Is the Big City the Place to be?

A Comparative Audit of Urban and Rural Surgical Learning in Final Year of Medical School

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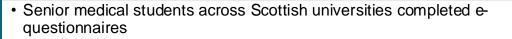
Western Isles Hospital Health Board

Aims

This project was an audit against the Royal College of Surgeons National Undergraduate Curriculum in Surgery (2023)

Primary aim to audit the RCS National Undergraduate Curriculum in Surgery (2023)

Secondary aim to Investigate any differences in learning based on geographical location



- Questions assessed practical opportunities, specialty exposure, mentorship, team inclusion and learning environment
- Responses collected and analysed

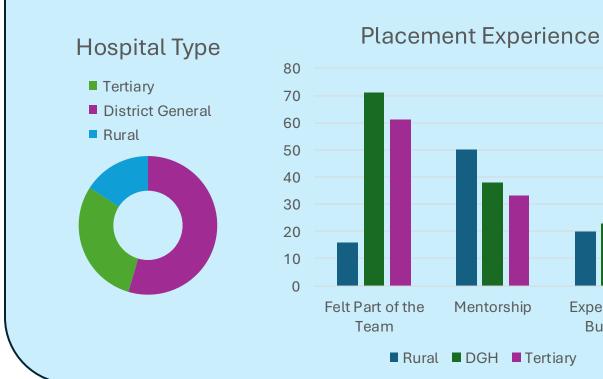
Results

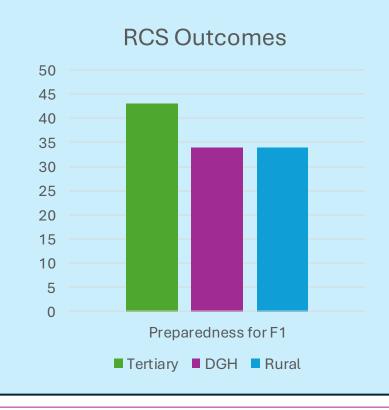
46 completed the questionnaire from all 5 Scottish universities: Aberdeen, Edinburgh .Glasgow, Dundee, Scotgem.

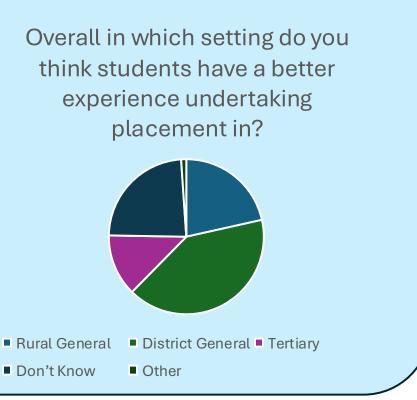
Placements were predominantly in general surgery with exposure to 2-3 additional specialties on average, 94% had theatre exposure. Overall,

56% of students felt curriculum outcomes were achieved

DGHs were rated most beneficial for placements (40%), positives included practical opportunities, mentorship, contact with surgeons, key factors identified by RCS as crucial for learning [1]. Tertiary hospitals reported less mentorship opportunities and increased bullying. RGHs, while resource-limited, were valued most beneficial by 20% of students for their intimate learning environments and exposure to rural surgical practice.







Conclusion

Bullying

The variation in learning factors by location such as mentorship, access to practical experience and contact with surgeons, highlights RCS curriculum outcome shortfalls. One significant learning opportunity being overlooked was clinic experience: less than half of undergraduates had opportunities to assess/present patients in outpatient clinics. On self-reporting, students felt a DGH offered the most positive experience