

Evaluation and Remodel of Undergraduate practical skills during COVID-19

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Background

The General Medical Council (GMC) expects all newly qualified doctors are able to safely and effectively perform a mandated list of practical skills and procedures. The medical students from the University of Birmingham (UoB) receive a curriculum which supplements those expected requirements.

During COVID-19 all non-essential face to face training was either put on hold or had very strict restrictions around social distancing, in line with government guidance and Royal Wolverhampton Trust (RWT) escalation plan.

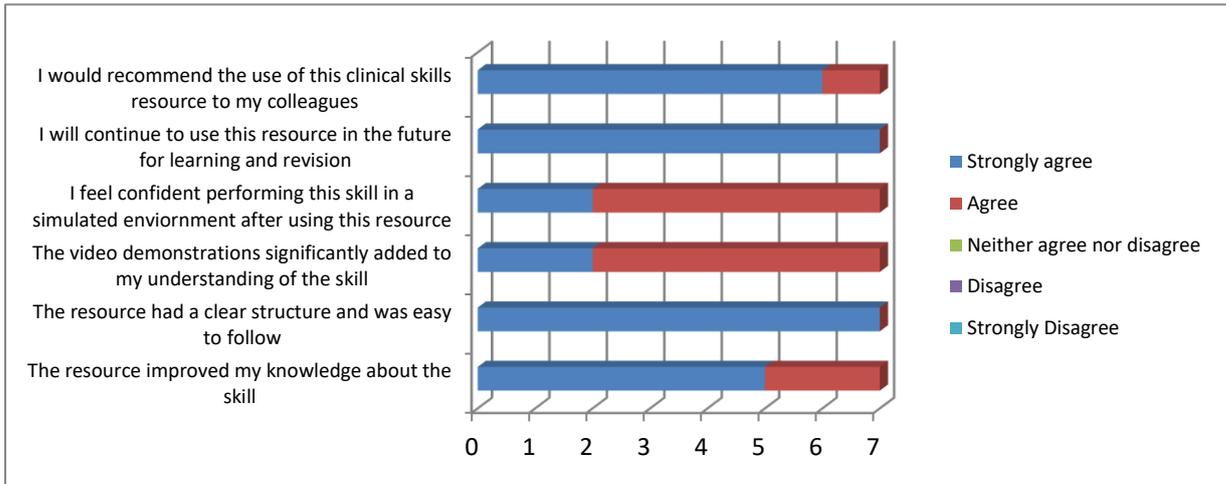
How did we do it?

In June a strategy meeting was held between the Clinical Skills Department and Clinical teaching fellows where a decision was made to utilise digital platforms such as iSpring to reduce face to face training. Studies were then researched to look at the comparison of different teaching / learning modalities and if undergraduate medical students consider there being a place for e-learning in their education, of which the results were predominantly positive.

The UoB mandated curriculum of practical skills were then divided between the CTFs to develop e-learning packages containing video demonstrations to support different learning modalities of visual and auditory. During production of these packages there were regular progress review meetings before the completion date at the end of July.

Medical associates then piloted the e-learning packages, whereby the feedback was overwhelmingly positive, before being presented to the Head of Teaching Academy, Dr James Bateman.

On 1st September all semester 1 e-learning packages were uploaded to Moodle for access by UoB medical students, with feedback obtained via QR coded questionnaires, which again was all predominantly positive.



100% strongly agree / agree their knowledge was improved; they would feel confident in practice and would recommend to their peers

What was the result?

Less people were brought together in the skills lab for any length of time, therefore creating a safer environment. It gave the students more autonomy and more time to be clinical with patients in a time when the hospital was under great strain due to staff shortages. In total it saves the Clinical Skills and Resuscitation departments 36hours in training per annum, which in turn saves the Education and Training directorate £1112.90 per annum also.

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Conclusion

The inclusive feedback for this project was undeniably positive, which has now given the credential to go ahead with developing the same e-learning packages for semester 2 skills. To improve on what was done for semester 1, a microphone for better auditory quality has been requested from the Undergraduate Department. These packages will enable the students to continue their learning in the event of another pandemic and will also undoubtedly be hugely beneficial to the medical students of Aston Medical School who will be joining us in September 2021. Overall a huge success!

References

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