



RESEARCH ARTICLE

Learning Beyond the Classroom: Early Clinical Placement Experiences among Undergraduate Medical Students

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ABSTRACT

Early clinical placements are a crucial stage in undergraduate medical education, helping students integrate theoretical knowledge with clinical practice while developing confidence and professional identity. This mixed-methods cross-sectional study explored the experiences of 32 third-year medical students at Brunel Medical School during their first clinical placements across five NHS Trusts. Data were collected using an online questionnaire with Likert-scale and open-ended questions and analysed using descriptive statistics and thematic analysis.

Most students perceived the clinical environment as welcoming (94%) and supportive (88%), with 78% reporting that clinicians' teaching enhanced learning. Although students initially experienced uncertainty, a steep learning curve, and challenges balancing academic and clinical responsibilities, these experiences promoted independence and self-directed learning. Early clinical exposure increased confidence in patient interactions (88%), strengthened professional identity (94%), and improved the application of theoretical knowledge to practice (88%). Qualitative findings highlighted the value of supportive supervision, constructive feedback, authentic patient encounters, and an inclusive learning environment. Students recommended more simulation-based training, structured bedside teaching, consistent feedback, better integration of academic and clinical learning, and formal mentorship. Overall, supportive and well-structured early clinical placements are essential for preparing medical students for clinical practice.

Keywords: Early clinical placement; Undergraduate medical education; Professional identity formation; Clinical learning environment; Mixed-methods research

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INTRODUCTION

The transition from pre-clinical education to clinical training marks a pivotal stage in undergraduate medical education. During this phase, students move beyond acquiring biomedical knowledge in classrooms and simulation settings to participating in authentic clinical environments where patient care, clinical reasoning, communication, teamwork, and professional behaviour converge. This shift requires learners to apply theoretical knowledge in dynamic healthcare settings while adapting to the expectations and responsibilities of clinical practice. Consequently, early clinical placements are recognised as a critical period that shapes not only students' academic development but also their confidence, professional identity, and preparedness for future medical practice.

Clinical learning is inherently different from classroom-based education because it occurs within complex workplace environments where learning opportunities are influenced by patient encounters, supervision, healthcare teams, organisational culture, and clinical workload. Rather than following a predetermined sequence of instruction, students learn through observation, participation, reflection,

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and guided practice. Experience-based learning emphasises that authentic participation in clinical activities enables learners to integrate knowledge with practical experience, thereby fostering deeper understanding and long-term professional development. Likewise, experiential learning theory highlights the importance of reflection and active

engagement in transforming theoretical concepts into meaningful clinical competence (Dornan et al., 2007; Yardley et al., 2012). These educational principles continue to underpin contemporary approaches to workplace learning in health professions education.

Beyond developing clinical competence, early placements play a fundamental role in the formation of professional identity. As students interact with patients, clinicians, and multidisciplinary healthcare teams, they gradually begin to perceive themselves as future members of the medical profession. Professional identity formation is influenced not only by formal teaching but also by role modelling, workplace culture, interpersonal relationships, and opportunities to contribute meaningfully to patient care. Recent evidence suggests that positive clinical experiences, supportive supervision, and active participation strengthen students' sense of belonging and professional growth, whereas inconsistent supervision and limited engagement may hinder this developmental process.

Despite the recognised value of early clinical exposure, the transition from classroom-based learning to workplace learning remains challenging for many medical students. Previous studies have consistently reported that students often experience uncertainty regarding their clinical roles, difficulty adapting to unfamiliar healthcare environments, inconsistent supervision, variable teaching practices, and inadequate opportunities for structured feedback. Balancing academic commitments alongside clinical responsibilities further adds to the complexity of this transition. These challenges may influence students' confidence, emotional wellbeing, motivation, and overall learning experience, with considerable variation observed across different clinical settings and institutions (Lempp & Seale, 2004; O'Brien & Poncelet, 2010). More recent reviews continue to emphasise that workplace learning is shaped by the quality of supervision, organisational culture, and the extent to which learners are actively integrated into clinical teams.

Although the educational benefits and challenges of clinical placements are well documented, students' experiences remain highly context specific. Institutional practices, clinical teaching approaches, ward culture, availability of learning opportunities, and support systems differ across medical schools and healthcare organisations. Consequently, findings from one educational setting cannot be assumed to apply universally. Understanding students' experiences within individual institutions therefore remains essential for identifying context-specific strengths,

recognising barriers to effective learning, and informing evidence-based improvements in curriculum design, faculty development, and student support.

Brunel Medical School provides early clinical exposure across multiple National Health Service (NHS) Trusts, offering students diverse opportunities to engage with real-world clinical practice during the third year of their programme. As students undertake their first few clinical postings, they encounter new academic, professional, and interpersonal demands that influence their transition into clinical learning. Exploring these experiences provides valuable insight into how educational and workplace factors interact to support—or hinder—student learning during this important stage of medical training.

Against this background, the present study explored the learning experiences of third-year medical students at Brunel Medical School during their first few clinical placements. Specifically, the study examined the factors that facilitated or hindered effective learning, identified the challenges experienced while transitioning from classroom-based to clinical education, explored the influence of early clinical exposure on students' confidence, professional identity, and application of theoretical knowledge, and gathered students' recommendations for improving early clinical placements. By integrating quantitative findings with qualitative insights, this study seeks to contribute to the continuing development of supportive, equitable, and effective clinical learning environments within undergraduate medical education.

Objectives

The primary aim of this study was to explore the learning experiences of third-year medical students during their first few clinical placements at Brunel Medical School. Specifically, the study sought to:

- 1.Examine the factors that facilitate or hinder effective learning during early clinical placements, with particular emphasis on teaching styles, clinical supervision, and ward culture.
- 2.Identify the key challenges encountered by students while transitioning from classroom-based learning to clinical practice.
- 3.Explore the influence of early clinical exposure on students' confidence, professional identity, and their ability to apply theoretical knowledge in real-world clinical settings.
- 4.Gather students' perspectives on improving early clinical placements to better support learning, integration, and overall educational experience.

METHODOLOGY

Research Design

This study adopted a cross-sectional mixed-methods research design to explore the learning experiences of third-year medical students during their first few clinical placements. A mixed-methods approach was selected because it enabled the integration of quantitative and qualitative evidence, providing a more comprehensive understanding of students' experiences than either method could achieve independently. Quantitative data were used to identify patterns and trends in students' perceptions, while qualitative responses provided contextual insights into the factors influencing their learning experiences, challenges, and recommendations for improvement.

Study Setting and Participants

The study was conducted at Brunel Medical School, Brunel University London. The questionnaire was distributed electronically to the entire third-year medical student cohort after students had completed their initial clinical placements across five National Health Service (NHS) Trusts. These placements represented the students' first sustained exposure to workplace-based clinical learning.

A total of 32 students completed the questionnaire and were included in the analysis. Participation was voluntary, and all responses were collected anonymously to encourage honest and unbiased reporting of students' experiences.

The demographic and study characteristics of the participants are presented in Table 1. A total of 32 third-year medical students who had completed their initial clinical placements across five NHS Trusts participated in the study.

Questionnaire Development

A structured questionnaire was developed specifically for this study based on the research objectives and an extensive review of the literature on early clinical education, workplace learning, professional identity formation, and the transition from pre-clinical to clinical training. The questionnaire was designed to examine both the educational and experiential aspects of students' initial clinical placements.

The instrument comprised four sections:

- **Section A:** Factors influencing learning, including teaching styles, clinical supervision, and ward culture.
- **Section B:** Challenges encountered during the transition from classroom-based learning to clinical practice.
- **Section C:** Confidence, professional identity, and the application of theoretical knowledge in clinical settings.

- **Section D:** Students' suggestions for improving early clinical placements.

The questionnaire incorporated both closed-ended and open-ended items. Closed-ended questions employed a five-point Likert scale to measure students' perceptions across the

Table 1: Characteristics of the Study Participants and Research Design

Characteristic	Description
Institution	Brunel Medical School, Brunel University London
Study Design	Cross-sectional mixed-methods study
Participants	32 third-year medical students
Clinical Placement Sites	5 NHS Trusts
Data Collection Tool	Structured Google Forms questionnaire
Quantitative Analysis	Descriptive statistics
Qualitative Analysis	Braun & Clarke's six-step thematic analysis

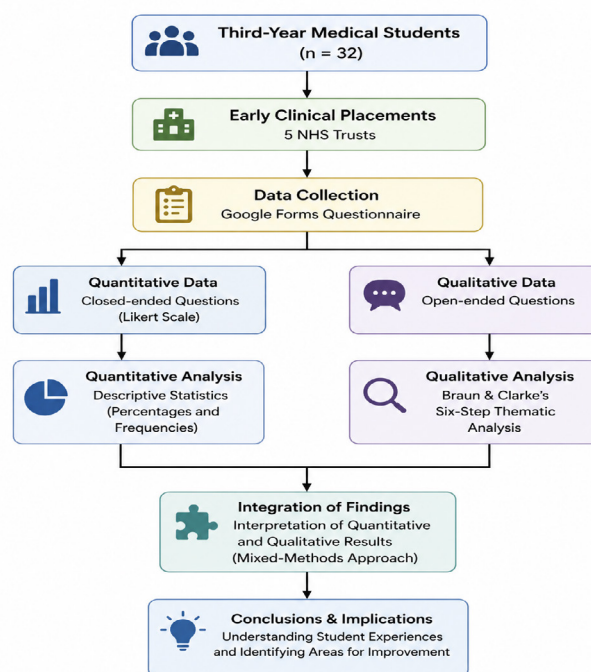


Figure 1: Mixed-methods study design illustrating participant recruitment, data collection, quantitative and qualitative analyses, and integration of findings.

different domains, whereas open-ended questions allowed participants to describe their experiences, challenges, and recommendations in greater depth.

Data Collection

Data were collected using Google Forms. The online format enabled participants to complete the questionnaire at their convenience while maintaining anonymity. Participation was entirely voluntary, and students were informed about the purpose of the study before completing the questionnaire. Submission of the completed questionnaire was considered to indicate informed consent.

Data Analysis

Quantitative data were analysed using descriptive statistical techniques. Frequencies and percentages were calculated to summarise students' responses and identify patterns across the different dimensions of the study.

Qualitative responses were analysed using Braun and Clarke's six-step thematic analysis framework. The analysis involved familiarisation with the dataset, generation of initial codes, identification of recurring themes, review and refinement of themes, definition and naming of themes, and preparation of the final thematic narrative. Coding was conducted inductively within the broad domains represented by the four sections of the questionnaire, allowing themes to emerge naturally from participants' responses while maintaining alignment with the study objectives.

The integration of quantitative findings and qualitative themes provided a comprehensive understanding of students' learning experiences during their first few clinical placements.

Ethical Considerations

Participation in the study was voluntary, and participants were informed of the purpose of the research before completing the questionnaire. No personally identifiable information was collected, and all responses remained anonymous throughout the study. Data were analysed and reported in aggregate form to preserve participant confidentiality. The information collected was used exclusively for academic research purposes.

RESULTS

A total of 32 third-year medical students who had completed their initial clinical placements across five National Health Service (NHS) Trusts participated in the study. The findings are presented according to the four domains of the questionnaire, integrating quantitative results with qualitative themes to provide a comprehensive account of students' learning experiences.

An overview of the principal quantitative findings across the four study domains is presented in Table 2. Detailed findings for each domain are described in the subsequent sections.

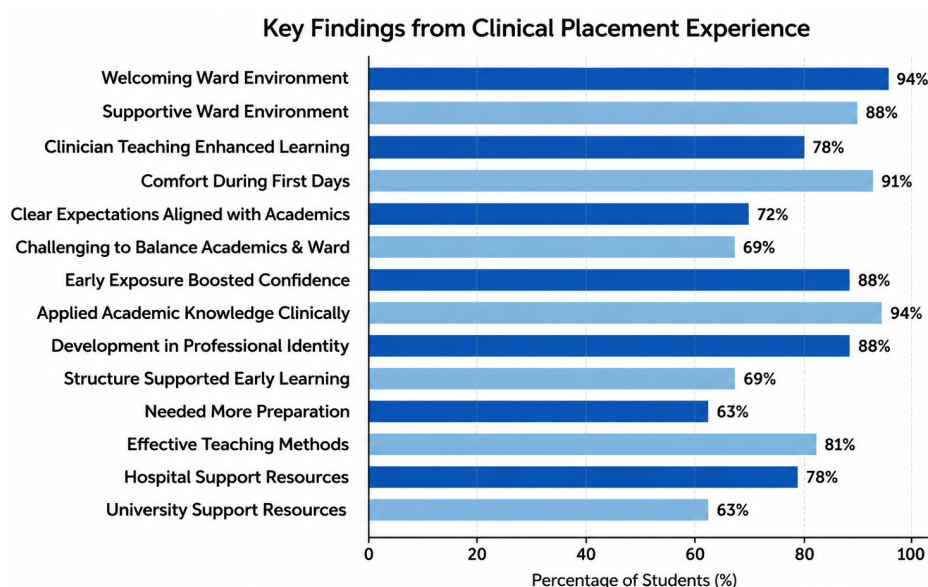


Figure 2: Key findings from third-year medical students' early clinical placement experiences. The graph presents the percentage of students reporting positive perceptions across the learning environment, transition to clinical practice, professional development, and recommendations for improving early clinical placements

Table 2: Summary of Quantitative Findings Across the Four Study Domains

<i>Domain</i>	<i>Indicator</i>	<i>Percentage</i>
Clinical learning environment	Welcoming ward environment	94%
Clinical learning environment	Supportive learning environment	88%
Clinical learning environment	Teaching styles enhanced learning	78%
Transition	Steep learning curve	91%
Transition	Difficulty balancing academics and placements	72%
Transition	Uncertainty regarding expectations	69%
Professional development	Increased confidence	88%
Professional identity	Strengthened professional identity	94%
Theory into practice	Improved application of theoretical knowledge	88%

Factors Affecting Learning: Teaching Styles, Supervision, and Ward Culture

Quantitative Findings

The majority of participants reported positive experiences within the clinical learning environment. Almost all students (94%) perceived the ward environment as welcoming, while 88% described it as supportive of their learning. In addition, 78% agreed that the teaching styles adopted by clinicians enhanced their understanding of clinical concepts and contributed positively to their learning experience.

Quantitative Findings

Analysis of the open-ended responses identified four recurring themes.

Variation in supervision and guidance

Students consistently reported that the quality of supervision varied across clinical placements. Some participants described receiving structured guidance, regular teaching, and approachable supervision, whereas others experienced limited direction and were expected to take greater responsibility for identifying learning opportunities independently.

Supportive clinical learning environment

Most participants described the clinical environment as welcoming and approachable. Students felt that clinicians and healthcare staff were generally willing to provide support when requested, enabling them to engage more confidently in clinical activities while gradually developing independence.

Constructive feedback as a learning tool

Participants highlighted the importance of verbal feedback in improving their clinical reasoning, communication skills,

and practical competencies. Although formal feedback was not consistently provided across all placements, students generally regarded the feedback they received as constructive and beneficial for their learning and confidence.

Value of hands-on clinical experience

Students frequently emphasised that opportunities to observe and participate in patient care enhanced their understanding of clinical practice. Practical exposure enabled them to connect theoretical knowledge with real clinical situations and contributed positively to their overall learning experience.

Challenges Encountered During the Transition to Clinical Practice

Quantitative Findings

The transition from classroom-based learning to clinical practice presented several challenges for the participating students. Most respondents (91%) described the initial phase of their clinical placements as involving a steep learning curve. Additionally, 72% reported difficulty balancing academic commitments with the demands of clinical placements, while 69% indicated uncertainty regarding the expectations of their role during the early weeks of clinical training.

Qualitative Findings

The qualitative analysis identified four interrelated themes that characterised students' transition into clinical practice.

Steep Learning Curve and Adaptation to Clinical Practice

Many participants described their first clinical placements as intellectually demanding and markedly different from classroom-based learning. Students highlighted the need to rapidly adapt to unfamiliar clinical environments,

workflows, and expectations while simultaneously applying theoretical knowledge in real patient encounters. Although the transition was challenging, many viewed it as an important stage in their professional development.

One participant reflected:

“The first few weeks were overwhelming because everything was new, but gradually I became more comfortable interacting with patients and understanding how the ward functioned.” (P08)

Another student commented:

“There was a lot to learn in a short period, but every day I became more confident in understanding what was expected.” (P15)

Balancing Academic and Clinical Responsibilities

A recurring concern among participants was managing academic coursework alongside clinical placements. Students reported that preparing for teaching sessions, independent study, and examinations while attending placements required effective organisation and time management. Several participants acknowledged that maintaining this balance was initially difficult but became more manageable as they developed structured study routines.

As one participant explained:

“Balancing placements with revision and coursework was one of the biggest challenges because both required significant time and preparation.” (P11)

Another participant noted:

“I had to learn how to organise my time much better than before because clinical placements added a completely new responsibility.” (P21)

Uncertainty Regarding Roles and Expectations

Students frequently expressed uncertainty about their responsibilities during the initial stages of their placements. Many reported that they were unsure of how actively they should participate in patient care, when to ask questions, or what level of knowledge clinicians expected from them. This uncertainty gradually reduced as students became more familiar with the clinical environment and received guidance from supervisors and healthcare staff.

One participant stated:

“Initially I wasn’t sure what was expected of me, but once I understood the team’s routine, I felt more comfortable getting involved.” (P17)

Another reflected:

“At first I hesitated to ask questions because I didn’t know whether I was interrupting, but the clinicians were generally very approachable.” (P09)

Developing Independence Through Experience

Despite the initial challenges, many students recognised that navigating uncertainty encouraged greater independence and self-directed learning. Participants described becoming increasingly proactive in seeking learning opportunities, engaging with clinicians, and taking responsibility for their own educational development.

As one participant observed:

“You quickly realise that you have to make the most of every opportunity because learning in the hospital is very different from learning in lectures.” (P24)

Collectively, these findings demonstrate that students perceived the transition to clinical placements as both challenging and developmental. While uncertainty, workload, and unfamiliar expectations characterised the early stages of placement, participants also described progressive adaptation and increasing independence as they gained clinical experience.

Influence of Early Clinical Exposure on Confidence, Professional Identity, and Application of Knowledge

Quantitative Findings

Participants reported that early clinical exposure had a positive influence on their confidence and professional development. A substantial majority (88%) agreed that their confidence in interacting with patients had improved following their initial clinical placements. Furthermore, 94% believed that their clinical experiences strengthened their professional identity as future doctors, while 88% reported that clinical placements enhanced their ability to apply theoretical knowledge within real clinical settings.

Qualitative Findings

Three major themes emerged from the qualitative responses.

Growing Confidence Through Clinical Experience

Students consistently described an increase in confidence as they gained repeated exposure to patient interactions and clinical activities. Initial apprehension gradually diminished as participants became more familiar with communicating with patients, presenting clinical information, and engaging with members of the multidisciplinary team.

One participant reflected:

“Speaking to patients became much easier after the first few days because I realised they were happy to help us learn.” (P06)

Another noted:

“The more patients I saw, the more confident I became in taking histories and communicating with people.” (P19)

Development of Professional Identity

Participants frequently reported that their early placements helped them transition from thinking like students to beginning to see themselves as future healthcare professionals. Working alongside doctors and other healthcare professionals provided insight into the responsibilities, behaviours, and professional standards expected within clinical practice.

As one participant commented:

“Being part of the clinical team made me feel that I was beginning to understand what being a doctor actually involves.” (P14)

Another stated:

“Watching how doctors communicate with patients and make decisions really shaped how I want to practise in the future.” (P03)

Applying Theory to Clinical Practice

Students repeatedly emphasised that clinical placements enabled them to bridge the gap between theoretical learning and practical application. Observing clinical conditions, participating in patient assessments, and discussing cases with clinicians reinforced concepts previously learned during classroom teaching.

One participant explained:

“Topics that seemed difficult during lectures became much clearer after seeing patients with those conditions.” (P26)

Another observed:

“Clinical placements helped me understand why we learn certain concepts because I could finally see them in practice.” (P12)

Overall, the findings indicate that early clinical placements contributed positively to students’ confidence, facilitated the development of professional identity, and strengthened their ability to translate theoretical knowledge into clinical practice.

Students’ Perspectives on Enhancing Early Clinical Placements

Quantitative Findings

Participants identified several areas in which early clinical

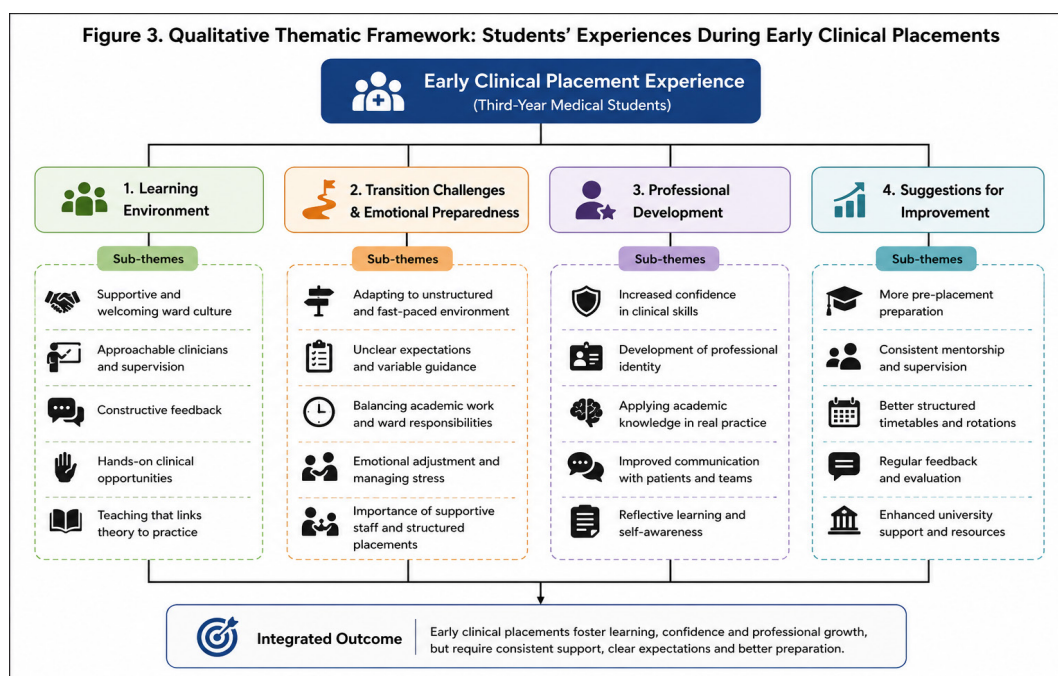


Figure 3: Conceptual thematic framework illustrating the relationships among the major themes and sub-themes identified through qualitative thematic analysis of students’ early clinical placement experiences.

placements could be further strengthened. The most frequently reported recommendations included increasing opportunities for practical skills training, providing more structured teaching, strengthening feedback mechanisms, improving assessment alignment, and expanding mentorship and peer-support initiatives.

Qualitative Findings

Four principal themes emerged from students' recommendations.

Greater Opportunities for Practical Skills and Simulation

Many participants suggested increasing opportunities for supervised clinical skills practice before and during placements. Students believed that additional simulation sessions and structured practical teaching would improve preparedness and reduce anxiety during their initial clinical experiences.

One participant suggested:

"More simulation sessions before placements would make students feel much more confident when entering the wards." (P05)

Structured Teaching and Consistent Feedback

Students emphasised the importance of regular bedside teaching and timely feedback throughout their placements. They felt that consistent supervision would enhance learning and help identify areas requiring further improvement.

As one participant commented:

"Regular feedback throughout the placement would help students understand what they are doing well and what they need to improve." (P18)

Improved Integration Between Academic and Clinical Learning

Several participants recommended closer alignment between classroom teaching and clinical placements. They believed that synchronising academic content with clinical experiences would facilitate the application of theoretical knowledge and improve learning outcomes.

One participant noted:

"Teaching topics closer to when we see those patients in hospital would make learning much more meaningful." (P22)

Mentorship and Peer Support

Students also highlighted the value of mentorship from senior students and clinicians during the transition to clinical practice. Participants believed that structured

mentoring programmes could provide practical guidance, reassurance, and emotional support during the early stages of placement.

As one participant explained:

"Having a senior student mentor would make the transition much less stressful because they have recently experienced the same challenges." (P27)

Taken together, these recommendations reflect students' desire for a more structured, supportive, and integrated clinical learning experience. Participants consistently recognised the educational value of their placements while identifying practical measures that could further enhance learning, confidence, and preparedness during the transition into clinical practice.

DISCUSSION

The present study explored the learning experiences of third-year medical students during their first few clinical placements at Brunel Medical School. By integrating quantitative findings with qualitative reflections, the study provides a comprehensive understanding of how students navigated the transition from classroom-based learning to workplace-based clinical education. Overall, the findings indicate that students regarded their early clinical placements as a valuable and formative stage of their medical training. Although the transition was accompanied by challenges, including uncertainty, increased academic demands, and the need to adapt to unfamiliar clinical environments, these experiences also contributed to the development of confidence, professional identity, and the practical application of theoretical knowledge. Importantly, students recognised that supportive supervision, constructive feedback, and opportunities for active participation were central to creating meaningful learning experiences.

Clinical Learning Environment: The Role of Supervision, Teaching, and Ward Culture

The study found that most students perceived the clinical learning environment as welcoming, supportive, and conducive to learning. Participants valued bedside teaching, direct patient interactions, and opportunities to observe experienced clinicians, which helped bridge the gap between theoretical knowledge and clinical practice. These findings support the concept of experience-based learning, where active participation in real clinical settings promotes deeper understanding and professional development (Dornan et al., 2007).

A supportive workplace culture also played a crucial role. Consistent with the concept of the hidden curriculum

(Lempp & Seale, 2004), students reported that approachable clinicians, inclusive ward teams, and positive professional role models enhanced their confidence, engagement, and sense of belonging. However, the quality of supervision varied across placement settings, with some students receiving regular guidance and constructive feedback while others relied on their own initiative, reflecting differences in workplace learning opportunities.

Constructive feedback emerged as a key facilitator of learning by helping students recognise strengths, address weaknesses, and build confidence in patient care. Overall, the findings highlight that supportive supervision, inclusive ward culture, meaningful patient engagement, and regular feedback are essential for effective early clinical learning, fostering confidence, self-directed learning, and professional growth.

Navigating the Transition from Classroom Learning to Clinical Practice

Although students viewed their early clinical placements positively, the transition from classroom learning to workplace-based education was widely described as challenging. Participants experienced a steep learning curve as they adapted to unfamiliar clinical environments, patient communication, multidisciplinary teamwork, and new clinical responsibilities. These findings are consistent with previous research showing that early clinical training involves cognitive, emotional, and professional adjustment (O'Brien & Poncellet, 2010).

Balancing academic coursework with clinical placements was another common challenge. Students recognised the need to develop effective time management, organisational skills, and self-directed learning to meet both academic and clinical demands. Uncertainty about clinical roles and expectations was also common during the early stages of placement but gradually decreased as students gained experience, built relationships with supervisors, and became more familiar with the clinical environment.

Importantly, students did not view these challenges solely as obstacles. Instead, many described them as opportunities for personal and professional growth, encouraging them to become more proactive in seeking learning opportunities, asking questions, and taking responsibility for their own development. Overall, the findings suggest that while the transition to clinical practice is demanding, supportive learning environments enable students to adapt successfully and develop the confidence, independence, and professional skills required for effective workplace learning.

Influence of Early Clinical Exposure on Confidence, Professional Identity, and the Application of Theoretical Knowledge

A key finding of this study was the positive impact of early clinical placements on students' confidence, professional identity, and ability to apply theoretical knowledge in clinical practice. Although students initially experienced uncertainty, repeated exposure to patient care, clinical decision-making, and multidisciplinary teamwork gradually increased their confidence. These findings support experiential learning theory, which emphasises that confidence develops through active participation and reflection rather than observation alone (Kolb; Dornan et al., 2007).

Early clinical exposure also played an important role in professional identity formation. By working alongside clinicians, interacting with patients, and participating in clinical activities, students began to see themselves as future doctors and gained a deeper understanding of professional values and responsibilities. Consistent with communities of practice theory (Lave & Wenger) and Monrouxe's work on professional identity, these experiences fostered a sense of belonging and encouraged active engagement in clinical learning.

Students also reported that clinical placements helped them integrate classroom knowledge with real patient care, improving clinical reasoning and making theoretical concepts more meaningful. Confidence, professional identity, and theory-practice integration developed together, with greater participation leading to increased learning opportunities and professional growth. Overall, the findings demonstrate that structured and supportive early clinical placements are essential for developing competent, confident, and patient-centred future physicians.

Educational Implications of Students' Recommendations for Improving Early Clinical Placements

A key strength of this study is that it captured students' recommendations for improving early clinical placements. While participants valued their clinical experiences, they identified practical strategies to enhance workplace learning and ease the transition into clinical practice.

Students consistently recommended greater opportunities to develop practical skills through simulation-based training, structured clinical skills sessions, and supervised practice before and during placements. They believed these approaches would improve preparedness, reduce anxiety, and build confidence. Participants also

emphasised the need for more structured bedside teaching and regular, constructive feedback, highlighting the importance of consistent supervision across placement sites to support reflective learning and continuous improvement.

Another common recommendation was better integration of academic teaching with clinical placements so that classroom learning aligns with clinical experiences, enabling students to apply theoretical knowledge more effectively. In addition, students advocated for formal mentorship programmes involving senior students or experienced clinicians to provide guidance, reduce uncertainty, and strengthen confidence during the transition to clinical practice.

Overall, these recommendations reinforce the importance of simulation-based preparation, structured supervision, consistent feedback, curriculum integration, and mentorship in enhancing early clinical education. They highlight that improving workplace learning requires collaboration among students, educators, clinicians, and healthcare organisations to create supportive and effective clinical learning environments.

Contribution of the Present Study

This study contributes to the existing literature by providing an integrated understanding of third-year medical students' early clinical experiences at Brunel Medical School through both quantitative findings and qualitative reflections. It demonstrates that early clinical placements involve a balance of challenges and opportunities, with initial uncertainty and increased workload gradually leading to greater confidence, professional identity formation, and improved application of theoretical knowledge.

The findings emphasise the importance of supportive supervision, inclusive clinical environments, constructive feedback, and authentic patient participation in promoting effective workplace learning. By combining measurable outcomes with students' lived experiences, the study offers practical insights for curriculum development, faculty training, and student support. Although conducted at a single medical school, the educational themes identified are consistent with broader principles of workplace learning and are relevant to undergraduate medical programmes seeking to improve students' transition into clinical practice.

CONCLUSION

The transition from classroom-based learning to clinical practice is a critical stage in undergraduate medical education. This study demonstrates that early clinical placements significantly enhance students' confidence, professional

identity, and ability to apply theoretical knowledge in real clinical settings. Although students initially face challenges such as uncertainty, increased academic demands, and adapting to unfamiliar environments, supportive learning experiences promote personal, academic, and professional growth.

Supportive clinical supervision, constructive feedback, inclusive workplace cultures, and authentic patient interactions emerged as key factors that facilitate meaningful workplace learning. Students valued opportunities to actively participate in patient care and develop clinical, reflective, and professional skills. They also recommended enhanced simulation-based training, structured bedside teaching, consistent feedback, better integration of academic and clinical learning, and formal mentorship programmes to improve the transition into clinical practice.

By combining quantitative and qualitative findings, this study provides practical, learner-informed recommendations for strengthening early clinical education. Although conducted at a single medical school, the findings have broader relevance for undergraduate medical programmes seeking to optimise workplace-based learning. Future multicentre and longitudinal studies with larger and more diverse student populations are needed to further examine the long-term impact of early clinical exposure. Overall, well-structured and supportive early clinical placements provide a strong foundation for developing competent, confident, reflective, and patient-centred future physicians.

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