



# Reflecting on Experiences of Senior Medical Students' External Clinical Teaching Visits in General Practice Placements: A Pilot Study [Letter]

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## Dear editor

We write in reference to the study by Feng et al,<sup>1</sup> which evaluates the introduction of external clinical teaching (ECT) visits, a student-led consultation observed by external examiners, as a workplace-based assessment model for medical students. Another approach, known as mini-CEX (clinical evaluation exercises), has been widely utilized by UK medical schools; these formative and summative assessments, typically involving internal examiners, have been well regarded for several decades. We commend the authors for their work and, with this correspondence, aim to provide commentary on the study from the perspective of UK medical students.

The study shows positive findings regarding the use of ECT visits as a formative assessment tool within the context of undergraduate medical education, reporting positive feedback from participating students. However, the authors acknowledged challenges in directly linking ECT visits to current general practice norms, highlighting concerns related to the external validity of the study.<sup>2</sup> This underscores the importance of further research to establish stronger correlations between ECT experiences and the everyday practices observed in those specific general practice settings.

Conducted in one Metro general practice based in Australia, the study included 15 Chinese exchange students and 10 Australian students, all in their final year of medical school. The cross-cultural perspective provided by Chinese students offers a valuable comparison between two different standards of teaching, enriching our understanding of the adaptability of ECT visits across diverse medical education frameworks. Another strength includes the use of the well-regarded Pendleton feedback model, as noted by Burgess et al,<sup>3</sup> with staff trained in the model, ensuring consistency although, at first, supervisors took time to adapt from the postgraduate version. This structured approach not only enhances the quality of feedback provided to students, but also promotes standardized assessment practices across ECT visits.

Limitations such as the small numbers of participating students, supervisors, and general practices, and the potential for social desirability bias in Likert-scale responses, are also acknowledged by the authors to have limited generalizability, and introduce response bias in the evaluation of the assessment tool. This, coupled with the absence of control for typical practices or comparison with standard general practice procedures, raises concerns about type 1 errors. Without accounting for the non-specific effects of the intervention, there is a heightened risk of false-positive findings. To address this, we recommend conducting an intervention-control study with a large sample size, using a randomized controlled trial (RCT) format, to fully determine the role of ECT visits and their effectiveness in students' transition into practice.

In conclusion, Feng et al have highlighted the positive role of ECT in undergraduate medical education, illustrating how it can be implemented across different curricula and cultures. To enhance this, refined data collection encompassing wider contextual factors, alongside a coherent analysis, would improve the procedure used in this study. This could potentially also accentuate the long-term impact of using ECT, and how it can affect students as they progress with their careers.

We commend the authors' work and their contribution to medical education.

## Disclosure

The authors report no conflicts of interest in this communication.

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<https://doi.org/10.2147/AMEP.S487391>