

Chapter 10

Transition Courses in Medical School

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ABSTRACT

Across the nation, many medical schools have begun to include short courses during key transition points in the curriculum to help prepare students to succeed in the new area where they will be learning. This chapter introduces the reader to these “transition courses” that were not a part of medical education 20 years ago. These courses utilize combinations of high- and low-fidelity simulation, standardized patients, small group sessions, team-based learning and didactics. The authors explore four key transition areas that have seen an influx of these short courses: Orientation to Medical School, Return to Clerkship, Orientation to Clerkship, and Capstone or Boot camp. Each of these four courses is examined in content and relevance in preparing the medical student for the transition in their academic career.

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INTRODUCTION

It has been recommended that a transition course “should help in developing the coping skills (the student) need(s) to effectively deal with the challenges presented by new environments” (Teunissen 2011); otherwise, the course may not advance the students learning in an effective way. This chapter endeavors to familiarize the reader with this discourse. Throughout this chapter a review of the literature specific to each type of course will be described. Despite a paucity of scholarship of these courses in general, their emersion is not surprising. Dreyfus described the Five-Stage Model of Adult Skill Acquisition to include the novice, the advanced beginner, the competent learner, the proficient and the expert. This model has been applied to medical education across the spectrum from medical student to attending physician. However, if it were to be applied to being a medical student, one could argue that the first-year medical student is the novice and the graduating senior, although still a novice clinician, should either be a proficient or expert medical student. These courses fall in the natural transitions where student would be transitioning from one developmental phase of being a medical student to another.

In designing new transition courses, medical schools should consider the course’s goals, objectives, and what would be of value to the student. As with any other course, a needs assessment must be done. Extraneous or redundant material should not be included, but many will find that transition courses are ideal for covering LCME (Liaison Committee on Medical Education) requirements that do not fit elsewhere in the curriculum. The course should fill gaps within the curriculum, and an assessment should be done to see if the redundancies created are necessary, or do changes in other courses need to be made accordingly. Additionally, as core educators become more involved with the administrative aspects of the clerkships and courses they run, transition courses provide an opportunity to work one-on-one with students. This practice helps decrease psychological size of administrators, increase accessibility to administration and keep administrators in the trenches with students so that they understand student needs. Some institutions run longitudinal, interwoven transition courses by having the same faculty involved in all the transitions in their curriculum, thereby building strong relationships. Transition courses provide core administrators and educators the opportunity to instill the core values of the institution, thereby battling the hidden curriculum, while students are outside of other required coursework. Having no other coursework is more conducive bonding between peers as they go through these stressful transitions together.

In general, there are seven steps to implement a medical curriculum that are applicable to transition courses: identify resources (personnel, time, facilities, and funding), obtain support from the administrative authority, develop administrative mechanisms to support the curriculum, anticipate barriers, pilot the curriculum, fully implement the courses, and plan for enhancement and maintenance (Thomas, 2016). This implementation is no small feat from an administrative perspective.

The most important question that has to be asked before embarking is, “how does this curriculum improve the ability of students to meet the objectives of the program?” Standard 8.1 of the LCME standards states, “A medical school has in place an institutional body that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.” This body is traditionally called the “Curriculum Committee”. With the establishment or enhancement of any transition course from the perspective of central administration, the first step must be to decide how the curriculum advances the students’ abilities to meet the objectives of the program. There are many great curricular ideas that exist, but not all of them fit into the big picture of a particular program. The second step is to describe the objectives of the curriculum and how those objectives fill a gap or eliminate a redundancy in the

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