

The trainee-led clinicopathological conference: an innovative method for educating medical trainees

Elsbeth Potton, Jane Little, Jim Campbell, Jane Hind and Jonathan Corne

ABSTRACT – Adult learning theory states that adults learn by setting their own goals and making their learning applicable to the real world. Postgraduate training in medicine is now regulated by the ‘gold guide’, which emphasises the importance of trainee-led education. A new method of delivering education that allows trainees to develop generic skills as well as knowledge, the trainee-led clinicopathological conference, will be discussed. This method embraces the principles of adult learning theory and has been well received by trainees.

KEY WORDS: adult learning theory, andragogy, conference, education, generic, gold guide, interprofessional education, trainee

The East Midlands (North) School of Medicine used the implementation of Modernising Medical Careers as an opportunity to introduce new methods of providing education for core medical trainees.

Aim

Adult learning theory states that adults learn most effectively by setting their own goals that are relevant to their own learning needs and professional development.¹ It is particularly important to make this training applicable to the real world. The ‘gold guide’ states clearly that education and appraisal should be trainee led.² For these reasons, the East Midlands (North) School of Medicine aimed to develop a deanery-wide educational programme that facilitates trainees’ learning and professional development. One method of delivering education to core medical trainees which embraces these principles, the trainee-led clinicopathological conference (CPC), will be described.

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Development

The curriculum for core medical trainees contains a number of recommendations with regard to learning methods.³ As part of formal postgraduate learning, trainees are encouraged to attend case presentations and joint meetings with radiology and pathology. It is deemed important to learn with peers. Physicians work closely with allied specialties and early development of these skills and their relation to actual practice seems essential to producing high calibre specialists. A forum where trainees would have the opportunity to present cases and interact with members of other specialties, in particular radiology and pathology, was therefore provided.

One teaching session was set aside from the regional teaching programme every four months for a trainee-led CPC. All trainees working in each specialty within the region attended the same conference. To ensure enough trainees attended to make the event feasible some specialties were grouped together in single CPCs as follows:

- infectious diseases and respiratory medicine
- neurology and healthcare for the elderly
- dermatology and endocrinology
- rheumatology, renal and intensive care medicine
- cardiology
- gastroenterology
- oncology, haematology and palliative care.

In each CPC three trainees presented cases from their specialty. The sessions were chaired by a trainee and radiology and pathology trainees were asked to contribute specialist information to the discussion. Although a consultant was asked to attend the conference the sessions were completely trainee-led and consultant input was rarely required.

Feedback

Feedback forms were circulated to the trainees at each of the CPCs. The first set of CPCs generated excellent feedback from trainees (Fig 1). Fifty per cent of all forms were returned. Trainees rated their colleagues’ presentations and visual aids highly and all trainees felt that the conferences were relevant to their training needs. This is demonstrated both by structured feedback and by the comments made (Box 1).

Trainees’ opinions on whether they thought the CPCs were valuable learning experiences and that they would prepare them for their future careers were also surveyed. All trainees felt that

the conference was a valuable learning experience. Interestingly, all trainees who presented cases felt that these learning experiences would prepare them for their future careers, however, five out of 19 of the trainees who attended the conferences did not. This may reflect difficulty in coordinating other specialists and ensuring their attendance at the conferences.

There were also some problems with the design of the conferences. There was a difficult balance to strike between having large enough numbers of trainees at each conference to ensure stimulating discussions and not linking unrelated specialties together. Trainees also found it difficult to travel long distances to the peripheral hospitals where some of the conferences were held.

Suggestions from the initial feedback were incorporated into the next set of CPCs and the feedback from the second round has been even more positive. Again, data were collected from all attendees (trainees and consultants). There was an almost unanimous feeling that this novel way of delivering education to medical trainees encouraged learning and debate (Fig 2). Furthermore, most trainees also agreed that these conferences would prepare them for situations they may have to face in their future career (Fig 3).

Discussion

This new method of trainee-centred conferences has proved to be a successful way of delivering interactive, case-based and peer-led teaching. Knowles derived a number of principles of 'andragogy' ie the art and science of helping adults to learn.⁴ These new trainee-led CPCs embrace some of these principles:

- Feedback has demonstrated that trainees feel that the conferences provide an effective learning climate.
- The CPCs are trainee led. Trainees are therefore central to planning the content and method of delivery.
- Trainees who provided the cases were all of the opinion that these conferences would benefit their future career.

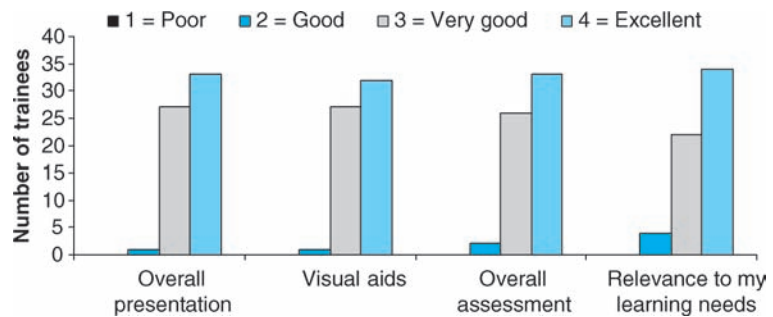


Fig 1. Trainee feedback on clinicopathological conferences.

Box 1. Feedback from trainees.

Excellent – Please can we have one every four months.
Really interesting cases for discussion
I learnt a lot – good cases.
Brilliant cases, thank you. It was good to have consultants there to interject but the trainee led the day very effectively.

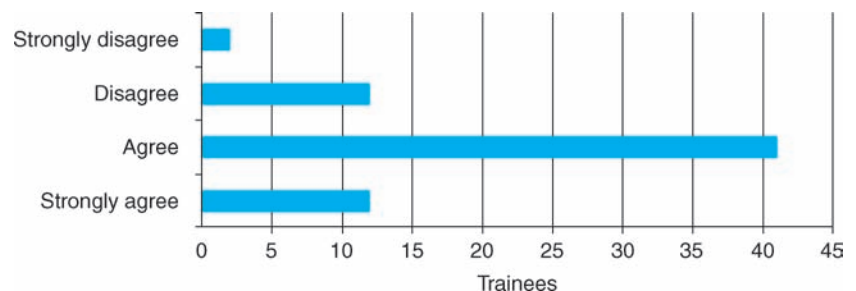


Fig 2. Number of trainees that agree with the statement that 'a trainee (rather than a consultant) chairing the clinicopathological conference encouraged learning and debate'.

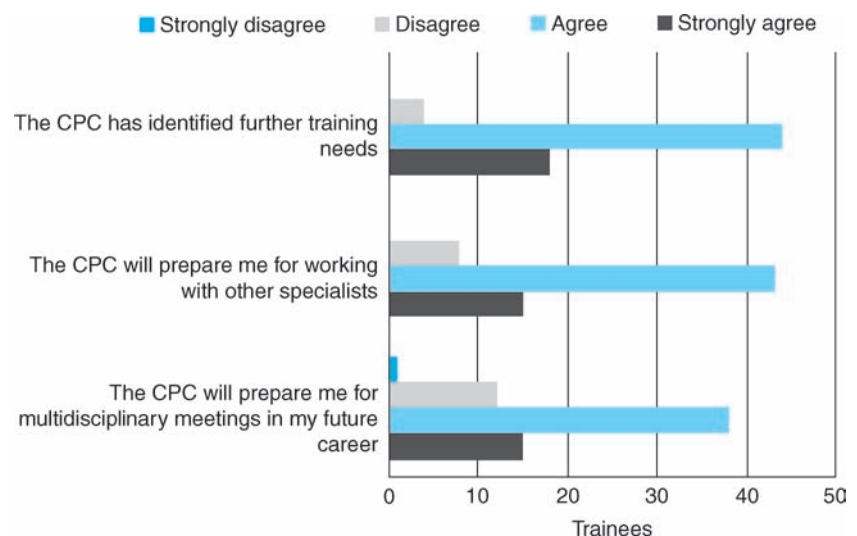


Fig 3. Number of trainees that agreed with the following statements about the clinicopathological conference (CPC).

There also seems to be growing evidence that inter-professional education produces better patient outcomes.^{5,6} It seems logical that this should be extended to inter-specialty education. This will develop relationships and team working skills of trainees who are likely to work alongside each other in the future. Subject matter from the curriculum can easily be delivered; however, it is more difficult to develop ways to ensure trainees develop generic skills. The CPCs allow adults to learn in a stimulating manner and allow the development of a wide variety of skills and knowledge.

Postgraduate medical education is now very streamlined and its laudable aim is to produce competent doctors. However, by using interactive and multidisciplinary teaching means that trainees will strive to become excellent doctors. This is an inspirational and innovative way of delivering part of the curriculum teaching across a region, since the re-organisation of postgraduate training. The East Midlands (North) School of Medicine plans to continue with this educational method.

References

- 1 Speck M. Best practice in professional development for sustained educational change. *ERS Spectrum* 1996;33–41.
- 2 Modernising Medical Careers. *A guide to postgraduate specialty training in the UK. The gold guide*. London: MMC, 2007.
- 3 Federation of the Royal Colleges of Physicians. *The physician of tomorrow, curriculum for core medical training and acute care common stem (medicine) (acute medicine level one)*. London: Federation of the Royal Colleges of Physicians, 2006.
- 4 Kaufman D. Applying educational theory in practice. *BMJ* 2003;326:213–6.
- 5 West MA, Borrill C, Dawson J. The link between the management of employees and patient mortality in acute hospitals. *Int J Hum Resource Manag* 2002;13:1299–310.
- 6 Combined Universities Interprofessional Learning Unit. *Interprofessional capability framework*. London: CUILU, 2005.

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