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Teaching clinical reasoning – how does participation in the consulting room affect the students’ experience

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Historically, the master-apprentice model has been a fundamental part of teaching and training in medical fields. The student or ‘apprentice’ would learn their skillset from working alongside an experienced physician (Sinclair, 1997). The ‘master’ physician would not only impart vital medical knowledge and clinical skills but also communication skills, ethics, problem solving, handling of difficult situations and other essential qualities of a good clinician (van Bodegom, Hafkamp & Westendorp, 2013). This practice is replicated in veterinary medical training.

Lave and Wenger (1991) in their theory of legitimate peripheral participation discuss that being allowed to engage in a community of practice facilitates learning and transference of vital skills from ‘master’ to ‘apprentice’. They suggest that being a legitimate participant not only allows for effective learning but also development of an identity which provides a sense of belonging and commitment to the community (Lave and Wenger, 1991).

This study looks at the experiences of a group of final year veterinary students in a charity practice in Glasgow where they were performing first opinion consultations. Data was gathered using a questionnaire, completed after their time on rotation. They were asked to comment on how much participation they were allowed and how they felt this affected their development of clinical reasoning, communication and clinical skills.

The findings from this study pointed to several areas for review, which will affect how we optimise learning and teaching in this situated learning environment.

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