



# Exploring Undergraduate Medical Student Experiences of Training Within a Community-Based Paediatric Clinic

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Accepted: 28 November 2022 / Published online: 10 December 2022

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## Abstract

**Background** Undergraduate medical education in Ireland comprises of clinical training largely within teaching hospitals, with less emphasis on training in community settings. Studies show a move beyond traditional models of training is needed, particularly in the domain of community child health. A multi-agency, inter-disciplinary community paediatric clinic was established in a disadvantaged area of southern Ireland. *Kidscope* provides health and developmental assessment for children aged 0–6 years and acts as a training clinic for medical students who complete a one day placement during the final year of their undergraduate medical degree. The aim of this study was to capture student experiences and to understand the perceived impact of community-based training on undergraduate medical education.

**Methods** A descriptive study design was used. Research tools included a mixed-methods online questionnaire and qualitative reflective essays. Microsoft Excel generated descriptive statistics from quantitative questionnaire responses. Braun and Clarke's framework guided thematic analysis of qualitative data. Data integration and reporting were conducted in line with mixed-methods research design standards.

**Results** Fifty-two medical students consented to participate. Thirty-two (62%) responded to the online questionnaire. Twenty reflective essays were randomly selected. Ninety-four percent felt the clinic provided an opportunity to apply knowledge and skills, 96% reported the experience strongly improved their understanding of child health and development, and 90% reported the experience was extremely valuable to their overall learning. Qualitative analysis showed engagement with a vulnerable population in the community increased student knowledge, informed practice, and heightened awareness of social deprivation and its impact on child development.

**Conclusion** Exposure to a community-based paediatric clinic influenced undergraduate medical student training through experiential and transformative learning. Our experience of teaching clinical skills in the community could be replicated across medical fields to the benefit of the wider community.

**Keywords** Community paediatrics · Undergraduate medical education · Medical students · Medical training · Clinical training

## Background

Medical institutions have a responsibility to train a health workforce so it becomes equipped to meet the needs of the communities they serve [1]. To date, undergraduate medical education in Ireland comprises largely of clinical training in teaching hospitals with little emphasis on training in community settings [2]. Similar to other jurisdictions, Ireland encounters challenges to delivering undergraduate medical education such as the continued provision of high-quality clinical learning environments for placements, supporting students' health and wellbeing, and ensuring that graduates are well prepared for modern-day practice [3]. Although

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training students in a clinical environment is a central element of undergraduate education, providing medical students with exposure to a range of settings, including those outside of the academic tertiary hospital, has been proven to be of significant value for student learning [4].

The need for medical teaching to include clinical experiences which move beyond traditional hospital-based settings and expand out into the community has been widely documented [5–12]. Worley et al. challenged the orthodoxy of hospital-based education being the ‘gold standard’ for undergraduate students and found that moving medical education into the community had several positive outcomes and did not negatively impact on student academic performance as previously thought [5]. Similarly, Hyppola et al. found community-oriented medical teaching better meets the needs of student doctors [6]. O’Keefe et al. reported that a move beyond traditional models of training was warranted particularly in the domain of community child health, ‘clinical experience in community child health, a fundamental element of paediatric practice, cannot be provided in a teaching hospital environment’ [7, p. 384]. A randomised controlled trial conducted on the topic demonstrated better student and community outcomes when there is genuine community involvement [11]. More recently, Doobay-Persaud et al. looked at the teaching of social determinants of health in undergraduate medical education and found that transformative learning through community exposure is the goal for service learning [9]. Reporting on Ireland’s need to reform its approach to medical training, Finucane and Kellet highlight the need to develop new strategies to ensure the social accountability of medical education, to increase its community orientation, and to foster inter-professional teaching and learning [14].

Community paediatric clinics are located in communities with a focus on children and families and supporting their access to needed services [15]. Kidscope is a community paediatric clinic offering free health and developmental assessment and onward referral for children aged 0–6 years living in a disadvantaged area of southern Ireland. Established in 2010, its main purpose is to act as a training clinic for final-year undergraduate medical students. The clinic’s catchment area has a history of significant deprivation with several neighbourhoods classed as ‘extremely disadvantaged’ [16]. Many children in the area experience complex needs defined as ‘an exceptional level of need requiring access to children’s disability or specialist teams’ [17]. Quality practice and service integration for children and families living in disadvantaged areas is often inconsistent and limited [18]. Kidscope plays a pivotal role in intercepting the gap within Ireland’s early intervention system by providing early developmental assessment. The clinic provides a novel opportunity for students to work with vulnerable children and families, to lead consultations under the supervision of a consultant

paediatrician, and to experience an inter-disciplinary, multi-agency model of community paediatric healthcare.

To date, several studies have examined medical students’ experiences of training in community settings [1, 4, 6, 8, 12, 13]. The aims of this study were to capture the experiences of medical students who trained within a student-led community paediatric clinic and to gain insight into the perceived impact of a community-based placement on undergraduate medical training.

## Methods

### Study Design

A descriptive study design examined the experiences of medical students who trained at the Kidscope community paediatric clinic between 2019 and 2021. This design facilitated an in-depth, multi-faceted understanding of this complex issue in its real-life context. The study population was undergraduate medical students completing paediatrics training. This research was reported in line with Mixed Methods Research Design (JARS–Mixed) guidelines [19].

### Underpinning Theoretical Framework

Social cognitive theory underpinned the study [20]. Viewing the learner as an active agent in learning, this theory provided a basis for the hypothesis and guided the choice of research methods to address questions relating to how the community paediatric clinic influenced medical student undergraduate training and their perspectives of this paediatric healthcare model.

### Setting

Kidscope is situated within an existing community health initiative in the centre of an urban community. The clinic takes place one day per week and runs in line with the academic year (September to May). The clinic has three consultation rooms with two students in each and sees approximately eight children per week. In a multi-agency approach, a consultant paediatrician and senior lecturer in paediatrics and child health delivers the clinic, the community health initiative provides the venue, the local Public Health Nursing department organises clinic appointments, and a local area-based childhood programme provides administrative and teaching supports, and resources for clinic implementation. Kidscope comprises an inter-disciplinary team of specialists including paediatricians, public health nurses, a speech and language therapist, community health workers, and members of a local area-based childhood programme and a child and family support service.

## Student Training

As part of their paediatric undergraduate training, medical students complete a one-day placement at the clinic. Supervised and supported by a consultant paediatrician, consultations with children and families are student-led. In these practical sessions, students are supported and trained by the paediatrician to apply clinical skills and knowledge learned through academic modules. In post-clinic meetings, students receive feedback from the paediatrician on their management of consultations. In addition, specialists from a local area-based childhood programme deliver Infant Mental Health briefings prior to the placement to enhance students' knowledge of relationship-based approaches to working with children and families experiencing adversity. Moreover, a speech and language therapist provides students with in-clinic support, offering onsite teaching and guidance on speech, language, and communication development. Within consultations, students assess child development through play-based observations, physical assessment, and completion of developmental questionnaires with caregivers. Students also collect birth and social histories, develop healthcare plans alongside the inter-disciplinary team, and complete referrals to early intervention and primary care services. Students present summaries to the team at post-clinic meetings. Learning objectives associated with the placement include gaining knowledge of common and important childhood disorders, skills for prevention of childhood disorders, health promotion and advocacy for children, and social influences on child health; building competence at paediatric history taking, and summarising family and social histories in oral and written form; understanding typical developmental milestones and recognition of developmental delay; developing communication skills through interaction with families; honing problem-solving skills; and learning child-centred approaches to paediatric conditions.

## Research Questions

1. How has the community-based clinic influenced undergraduate medical student training?
2. How has training within the community-based clinic informed medical students' perspectives of working with children and families experiencing high levels of adversity?
3. What are medical students' perspectives of the community-based paediatric clinic and its model of care?

## Data Collection

**Participants** Fifty-two medical students were approached and agreed to participate in the study: 26 students from the

2019–2020 academic year and 26 students from the 2020–2021 academic year.

**Consent** Fully informed consent was obtained from 52 students through verbal explanation of the study and information sheets which outlined the purpose and details of the project. Written consent was obtained.

**Research Tools** Two methods of data collection were used to examine the experiences of medical students, a mixed-methods online questionnaire and qualitative reflective essays.

**Online Questionnaires** Questionnaires were developed using Survey Monkey<sup>®</sup> and sent via email to the 52 participants. Thirty-two questionnaires were completed and returned. Questionnaire development took place through a series of processes. The research team examined the wording of the questions to identify problematic language and potential completion issues and to ensure the questions captured the necessary information. Pilot testing took place with a small group of medical students ( $n=4$ ). The final questionnaire (Supplementary File 1: Medical Student Questionnaire) contained 21 questions and sought to measure the previous experience of community paediatrics and the perceived impact of the training within the clinic. Demographic details were requested, and free text responses were encouraged through five open-ended questions.

**Reflective Essays** In line with module requirements, medical students submitted post-placement reflective essays. The 52 students who provided consent to participate also consented to the research team accessing their reflective essays. Essays from 20 students, chosen at random using the '=RAND' function in MS Excel, were included for analysis. Essays were guided by the Gibb's Reflective Framework to encourage breakdown of the reflective experience into six steps: description, feelings, evaluation, analysis, and conclusion, and action plan [21].

## Data Analysis

**Quantitative Data** Quantitative data were analysed independently. MS Excel was used to collate online questionnaire responses, and descriptive statistics were generated for closed-ended questions.

**Qualitative Data** Qualitative data sets from online questionnaires and reflective essays were analysed separately. A thematic analysis approach was employed. NVivo software was used to collate both data sets for thematic analysis. Guided by Braun and Clarke's framework [22], thematic analysis involved pooling codes, developing overarching themes and sub-themes, and further review and collapsing

of themes which saw data synthesised to generate a set of overarching themes and interpretation of the findings. Following individual analysis of qualitative data sets, findings were jointly interpreted and directed towards answering the research questions. Results are reported to conform with Mixed Methods Research Design (JARS–Mixed) standards. Exemplar quotes from qualitative questionnaire responses are denoted by Q-XX, and quotes from reflective essays are denoted by E-XX.

## Reflexivity Statement

In keeping with quality standards for rigour, the authors considered their own backgrounds as well as their views about the clinic. All authors believed that the clinic was an important initiative for children and families living with disadvantage and a valuable opportunity for undergraduate medical students. The main analysis was conducted by one researcher (LB) who has a background in health services research. Themes and findings were reviewed and discussed by other authors who have backgrounds in paediatric medicine, nursing, and community development.

## Ethical Considerations

This study received ethical approval from the Clinical Research Ethics Committee of the Cork Teaching Hospitals, University College Cork, Ireland (approval number: ECM 01/2022 PUB).

## Results

### Quantitative Findings

#### Participant Characteristics

Table 1 shows almost all respondents were aged between 18 and 34 years (97%). Nineteen (59%) respondents were female, and 13 (41%) were male. One respondent declared an interest in pursuing paediatrics after graduation, 12 (36%) respondents planned to pursue general medicine, and 11 (34%) were undecided. Twenty-three (74%) respondents had ‘none’ to ‘a little’ prior experience working with children and families from disadvantaged backgrounds.

#### Applying and Building Skills and Knowledge

Table 2 shows 30 (94%) respondents felt the clinic provided an opportunity to apply and build clinical skills and knowledge. Twenty-nine (90%) respondents regarded the after-clinic meetings as an opportunity to apply knowledge and skills previously learned in academic modules and other clinical settings. The majority of respondents (94%) felt the clinic improved their understanding of child development.

#### Student Perspectives of the Community Clinic

Quantitative questionnaire responses also provided insight into students’ perspectives of the Kidscope setting and model of

**Table 1** Participant characteristics

		<i>n</i> = 32	%
<b>Age</b>	18 to 24 years	17	53%
	25 to 34 years	14	44%
	50+	1	3%
<b>Sex</b>	Female	19	59%
	Male	13	41%
<b>Ethnicity</b>	White/Caucasian	26	81%
	Asian or Pacific Islander	3	9%
	Other	1	3%
	Preferred not to answer	2	6%
<b>Highest level of educational attainment to date</b>	Leaving certificate/high school graduate	17	53%
	Undergraduate degree	9	28%
	Master’s degree	5	16%
	Other	1	3%
<b>Entry pathway to medical degree programme</b>	Direct entry	19	59%
	Graduate entry	13	41%
<b>Prior experience working with children/families from disadvantaged backgrounds</b>	None–little	23	74%
	A moderate amount	5	13%
	A lot–a great deal	4	13%

**Table 2** Applying and building skills and knowledge

		n = 32 %	
<b>Do you believe the clinic gave you an opportunity to develop clinical skills?</b>	Strongly agree	20	65%
	Agree	10	29%
	Neither agree nor disagree	1	3%
	Disagree	1	3%
<b>During your time working in KidScope, did you gain experience of the following (tick multiple if necessary):</b>	Observation of child	32	100%
	Physical assessment of child	24	75%
	History and note-taking	32	100%
	Completing developmental questionnaires	26	81%
	Interactions with family members	23	72%
	Write-up of clinical reports	32	100%
	Contribution to child/family support plan	21	66%
	Participation in after-clinic meetings	32	100%
	<b>To what extent did Kidscope improve your understanding of child development?</b>	A great deal	19
A moderate amount		11	34%
None at all		2	6%
<b>Do you feel the post-clinic inter-disciplinary meetings provided an opportunity to apply your clinical skills and knowledge learned?</b>	Yes	29	91%
	No	3	9%
<b>How valuable was the practical experience you gained in the clinic to your overall learning about child health and development?</b>	Extremely valuable	19	60%
	Very valuable	10	31%
	Somewhat valuable	3	9%

care. Table 3 shows 30 (94%) respondents felt the community clinic was a more appropriate environment to conduct child developmental assessment, particularly with children who may have more complex social histories and needs. Twenty-seven (84%) respondents noted a difference in the complexity of cases presenting at the community clinic compared to the hospital-based clinic. Nineteen (60%) students felt the clinic’s multi-agency, inter-disciplinary model had the potential to improve child health and developmental outcomes ‘a great deal’.

**Thematic Analysis**

Thematic analysis of open-ended questionnaire responses and reflective essays generated three main themes and nine sub-themes (Table 4).

**Knowledge Acquisition**

**Reinforcing Academic Concepts** Training within the clinic was found to be valuable for reinforcing previously learned academic concepts (E-06, E-08, Q-17, Q-19, Q-26). Students commented on the value of the placement on heightening their understanding of developmental milestones and the implications of children not meeting these markers, ‘I came away from the experience fully understanding the importance of developmental milestones and enacting developmental supports as soon as possible’ (E-10).

**Infant Mental Health Training** Students frequently mentioned the value of receiving Infant Mental Health (IMH) training prior to the clinic. For many, it was their first time being introduced to the concepts of IMH, ‘I will be more aware of infant

**Table 3** Student perspectives of Kidscope

		n = 32 %	
<b>Did you notice a difference in the needs of children presenting at KidScope compared to those of children presenting at the hospital paediatric development clinic?</b>	Yes	27	84%
	No	5	16%
<b>Compared to the hospital clinic, do you feel the KidScope setting aids children’s and families’ experience of undergoing a medical assessment?</b>	Yes	30	94%
	No	2	6%
<b>To what extent do you believe KidScope’s inter-disciplinary service delivery model can improve child health and development?</b>	A great deal	19	60%
	A moderate amount	10	31%
	None at all	3	9%

**Table 4** Themes and sub-themes

Outcome domain	Sub-theme
<i>Knowledge acquisition</i>	Reinforcing academic concepts Infant Mental Health (IMH) training
<i>Informing professional practice</i>	Engagement with parents and caregivers One-to-one engagement with children Impact of social hardship Development of practical skills Fostering reflexivity
<i>Paediatric models of care</i>	Community-based setting Inter-disciplinary approach to community paediatrics

*mental health in my future dealings with children*' (Q-09). Students felt this newly acquired knowledge was useful as it facilitated a better understanding of child development in the context of relationships, *'it highlighted for me the crucial role the bond between child and guardian plays in the development of the child'* (E-02).

### Informing Professional Practice

**Engagement with Parents and Caregivers** Students regarded the placement as one of the first opportunities to engage directly with parents and caregivers, and families from lower socio-economic backgrounds (E-02, E-14, Q-17, Q-23). Students gained insight into the importance of building trusting relationships with families, *'I learned how to treat families respectfully and the importance of remaining open-minded to the struggles they face'* (Q-17). Students acquired a greater understanding of the influence of parents and caregivers on child development (E-12, E-15, Q-03, Q-14, Q-28).

**One-to-One Engagement with Children** Students referred to the placement as the first opportunity for one-to-one engagement with children. Several described *'being in the shadows'* of the leading physician in previous clinical settings (E-02, E-11, Q-19, Q-26). Students regarded this direct engagement as vital to capturing a more comprehensive picture of children's needs (E-05, E-09, E-11, E-18). An initial apprehension to one-to-one engagement with babies and young children was expressed, *'I learned a lot from the experience. I felt uncomfortable at times with deficits in my skillset, especially regarding interactions with toddlers'* (E-10). The value of the play-based approach used to assess children was noted, *'through playing with the child there was plenty of nonverbal information on display, all of which was needed and gathered for consideration'* (E-07, Q-23).

**Impact of Social Hardship** Students highlighted differences in the complexity of cases presenting at the community clinic compared to the hospital developmental clinic, *'this was eye-opening, the extra and complex needs children*

*and their families in disadvantaged areas face'* (Q-08). Students also commented on the high number of children with possible autism spectrum disorder (Q-02, Q-05, Q-16, Q-29, E-04, E-09, E-15). Complex social backgrounds were observed. Precarious housing situations featured prominently in reflections, *'the impact of the lack of space was clear, this impacted on the child's sleep, outbursts of aggression and an exasperated parent'* (E-15, E-19). Students' awareness of the impact of complex social and environmental factors on child development was heightened, *'it became clear how difficult it is for parents to address the health and developmental needs of their children when there is so much going on in the wider family's life'* (E-05).

**Development of Practical Skills** The novel experience of being entrusted to lead a clinic was noted, *'running the clinic on our own provided us with the first opportunity to dive straight into the role of a community physician'* (E-07). Being entrusted to record health and social histories was referenced, *'taking the child's history wasn't just a futile activity to keep the med students busy, we were actually contributing to the patient's care'* (Q-13). Equally, students learned the value of eliciting a thorough history to better understand the context in which the child is developing (E-06, E-14, Q-12, Q-23). The value of presenting at after-clinic inter-disciplinary meetings was reported, *'it fostered a greater awareness of what it is I'm writing into the patient's notes and the importance of the accuracy and relevance of the information I am reporting'* (E-13).

**Fostering Reflexivity** The placement was found to facilitate student reflection. Students noted their own cultural biases and judgement of family backgrounds and norms (E-04, E-11, E-20). When considering this, some referenced their own backgrounds, *'others may not have been as fortunate in their upbringing as I and many of my colleagues have been'* (E-12). Overall, exposure to families experiencing adversity encouraged students to consider the importance of a trauma-informed health workforce, *'this instilled in me a clear awareness of the importance of cultural competency in the healthcare setting'* (E-08).



## Paediatric Models of Care

**Community-based Setting** The community-based setting was found to be a more appropriate environment to conduct developmental assessments on children with complex needs, *‘she was able to play and engage with her environment more freely than in the hospital setting’* (E-03, E-09, E-12, E-13, E-24, Q-03, Q-13, Q-19). The setting was valuable for eliciting information from parents and caregivers, *‘the non-judgmental atmosphere promoted increased communication which helped assess the child’s development’* (Q-02). Students reflected on the value of the clinic’s location for families who find it difficult to attend hospital-based appointments due to lack of resources and transport options (E-03, E-08, E-09, E-11, E-18, Q-04, Q-21). Students also observed children presenting with undiagnosed or untreated developmental issues at an older age compared to those attending the hospital-based clinic (E-05, Q-01, Q-23).

**Inter-disciplinary Approach to Community Paediatrics** Students regarded the clinic’s inter-disciplinary approach as valuable for improving child health, *‘families were linked with other services in the area to ensure they receive supports tailored to their needs’* (Q-04). Exposure to this model of community paediatrics appears to have instilled a greater understanding of the value of partnership-working when treating children with complex backgrounds (Q-31). Students recalled benefits of learning through other professionals in the clinic, *‘learning from the speech and language therapist informed my capacity to work fluidly and opportunistically with a child and their parents’* (E-02). The inter-disciplinary clinic aided student’s understanding of and ability to diagnose developmental delay, *‘through working with the other disciplines, it was possible to holistically address developmental concerns’* (E-15).

## Discussion

### How has Training Within the Community-Based Clinic Influenced Undergraduate Medical Student Training?

This descriptive study shows exposure to a community-based paediatric clinic can increase undergraduate students’ knowledge of child development, reinforce academic concepts, and provide an opportunity to apply clinical knowledge and skills. Using a student-led approach, the community placement enabled students to be engaged learners in a novel paediatric healthcare setting. It offered students their first opportunity for active involvement in the care of babies and young children at undergraduate level. Student-led efforts in health systems education have been found to help students to

see the immediate impact education and practice can have on patient care, whilst also fostering professional development as future physicians [23, 24]. Overall, the placement was found to influence undergraduate training through a transformative learning process. Doobay-Persaud et al. describe transformative learning as ‘the goal in service learning’ which requires critical assessment of the learner’s assumptions and experiences, to reframe perspectives and inform future actions via critical reflection [9]. Post-clinic reflections encouraged students to assess, question, and critique their own actions and experiences. Perhaps a finding of most significance was students’ abilities to reflect on how their own backgrounds influenced their perspectives and professional practice. Students identified the possible need to reframe their perspectives to inform future behaviours and practice. The value of inter-disciplinary working was another key learning. Blair et al. state that the learning environment should be one which fosters respect for other disciplines and inter-disciplinary working [8]. Students observed the benefits to children and families of adopting an inter-disciplinary approach to community paediatrics, and acknowledged the learning acquired through observing child health and family support professionals from a range of disciplines.

### How has Training Within the Community-Based Clinic Informed Medical Students’ Perspectives of Working with Children and Families who Experience High Levels of Adversity?

Sopoga et al. describe how training a medical workforce to meet the needs of diverse societies requires all graduates to have competencies to work effectively in different communities [1]. Findings show students had little previous experience working with vulnerable communities. The community-based placement provided a unique opportunity for medical students to engage with vulnerable children and families at undergraduate level. The placement was found to heighten students’ awareness of the needs of vulnerable children. The issue of housing instability and overcrowding featured prominently in the data. Students observed language and communication delay, emotional and behavioural issues, and sleep issues due to cramped and precarious housing. Students experienced the value of eliciting a thorough family history in order to identify social issues contributing to health or developmental issues. Kelly et al. describe how learners participating in medical education change throughout the education process, *‘learning is both emotional and socially embedded; it is not merely a knowledge acquisition process, but also a socialisation process’* [12, p. 48]. Emotive and empathetic sentiments emerged from students who acknowledged an unawareness of the adversity experienced by those living in disadvantaged communities.

Equally, through the placement students' were exposed to the issue of health inequity. Students noted children who attend the hospital-based equivalent clinic appear to receive formal diagnoses and treatment for developmental delay at a younger age. A gap in the current Irish health system exists whereby families from more affluent areas with sufficient resources can obtain private developmental assessments and diagnoses [25]. Students reported a heightened awareness of the impacts of late diagnoses on developmental trajectories and what this means for children and families in terms of long-term supports required.

### What are Medical Students' Perspectives of the Community-Based Paediatric Clinic and its Model of Care?

Findings highlight how learning in a community context can shape medical students' perspectives of paediatric healthcare models, particularly those best suited to supporting vulnerable communities. Disadvantaged communities have been found to experience a lack of empowerment which often limits individuals' and families' engagement with services [18]. Compared to a hospital-based equivalent, students found the community clinic facilitated more in-depth conversations with caregivers, in turn eliciting more accurate family and social histories. Students also found the community clinic to be a less daunting setting for children, enabling more effective health and developmental assessment. Student observations underscored how the clinic is effectively bolstered by family support services in the community to support children with more complex presentations in the interim whilst waiting for a formal diagnosis or treatment.

### Strengths and Limitations

Results will contribute to the evidence on the experiences of medical students and the impact of community-based placements on undergraduate medical student education. This study adhered to JARS–Mixed Methods Article Reporting Standards [19]. Student training was limited to a 1-day placement; thus, other factors may have influenced their experience. Further research is required to capture student experiences of community-based training following longer placement durations.

### Conclusion

This study shows how exposure to a community-based paediatric clinic can influence undergraduate medical student training through experiential and transformative learning. Student-led consultations allowed students to be engaged

learners. Students' engagement with vulnerable children and families who have experienced significant levels of adversity informed their knowledge of child development; provided greater insight into the impacts of deprivation on developmental milestones; reinforced academic learnings; influenced professional practice; and heightened knowledge and awareness of effective models of paediatric healthcare. Affording students an opportunity for post-clinic reflection also contributed to the learning achieved. Our experience of teaching clinical skills in a community setting was positive and could be replicated in different areas and fields of medicine to the benefit of the wider community.

What is already known on the topic:

- A move beyond traditional models of training is warranted, particularly in the domain of community child health [7].
- Transformative learning through community-based exposure is 'the goal for service learning' in undergraduate medical education [9].
- Better student and community outcomes are observed when there is genuine community involvement [8].

What this study adds:

- *Experiential and transformative learning*: Through critical reflection of assumptions and experience of the placement, clinical learning, practical skills, and knowledge of child development and alternative models of paediatric healthcare were enhanced.
- *Student-led consultations*: A student-led approach, whereby students are supported and trained onsite by the paediatrician to implement clinical skills and knowledge, enabled students to be engaged learners and to understand the impact of education and practice on child and family healthcare.
- *Embedding universities into communities*: Kidscope provides an example of how medical education can be effectively embedded into a community, providing a service of value for students, the teaching institute, and the community.
- *Replication of community training clinics*: Our experience of teaching clinical skills in a community setting could be replicated in different areas and fields of medicine to the benefit of the wider community.

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s40670-022-01699-3>.

**Funding** This work was supported by the Irish Research Council (project ID: EBPPG/2019/197) and Let's Grow Together! Infant & Childhood Partnerships CLG.



**Data Availability** The authors confirm that the data supporting the findings of this study are available within the article and/or its supplementary materials.

## Declarations

**Conflict of Interest** The authors declare no competing interests.

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