

GP-Facilitated Teaching in Hospitals: The Way Forward? [Letter]

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Dear editor

We read with great interest the article by Bansal et al¹ on incorporating GP-facilitated teaching on clinical placements. We thought it to be a thought-provoking and innovative approach. As medical students, we appreciate that the course being vast means students are simply unable to cover all specialties during their degree² – this intervention exposes students to teaching scenarios and specialties they may otherwise not have had exposure to. However, we believe certain factors need addressing.

With reference to Figure 1 in the study, we wonder whether further analysis has been conducted into the 12% of students that perceived the sessions as having little/no impact on their clinical reasoning abilities. Are these 25 students from across all groups or from specific teaching groups? This would help deduce if it is a matter of certain students not engaging or whether some GPs encouraged the development of clinical reasoning skills more than others. The same can be said for the other less positive results in the study.

Although we realise this study has yielded mostly positive results, bearing in mind that certain groups may be benefitting less than others, we wonder how all teaching sessions could be standardised. Indeed, in Mathers et al's study,³ students reported to find the "lack of a structured syllabus" to be an issue on placement. Thus, ensuring a structured syllabus might avoid this problem, which perhaps could be addressed during the training all GPs received, allowing a degree of flexibility, whilst making teaching standardised. Furthermore, we question whether the learning objectives the study mentions were formulated by GPs, or by the University of Sheffield. GPs liaising with the medical school would allow standardisation of core goals, ensuring that sessions are delivered at the appropriate level and learning objectives are met to maximise student success.

Student views on learning outcomes were evaluated, however, there were no assessments to determine whether the students had successfully met these learning objectives. The importance of evaluating a student's performance is highlighted in a review article by DaRosa et al.⁴ This could have been assessed in the form of observed consultations to appraise whether the intervention translates into better examination scores and quality of care, which is the aim of medical education.

Moreover, small group teaching is usually carried out at the University, where facilities to accommodate the entire year cohort exist, for example,

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dedicated seminar spaces, and equipment such as projectors and lecture recordings for absentees. This is supported by a study by Hendry et al,⁵ which highlighted that consultant perceptions emphasised that a lack of resources can be a barrier to teaching. If these teaching sessions are conducted in the hospitals as mentioned, we fear the lack of these resources may present a barrier to effective teaching.

The findings of this study are critical, and it is clear to see the positive impact this intervention may have on future clinical practice. However, we feel that by considering these extra aspects the intervention can be made even more impactful.

Disclosure

The authors declare no conflicts of interest in this communication.

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