Early Clinical Experience (ECE) Pilot Objectives Findings

1. Explore the feasibility/availability of placing inexperienced medical students in clinical settings to work with health professionals early in their career

   a. Medical assistants
      Finding: Yes, it worked well.

   b. Case managers
      Finding: Unknown, insufficient experience to judge.

   c. Nurses
      Finding: Sometimes, it worked when opportunity allowed, but there was insufficient experience to judge.

   d. Physicians
      Finding: Sometimes, it worked when opportunity allowed, but there was insufficient experience to judge. There was tension between student desire to spend time with physicians and their educational readiness to do so.

   Finding 1: It took 1-2 weeks after some basic clinical skills training to orient students sufficiently to where they became useful.

   Finding 2: It is crucial to a have a key contact within the clinic who can advocate for the students education in the clinical setting.

   Finding 3: There are additional opportunities for students to provide service while being integrated into the health care team (for example: scribe).

   Finding 4: Clinic settings vary in how they integrate students. There cannot be a one size fits all approach.

2. Explore the feasibility of integrating the common clinical experience with the Post Clinic Group (PCG) (necessary (basic and social) science to understand the clinical experiences)

   Finding 1: Were able to integrate the clinical experience with the necessary science using various learning experiences.

   Finding 2: Social science needs and clinical skills needs were reasonably well met by the PCG. PCG was good at motivating learning.

   Finding 3: Getting to basic science was difficult using student centered methods and required facilitation by faculty.

   Finding 4: Basic science learning was enhanced when a basic scientist and clinician worked together.

3. Explore the effectiveness of various teaching methodologies in the above settings
    a. Team-based Learning (TBL)
    b. Problem-based Learning (PBL)
    c. Integrative Clinical Correlations (ICC)
    d. Independent Study
    e. Tutorial
    f. Simulations and Workshops
    g. Journal Club
    h. Student Conference
    i. Post Clinic Debriefing
    j. Case presentations/video reviews

    Finding 1: All methods were feasible and were liked by at least some participants of the pilot, but integration of simulation with other models worked particularly well. Frequent and robust simulation is a critical foundation for a clinically integrated curriculum and necessitates adequate resources to implement.

    Finding 2: The top instructional strategies, based on student ratings, were simulation, PBL and PCG. Instruction based on an ICC model, independent study, tutorial sessions, TBL or conference presentations received middle ratings from students. Case presentations (using video recall) and journal club were the lowest rated strategies by students. Simulation, TBL and PCG were rated highest by faculty for effectiveness. Differences between student and faculty ratings of TBL and PBL may be due to different goals; faculty found it difficult to get to the basic science using the PBL methodology

    Finding 3: Combination of group (TBL, PBL) and individual (tutorial, student conference) methodologies worked particularly well.

    Finding 4: There is not enough data to truly assess effectiveness.

4. Explore the ability of an early student to assess his or her own learning needs when faced with a potentially overwhelming amount of clinical, basic and social science to master

    Finding: Students need clear expectations. They were able to assess their learning needs and gaps but were unable to direct their own learning; therefore, they needed faculty guidance. This is an area that will require specific faculty development.

5. Explore how long students can do a clinical experience before they run out of material/patience

    Finding: Students did not run out of material in six weeks. Students may run out of patience with medical assistant tasks before they experience mastery.

6. Explore faculty tolerance, availability and interest

   Finding 1: Need to be sure that the faculty role meets faculty expectations and is supported by faculty development.

   Faculty in clinical settings:

   Finding 2: Tolerance for clinics – there was no change in clinic throughput or schedule for the faculty. It is important for clinic providers and staff to understand the changing role of the student within their clinic.

   Faculty in non-clinical settings:

   Finding 3: Need to be sure there are enough necessary science educators and clinician educators who are comfortable addressing a breadth of topics, comfortable with uncertainty, and comfortable with the limits of their own knowledge.

   Finding 4: Working with a learning society model was rewarding.