A Reply to: Spiralling Pre-clerkship Concepts into the Clinical Phase: Augmenting Knowledge Transfer Using Innovative Technology-Enhanced Curriculum Activities

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Dear Editor,

As final year medical students at King's College London (KCL), we appreciate how steep the learning curve between pre-clinical and clinical years can be and welcome interventions like the curriculum discussed in the article by Bracken et al. [1]. A key challenge of this transition period that could be addressed further is helping students efficiently access knowledge learnt in pre-clinical years when interacting with patients.

At KCL, we have access to sign up sessions with patient actors who have been diagnosed with various medical conditions and are trained to understand and evaluate how clinical examinations and histories are performed. These sessions include cardiac examinations, A-E assessments, bimanual examinations, communication stations including breaking bad news, and concurrent history taking sessions. These sessions provide us a safe space to practise talking to patients, develop the ability to think on our feet, and learn how to piece together our clinical knowledge to form management plans and differential diagnoses. Though these skills are acquired while on clerkships, we believe there are 2 key benefits to incorporating regular interactions with patient actors outside of the clerkship setting.

The first key benefit is that patient actors are in a unique position to understand a patient's experiences and the information medical students need to elicit when interacting with patients. Hence, patient actors can give students meaningful feedback to help them build their clinical skills. This is especially true for examinations as patient actors can feel if students are performing the examination correctly (i.e. palpating deep enough, auscultating in the correct manner, palpating in the correct places) [2]. In a hospital setting, students are rarely able to get detailed feedback from patients and it can

be hard to pinpoint areas for improvement. The second key benefit is that students may feel more comfortable making mistakes during these simulated interactions and hence may feel more confident to explore and experiment and find how they best interact with patients. From our experience, this confidence translates into the hospital setting where students feel more empowered to take part in the more challenging interactions encountered in hospitals [3].

We recommend the incorporation of regular patient actor sessions within the problem-based learning scenarios outlined in this curriculum to allow students to further optimise their learning opportunities during clerkships.

Availability of Data and Material Not applicable.

Code Availability Not applicable.

Declarations

Conflict of Interest The authors declare no competing interests.

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