

CATEGORY 1 POSTER WINNER

EQUIPPING TOMORROW'S DOCTORS - IT IS TIME FOR A FORMAL UNDERGRADUATE ACUTE MEDICINE CURRICULUM

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BACKGROUND:

The Royal College of Physicians' Future Hospital Commission report recommends emphasising training in Acute & General Medicine to meet the needs of our current and future patient demographic.¹ Acute Medicine (AM) has a robust postgraduate training programme² but dedicated undergraduate AM curricula are less developed.

AIM:

Our aim was to design and deliver an undergraduate AM teaching curriculum across 13 hospital sites for all final year medical students (approximately 400 students per academic year) of King's College London (KCL) School of Medicine.

METHODS:

In 2016, we designed and started delivering the new 'Acute Care' block as part of the KCL MBBS Curriculum 2020, with learning outcomes mapped to Acute Medicine competencies and the GMC guidance on 'Outcomes for Graduates'.^{2,3} Since then, all final year KCL students have been placed on 8-week AM clinical placements across 13 hospital sites. The placements have been complemented by an induction programme that includes AM-focused lectures and simulation scenarios (Appendix 1), and a weekly case-based tutorial programme mapped to the AM learning objectives. Each student is given a named supervisor and a structured portfolio with defined supervised learning event (SLE) requirements. The project has been evaluated using the formal KCL End of Placement Survey (EoPS) results which included quantitative scores and qualitative free text feedback. Results from 3 consecutive academic years have been collated.

RESULTS:

This programme has been running successfully for 3 consecutive years. Throughout this time, the curriculum has been well-received, with EoPS data demonstrating an average global score of 4.10 out of 5.00 (96% average response rate). The programme has been highly valued for providing a safe learning environment (4.38), good quality of teaching (4.20) and placements where students felt they were a part of the clinical team (4.17) with clinical experience that were relevant to their learning outcomes (4.08).

CONCLUSION:

Having a formal undergraduate Acute Medicine curriculum in every medical school is key to equipping our future doctors with skills to meet the needs of our current and future patient population. We have demonstrated that this can be sustainably and successfully designed and implemented, with results suggesting potential for a highly positive impact on undergraduate medical education.

REFERENCES:

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