

Clinical Integration: a model for graded patient interaction from low to high stake engagement.

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Challenges can arise with application of knowledge from modular content teaching within HE programmes precursive to clinical internships. This can make the student experience jarring and disconnected, leading to performance anxiety in the patient encounter. To mitigate this apprehension, Integration modules were introduced in the first two years of a UK undergraduate Osteopathy programme. These provided opportunities for students to develop with minimal risk from safety or competence limitations. The module delivery created an environment where clinical reasoning was inducted by the honing of practical and cognitive skills, using case vignettes and simulated patients. This facilitated opportunities to apply knowledge and management strategies seeded from other areas of the programme, supporting phased transition from low stake scenarios to the eventual higher stake interaction with patients in clinic.

To assess the impact of the Integration modules on students' clinical performance, the first cohort (year 2019, n=58) to benefit from the initiative were compared to previous students' attainment (2018, n=94) at the same stage of learning, without exposure to the module. This involved analysis of results from a mini-CEX (clinical examination) formative assessment, all completed within the first 6 weeks of year 3. For further context, the current cohort (2021, n=59) were also added to the comparison for indication of how further optimisation potentially influenced the outcome. No statistical significance was found between 2018 and 2019 cohorts, but current students indicated a significant ($p<.05$) 12-point difference in central tendencies (mean and median). These findings suggest that programmes benefit from experience and maturation.