

# The reflective elective: using the elective to develop medical students' skills in career planning

*The Tooke inquiry into Modernising Medical Careers highlighted the need for medical schools to become more actively involved in preparing their students for the critical career decisions that they will make during the foundation programme. Incorporating a reflective careers assignment into the elective module may be a useful way of encouraging students to become more highly skilled in self-assessment and career exploration.*

The clinical elective is a highly valued component of the undergraduate medical curriculum. Few would probably disagree with an editorial in *The Lancet* which described the elective thus:

**'Nothing else in the undergraduate curriculum is quite like it or could replace it. No other part of the course transforms students so rapidly and profoundly.'**

(Anonymous, 1993).

But, as a number of authors have pointed out, despite the high esteem in which the elective is held, there is a relative dearth of research into this aspect of the curriculum (Biddle et al, 1985; Harth et al, 1990).

Some studies (Harth et al, 1990; Grudzen and Legome, 2007) have suggested that one of the potential benefits of the elective is to help students with their career decision making. Furthermore, Harth et al (1990) provided preliminary evidence from a post-elective questionnaire that 32% of the students who had remained in Australia and 36% of the students who had gone abroad for their elective agreed that the elective had helped them with their future career choices.

In the UK, the issue of assisting junior doctors with their career decision making has recently become a priority in medical education. Not only is there evidence that junior doctors are dissatisfied with the quality of the careers advice that they receive (Lambert et al, 2000; Lambert and

Goldacre, 2007), but with the Modernising Medical Careers reforms (Department of Health, 2004) junior doctors now have to make critical career decisions at an earlier stage in their postgraduate training.

A study carried out in 2003 by the National Institute for Careers Education and Counselling concluded that careers education should become an integral part of the medical school curriculum and that medical students (and junior doctors) need to be given appropriate opportunities to develop career management skills (Jackson et al, 2003). But before the project described in this article, there have been no published accounts of attempts to make a formal link between the elective and the development of career management skills.

## Methods

### Support for career planning at Brighton and Sussex Medical School

The approach to career planning at Brighton and Sussex Medical School is

based on the 4-stage model that is used throughout higher education career support (and is also used in Careers in Medicine, the online career support package produced by the Association of American Medical Colleges – www.aamc.org/careersinmedicine). The four stages are: self assessment; career exploration; decision making; plan implementation.

Following the Careers in Medicine approach, careers input starts in the first year, and continues throughout the 5-year undergraduate programme. *Table 1* gives an outline of the programme.

As well as this programme, students can consult medical school staff or careers specialists at the university careers service if they need additional careers support.

### The 8-week elective and career planning assignment

In line with the approach that is commonly used in clinical electives in UK medical schools, students are expected to identify their own educational objectives

**Table 1. Integrated approach to career planning at Brighton and Sussex Medical School**

Year 1	Lecture on structure of the medical workforce and introduction to 4-stage approach to career planning
Year 2	Lecture on individual responses to stress at work
Year 3	Reflective career exploration as part of formal log books in year 3
	Careers fair
	Lecture on career decision making and explanation of the elective assignment
Year 4	Elective assignment
	Introduction to foundation programme
	Individual decision-making student surgeries
	Reflective career exploration as part of formal log books in year 4
	Two practical career support sessions: group and paired work exploring foundation applications and plenary
Year 5	Eight regional sessions to each student group to ensure foundation application process is supported
	Individual surgeries on foundation year 2 applications

**Dr Caroline Elton** is Education Adviser/ Careers Lead, Postgraduate Deanery for Kent Surrey and Sussex, London SE1 2DD, and **Dr Melanie Newport** is Director of Clinical Electives Programme, Reader in Infectious Diseases and International Health, Brighton and Sussex Medical School, University of Sussex, Brighton

Correspondence to: Dr C Elton

and organize an appropriate elective to achieve them. The clinical elective can be taken anywhere in the world (including the UK) subject to Brighton and Sussex Medical School academic and health and safety regulations being fulfilled. The Council of Heads of Medical School (now called the Medical Schools Council) sent written guidelines to MN as the person in charge of the electives at Brighton and Sussex Medical School. MN ensured that all arrangements for the elective were fully compliant with these guidelines.

The first cohort of Brighton and Sussex Medical School students went on the clinical elective in August–October 2006. As is usual practice in most UK medical schools, on return from the elective students had to prepare a brief report and give a poster presentation. In addition to this requirement, students also had to submit a 1000–1500 word career planning assignment (Table 2).

When devising the careers education aspect of the elective module, the elective coordinator (MN) linked up with the Careers Lead from the Kent Surrey and Sussex Postgraduate Deanery (CE). The elective assignment linked to two careers lectures that CE had previously delivered (Table 1)\*. In the first lecture, CE briefly outlined the 4-stage model and explained the importance of starting to think about possible career options early on in their undergraduate training.

In the third year lecture, the first two stages were outlined in greater detail; stu-

dents were directed to a set of self-assessment exercises where they could explore their work values, interests and skills, and they were also given detailed guidance on how to research different career options. In this lecture, the link with the elective assignment was fully explained. In particular it was stressed that the aim of the assignment was not for students to make final career decisions on the basis of experiences that they had had on their elective. Instead, the aim was to give students an opportunity to practice a structured approach to career planning, so that they would be equipped with some basic skills in career management that they could later use when they had to make critical career decisions during the foundation programme.

### How the students made use of the assignment

For many of the students, it appeared that the assignment served as a prompt for some timely career reflection. In some cases insights developed before the elective were confirmed:

**‘During my elective I had a large amount of patient contact and this enabled me to assess accurately how important it is that any future career path would contain the same level of contact. Although over the last 3 years education it has been obvious to me that I felt patient contact must form an integral part of any job choice, as a result of my experiences on my**

**elective I have realised that this is perhaps one of the most important factors in my career choice’.**

**‘While on my elective I came to realise to the full extent how essential communication is to me... This would seem to be a given by one’s 4th year of medical school, however I did not appreciate how much I would miss talking with patients until I couldn’t because of the language barrier’.**

Other students’ accounts described graphically how the elective had challenged earlier ideas that they had had about possible career options:

**‘After being on call for several deliveries, one of which presented with massive placental abruption and resulted in a stillbirth, I realised that although I feel I have the emotional strength to deal with these situations, I do not possess a passion for Obs/Gynae that I think you should have in order to do the job well. Furthermore, I spent some time in clinic with the geriatrician/general medic whilst on elective which I found very enlightening. I have always thought that a career in geriatrics would be too sad for me ... but the time spent with Dr X highlighted that I should not overlook this option so quickly.’**

**‘The elective made me think a great deal about what I enjoyed and wanted from my career. Most importantly I realised that I don’t actually hate clinics – I hate sitting in silence in the corner of the room listening in on someone’s clinic. Actually seeing patients, managing their care, and seeing them at follow up was incredibly stimulating and very rewarding’.**

**‘While on my elective I came to realise that a career in orthopaedic**

\*For the 2006 cohort, CE gave both lectures in year 3. For subsequent cohorts, there is a lecture which explains the structure of the medical workforce and outlines the basic 4-stage approach to career planning is given in year 1, and in year 3, before students go on their electives, there is a further lecture which explores the 4-stage model in greater depth and also covers the elective assignment.

**Table 2. The elective career planning assignment**

Stage 1. Self assessment	a. With reference to a specific experience (or experiences) that you had during your elective, how would you describe your key work values, skills and interests?
	b. Again with reference to specific examples, describe the extent to which the understanding of yourself that you gained through the elective (see 1a) accords with your developing understanding of your key work values, skills and interests that you have built up over your first 3 years of medical school?
Stage 2. Career exploration	a. On the basis of what you have learnt about yourself over the first 3 years of medical school and on your elective, choose two career areas that you would like to explore further
	b. Using the research strategies described in the lecture, carry out some basic research on both options in order to be able to answer the following questions:
	c. What is the usual training pathway?
	d. How competitive does it seem to be to get a training number in this field?
	e. Briefly describe (having talked to a trainee, consult or GP in the relevant field) what practitioners seem to enjoy about their work
	f. Describe how each option matches what you understand about yourself in terms of your key work values, skills and interest (i.e. how does each option match the answers that you gave in questions 1a and 1b above)

**surgery was not for me. I thought I would be fascinated by orthopaedics but I found myself becoming bored of the long days in theatre... I was unenthused by yet another rotator cuff repair and longed for the list to finish. I also realised that my hand/eye coordination is not as good as I had thought'.**

Some students, as the excerpts above show, were able to apply insights gained from their self-assessment to the task of identifying possible suitable career options. But others struggled with this task. For example, one student failed to give any answers to question 2f in *Table 2* (i.e. they didn't in any way attempt to match their choice of possible careers to what they understood about themselves from carrying out the self-assessment). Others carried out inadequate career research and reached inaccurate conclusions, for example, 'There is currently a shortage of GPs so there isn't a great deal of competition'. And some failed to make obvious links between an aspect of their self-assessment and their suitability for a given specialty, for example one student concluded that although their partial loss of dexterity in their left hand meant that surgery was not a suitable option, they were still interested in pursuing a career in anaesthesia.

## Discussion

One of the recommendations of the Tooke inquiry into Modernising Medical Careers (Tooke, 2008) was that medical schools need to play a greater role in the provision of careers advice in order for trainees to enter the foundation programme better prepared to make critical career decisions 18 months later. It is therefore important to consider whether the inclusion of a compulsory self-reflective assignment linked to the elective is a useful way of helping students to become better prepared to manage the career decisions that they will face during the second foundation year.

Given that all students carried out the assignment, and they were not surveyed on return from their elective or followed up subsequently, it is not possible to conclude whether or not the inclusion of the elective assignment improved their career planning skills. But what is apparent from reading through the assignments is that it prompted at least some of the students to

engage in thoughtful self-assessment and career exploration.

The difficulty that some students displayed in carrying out appropriate career research or in realizing the implications of the self-assessment for their future career choices suggests that it would be useful for students to be provided with an opportunity to discuss the assignments with a personal tutor or member of the careers team. This is therefore being incorporated into the module in future years.

## Conclusions

The final words of one student's assignment provide an apposite conclusion:

**'Considering the process of deciding on a future career, I have always thought that by passing through these specialties at medical school things would naturally fall into place. However, the elective provided some extra time to think about my work values and interests. Being honest, I had no fixed ideas about what subject I might like to specialise in before I left for my elective and on return I feel much the same. Yet I have been able to identify some aspects of a career that I feel would be important to me'.**

It is not being suggested that the inclusion of this reflective writing component (combined with subsequent opportunities to discuss the assignment with a tutor or member of the careers team) is, of itself, an adequate coverage of career support in

the undergraduate curriculum. Instead, as can be seen from *Table 1*, the assignment is one component of an integrated approach to career support that is being developed throughout the 5-year curriculum. However, it would seem reasonable to conclude that the assignment has a useful part to play in helping medical students become better prepared to manage the career decisions that they face in the future. **BJHM**

*The authors would like to thank Dr Nicola Gainsborough for her helpful comments.*

*Conflict of interest: none.*

- Anonymous (1993) The overseas elective: purpose or picnic? (comment) *Lancet* **342**: 753–4
- Biddle WB, Smith DU, Tremonti L (1985) Congruence between curriculum goals and students' perceptions of learning environment. *J Med Educ* **60**: 627–34
- Department of Health (2004) *Modernising Medical Careers: the Next Steps. The Future of Foundation, Specialist and General Practice Training Programmes*. Department of Health, London
- Grudzen RC, Legome E (2007) Loss of international medical experiences: knowledge, attitudes and skills at risk. *BMC Medical Education* **7**: 47 doi:10.1186/1472-6920-7-47
- Harth SC, Leonard NA, Fitzgerald SM, Thong YH (1990) The educational value of clinical electives. *Med Educ* **24**: 344–53
- Jackson C, Ball JE, Hirsh W, Kidd JM (2003) *Informing Choices: The Need for Career Advice in Medical Training*. National Institute for Careers Education and Counselling, Cambridge
- Lambert TW, Goldacre MJ, Evans J (2000) Views of junior doctors about their work: survey of qualifiers of 1993 and 1996 from United Kingdom Medical Schools. *Med Educ* **34**: 348–54
- Lambert TW, Goldacre MJ (2007) Views of doctors in training on the importance and availability of carer advice in UK medicine. *Med Educ* **41**: 460–6
- Tooke J (2008) *Aspiring to excellence: final report of the independent inquiry into Modernising Medical Careers*. MMC Inquiry, London

## KEY POINTS

- Although the clinical elective is widely regarded as a valuable part of the undergraduate medical school curriculum, there is a dearth of research into its effectiveness.
- There is some evidence that clinical electives play a role in helping medical students review possible future career options.
- Since the introduction of Modernising Medical Careers foundation trainees have to make critical career decisions 18 months into the foundation programme. The Tooke inquiry into Modernising Medical Careers recommended that medical schools play a more active role in developing the career planning skills of medical students so that they are better placed to make these decisions during their second foundation year.
- Brighton and Sussex Medical School has introduced an integrated approach to career planning which includes a compulsory career planning assignment linked to the clinical elective.
- Some trainees used the elective assignment to engage in thoughtful self-assessment and career exploration.
- In order to support the trainees who struggled with the self-assessment or career exploration tasks involved in the elective assignment, provision has been made for future cohorts of students to discuss the assignment with their tutor, or a member of the university careers service.