

REALLY GOOD STUFF

Fireside chats: Using recorded case-based discussions with medical experts to teach clinical reasoning

1 | WHAT PROBLEMS WERE ADDRESSED?

Consensus opinion suggests that students and trainees receive insufficient teaching on clinical reasoning.¹ Following the COVID-19 pandemic, students had reduced access to some specialist clinics, which impacted on their educational opportunities within clinical reasoning, including discussions around choice and interpretation of diagnostic tests, problem identification and management approach. Feedback from students and clinicians, confirmed that this remains a challenge in some medical specialities with increasing clinical pressures, use of remote consultations and reductions in educational time in clinical job plans.

2 | WHAT WAS TRIED?

To address this, we devised an efficient process whereby a bank of video resources, called 'Fireside Chats' was created and made available to students to support the development of clinical reasoning abilities. This was piloted for students rotating through clinical rotations in Endocrinology and Neurology, within our teaching hospital. Topics were selected and mapped to the learning outcomes of the Clinical Curriculum in each specialty. We prepared Powerpoint presentations of example clinical cases, including details of clinical presentation and history, examination findings, initial investigations and ongoing management, under each sub-specialty area. We identified clinical experts, who were consultant physicians with relevant sub-specialty interests (e.g. for endocrinology these included metabolic bone, adrenal, pituitary and thyroid disease etc.). The clinical experts were given guidance on learning objectives, and format considerations and were invited to an MS Teams meeting with us, where the 'Fireside Chat' was recorded. The clinical expert was given an online briefing ahead of the recording where queries were addressed. We acted as case presenters and posed questions to facilitate a discussion with the clinical expert, with the aim of sharing insights into the clinical reasoning process, for a range of cases. The chats finished with summary learning points and links to further reading. The 'Fireside Chat' recordings were made available on the virtual learning environments for the associated medical schools. The full recordings were presented as long-form discussions on a sub-specialty topic, covering several cases lasting up to 1 hour in total. Students were directed to these as part of placement

induction and were encouraged to use these as the basis for further learning and discussion during clinical placements.

3 | WHAT LESSONS WERE LEARNED?

The bank of resources was well-received by students, with positive evaluation feedback. Students suggested potential future topics for the chats. The process was efficient, with a relatively short preparation time. Clinical experts enjoyed the process, and appreciated the time-efficient way in which they were able to share their insights. This offers a solution, whereby clinical teams can be guided in using this simple process, to develop high quality video resources, to support education in clinical reasoning.

After the initial video, we piloted a student-led approach, whereby medical students presented anonymised cases to a subject expert. This is a scalable solution and has inherent benefits relating to the peer-led learning approach. Although the long-form videos did not require significant editing, we are developing shorter focused versions, where take-home points are presented in smaller chunks in an interactive format.

AUTHOR CONTRIBUTIONS

Zaki Hassan-Smith: Conceptualization; methodology; supervision; resources; conceptualization; writing—original draft; methodology; project administration; supervision. **Ghaniah Hassan-Smith:** Conceptualization; methodology; supervision; resources; conceptualization; writing—original draft; methodology; project administration; supervision.

CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest or acknowledgements to make.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.


ETHICS STATEMENT

This work has been deemed exempt from ethical review at the authors institution.

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