Intro

- Challenges arise when applying knowledge from modular HE pre-clinic teaching prior to clinical internships.
- Disconnected student experience leads to performance anxiety in the clinical setting.
- There is scant research around how integration of modular content in a dedicated course can impact on clinical performance.

Methods

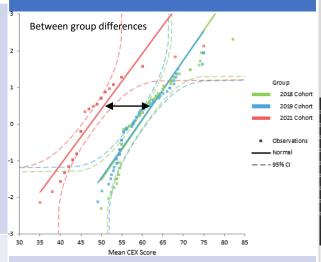
- Integration modules were introduced in first two years of a UK undergraduate Osteopathy programme.
- The module delivery promoted clinical reasoning, using case vignettes and simulated patients, aligned around other taught content.
- The latest cohort (2021) to benefit from the initiative were compared to the first students to experience the module (2019) and a cohort without exposure (2018).
- Analysis compared mini-CEX (clinical examination) scores, all completed within the first 6 weeks of year 3, following completion of the Integration course.

Results

- No statistical significance was found between 2018 (n=94) and 2019 cohorts (n=58).
- 2021 (n=59) cohorts indicated a significant (p<.05) 12-point difference in central tendencies (mean and median).

Main findings

- The impact of the Integration course was **not immediately seen.**
- Differences between group assessment outcomes materialised over time, with course maturation.



Suggestion is that course changes require time to embed before their effect is seen. Other curriculum changes likely impact integration.

Title -

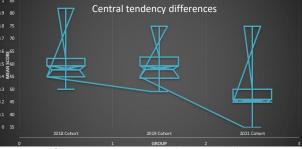
Clinical Integration: a model for graded patient interaction from low to high stake engagement

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Extra Tables & Figures:



Mean Score				
by Group	N	Mean	Mean SE'	SD
2018 Cohort	94	59.36	0.65	6.10
2019 Cohort	58	59.15	0.83	6.27
2021 Cohort	59	47.29	0.82	6.61
Pooled	211			6.29







