



Original Research Article

LEARNER DOCTOR METHOD IN CLINICAL TEACHING AMONG UNDERGRADUATE MEDICAL STUDENTS: A QUALITATIVE STUDY

N. Partha Sarathy¹, U. Vijaya Kumar², J. Tejaswini³, K. Amulya Sanghamithra³

¹Professor & HOD, Department of Community Medicine, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, India.

²Professor, Department of Community Medicine, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, India.

³Final year postgraduate, Department of Community Medicine, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, India.

Received : 15/04/2024
Received in revised form : 08/06/2024
Accepted : 21/06/2024

Corresponding Author:

Dr. U. Vijaya Kumar
Professor, Department of Community Medicine, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, India.
Email: vijayuthakalla@gmail.com

DOI: 10.5530/ijmedph.2024.2.146

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2024; 14 (2); 761-764

ABSTRACT

Background: The Learner Doctor method (LDM) of clinical training is a learning program that is part of clinical rotations of the MBBS course that is designed to provide medical students a longitudinal immersive learning experience in the care of patients in a supervised setting. **Aim & Objectives:** To study the perceptions of Learner Doctor Method and identify various challenges and opportunities.

Material and Methods: This qualitative study, done from 1st November, 2023– 29th February, 2024, involved Part I undergraduate Medical students in a Medical college. In-person Focus Group Discussions (FGDs) were held. FGD guide was prepared based on the Perceptions, Barriers and areas to improve in LDM.

Results: Majority of study participants felt that non-cooperative patients as barrier, Improvements to be done for effective LDM was Increase patient interaction under supervision. Study subjects were able to diagnose the disease and improve their clinical and communication skills.

Conclusion: LDM needs improvements in many areas like effective training and supervision, patient interaction and to focus on barriers for successful implementation of LDM.

Keywords: Barriers, Focus Group Discussions, LDM, Qualitative study, Thematic analysis.

INTRODUCTION

The Learner Doctor method (LDM) of clinical training is a learning program that is part of clinical rotations of the MBBS course that is designed to provide medical students a longitudinal immersive learning experience in the care of patients in a supervised setting.

The Goals of the Learner Doctor program is to provide students experience with

a) Longitudinal patient care b) Functioning as part of the Health Care team c) "Hands on" care of patients in the inpatient and outpatient setting.^[1]

This was described in the NMC Gazette notification.^[2] To enable students to have a smooth entry into the clerkship phase and help lessen the anxiety related with the transition, many medical schools have integrated work-place learning into

the pre-clerkship curriculum.^[3] Workplace learning is a combination of individual, organizational and social processes that can together create an optimal learning environment. It is understood as applying knowledge at the workplace, already learned in the classroom known as knowledge contextualization.^[4] The student-doctor approach is a new teaching strategy in which students engage with patients in a clinical setting as they would typically do in a clinical scenario. But a licensed clinician is supervising these students, so the entire encounter is not left up to the students. The term "student-doctor" refers to how the students act like actual doctors.^[5] The "student-doctor method of clinical training" gives the students the chance to work as members of the treatment team. Additionally, it enhances their professional, clinical, and communication abilities. They gain first-hand knowledge of the dynamics of

illness and health as well as the value of collaboration in the medical field.^[6]

Education encompasses interactions and learning that are unlikely to be captured by an inadequate evaluation system; it is not just about passing a series of tests. As a result, process standards are required for the examination of the educational institution's selection, instruction, assessment, and advancement procedures.^[7] In order to improve workplace learn-ing in clinical settings, faculty development programs for clinical educators can be arranged focusing on social learning theories, so that the faculty is well oriented and support these learners in this transition phase.^[8]

Qualitative research focuses on the events that transpire and on outcomes of those events from the perspectives of those involved.^[9] Focus groups have advantages for researchers in the field of health and medicine: they can encourage participation from people reluctant to be interviewed on their own or who feel they have nothing to say.^[10] Hence this study aimed to study the perceptions of Learner Doctor Method and identify various challenges and opportunities.

MATERIAL AND METHODS

This qualitative study, done from 1st November, 2023–29th February, 2024, involved Part I undergraduate Medical students in a Medical college. Willing participants were purposively included. The authors identified potential participants for the study who underwent clinical training by learner doctor method. The participants who agreed to be part of the study were included. In-person Focus Group Discussions (FGDs) were held. The FGDs were continuously recorded. The recording started with an explanation of the study's purpose. The participants were assured that this study is to understand their perceptions towards Learner doctor method. This has no relevance to them individually or to the institution.

Their consent for recording was verbally specifically obtained during the recording itself. They were also informed on record of their right to drop out of the FGD at any point. A total of 34 participants were included in the study. A FGD of 6-8 students were done in four rounds. There were no drop outs. Each FGD ranged from 15 minutes to 40 minutes. The FGDs were conducted based on a developed guide, and newer inputs were probed.

The recordings of FGDs were transcribed in total. All the lines or parts of lines contributing to the research question were marked as codes. The codes were then categorized under various themes. The coding and thematic analysis were done by using NVivo 14 Software, trial version. The study was undertaken after obtaining clearance from the Institutional Ethics Committee-ASRAMS/BHR-162/2024. The recordings of the FGDs were kept as

soft copies in the custody of the Principal Investigator.

RESULTS

Initially, the FGD guide was prepared based on the following:

- Perceptions of LDM
- Barriers of LDM
- Areas to improve in LDM

The repetitive words in the FGDs were given by Word Cloud using N-vivo 14 software, trial version. [Figure 1].

In Word Cloud, major repetitive words in the FGDs were in Orange colour, followed by next repetitive words in Black colour, less repetitive words in Grey colour.

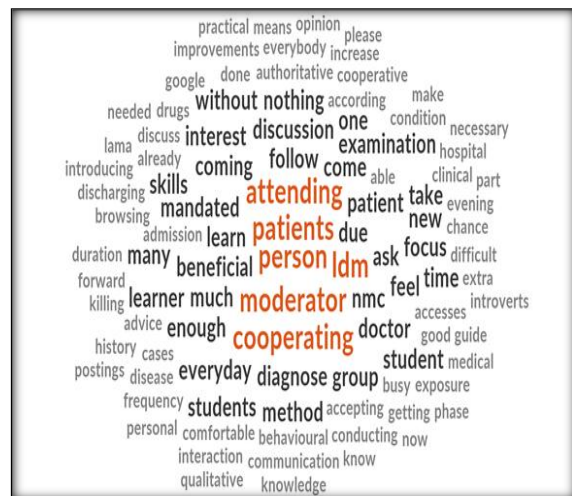


Figure 1: Word Cloud

During data analysis in N-vivo14 software, trial version the following themes and codes were generated. [Table 1]



Figure 2: Sunburst diagram showing barriers in LDM among study subjects

Majority of study participants felt that non-cooperative patients as barrier.

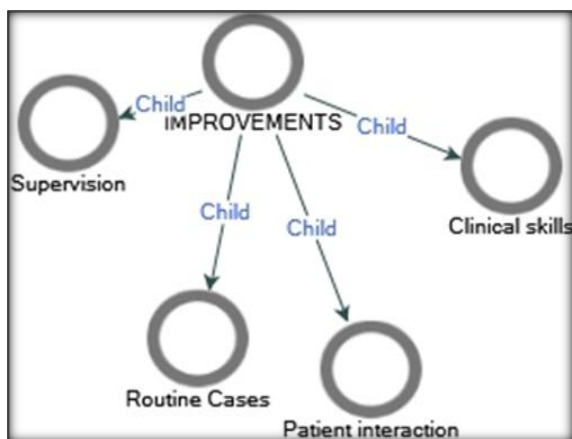


Figure 3: Project map showing improvements to be done in LDM among study subjects.

Majority of study participants felt that improvements to be done for effective LDM to improve patient interaction under supervision

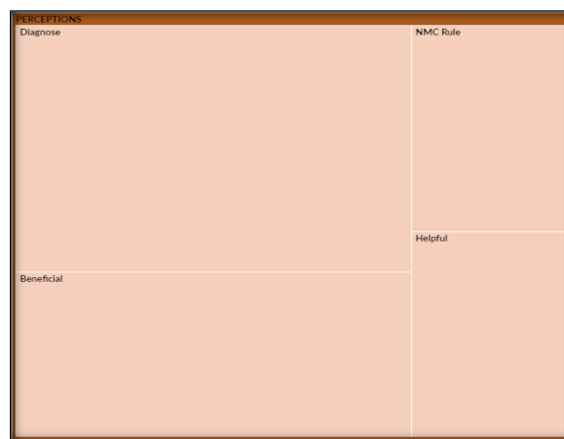


Figure 4: Tree Map showing perceptions in LDM among study subjects.

Majority of study subjects, perceived that they were able to diagnose the disease and improve their clinical and communication skills.

Table 1: Thematic analysis of perceptions towards LDM

Name	Description
BARRIERS	
Examination schedule	Examination schedules are interfering with LDM
Follow up	No access with admission team to follow up the patients
Patients	Patients are not accepting and cooperating for being a medical student
IMPROVEMENTS	
Clinical skills	Students felt that teachers should teach more clinical skills and new techniques during LDM
Patient interaction	Students felt that patient interaction should be there
Routine Cases	Students felt that, inspite of seeing routine cases everyday they need exposure of rare cases.
Supervision	Students felt that supervision is needed to guide them
PERCEPTIONS	
Beneficial	Students felt clinical and communication skills will improve
Diagnose	Students felt they are able to know and diagnose the disease.
Helpful	Students felt introverts are getting chance due to LDM to discuss about cases.
NMC Rule	As mandated by the NMC students are attending LDM...Some students are attending on their own interest.

DISCUSSION

The experiences of the students were shared in the focus group discussion, barriers of LDM were identified and felt that they need some improvements to be done for an Indian medical graduate (IMG) to develop into successful doctors. According to the study conducted by Jaya Shankar Kaushik et al,^[4] they addressed that students have the benefit to increase their knowledge and communication skills which was similar with this study. According to the study conducted by Prabhu Venkatesan et al,^[3] most of the students responded to the statements such as “I could improve my clinical reasoning skill and I could improve interaction with the patient” which was similar with this study.

CONCLUSION

LDM needs improvements in many areas like effective training and supervision, patient interaction and to focus on barriers for successful implementation of LDM.

Recommendations:

- Identify and fix the gaps in academic scheduling.
- More dedication from academic staff for clinical training and supervision.
- Operational independence for medical colleges.
- Reforms in medical education that are gradual will sustain.

Acknowledgements

Authors like to thank all the study participants.

Financial support and sponsorship: Nil

Conflicts of interest: There were no conflicts of interest.

REFERENCES

1. <https://sgmc.in/medicalcollege/storage/app/media/academic%20policies/39.%20Learner%20doctor%20methos.pdf> - Last accessed on 18/04/2024.
2. Board of Governors in supersession of Medical Council of India. Amendment Notification, Gazette of India; November 04, 2019; Available: <https://nmc.org.in/ActivitiWebClient/open/getDocument?path=/Documents/Public/Portal/Gazette/GME-06.110.2019.pdf> -Last accessed on 18/04/2024.
3. Gallagher P, Carr L, Wang SH, Fudakowski Z. Simple truths from medical students: perspectives on the quality of clinical learning environments. *Medical Teacher*. 2012 May 1; 34(5):e332-7.
4. Dornan T, Boshuizen H, King N, Scherpbier A. Experience-based learning: a model linking the processes and outcomes of medical students' workplace learning. *Medical education*. 2007 Jan; 41(1):84-91.
5. Venkatesan P, Sahoo S, Gupta R, Shrivastava S. The undergraduate medical students' perception of student-doctor approach training for diabetic retinopathy screening. *Malay*. 2019 Apr 16; 32: 30-8.
6. Kaushik JS, Ramachandran P, Kukreja S, and Gupta P, Singh T. Delivering Electives the Clerkship Way: Consolidating the Student Doctor Method of Training. *Indian Pediatrics*. 2022 Sep; 59(9):710-5.
7. Amin Z, Burdick WP, Supe A, Singh T. Relevance of the Flexner Report to contemporary medical education in South Asia. *Academic Medicine*. 2010 Feb 1; 85(2):333-9.
8. Morris C. Work- based learning. *Understanding medical education: evidence, theory, and practice*. 2018 Dec 3:163-77.
9. Tavakol M, Sandars J. Quantitative and qualitative methods in medical education research: AMEE Guide No 90: Part II. *Medical teacher*. 2014 Oct 1; 36(10):838-48.
10. Kitzinger J. Qualitative research: introducing focus groups. *Bmj*. 1995 Jul 29; 311(7000):299-302.