Being part of the first cohort at medical school: perspectives of medical students

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Abstract

The increased demand for doctors working in the NHS led to new medical schools opening in 2018. We aim to share our experience as part of the first cohort at one of these schools. Starting medical school can be stressful, let alone being part of the first cohort. We held responsibilities for starting societies, shaped the curriculum through our feedback and helped to cultivate a friendly work environment. However, we have not experienced some key aspects of medical education such as student mentors. We believe such roles play a vital role in guiding new students through medical school. Feedback at times can be laborious and may appear excessive. Some doctors are unsure about how to involve us in the wards at such an early stage as part of our newly designed course. Ultimately, we believe that the experience has led us to new opportunities which may help us in the future as we embark on our medical training.

Keywords: Medical School; First Cohort; Feedback; Mentor

Introduction

In 2016 Jeremy Hunt announced a 25% expansion in medical school places, as part of this five new medical schools were announced to open in 2018, to increase the NHS workforce (Rimmer, 2018). In September 2020 we will be third-year medical students at one of these new medical schools. The journey for a medical student is demanding let alone being part of the first cohort. We aim to share the positive and negative experiences so far, about being at a new medical school.

Positive Aspects

Being a part of the first cohort of a medical school has meant the attention is placed on one-year group, as opposed to five-year groups. We have found that this approach has benefited students and staff. As students, we are able to raise concerns to staff about personal worries, seek help from lecturers and build connections with the faculty. Staff
are receptive to the feedback provided by the student representatives and collate feedback at the end of every lecture. We believe this has created a person-centred learning environment. Medicine is renowned for being a stressful degree. A meta-analysis concludes that 33.8% of medical students suffered from anxiety (Tian-Ci Quek et al., 2019). From our experience, forming good relationships at university is pivotal for our wellbeing.

As a part of the first cohort we had responsibilities within the medical school. Whilst most students starting at medical school become members of previous established societies, we had the opportunity to create them ourselves. For instance, Friends of MSF (Médecins Sans Frontières) society. At other universities, students may not form parts of executive committees until later years. By developing this society, we have seen how roles such as a secretary, whom contact guest speakers, can provide opportunities to meet skilled medical professionals at an early stage in the course. As part of the Cardiology and Cardiothoracic Society, we plan to host an online conference in October which will allow students and speakers to network. We envisage that the skills acquired from being part of a committee in our first few years of medical training will help us as junior doctors in the future.

A key feature of being part of the first cohort is our ability to help shape the curriculum. At our medical school we learn through a "spiral" curriculum (Grant, 2013). This is a form of learning in which students build on knowledge throughout the course. In our first year we had five days at a GP surgery, half a day per week at hospital and a four-week additional placement block. During COVID-19, our ability to interact with patients has been minimal. Our medical school was able to adapt to the circumstances and deliver case-based discussions through an online platform. Multiple case based sessions were completed and our feedback helped to establish these sessions as a core part of the curriculum. We feel that our medical school informs students of changes to the course in a sensitive manner. Thus, as part of the first cohort, we believe our feedback has contributed to curriculum development in a positive manner.

Negative Aspects

We are often asked to complete surveys regarding a number of teaching sessions to ensure appropriate changes occur for future year groups. Although we can appreciate the importance of feedback for development of future year groups, unfortunately our year did not receive the benefits in first year. We believe more student managed learning (SML) to consolidate our knowledge would have been beneficial. At times this made our cohort feel like a test-run.

Student mentorship plays a vital role at university. Being part of the first cohort has meant our year have not been able to reap the benefits of mentorship schemes. The first year of university can be stressful and some students may struggle to adapt to university life. Mentors can act as role models. They can provide study guidance and tips on time management for exams. We found that the lack of guidance as first year students made us anxious about the skills needed to pass first year. During our second year, we mentored year one students as part of a Student Led Teaching Group. Being involved in this scheme has allowed us to share our experience of first year with others and highlighted the essential role of student mentors. Creating effective partnerships with colleagues in other years has helped to develop medical education at our new school.

Starting placements at medical school can be challenging. Students may be apprehensive about their skills and knowledge. Also, some doctors are not used to having medical students assist on wards at an early stage. Despite learning clinical skills in our first year, some doctors were uncertain about how to involve us in the clinical environment. Now, in third year, we have been made aware that our medical school has a good reputation amongst hospital trusts whom praised our willingness to integrate with health care professionals on the ward.
Conclusion

Despite our apprehension about starting at a new medical school, we have thoroughly enjoyed our experience so far. There is a lot of support for us and we are known individually by most members of the faculty. Being involved in designing the syllabus and setting an example for years to come is pivotal for our medical school to adapt through trial and error. We look forward to seeing how our adjustments, as the first cohort, will help shape curricula for future students.

Take Home Messages

- Lecturers and the first cohort build strong connections.
- The students of the first few cohorts establish many of the medical societies in the medical school.
- Having the opportunity to provide feedback and develop an adequate timetable for the years after us, means we are developing the curriculum for years to come.
- Having no cohort ahead of the first cohort can lead to a lack of mentorship.

Notes On Contributors

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Appendices

None.

Declarations

The author has declared that there are no conflicts of interest.

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