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Main Article

Student-selected components: bringing more ENT into the undergraduate curriculum

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Abstract

Exposure to otolaryngology is currently minimal in the UK undergraduate medical curriculum. This may lead to difficulties in attracting graduates into higher ENT surgical training and in ensuring a reasonable standard of ENT knowledge amongst primary care practitioners.

A recent innovation, of which many ENT units may be unaware, is the introduction to the undergraduate curriculum of 'student-selected components'. Like the traditional elective, this allows students to undertake an attachment to a speciality and department of their choice. Units which do not regularly teach medical students but which have a welcoming and enthusiastic approach to undergraduate training may well be ideal hosts.

This paper introduces the concepts underlying student-selected components, outlines the preparation required and offers a template for such an attachment, for which ENT is ideally suited.

Key words: Undergraduate Medical Education; Otolaryngology; Great Britain

Introduction

The General Medical Council's *Tomorrow's Doctors*[1] recommends that all medical undergraduate degree courses should include, in addition to the core content, optional content known as 'student-selected components', which should account for between 25 and 33 per cent of the curriculum. Each student must spend two-thirds of their time on clinical content; the rest can be spent on non-clinical content, including topics as diverse as health economics, medical law and National Health Service management. All UK medical schools must offer such student-selected options, however variously termed (e.g. 'student-selected modules'). Attachments may vary between two and eight weeks in length and could particularly appeal to ENT departments, many of which may currently be unaware of the opportunities afforded.

By definition,[1] student-selected components support the core curriculum and must allow students to do the following:

(1) Learn about and begin to develop and use research skills.
(2) Have greater control over their own learning and develop their self-directed learning skills.
(3) Study, in depth, topics of particular interest outside the core curriculum.
(4) Develop greater confidence in their own skills and abilities.
(5) Present the results of their work verbally, visually or in writing.
(6) Consider potential career paths.

Undergraduate ENT teaching is poorly represented in most undergraduate curricula. Twelve out of the 29 UK medical schools currently provide no clinical ENT exposure; indeed, nine out of the 29 provide no compulsory ENT teaching at all.[2] As a result, the average UK medical student spends only one and a half weeks in an ENT department, often combining this placement with other specialities such as dermatology or ophthalmology.[3] Students using their initiative to seek out an optional attachment in ENT could significantly redress this lack of teaching. Such an attachment would cover a unique set of clinical skills and provide exposure to a wide range of frequent and important conditions. With the majority of UK undergraduates entering general practice, such ENT exposure is essential.

Individual ENT departments can themselves benefit from accommodating students undergoing such attachments. Students can become actively involved in brief audit projects and contribute to research and writing. Higher surgical trainees can have the opportunity to demonstrate their teaching skills, thus providing evidence for their own assessments, such as the UK Record of In-Training Assessment (RITA). Medical students who have chosen to

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undertake a student-selected component in ENT will probably be particularly enthusiastic about the subject and eager to learn – this can be especially motivating and rewarding for those involved in their teaching.

There is no cost to the host department; indeed, such an attachment will be funded. At the time of writing, in Northern Deanery, current rates are £3500 per student via the Service Increment for Training (SIFT) budget. After deduction of costs, a balance of £2000 per student, for a six week block, goes to the supervisor's unit. The host department ideally commits to providing accommodation, an induction, ongoing assessment, support with office and information technology facilities, and specific help with projects such as audit work.

How to conduct a student-selected component?

The precise procedures for students' applications for student-selected components will vary between medical schools. In some cases, departments will be invited to advertise, on a website, their willingness regularly to host student-selected components. In other cases, students may approach their chosen department directly. Most medical schools will have a co-ordinator for student-selected components, who should be identifiable via the website. The medical school is likely to define some generic learning outcomes for student-selected components, in line with current thinking on curriculum design.[4] It is useful for departments offering student-selected components to have their own outline syllabus ready. However, in line with the principles of adult education, the learning needs of the student(s) involved should determine the details.[5] These should be discussed prior to the placement.

Information required of a potential supervisor may then include:

(1) Title of student-selected components (e.g. speciality, location).
(2) Numbers of places offered.
(3) Aims and objectives of the attachment.
(4) Flexible outline of course content.

More than one student may apply for the same placement, but departments can stipulate a maximum number, bearing in mind the facilities available and other teaching and training commitments. For most units, we would suggest that accommodating two such students at a time prevents potential isolation and allows peer support for study while avoiding overburdening the department and diluting the educational experience. Any ENT department, even (indeed, perhaps especially) those which do not normally have students, should be able to offer a worthwhile student-selected component.

Clearly, the consultant supervisor should be enthusiastic and committed to teaching. He or she will take the lead in planning, timetabling, assessment and any necessary liaison with the medical school. We would also recommend that all staff in the department, medical and non-medical, are made aware that students will be present, along with their names, seniority, and the general aims

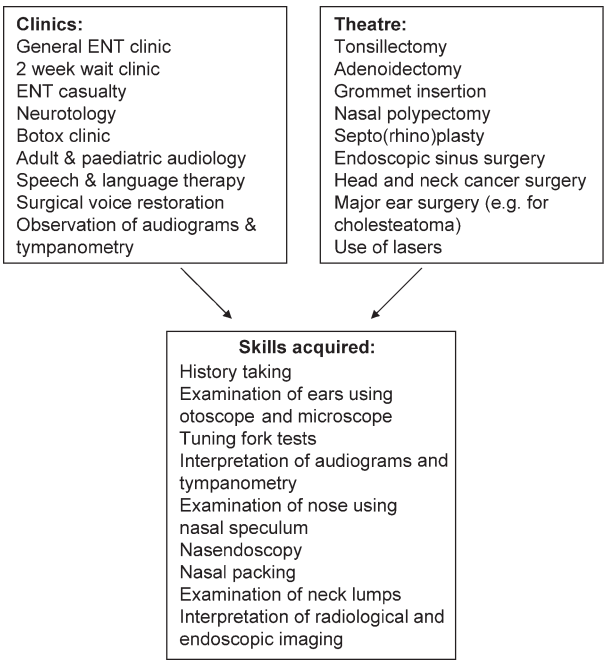

FIG. 1
Sample programme for a student-selected component.

and objectives of their attachment. A sense of being in a supportive and encouraging educational environment can make a student-selected component particularly valuable.[6] A student-selected component in ENT could also offer students the important opportunity to experience the value of multidisciplinary team-working. With this in mind, sessions with audiologists, speech and language therapists, nurse practitioners, and hearing therapists could be specifically timetabled.

A brief induction session is important and may be mandatory. This should include occupational health clearance, orientation within the department and hospital, and issue of identity badges, room keys, swipe cards, etc. The local undergraduate office may be able to facilitate much of this.

A student-selected component in ENT can give students the chance to consolidate their clinical skills, and the opportunity to examine patients, with constructive feedback, is likely to be appreciated. We would advise some structure in the timetable, particularly at the start of the attachment, with increasing flexibility towards the end. Clinic and theatre sessions of as wide a variety as possible, particularly at first, will allow the students to gain a clear overview of the specialty. Later, students should be encouraged to be 'self-directed' in their approach to learning, and therefore take the initiative in choosing how to spend their time. Access to departmental schedules will help their planning.

Otolaryngology clinic appointments are not necessarily prolonged by the presence of students. If possible, students particularly value seeing patients alone, during a longer consultation, with appropriate supervision and feedback. Patient satisfaction is not

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compromised, although it has been shown to be slightly lowered by the demands of those of a higher socioeconomic group and younger age.[7] Fourth year students have been shown to particularly benefit from theatre attendance, which allows them to see a wide range of the commoner ENT procedures.[8] Contemporary monitoring and audiovisual aids (typically associated with microsurgery of the ear and larynx and functional endoscopic sinus surgery) are a marked improvement, compared with the exposure to surgery and relevant anatomy granted to earlier generations of medical students. Increased numbers of staff on a ward round can be intimidating for patients, but an explanation of members' roles, and especially of attending medical students, can provide reassurance.[9]

Unstructured 'white' time is important and should be incorporated to allow the student to pursue specific areas of interest. The medical school summative assessment might include an oral presentation, written account, audit project or learning portfolio, and time must be allowed for preparation. A true clinical research project is impractical, as seeking ethical approval will often cause unacceptable delay.

Consultant supervisors may be asked to complete unfamiliar paperwork; for example, many medical schools stipulate that an assessment of each students' professionalism (e.g. in terms of attendance, initiative, enthusiasm, communication skills and team work) must be completed during every attachment. Supervisors should seek advice from the medical school if in any doubt about the completion of such paperwork.

- **ENT teaching is reducing in the UK undergraduate curriculum**
- **The student-selected component allows motivated students to address this deficiency**
- **Enthusiastic ENT units, lacking a traditional undergraduate role, may be ideal hosts**
- **Success will depend more on a keen supervisor and student initiative than on rigid timetable planning**

Evaluation of the attachment by the students should be sought, discussed and acted upon. This allows continuing improvement of the student-selected component for future students.[10]

Conclusion

Otolaryngology teaching within the UK undergraduate curriculum is currently limited and may be reduced even further in the future. Student-selected components can provide interested students with valuable experience of ENT work and a chance to improve their clinical skills and speciality-related knowledge. Most ENT departments could offer a suitable timetable, allowing the students to meet their personal learning objectives and also those stipulated by the medical school. Student-selected components offer a taste of this fascinating speciality and may encourage students to consider ENT as a career. With a little planning, a student-selected component can be very valuable for both the students and the department.

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