Clinical Readiness “Bootcamp”: Perceived Impact on Student Confidence During Transition into The Clinical Years

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INTRODUCTION
This project sought to determine the stressors and anxieties self-identified by students prior to the start of their first clinical rotation and to assess what impact, if any, a clinical readiness “bootcamp” course may have on their concerns. Additionally, a second survey in the months after the boot camp was administered to determine whether the students believe the course was useful in addressing their anxiety and concerns.

BACKGROUND
A new elective initiative (Advanced Clinical Skills Course) was introduced as an elective in June of 2017. The course replaced the first clinical rotation and was designed to promote improved clinical fluency and student confidence through a 3-week intensive curriculum that utilized a small-group, case-based model with emphasis on elements such as presentations, interaction with preceptors, development of differentials, and clinical note composition. The Advanced Clinical Skills Course (informally referred to as Clinical Bootcamp) was taught on campus, it involved the participation of over 70 community-based physicians who volunteered for one or two days each over the course of three weeks.

OBJECTIVES
• Determine the self-reported rationales student used to decide whether or not to take the course
• Ask students to self-identify the greatest sources of anxiety and stress they experienced prior to the start of their first clinical rotations
• Assess the perceived impact, if any, of the course on reducing the stress of entering the clinical phase of training

METHODS
The research project was conceptualized, designed, and conducted by two third year students, both of whom elected to take the course. Third-year medical students were surveyed regarding concerns and stressors before entering clinical rotations. One group attended a three week clinical readiness course, and the remainder immediately began their clinical rotations. Both cohorts were followed for the next three months as they started their apprenticeships and were reassessed to determine the perceived effect, if any, of the readiness course on student anxiety and ease of transition into the clinic.

Surveys were voluntary and anonymous. Answer choices were a combination of multiple choice and free text. A social-media based forum, exclusively accessible by members of the third-year class, was utilized to solicit participation in the online surveys.

Survey results were analyzed for frequency of recurring themes reported by the students. Responses on the pre-course survey were used to formulate post-course survey questions specifically targeting skills identified by the students.

Students who opted for bootcamp and students who opted to begin clinical rotations

Pre-Course Survey
The Bootcamp Survey was taken by 48 students, 30 of whom planned to attend bootcamp and 18 who did not.

Most common reasons for attending bootcamp:
• More preparation
• More interaction with preceptors
• Presentation skill development

Most common reasons for not attending bootcamp:
• Unwilling to sacrifice an elective
• More potential benefit from a rotation than bootcamp
• Did not work with desired schedule

Post-Course Survey
The after Bootcamp Survey had 48 responses. 33 attended bootcamp and 15 did not.

Most students surveyed did NOT feel that bootcamp:
• Improved their presentation skills (61%)
• Helped improve their note writing (67%)
• Helped them to become more proficient at creating differential diagnoses (60%)
• Reduced overall stress when entering their first rotation (73%)

Most students felt that bootcamp:
• Helped them to feel more comfortable interacting with preceptors (82%)

RESULTS
What was more helpful in reducing overall stress about transitioning to clinicals: bootcamp or first rotation?

Common feedback from students on how to best reduce student anxiety and increase preparedness for entering rotations:
• Incorporation of more preceptor and patient interaction during the first 2 years
• Integration of bootcamp curriculum to clinical medicine course

CONCLUSIONS
We introduced the “Advanced clinical skills course” as a modality to increase preparedness and decrease student anxiety entering rotations. Students reported an overall high level of anxiety entering clerkships and there was no statistically significant difference in stress levels between the two cohorts (p value 0.633). Based on the work by Wu et al1, procedural education specifically is lacking in medical school and this results in low student confidence in these areas. A meta-analysis of bootcamp models by Blackmore et al2 found that these “educational interventions[7] conferred a reduction in stress. Our students reported their stressors were most addressed by participating in rotations, in comparison with the bootcamp course. Keck SOM3 integrated a course to directly address procedural skills, which lead to increased student confidence. Perhaps for the future, a boot-camp model more tailored to these skills specifically would be more successful in improving student performance and reducing anxiety.

REFERENCES