the private health care setting.

The aim of the paper is to demonstrate the unique and valuable educational experiences that can be offered to medical students within the private health care setting. This paper also highlights the challenges and potential solutions to student placement in the private healthcare setting. Finally, this paper aims to present evaluation from the student's perspective, in regard to work place learning and supervision for clinical attachment in the private health setting.

This paper describes the conceptual understanding, design, development, delivery and evaluation of a clinical placement for students within private healthcare setting. This paper highlights the difficulties and challenges faced such as staffing arrangement, expectation of students and teachers as well as the organisation, and finally the variability in the teaching provided due to varying workload during different times of the year. This paper provides a discussion regarding student feedback. Finally, this paper provides tips for other organisations aiming to deliver workplace teaching in the private health setting.

Keywords: workplace learning, private hospital teaching, teaching evaluation

Background

Health services delivery is rapidly evolving due to a combination of factors, especially the ageing population and increase in life expectancy due to improvement in healthcare provision (OECD, 2004). The ageing population, in combination with advances in technology has placed significant demand on the current healthcare system (NHHRC, 2009). Australia spends 8.7% of GDP on healthcare at present (NHHRC, 2009) and it is expected that the healthcare spending will be around 12% GDP by 2030 (WHO, 2010). One of the biggest challenges of future healthcare delivery is the shortage of healthcare professionals. Solutions to address this issue include alternative clinical placement for medical and other healthcare students (NHHRC, 2009).

The trend of changing medical education from the traditional tertiary referral hospital to other healthcare settings is important not only as a way to increase placement capacity but also to provide a better understanding of healthcare delivery to the population as a whole in the future. Private hospitals provide approximately 30% of all healthcare deliveries in Australia and yet medical students often have minimal understanding and contacts with private healthcare facilities and deliveries (AIHW, 2012).

The University of Tasmania, Hobart Clinical School of Medicine has been collaborating with private hospitals for student placement for a number of years. This placement has traditionally involved students attending private rooms and theatre. While the experience in the private hospital has been appreciated by students, there remains a lack of consensus regarding the appropriate level of supervision and co-ordination of private hospital placement. As such, the learning experience by students has not been maximized.

Since the beginning of 2012, the authors have been involved in the process of designing and developing a teaching model which best utilises the private hospital setting for medical student placement for the University of Tasmania.

In this section, we describe the current teaching program within the medical course and the organisation of the teaching program. We have also provided a literature review regarding the current understanding and knowledge of clinical placement in the private hospital setting.

University of Tasmania medical course

The University of Tasmania MBBS (medical) program is a 5-year program. The first two years of the course involve integrated teaching of basic science and basic clinical skills, especially for each of the organ systems, including musculoskeletal system, cardiovascular system, respiratory system, gastroenterology system, renal system, neurology and endocrinology. There is also an integrated learning component in year 3, with some clinical exposure as well as integrated complex clinical care.

This is followed by 2 years of clinical placement. In year 4 and year 5, most learning occurred in a clinical environment. In year 5, in particular, the objective of clinical placement is focusing on becoming an intern for further training.

While the final year is traditionally focusing on hospital care and therefore clinical attachments are often associated with the public hospital, it is increasingly difficult for the public hospital to provide adequate clinical exposure and experience for all students. As such, alternative placement has been sought. The private hospital represents an attractive option.

Clinical private hospital rotation in MBBS

The clinical private hospital rotation within the MBBS program of the University of Tasmania is organised within the final year clinical attachment program. There are 8 clinical rotations in total and these are: medicine, surgery, general practice, rehabilitation care, emergency medicine, anaesthetic and intensive care, psychiatry, selective unit incorporating aged care and Calvary private hospital attachment. Each rotation is of 4-week duration and there are 6 students per rotation.

It is important that final year is chosen as the year that students attend private hospital attachment. Firstly, students must have adequate clinical skills, exposures and understanding of the healthcare sector prior to them attending a private healthcare facility for the best benefit. Secondly, unlike public hospitals, there are no junior doctors who provide guidance and mentorship for medical students. Medical students therefore will need to have developed good self-directed learning skills in order to have the best learning experience 'in a private hospital'. Finally, the complexity of private hospital placement, which will be elaborated below, requires students to have developed advanced professional understanding and to exhibit high levels of maturity and professionalism. Due to the small number of students attached to the private hospital, while the clinical learning experience is unique, it also makes professional behaviours of medical students easily detectable and identifiable.

In 2012, the authors have been tasked to design and develop a new program for private hospital teaching in order to improve student learning in this particular setting. One of the authors (KCY) is a clinical academic and is therefore responsible to develop the academic content and had overall assessment responsibility. The other author (AW) works as a clinical facilitator to facilitate the interaction between student, university, private hospital, private consultant and other healthcare professionals involved in the teaching and clinical attachment program.

Current literature and knowledge

The authors have been involved in the re-organisation and redevelopment of the Calvary private hospital clinical placement for medical students since the beginning of 2012. Student attachment to the private hospital has been developed a few years prior to the authors' involvement. There has been some discussion among students, however, regarding the values of student attachment to the private hospital. As such, the authors conducted a literature review to guide the redevelopment phase.

While private hospital placements have been encouraged by all parties, especially government organizations, the literature in the field of medical education in the private hospital setting is scant. Differing experiences and culture in private hospital clinical education have been described in post-graduate trainings involving private hospitals in Australia (Watters et al, 2009). The difficulties in engaging private clinicians in medical education within the private hospital setting have also been stated recently (Couper and Worley, 2010). The Australian experience is not dissimilar to international experience described in the literature (Doubt et al, 2004).

While some of the difficulties and challenges of private hospital placement are acknowledged, no solutions are suggested, investigated or considered to date. Indeed, to the authors' knowledge, there have been no studies to date, which investigate the placement of medical students in private hospital, learning objectives, teaching methods, assessment methods and the experience of students and tutors within that setting.

The new Calvary (private hospital) medical attachment program 2012

As the literature did not provide significant insights into the design and development of a medical teaching program within the private hospital setting, the authors adopted a student-centred iterative feedback method to design and develop the clinical attachment and teaching program in 2012.

Conceptual discussion

The underlying philosophy of the clinical attachment and teaching program is the combination of competency-outcome based teaching (Morcke, 2012) and adult learning theory (Kaufman, 2003). Within this framework, students are encouraged to develop their own learning objectives and achieve most learning through self-directed learning. Students within professional disciplines, however, are required to achieve satisfactory level of skills and knowledge in order to practice in the profession. As such, the program has an underlying philosophy of guided learning to achieve competency and outcome based learning.

The method to develop the clinical attachment program emphasises student-centeredness and student participation. Student feedback is obtained constantly and the feedback is used to continually modify the program. This is the iterative feedback method used in this particular program.

Clinical placement re-organisation

The main emphasises in organisation of the clinical placement is to consider the objectives of final year medical student placement. The private hospital placement provides a strong emphasis on opportunities for students to learn knowledge and skills to become an intern. There are some compulsory internship terms, such as medicine, surgery and emergency attachment. As such the private hospital placement provides students with experience in medical ward, surgical theatre as well as emergency department placement. During these placements, students are expected to work at the level of intern under strict supervision.

A private hospital placement, however, should provide clinical exposures to areas which are not easily provided through public hospitals. As such, students are attached to consulting rooms and an anaesthetic team during placement.

During the 4-week rotation, students have exposure to 1 week of medicine, 1 week of surgery, 1 week of ward attachment and 1 week of elective term. The medical week mainly focuses on specialty consultations that are not easily available in public hospital such as functional gastroenterology, disability service and peri-operative care. The surgical week mainly focuses on procedures that students have minimal exposure to in public hospital such as plastic surgery, non-urgent gastroenterology surgery, sport injuries and anaesthetic placement. The ward attachment includes medical and emergency department with clear objectives for students to review patient and present cases. The elective week includes paediatric and obstetric and gynaecology

Guided learning

The rotation includes some guided learning sessions. This is developed in order to ensure students obtain the best benefits out of their private hospital attachment.

Students undergo a reflection process at the beginning of the rotation in order to set the scene for the rotation. During this time, students are asked through a series of questions to reflect on their own learning objectives for the rotation in order to function as an intern.

Secondly, students are taught basic life support, advanced life support and hand washing/ scrub techniques in accordance with the private hospital policies.

Finally, all students have exposure to certain special clinical attachments and these attachments include a teaching session to guide students into an increased understanding of the area. These include endoscopy, exercise electrocardiogram and echocardiogram, cardiac coronary angiography and nuclear medicine attachment. Most students have not had exposures to these areas prior to their private hospital attachment. Materials are provided to students and tutors provide on the spot teaching examining the topic before students observe the procedure.

Tutorial organisation

In order to maintain the student group interaction, group tutorials are organised. These tutorials are practical tutorials, emphasising the tasks that students need to learn and perform as an intern.

All tutorials are developed into case-based learning. Students are provided with the cases and as a group, they discuss and prepare for the tutorials. At the tutorial, students will present their understanding of the topic and management of the patient in 5 minutes. The tutor will then provide comments and guidance.

The topics of the tutorials emphasise the clinical exposure that students obtain during the private hospital attachment. The tutorials cover functional gastroenterology, peri-operative care, (including pre-operative assessment), and post-operative medical complications that interns are expected to manage, cardiology tutorials and adult disability tutorials.

Finally, students participate in a journal club session on the last day of their attachment. Students and tutors will review articles from major journals in the last months and choose an article which is relevant to the internship year for discussion.

Student feedback

Since the new program was introduced at the beginning of 2012, student feedback regarding the new program has been obtained at the end of each 4 week rotation. This feedback has been used to modify the subsequent rotations in order to improve student learning.

The feedback that the authors have received so far, has been very encouraging. From the organisational point of view, students believe that the availability of academic teaching staff and a facilitator who co-ordinates the program has helped significantly with their learning. Students particularly like the ward attachment in which they are required to actively participate in the diagnosis and management of patients under strict supervision.

Student feedback regarding consulting rooms and theatre sessions, has been used to change and improve the attachment to maximise learning opportunities and outcomes. The tutorial program has been a success and students appreciate the guided learning, especially those procedures which are rarely performed and observed in public hospital setting.

A full evaluation of the program will be conducted at the end of 2012 to assess the impact of a new teaching program in private hospital setting.

Challenges

While the new program in 2012 has so far been well received by students, there are significant challenges faced in designing, developing and delivering a clinical teaching program in the private hospital setting. Organisationally speaking, the conflict between service and education in the private hospital setting is palpable. More importantly, the interface and interaction between the private hospital and higher education institution is a significant challenge. From the perspective of students, while they experience a wide variety of disciplines and consultants, continuity of teaching and interaction is somewhat lost in the process. This also brings up the issue of assessment and feedback. Finally, from the perspective of tutor, three main challenges remain: time, place and skills.

Organisation

While the private hospital has agreed to student placement with the university, many consultants working within the private hospital remain individual private practitioners. As such, individual consultants will need to be seen as a separate entity in order to get them involved in teaching. It is difficult to know where the responsibility of the student lies. As such, the availability of a facilitator is crucial to ensure continual organisational support and clinician engagement.

While the legal issue of indemnity is theoretically covered by student attachment memorandum, this has never been tested in the judicial system. As such, apprehensiveness in fully involving students in clinical activities in the private hospital is a barrier for learning.

The most important issue, however, is the conflict between service and education. This is especially the case during the school holiday period where many consultants are unavailable. The university holidays and school holidays are different. Consultants who work through the school holiday period are often overwhelmed with clinical work, and do not have time for student teaching. This conflict is very difficult to resolve.

Students

From the perspective of a student, there are significant challenges with private hospital rotation. Firstly, students are not familiar with the private healthcare facility. Despite a hospital tour and orientation program, students need to leave their physical comfort zone to learn about the new environment for a 4-week rotation.

Secondly, as students will have at least 20 consultants providing teaching over the 4-week period, it is very difficult for the student to develop relationships, interaction and to meet the expectation of each individual consultant. This could have a negative impact on their learning. There is a sense of lack of continuity and

therefore lack of acknowledgement of student's work. This is especially important during the first half of the year, when students really need to establish relationships with tutors in order to obtain references for job applications.

Thirdly, one to one supervision with a senior consultant might cause significant stress to students. This could be confronting at times.

Finally, despite strict attendance rules, some students find it hard to attend after-hours sessions due to lack of a personal transport vehicle.

Tutors

There are significant challenges faced by tutors who volunteer their time and effort to provide clinical teaching in the private hospital setting.

Firstly, the private hospital does not often have free or vacant space for tutorials. Group tutorials are difficult to organise as these require either big consulting rooms or use of a limited number of meeting rooms.

Secondly, for the best benefits of students when attached to consulting rooms, it would be ideal for students to be able to spend some time with the patient first prior to discussion with the consultant. In the private hospital setting, this is impossible as each room space carries significant financial costs. As such, students often observe during consulting sessions rather than actively participate in the care of patients.

Finally, tutors who have good teaching skills are often hard to find and they often have a public hospital appointment already. These tutors see their time at public hospitals as teaching and they want to reserve private hospital time for full patient care. Other tutors often want to teach, but are unsure of expectations and have no time to up skill their teaching practice. This is especially important when some behaviours of students are being identified as not ideal, as tutors often do not know what to do with that observation.

Some of these challenges have been managed through the appointment of the authors specifically to the private hospital attachment. Both authors are on-site at the private hospital. One of the authors (KCY) provides clinical service at the private hospital and also provides a significant proportion of clinical attachment time and tutorial time for students. Furthermore, student complaints and complaints regarding students are able to be dealt with quickly in order to maintain a good interaction and relationship between the private hospital and the tertiary institution.

Lessons learnt

Our experience of designing and developing a medical teaching program in the private hospital provides us with opportunity to reflect on lessons which could be helpful for other organisations in this area.

There are five important lessons from other experience:

1. The only certainty is uncertainty.

As each organisation is different, and there are many players involved in private hospital attachment, such as the university, the private hospital, each consultant and student requirement, it is important to expect uncertainty and challenges.

2. A good learning experience is only possible with a good teacher.

Despite the adult educational theory, within a professional course, a certain level of competency and outcome must be achieved. As such, the university must be willing to provide good quality tutors for the program. While altruism of senior doctors is often the driving force behind medical education, a sustainable future requires incentives and recognition.

3. For a successful private hospital attachment, there must be facilitators, teaching academics and a co-ordinator on-site for trouble shooting.

4. Professionalism must be the priority in the private hospital placement.

Beyond knowledge and skills, professionalism must be the most important priority in private hospital placement. Students must be informed of their expected behaviour, including punctuality, confidentiality and dress code. Any deviation from expected behaviour must be dealt with promptly and appropriately. This will ensure continued private consultant and hospital engagement.

5. Communication is the key to success.

This point cannot be over-emphasised. Communication must include communication with consultants, nurse managers, theatre staff, consulting room and ward staff. With appropriate communication, students feel that they are welcomed and staff feel that their involvement is acknowledged. This plants the seed for continual success.

Conclusion

In conclusion, private hospital placement is the future to help train an increasing number of healthcare professionals. The involvement in designing, development and delivery of the teaching program in the private hospital setting is challenging but rewarding. There are many unresolved issues, such as sustainability of the program and continued funding to support the program. While this is a small part of the teaching program within the medical course at the University of Tasmania, it opens the door for future research and development in the area. The methodology and conceptual understanding provides the ground work required for further debate. The lessons learnt may help others to achieve better learning outcomes for student learning. At the time of remembrance of one of the greatest achievements by science, we would like to finish our article by quoting Neil Armstrong "That's a small step for a man, a giant leap for mankind."

References

- AIHW (2012). Australian Hospital Statistics 2010-2011. Health Services series no. 43. Cat. No. HSE 117. *Australian Institute of Health and Welfare*. Canberra.
- Couper, I.D., & Worley, P.S. (2010). Meeting the challenges of training more medical students: lessons from Flinders University's distributed medical education program. *Med J Aust.* 193(1), 34-36.
- Doubt, L., Paterson, M. & O'Riordan, A. (2004). *Clinical education in private practice: an interdisciplinary project.* *J Allied Health.* 33(1), 47-50.
- Kaufman, D.M., (2003). *Applying educational theory in practice.* *British Medical Journal.* 326(7382), 213-216.
- Morcke, A.M., Dornan, T. & Elka, B. (2012). *Outcome (competency) based education: An exploration of its origins theoretical basis and empirical evidence.* *Adv Health Sci Educ Theory Pract.* Sep 18.
- NHHRC (2009). *A Healthier Future for all Australians – Final Report of the National Health and Hospital Reform Commission.* Commonwealth of Australia. Canberra.
- OECD (2004). OECD Health Project: Towards High-performing Health Systems. *Organisation for economic co-operation and development.* Paris.
- Watters D.A., D'Souza, B., Guest, G., Wardill, D., Levy, S., O'Keefe, M. & Crowley, S. (2009). Training in the private sector: what works and how do we increase opportunity. *ANZ J Surg.* 79(3), 138-142.
- WHO (2000). *World Health Report 2000- Health Systems: Improving Performance.* World Health Organisation. Geneva.

Acknowledgements

The authors would like to acknowledge the support from Calvary executive team for student placement, in particular, CEO Mrs Kathryn Berry and Director of Clinical Services, Mrs Elizabeth Brown.

The authors would like to acknowledge the tremendous support offered by the University of Tasmania, School of Medicine and Hobart Clinical School, in particular, Head of School Prof. James Vickers and Associate Head of Hobart Clinical School Associate Professor Janet Vial.

Finally, the authors would like to acknowledge the teaching by all consultants and staff members at Calvary Health Care as well as student participation in the program.

Copyright statement

© Yee KC & Wyatt A. 2012. The works included in these conference papers are the property of their authors and are used by permission. Readers should apply the same principles of fair use to the works in this electronic journal that they would to a published, printed journal. These works may be read online, downloaded for personal use, or the URL of a document (from this server) included in another electronic document. The text itself may not be published commercially (in print or electronic form), edited, or otherwise altered without the permission of the author. As with printed materials, care should be taken when excerpting or referencing text to ensure that the views, opinions and arguments of the author accurately reflect those contained in the original work.