

Hospital-based work experience for applicants to medicine

An appreciation of a future career is an invaluable experience and almost an obligatory prerequisite in the process of applying to enter medical school. This article describes the benefits, process and cautions associated with hospital-based work experience programmes.

For entry to medical school, prospective students will find a work experience placement an invaluable asset to their application. Work experience can comprise anything from 1 day to 2 weeks or more in an environment where a student may observe, and in some situations participate in, activities relevant to a career in medicine. This is not limited to hospitals and might include GP practices, pharmacies, old people's homes, voluntary organizations and hospices among others. Several UK medical schools indicate that while work experience is helpful, it may be extremely difficult to obtain, and hence is not an obligatory requirement. Setting up a programme of work experience or offering ad-hoc placements remains a voluntary activity for health-care professionals although many establishments will wish to encourage this activity.

This article describes the reasons and process for taking work experience students (usually between 16 and 18 years of age) within a hospital setting. Some of the issues and the feedback from a recent survey of work experience students in the authors' hospital are also referenced. The article concentrates on a hospital environment, but the principles are relevant across almost all other health-care platforms.

Why take work experience students?

Prospective applicants without any experience of medicine (family members or association with a medical establishment) might reasonably be expected to want to gain an idea of the career they are about to embark on. As doctors, our obligation is to pass on knowledge and experience to colleagues, which might reasonably be extended to include future junior colleagues. The hospital trust, or other establishment, might also plan to establish this form of training, often as part of enhancing their profile and general standing within the wider community.

Many trusts already consider involvement in work experience as part of normal staff development. Less altruistically, the benefits to individuals involved in supporting this exercise are obvious in the form of gratitude from students. In addition, a significant contribution in this area might reasonably be construed as work above and beyond that contracted, and therefore might attract reward in some shape (clinical excellence awards and inclusion in activities for annual appraisal being examples).

What are the benefits for the work experience students?

Aside from the obvious ability of being able to include their placement as 'evidence of experience of the NHS' in their personal statement, there are other aspects to this. Students might also gain:

- An impression of how the NHS works as an overall structure (e.g. hospitals, GPs, accident and emergency departments, walk-in centres, mental health units)
- An idea of the range of employees and the role of multidisciplinary teamwork involved (e.g. physiotherapists, occupational therapists, dieticians, ward clerks, health-care assistants, cardiac technicians, transport departments)
- An opportunity to see other options they might have previously been unaware of (e.g. nurse consultants, imaging technicians, pharmacists, non-clinical management positions, information technology departments)
- Interaction with medical students on placement from a medical school – very helpful in terms of the proximity of their applications and local knowledge of interviews and process
- Local knowledge of pre-medical admission tests: the Biomedical Admissions Test (BMAT) is required by a few UK medical schools and the UK Clinical Aptitude Test (UKCAT) is required by a majority of medical schools (Get into Medicine, 2012)
- Advice on 'access courses to medicine' for those students who do not have science-based qualifications at A-level (Medical Schools Council and Dental Schools Council, 2012)
- Placement organizers (consultants) might also be involved in interviews and selection of candidates for medical school entry – thus able to pass on experience and advice in this area

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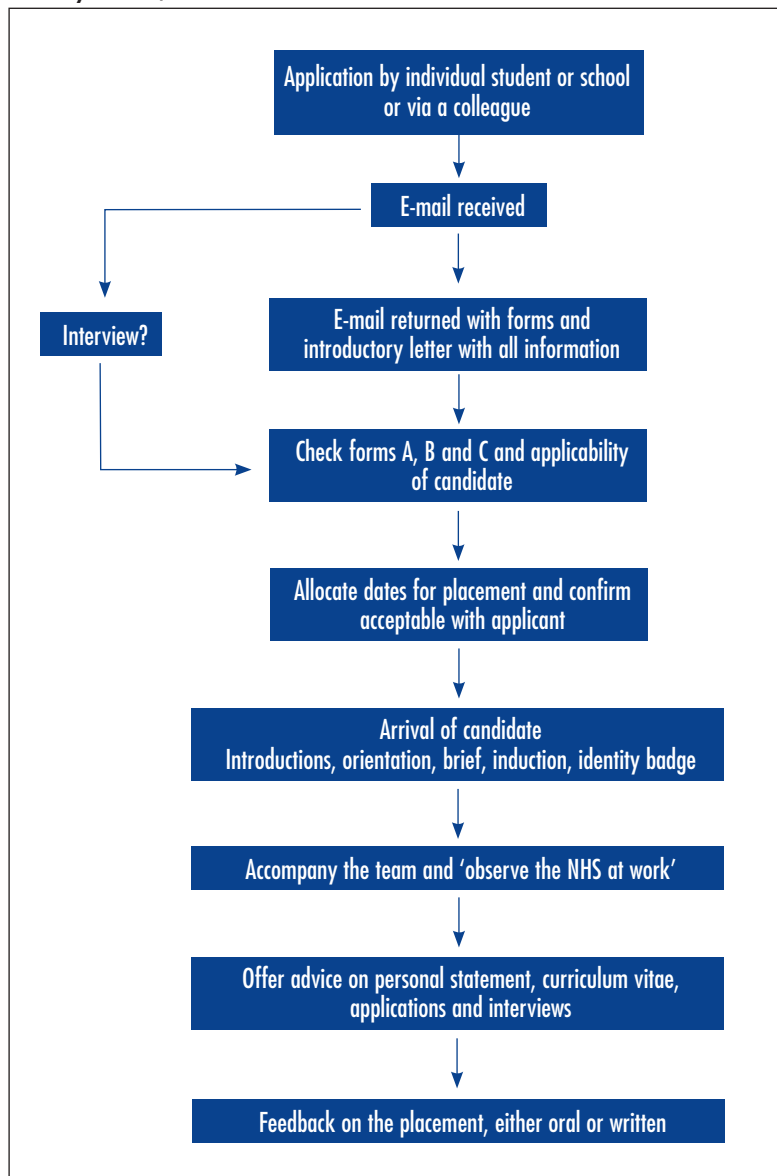
- An opportunity to discuss their application and personal statement or curriculum vitae
- Medical staff and particularly medical students may also be able to provide information concerning their (often local) medical school, regarding open days, lectures specifically for school applicants, tours of campus (with current medical students) and in some cases specific brief courses for those considering medicine as a career
- An appreciation of teamwork, reliability, time keeping, responsibility, professionalism, ward etiquette, respect for patients, people skills and a development of confidence.

In the context of a smart, appropriate and enthusiastic student, this can be a pleasurable experience for all concerned. On occasions the student will realize (as will the hosts) that this is not the career for him/her.

The student should appreciate that he/she is not there to 'learn medicine' and that any questions at a medical school interview will not be about clinical medicine, but rather to understand what being a health-care professional involves. The student should reflect on what he/she sees and try to decide if this is the pathway for him/her. It is worth suggesting that the student keeps a brief log of the experience to refer back to before any interview. At interview the student may then be empowered to talk about what he/she particularly enjoyed and what aspects he/she did not enjoy and, more importantly, why.

As well as showing the more immediately attractive features (enthusiastic ward rounds, contact with real patients, the latest imaging modalities), the experience should also reveal some of the less glamorous aspects (paperwork, governance, hours of duty).

Figure 1. Schematic of process. Form A = occupational health declaration form; form B = honorary contract; form C = risk assessment form.



The process of setting up a programme for work experience

The detail of this process is extensively outlined in the web document 'Work experience in the NHS: a toolkit for teachers and work placement organisers' (NHS Careers, 2011) and is summarized in *Figure 1*. With around 300 NHS trusts in the UK, there are bound to be individual differences. However, the basics remain the same and include an established trust policy, set-up arrangements, information, feedback and supervision for the duration of the placement. Disclosure and Barring Service (DBS) checks (previously called Criminal Records Bureau (CRB) checks) are not required for students under 18 years of age (provided they are continuously supervised) and they are also covered by the trust's employers' and public liabilities policies (provided that insurers are informed). Some schools or colleges will specifically ask that this insurance is in place, and may ask about the extent of coverage and, on occasions, the policy number.

A formal policy ensures:

- A fair and consistent approach (this protects applicants as well as staff)
- A formalized arrangement
- Definition of set limits (age of applicants, duration of attachment, responsible persons)
- Definition of the pre-placement checks and documentation (health check forms, honorary contract, risk assessment form).

In addition to the more formal documentation, it is essential to provide details of the placement and information addressing frequently asked questions. This includes:

- Where to meet on the first day and at what time
- Who the student should ask for
- A contact phone number
- At what time the day is likely to end.

In addition the authors always indicate the dress code (smart casual, no jeans or trainers or T-shirts, bare

below elbows, no ties for men and no excess of jewellery) and indicate that valuable items should not be brought to the hospital. One may have to (as the authors have) send students away who have presented themselves inappropriately dressed, despite having received written instructions.

The authors' information to applicants also states:

- Written notes are not to be taken in front of patients
- Confidentiality is critical – a more formal statement is included on the obligations and legality of maintaining confidentiality
- Mobile phone use will not be permitted in clinical areas
- Certain standards of behaviour are described. The authors have also found it necessary to describe some do nots, for example do not stand with your hands in your pockets or chew gum in front of patients
- Once the placement is completed, the student is provided with a 'certificate of attendance'. This is important as many medical schools will now request proof or evidence of work placements.

Contact with the applicant

This is most frequently initiated by an individual student using e-mail, occasionally by a school on behalf of a student and also from colleagues recommending friends or relatives. The hospital's web site may indicate a point of contact (e.g. human resources department) or identify individuals who are prepared to accept students.

The easiest and most practical way is to arrange the set up electronically (e-mail). If a request arrives by post, then a phone call or very brief letter in response to ask for an e-mail address is best. A folder can be established on the hospital hard drive, containing the requisite forms (occupational health declaration form, work experience agreement form (honorary contract) and a risk assessment (criminal convictions declaration) form) and a letter of introduction, containing the essential detail of arrival, meeting point, contact and dress code. A template for these forms can be found on pages 20–24 of the PDF on the NHS website (NHS Careers, 2011). Some establishments may also have a formal application form. An e-mail response with the aforesaid documents attached is then returned to the applicant. The applicant is asked to complete the forms, return them and to indicate when he/she might prefer to attend. Once the forms are returned (and only when returned), some potential dates are emailed out for the student to consider. As placements are very limited, you may want to consider asking if the student has had any previous work experience placements in your establishment, in order to give others 'a bite of the cherry'.

Once the student arrives, it is important to introduce him/her to the team and give a brief induction and orientation of the premises. Students will also need to be provided with an identity badge and also be made aware of infection control measures.

The experience itself

Students can be engaged in a number of areas (*Table 1*), many of which will require supervision or consent from the patient.

Issues to be aware of

Owing to the competition involved in obtaining these placements the authors would emphasize that these are for students with a realistic expectation of gaining entry to a UK medical school. It should also be made plain that the host organization, or responsible consultant, will not provide a reference, written reports or any subsequent recommendation to any authority, aside from a certificate of confirmation of attendance.

A consequence of accepting a student from a particular school is that this is often followed by a deluge of requests from their year group. Some form of filtering and selection may be necessary and may need to involve the school. Some programmes will limit schools to those within the borough or other specific geographic boundaries.

On occasions, students have been overwhelmed by the severity of medical illness and its presentation. The authors have found it important to highlight the potential for this and the chance that students will encounter illness that may have personal resonance. An end of day debrief session has been successful, in the authors' experience, in dealing with these issues.

Staff also need to be aware of issues surrounding child protection and should avoid being on their own in any isolated or closed environment with a work experience student under the age of 18 years.

A survey of recent work experience students

Students might reasonably expect some feedback on their placement and the authors usually provide this in an informal way. A recent cohort of a work experience stu-

Table 1. Examples of activities for work experience students

Talking to selected patients
Attending nurse handover meetings
Attending grand round presentations
Attending radiology meetings
Watching test procedures (echocardiography, exercise treadmill tests, electrocardiograms, bronchoscopy, endoscopy)
Helping ward clerks (filing, obtaining results, answering the phone)
Attending medical and junior doctor teaching sessions
Post 'take' morning handover meetings for medical or surgical teams
Observation rounds with nurses
Accompanying physiotherapists, speech therapists or occupational therapists
Shadowing foundation year 1 doctors (e.g. discharge documents or death certificates)
Multidisciplinary meetings and specific case conference meetings

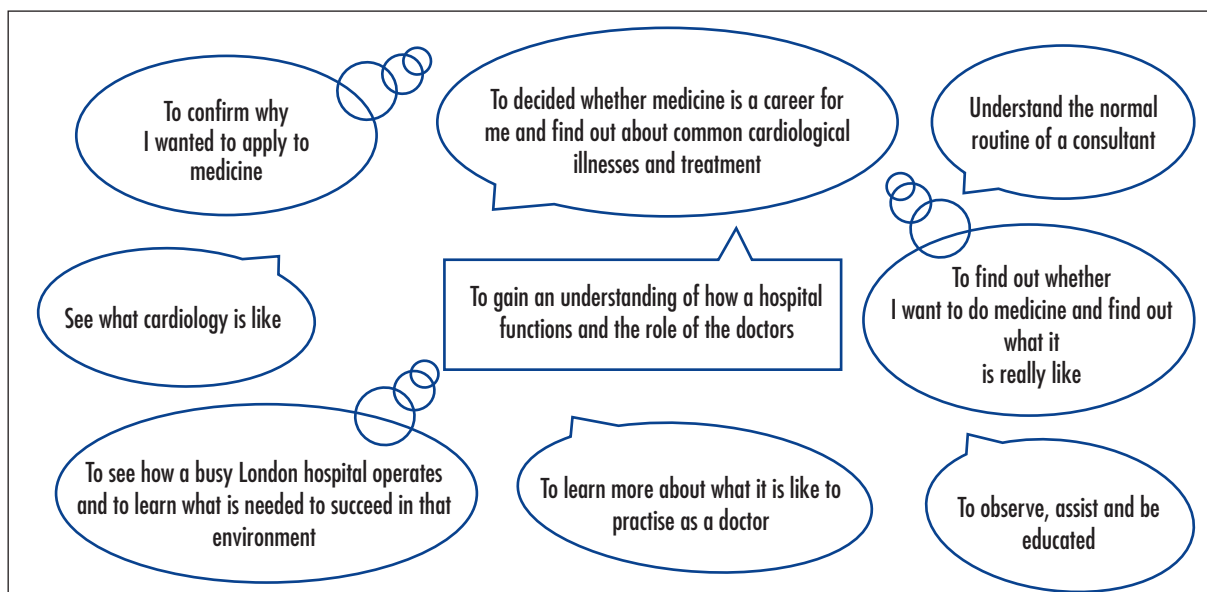
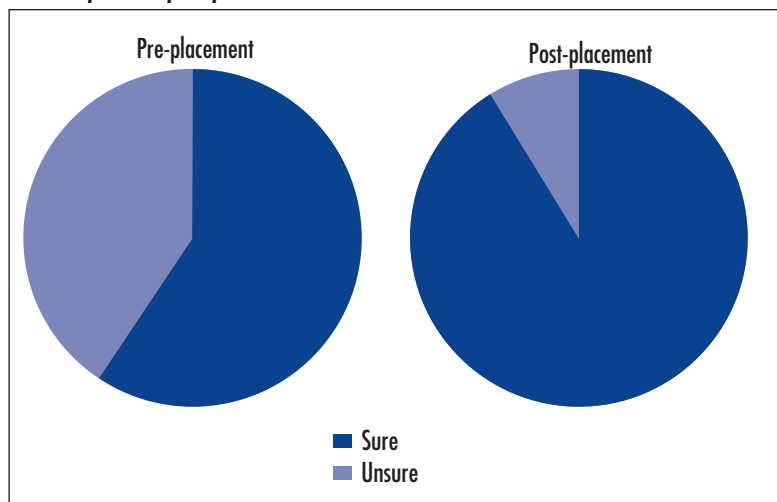


Figure 2. Views of work experience students following a 3-day hospital-based placement.

dents at the authors' hospital were surveyed to find out their views on the placement, through a web-based survey site. The placement had been on a cardiology firm with a general medical intake of patients. Exposure was to wards, coronary and intensive care units, outpatient clinics and ancillary departments (electrocardiography,

echocardiography and radiology). Nearly half (8, 44%) had undertaken prior work experience in hospital. All 19 students agreed that they would recommend this placement to other students. Some of the opinions expressed by students are illustrated in Figure 2. While 42% (8) of students received verbal feedback, there was a strong indication that students would appreciate written feedback as well. The experience was often sufficient for many to confirm their initial intentions (Figure 3).

Figure 3. Summary of work experience students' views on intention to apply for medicine pre- and post-placement.



As a result of this survey the authors have considered the use of a written feedback form, which might indicate areas of strength and also areas to develop further. Despite often forming clear opinions on whether a student should apply for medicine, the authors felt it inappropriate to adopt any binary decision that they would pass on.

Conclusions

Undoubtedly of immense help to prospective applicants for medicine, work experience placements should be encouraged and supported by hospital trusts and other health-care facilities. Once set up, engagement in such programmes is straightforward and, in the widest sense, beneficial to all concerned. **BJHM**

Conflict of interest: none.

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KEY POINTS

- Work experience programmes require a clear and transparent formal hospital (trust) policy.
- Work experience programmes offer benefits to candidates, the trust and to those consultants offering the opportunity.
- Work experience can offer more than simply shadowing a consultant.
- Detailed information on the process of establishing a work experience programme is provided on the NHS Careers website.