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A Near-Peer Teaching Programme on History-Taking designed for Third Year Medical Students by Junior Doctors

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BACKGROUND

- There is increasing evidence to suggest that **formal near-peer teaching** methods are very effective clinical tools which can **improve student educational outcomes**
- The use of multiple **different teaching styles** including **lectures** and **small group** teaching encourage **adaptability** and **lifelong learning** amongst students

ISSUES

- Experience of junior doctors working with 3rd year medical students highlighted a **lack of preparation** for their upcoming clinical examinations (**OSCEs**) and ability to take a **focused history under timed conditions**
- Pre-course survey of **72 3rd year medical students** found very **poor confidence** in their ability to **take a focused history**, suggest relevant **differential diagnoses**, appropriate **investigations** and formulate suitable **management plans**.

AIM

To design and deliver a teaching programme on clinical history-taking for 3rd year medical students over a 13 week period, to improve their confidence and preparation for upcoming clinical exams

TEACHING COURSE

- Weekly **2-hourly sessions** covering focused history-taking for a particular speciality taught to **20 students**, over a **13-week period**.
- **15-minute lecture** on focused history-taking delivered to whole group
- Students split into **5 groups** with one junior doctor facilitator per group.
- **20-minute scenarios** per group in which one student takes a **5-minute history** from the doctor (to simulate OSCEs), followed by **15-minutes of individualised feedback** and case discussions
- **Students rotate** around the 5 groups so they all have the opportunity to take a history and discuss the cases
- **Handouts** and **mark schemes** provided to include all information covered

FEEDBACK

- End of scenario feedback form
- End of session feedback form
- Post-course survey

RESULTS

	Mean Likert Score Pre-Course	SE	Mean Likert Score Post-Course	SE	p-value	% change
Student confidence in taking a focused history	3.04	± 0.089	4	± 0.059	$p < 0.01$	32
Student confidence in suggesting relevant differential diagnoses	2.6	± 0.085	3.79	± 0.070	$p < 0.02$	46
Student confidence suggesting appropriate investigations	2.82	± 0.091	3.94	± 0.070	$p < 0.03$	40
Student confidence in formulating suitable management plans	2.24	± 0.084	3.6	± 0.079	$p < 0.04$	61
Student perception of preparation for history-taking stations of upcoming OSCE	2.26	± 0.105	3.69	± 0.083	$p < 0.05$	63

RESULTS – FREE TEXT COMMENTS

- Students commented on the sessions being **clear, structured, relevant, interactive, organised, thorough** and **well-paced**.
- Numerous students also consistently commented that the use of **personalised feedback**, having **junior doctor facilitators close to their level**, a **mixture of teaching styles**, **small group** practice and discussions were **extremely beneficial**.
- The **lack of other near-peer teaching programmes** during their medical education so far was also highlighted.
- Areas for improvement which were brought to attention were having **more time** in each session, more sessions, **more group practice**, **smaller groups** and providing **written feedback**.

CONCLUSIONS AND LESSONS

- **Near-peer teaching** delivered **regularly** by junior doctors can significantly **improve student confidence** in focused history-taking skills. In particular, students benefitted most from the **small group format** and **individualised feedback** they received.
- Near-peer teachers have a **better understanding of the knowledge** of their junior colleagues and can **clarify problems** at a more appropriate level
- Medical schools should consider incorporating **more formal near-peer teaching courses** into their curricula

REFERENCES

- Secomb, J. (2008). A systematic review of peer teaching and learning in clinical education. *Journal of clinical nursing*, 17(6), 703-716.
- Lisa Vaughn, R. B. (2001). Teaching in the medical setting: balancing teaching styles, learning styles and teaching methods. *Medical Teacher*, 23(6).
- Lockspeiser TM, O. P. (2006). Understanding the experience of being taught by peers: the value of social and cognitive congruence. *Advances in health sciences education: theory and practice*.