

Title: Setting up a structured local elective programme

Author: Jennifer Eileen Welbeck

What problem was addressed: Second clinical year medical students in University of Ghana, like other medical students worldwide, annually look forward to medical electives abroad. Recent challenges of limited placements abroad, difficulties in obtaining visas, and the rising cost of the whole exercise (i.e. airfare, accommodation, tuition fees, etc.) have necessitated the need to explore other ideas of students better using the elective period.

What was tried: Some students in the past have sought informal attachments to local hospitals during the elective period. Results of a survey conducted among students showed that such attachments have been without any structure, so students have not gained much from them. Expecting to face similar challenges, the students showed interest in attachment to local hospitals provided the arrangement was formalized with some structure.

A focus group discussion (FGD) was held with interested students to discuss their expectations of such an intervention. The planning team assisted with the development of tools for the attachment based on the year's curriculum. These tools were in the form of a log book for the students to use and a checklist for the supervisors to assess their performance.

This checklist was further refined with help from the advisory team which included two heads of department. Further discussions on these were held by phone with the supervising doctors instead of holding FGD, which was almost impossible to organize as planned and was causing a delay.

With the Director-General of Ghana Health Services' permission, a number of medical directors were approached with the proposal, inviting them to volunteer their hospitals for the programme. Eight directors responded to the invitation to participate and offered additional support in the form of providing accommodation for 21 students. These students are expected to leave for the clinical attachment at the various hospitals for a period of 3-4 weeks in September when they would have finished with their second clinical year examinations.

Lessons learned:

- Students are willing to embark on a project when they know there will be concrete benefit to their cause.
- Previous informal attachments in hospitals were unpopular but with the introduction of a curriculum with tools more students got interested.
- Involving the students themselves as part of the planning process increased the buy-in from the students. Initially 11 students showed interest. By the second meeting the number had increased to 30.

- The medical directors, after being introduced to the proposal, were happy to be considered part of the medical training team; a form of recognition they were proud of as a partner of the medical school.
- They felt they would be comfortable and confident to act as supervisors with the provisions of the checklist.
- It is expected that this experience will improve the knowledge and skills of the students to enhance their performance in their final year of study. This will be further evaluated in their final year. It is hoped that the positive impact envisaged will result in higher student enrollment next season.

Reference:

1. Ferrel B. A Critical Elements Approach to Developing Checklists for a Clinical Performance Examination. *Medical Education Online*, 1996;1:5.

Correspondence: Jennifer Welbeck, Department of Child Health, University of Ghana, School of Medicine and Dentistry, P.O. BOX 4236, Accra, Ghana