

## Intro

- Challenges arise when applying knowledge from modular HE pre-clinic teaching prior to clinical internships.
- Disconnected student experience leads to performance anxiety in the clinical setting.
- There is scant research around how integration of modular content in a dedicated course can impact on clinical performance.

## Methods

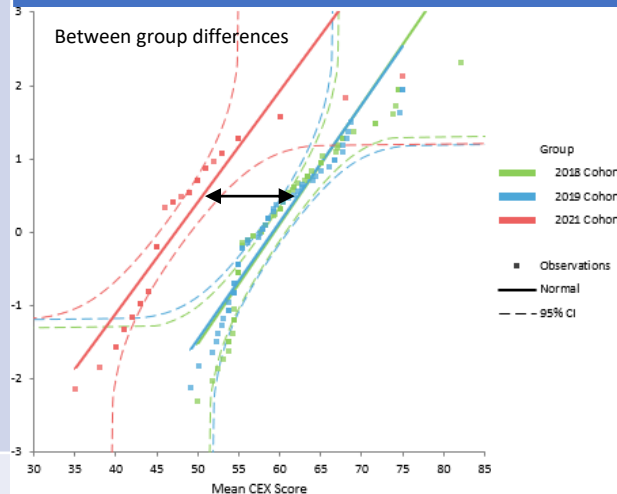
- Integration modules were introduced in first two years of a UK undergraduate Osteopathy programme.
- The module delivery promoted clinical reasoning, using case vignettes and simulated patients, aligned around other taught content.
- The latest cohort (2021) to benefit from the initiative were compared to the first students to experience the module (2019) and a cohort without exposure (2018).
- Analysis compared mini-CEX (clinical examination) scores, all completed within the first 6 weeks of year 3, following completion of the Integration course.

## Results

- No statistical significance was found between 2018 (n=94) and 2019 cohorts (n=58).
- 2021 (n=59) cohorts indicated a significant ( $p < .05$ ) 12-point difference in central tendencies (mean and median).

## Main findings

- The impact of the Integration course was not immediately seen.
- Differences between group assessment outcomes materialised over time, with course maturation.



Suggestion is that **course changes require time to embed** before their effect is seen. **Other curriculum changes likely impact integration.**

## Title -

***Clinical Integration: a model for graded patient interaction from low to high stake engagement***

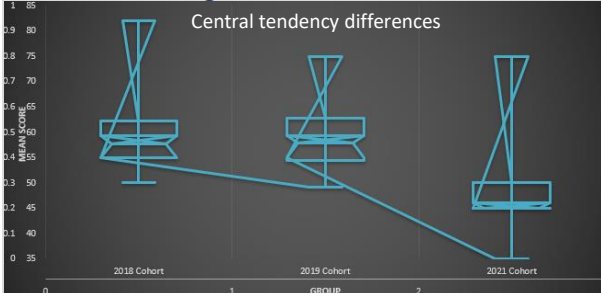
Authors:

Philip Bright PhD<sup>1</sup>

Claire Piper DO<sup>1</sup>

1. European School of Osteopathy, Maidstone, Kent, United Kingdom.

## Extra Tables & Figures:



Mean Score by Group	N	Mean	Mean SE*	SD
2018 Cohort	94	59.36	0.65	6.10
2019 Cohort	58	59.15	0.83	6.27
2021 Cohort	59	47.29	0.82	6.61
Pooled	211			6.29