



UCL

6TiME

Trainees in Medical Education

Abstract Book

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Secondary school student views on new initiatives to widen participation in medicine

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Recent widening participation initiatives to increase the proportion of students from under-represented backgrounds studying medicine have proved unsuccessful. With recent changes in university funding it is an ideal time to develop more innovative strategies to widen participation in medicine.

Three focus groups, consisting of eight year-10 students each, were led by three facilitators from the University of Liverpool. The participating students were recruited from a school recognised as socio-economically disadvantaged. A 10-item question schedule was used, which was audio transcribed, thematically coded and inductive analysis conducted.

The results showed a lack of accurate and up-to-date advice surround a career in medicine and healthcare in secondary school. The students expressed a strong desire to have more contact with medical professionals and students in order to develop a greater understanding of the application processes and the realities of being a member of the profession.

This study has revealed a lack of awareness and understanding of a career in medicine, and of the training pathway. The students' responses evidenced an under-exposure to medicine, with most students having their perception shaped by media sources, which appear to have given them an unrealistic view of the profession.

This study reinforces the need for additional initiatives, with the aim of increasing exposure to the realities of a career in medicine. These may include education for secondary school career advisors upon the application process to medicine at university, or the use of medical students in outreach initiatives to disadvantaged secondary schools

The resultant poster was the winning poster at this year's 6TiME conference

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Studying the impact of a peer-led FY1 preparatory teaching programme on the confidence of incoming junior doctors on core FY1 competencies

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Background: Medical students often feel underprepared¹ and stressed² by the transition from student to doctor. Short introductory courses to clinical practice are increasingly popular amongst incoming Foundation Year 1 (FY1) doctors. However, the ability of such courses to address confidence issues remains to be examined.

Aims: To assess the impact of a preparatory teaching programme on self-rated confidence and perceived preparedness for FY1.

Methods: A two-day teaching programme was organised by junior trainees at a central London teaching hospital. Taught content included 14 core on-call scenarios drawn from the Foundation School curriculum on recognition and management of the acutely unwell patient, as well as seminars on FY1 core competencies including clinical, organisational and communication skills. Taught content was peer-reviewed for accuracy and validity. Attendees completed pre- and post-course questionnaires consisting of both quantitative self-rated 10-point likert confidence scale and qualitative open-space questions.

Results: Participants included 27 incoming FY1 doctors across 9 Foundation Schools. Quantitative feedback demonstrated that mean self-rated confidence in managing the 14 acute on-call scenarios increased by 15.2% (range = -0.4% - 28.9%). Qualitative feedback reflected that participants felt more prepared for clinical practice after course attendance.

Conclusion: FY1 preparatory teaching programmes can improve confidence in core competencies expected of incoming doctors and thus are a valuable tool in preparing FY1s for work. This study has highlighted the perceived value of near-peer teaching at this transition stage ; junior doctors' insights and experiences may help to inform students' expectations, dissipate concerns and provide reassurance regarding their ability to apply their undergraduate knowledge in practice.

References

¹ Kellett J, Papageorgiou A, Cavenagh P, Salter C, Miles S, Leinster SJ. The preparedness of newly qualified doctors – Views of Foundation doctors and supervisors. *Medical Teacher*. Informa UK Ltd; 2014 Nov 17;00(00):1–6.

² Iling JC, Morrow GM, Rothwell nee Kergon CR, Burford BC, Baldauf BK, Davies CL, et al. Perceptions of UK medical graduates' preparedness for practice: a multi-centre qualitative study reflecting the importance of learning on the job. *BMC*

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Meeting the needs of intercalating medical students: design of, and feedback from, an extended induction for final year returning medical students

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Background: The Keele Medical Curriculum offers students the opportunity to study for an intercalated Bachelors or Masters degree over 12 months. Return to the clinical environment can be difficult, particularly for students returning in their final year who may find themselves behind their peers.

Aims: To support returning final year students return to clinical practice through an extended induction.

To determine which components of the extended induction were deemed useful by students following their return to practice.

Methodology: In 2014/2015 17 students completed an intercalated year of study between their fourth and final years of the undergraduate medical programme. A three day extended induction was designed which included clinical skills revision with patients, clinical skills revision with peers and procedural skills revision, data interpretation and shadowing a foundation doctor in the clinical setting.

The students then continued onto the usual final year induction day with their peers.

A survey was sent to these 17 students 6 months after their return to practice asking them to rate the usefulness of each of the sessions provided to their return to clinical practice.

Results: Eleven out of 17 (65%) students completed the survey. The sessions rated most useful were Clinical skills with real patients (9 of 9 (100%) responses useful or very useful) and data interpretation (9 of 10 (90%) responses useful or very useful). Shadowing a foundation doctor and clinical skills were deemed less useful (7 of 11 (64%) and 7 of 9 (78%) responses useful or very useful respectively). Free text responses included suggestions for improvement.

Discussion and Conclusions: All sessions were judged useful by the majority of students.

Suggestions for improvement that we will take forward to next year's cohort are reducing the length of induction to two days, avoiding repetition of clinical skills and providing additional structure to the ward placement.

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Debriefing; an evaluation of students' experiences

Cathryn Mainwaring

Debriefing is an interactive, dynamic process – responsive to the learner's needs- that facilitates progression through Kolb's reflective cycle. It is essential for effective learning, has measureable positive outcomes on behaviour, and is the most important feature of simulation training. Previous work has focused on the experience of the debriefer; little is known about that of the participant.

A focus group of six 5th year medical students, who had participated in simulation and been debriefed using the "Diamond Model", was undertaken. Clear messages arose from this small sample.

Students "struggled" with debriefing due to minimal previous exposure and unfamiliarity. A pre-brief to establish a safe environment and facilitate feedback, was cited as crucial. Students questioned the validity of positive feedback, craving critique and direct confrontation of errors. A preference for technical over cognitive debriefing was expressed, perhaps reflecting the lack of workplace experience required to contextualise human factors learning. Students felt long debriefs negatively impacted upon opportunities to practice. The importance of practice was linked to a number of ideas; utility (scenarios are more useful), retention (practicing consolidates learning) and application (putting feedback into action).

Numerous factors may influence a groups' experience of debriefing. Although further work is needed, it is clear that a "one size fits all approach" to debriefing is unsuitable; it must be tailored to the participants. At undergraduate level a safe environment, in which to give and receive constructive criticism, with opportunities to action feedback is key.

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Simulated scenarios

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Background:

A report by the GMC in 2014 reveals that 1 in 10 new medical graduates feel poorly prepared as an F1 doctor. Simulation improves trainee confidence by allowing them to learn in a safe environment.

Summary of work:

We aimed to facilitate transition from medical student to doctor via mainly low-fidelity simulated scenarios: acute asthma, hyperkalaemia sepsis and UGI bleed. Each scenario was 30 minutes with a further 30 minutes of debrief. Delegates were provided with venepuncture arm, ABG arm kit and clinical equipment. Each student received a course booklet at the end of the day. Our training aimed to build emotional stamina and for students to remain focussed in a stressful situation. This was achieved by delegates having to fully complete all tasks, such as repeating an ABG after a failed first attempt.

Summary of results:

21 final year medical students attended the course. They were from 10 different medical schools both outside (3) and inside (18) the UK. 5 were from outside London, 13 were from London. Comparing before and after the course, there is a 40% increase in delegates feeling more confident in starting their first day on the ward, managing acutely unwell patients and escalating to a senior overall.

Conclusions:

- Low fidelity simulation improves confidence and helps prepare medical students for work
- Low cost to run and easy to replicate, create stressful scenarios “on demand”
- Improve trainers’ teaching, communication and debrief skills
- Should be considered as an adjunct to the formal curriculum, as part of near-peer teaching

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Specialist trainee perceptions of journal clubs as an educational tool in oncology

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Objectives: Identify specialist trainee perceptions of journal clubs as an educational tool in oncology.

Method: Specialist trainees (n=9) working in oncology at a tertiary oncology centre were asked to participate in a facilitated focus group on the topic of journal clubs as an educational tool. This qualitative study used thematic analysis of student perceptions with descriptive open coding applied to the transcript by the investigator. Codes were categorised into overall themes forming the basis of discussion.

Results: The focus group of 9 participants generated 16 discrete codes, which were categorised into three overall themes (in bold). Trainees acknowledged the importance of journal clubs as an educational tool but felt they should be **relevant** to their clinical practice. There was a shared concern over lacking the essential critical analysis **skills** to fully participate in a journal club and a consensus that they should be focused towards their **training**.

Conclusions: Journal clubs can facilitate evidence-based education in oncology if they are directly related to clinical practice. Whilst trainees felt they did not have the analytical skills to fully contribute, they recognised the journal club as an opportunity to teach these skills. Further research is needed to develop a structured approach to journal clubs that allows development of critical analysis skills and promotes evidence-based medicine.



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‘ENT for the junior doctor’: introducing a junior doctor-delivered teaching programme

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Background: Near-peer teaching is having an increasingly important role in medical education. The primary aim was to assess medical students' uptake of a newly-introduced junior doctor-delivered structured Ear, Nose and Throat (ENT) teaching programme. The secondary aim was to evaluate the programme's quality and efficacy.

Methods: Learning outcomes were developed in line with the local ENT undergraduate curriculum. Junior doctors attached to the ENT department were recruited to teach three one-hour sessions to fourth year medical students during their three week ENT rotation. Feedback forms evaluated a) individual session feedback alongside b) students' pre- and post-programme confidence plus competence in diagnosing/managing both common and emergency ENT conditions. Feedback forms used five-point likert scales and were analysed using statistical software.

Results: One hundred and thirty-one session feedback forms were collected. Fifty-three pre- and thirty-eight post-programme feedback forms were also completed. All data were non-normally distributed (K-S test $P < 0.001$). For individual sessions the median score was 5(/5) for all ratings: usefulness, content, relevance, teaching style and overall. Mann-Whitney U test analysis demonstrated statistically significant improvement in students' pre- and post-programme confidence and competence ($P < 0.05$).

Conclusions: This junior doctor-led ENT teaching programme was well-attended, and received excellent feedback on individual sessions and overall programme measures. Future directions include introducing student handout sheets and integrating the programme into the students' formal ENT timetable. This model demonstrates the value of near-peer ENT teaching and could be applied to other specialties or regional settings.

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Experiences and perspectives of final year medical students on diversity and communication skills; Intercultural Communication at Liverpool Medical School

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Introduction: The General Medical Council (GMC) expects UK graduates to have appropriate skills to communicate with all members of our diverse society. However, there is little guidance provided to medical schools on how to integrate diversity into curricula, consequently there is great variance in diversity education. This qualitative research explored Liverpool medical students' experiences of diversity in relation to communication skills during medical school. The Liverpool medical curricula contains an online module on diversity, however, diversity is not entirely central to other curricula themes, such as communication skills. The students described their memorable experiences of diversity in relation to communication skills, the learning that occurred from these experiences and how it made them feel.

Methods: Ten semi-structured, in-depth interviews were conducted with final year medical students from the University of Liverpool, after informed consent. Data was analysed thematically with the use of NVivo®, the research used elements of grounded theory underpinned by the constructivist model.

Results: Students' described diversity as a positive entity and recognised the prevalence and importance in today's NHS. Memorable experiences focused on poor communication skills witnessed on placement. Students' reflection and learning focused on challenges experienced from a language barrier and cultural differences. Students reported feeling frustrated, uncomfortable and awkward during the experiences. Frustration related to language barriers. The poor communication skills were more memorable than the positive.

Conclusion: Students focused on the challenges of communication. Poor communication skills witnessed on placement with diverse individuals made students feel negative emotions. Increased diversity education is required to counteract these negative associations.

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Using a Workshop to Facilitate Learning on Child Health in Primary Care

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Background Medical schools are experiencing ever-greater challenges in recruiting sufficient GPs for in-practice teaching. To combat these recruitment difficulties, University College London has developed a campus-based workshop, delivering learning on child health in primary care. This represents a resource efficient way to deliver primary care education that complements clinical experience.

Methods The workshop is composed of scenario-based stations, each focusing on common paediatric conditions presenting in primary care. Forty students move around ten stations and work in small groups through self-directed activities, supported by two GP tutors. Activities include role-plays, case based discussions and practical tasks. The workshop places equal emphasis on developing clinical, practical and communication skills. Quantitative feedback, written student comments and verbal comments were collected immediately following the workshop.

Results Analysis of the student feedback showed that the vast majority of students found the workshop valuable in terms of content (97%), style of presentation (97%), educational value (100%) and enjoyment (92%). Students particularly enjoyed the self-directed style, the relevance of the material covered, interaction with GP tutors and the opportunity for OSCE practice. GP tutors found the session satisfying and enjoyable to facilitate.

Conclusions Workshops offer an ideal way to deliver a broad range of the primary care curriculum whilst complementing clinical experience. They provide an enjoyable, resource-effective and standardisable learning experience, facilitating students to develop practical and theoretical skills under supervision. Broader application of similar workshops may enhance student learning in other specialties.

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Patient as Teacher: Promoting Patient and Public Involvement in undergraduate medical education

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Patient and Public Involvement (PPI) is establishing itself as a key element of undergraduate medical education. Patients have always been the 'object' of teaching sessions but increasingly, there is a move towards enabling patients to take up more active roles as facilitators or leaders of educational encounters. These roles are based on the acknowledgement that patients themselves are best placed to put across their narrative. We suggest that additional opportunities exist within our medical school curriculum to implement this style of teaching, with benefits for staff, students and patients.

After exploring the literature, we consulted an 'expert patient' about their experience of PPI sessions. We also consulted clinical teachers and surveyed students for their thoughts. From our findings, we created a booklet which aims to encourage medical professionals to integrate PPI into their teaching by detailing the role, relevance and efficacy of PPI in undergraduate education. The resource also provides practical guidance, such as how to select appropriate patients. There is also a section for patients thinking about becoming involved, allowing them to take this section of the booklet home to consider further.

We intend to refine our booklet so it may be published and distributed to local medical professionals. As final year students reflecting on the MBBS curriculum, we have benefited greatly from the PPI-themed sessions we have attended so far. We hope that this booklet becomes an established resource that enables the curriculum to be enhanced by promoting more opportunities for PPI.

6TiME Abstract Book

Mentoring in Medicine

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Mentoring is 'a process whereby an experienced, highly regarded, empathetic person (the mentor) guides another (usually younger) individual (the mentee) in the development and re-examination of their own ideas, learning and personal and professional development...' (SCOPME, 1998).

We set up a mentoring program between Core Medical Trainees (CMTs) and Foundation year doctors at a central London teaching hospital. 12 mentoring pairs were recruited and matched according to their future specialty interests and career goals.

There is a whole plethora of literature examining the undeniable benefits of mentoring for mentees, but the research relating to advantages for mentors is somewhat deficient.

After 10 months, the mentors were asked to complete an anonymous online questionnaire relating to their experience of the mentoring programme; they were also invited to take part in a focus group. Emergent coding and thematic analysis were employed to identify key themes.

Results demonstrated overwhelming benefits for mentors, including opportunity for self-reflection, and acquisition of key 'transferrable skills' valuable for a future supervisor role.

Mentoring is a powerful potential resource that must not go unnoticed. In today's challenging economic and political climate, bolstering the morale and support of junior doctors is more important than ever. This study suggests that mentoring could be instrumental in achieving this aim. We would suggest allocating protected time for the purpose of mentoring in order to allow for these mutual benefits to flourish. At a critical time in NHS economics, we have here a training model that is effective, relevant and great value.

References

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Protocol for simulation-based training on emergency presentations for Core Medical Trainees (CMT)

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Aims: To develop an effective simulation-based programme to train and assess year 1 CMTs in the management of emergency presentations as defined by the CMT ARCP decision aid (cardiorespiratory arrest, anaphylaxis, shock and the unconscious patient).

Method: We have developed 6 scenarios detailing the presenting complaint, medical history and clinical features of simulated patients (e.g. observations, physical signs). Each scenario involves the assessment and management of one or more of the listed emergency presentations. A high-fidelity manikin (SimMan3G™) and associated virtual patient monitor to display vital signs will be used in a dedicated simulation facility. Following briefing, CMTs will perform the simulation alone or in pairs for no longer than 10 minutes, with other participants observing remotely. Structured debrief and training in technical and non-technical performance will be facilitated by trained faculty. Performance will be objectively assessed using a validated clinical assessment tool, then used to completing workplace-based assessments. Participants will also provide pre-post qualitative feedback on their confidence and perceived ability

Basis for implementation: Based on feedback from previous part-task procedural training sessions, simulated scenarios, for example for DC cardioversion training were identified as being of high educational value.

Conclusion: With the decline in the 'apprenticeship' model of training, the reliance on simulation training to facilitate practical experience is increasingly important. We have detailed a logistically-feasible protocol to deliver simulation-based training with the aim of increasing knowledge, practical and non-technical performance in emergency presentations. Further evidence is required to determine if this method of training translates to clinical improvement.

6TiME Abstract Book

Interactive Case Based Learning Resources in teaching practical prescribing

Matthew Kennedy, Dr Jonathan Whitfield and Dr Wendy Watson.

Introduction

Passing the Prescribing Safety Assessment (PSA) Examination has been made compulsory for all Medical Graduates.

However, prescribing teaching is limited in the current undergraduate course at Aberdeen according to student feedback. Much prescribing teaching is delivered on the wards and without formal teaching environment and resources.

Therefore, in order to help students prepare, it was decided to create a number of interactive online cases. This was based on student feedback, with students expressing the view that “the more cases [available] the better”.

It was hoped that students could engage with the cases and manage their own learning of these crucial skills for their Foundation Years.

Aims and Methods

Our aim was to provide students with an interactive resource to help them prepare for the PSA exam. The logic was that the more experience students have of prescribing scenarios, the greater proficiency in the skill they will accumulate.

We developed case content reflecting current best practice by using: available resources of the University of Aberdeen; British National Formulary; and guidelines of NHS Grampian and NICE. We employed the University of Aberdeen interactive case based format template.

The project was funded by the University of Aberdeen’s Student Teaching Scholarship initiative.

Outcomes

We were able to create 17 cases over a six week period and included topics ranging from DVT prophylaxis to Warfarin prescribing.

These cases will help students develop essential skills and knowledge required to begin their Professional careers in an interactive and memorable way.

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Practical Prescribing in the era of e-Prescribing

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Background: In an era of e-Prescribing, the barrier to teaching non-prescribers is often related to access to e-Prescribing systems. General consensus with final-year medical students has been that they find the thought of prescribing daunting and generally feel unsure in this area.

Aim: To show that practical prescribing can still be taught effectively without access to e-Prescribing systems and how it can translate to everyday scenarios.

Method: Practical prescribing sessions were delivered either in a classroom setting with pre-written scenarios, or on the ward using patients as examples for the subsequent prescribing scenario. The examples covered were acute coronary syndrome (ACS) and infective exacerbation of chronic obstructive pulmonary disease (COPD). With access to BNFs, students were tasked with writing an inpatient drug chart, which acts as a basis for further discussion on the acute management of these diseases and the principles of prescribing.

Basis for further implementation: It is felt that further examples can be used to allay student apprehensions around prescribing and that access to e-Prescribing systems need not represent a challenge to tutors. In the future, we plan to prepare videos that will go through the same scenarios on the e-Prescribing system, so that the students are familiar with the format. We do not envisage that this will impact on the principles of good prescribing and that e-Prescribing as an entity need not be taught in isolation.

Conclusions: Practical prescribing remains a challenging area of the medical school curriculum and the ideal format to teach remains unclear.

6TiME Abstract Book

Developing an Electrocardiogram Teaching Programme Using Quality Improvement Methodology

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Electrocardiograms (ECGs) are common investigations, and interpretation is a vital skill for junior doctors working in acute medical environments. Clinical examination and pathophysiology are often prioritised over ECG interpretation skills in demanding medical school final year curricula. We aimed to develop an evidence-based teaching programme to address this unmet need, using quality improvement (QI) methodology to continually optimise delivery.

Using 'Plan-Do-Study-Act' cycles, we implemented continual improvements in the delivery of teaching fortnightly, using small groups of up to six final year medical students. The aim was to improve accuracy of interpretation and presentation of ECGs. Simple interventions included scheduling our session to follow an existing electrophysiology tutorial earlier in their timetable after cycle 1, providing students with booklets of all ECG tracings after cycle 2, providing pre-session material after cycle 3 and presenting model interpretations after cycle 4. Accuracy of interpretation was scored objectively against standardised marksheets for each ECG.

Pre-session confidence improved after cycle 1 and continued an upward trend following interventions (mean baseline pre-session confidence was 3.2, compared with 5.7 after cycle 4 on a 10-point Likert Scale). Overall student satisfaction remained constant across sessions. Marked improvement in accuracy of ECG interpretation and presentation was noted (mean baseline score per ECG was 32%, compared with 70% after cycle 4).

In conclusion, an evidence-based QI approach can be used to optimise a medical education programme. PDSA cycles should be encouraged to allow continual improvement based on student feedback in delivery of teaching.

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An evaluation of the use of video cases as an alternative to text-based cases as triggers for Problem-based learning scenarios

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Introduction: Problem-based learning had been adopted by many medical schools worldwide. Traditionally written text-based cases have been used as triggers for scenarios. However, with the increasing use of multimedia in education, it has come to light that video cases may offer a new method of presenting triggers. Implementation of video cases into the medical curriculum should be considered if they are found to benefit students' learning and understanding of PBL scenarios.

Aim: To conduct a systematic review on the advantages and disadvantages of video cases as an alternative to text-based cases as triggers for problem-based learning scenarios and to critically appraise the related articles.

Methodology: A literature search was conducted using primary database search engines Scopus, discover and PubMed. Exclusion criteria were added after which the abstracts of the remaining articles were read to check their suitability to the research question.

Results: 3 relevant papers were chosen to conduct an in-depth review on, which were then critically appraised.

Discussion: All the studies contain valuable results highlighting the many advantages and few disadvantages of using video cases as triggers.

Conclusion: It is evident that video cases are more effective as triggers than text-based cases in many ways due to the realism, and physical signs, whilst also being preferred by students and tutors. Nevertheless, the reduction in critical thinking should be weighed up carefully before implementation of videos into the medical curriculum.

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An Evaluation of the Impact of Focused On-Call Simulation Teaching in Final Year Medical Education

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Introduction The first day of Foundation Year 1 (FY1) can be daunting for final year medical students, particularly starting on-call. There are clearly difficulties in replicating the pressures of an on-call shift during medical school and therefore, a focussed, simulation-based session for students, centred around the difficulties associated with heightened responsibility, may benefit in preparing for this scenario. This includes assessing patient's alone, escalating to seniors, and documenting concisely

Method We created a virtual on-call session for final year students in their final clinical placement. We ran 3 sessions with 3 students, presenting a clinical scenarios in which students had to formulate management plans in keeping with that of FY1 doctors. Each student was given an on-call bleep then 'bleeped' with tasks of varying urgency and difficulty. This required them to prioritise, document, use guidelines and escalate to seniors appropriately. Prior to, and following the sessions, we sent out surveys asking students how prepared they felt for FY1, particularly on-call shifts.

Results Students =9

Completion of pre teaching survey= 100%

Completion of post teaching survey= 78%

Conclusion Despite the limited size of this project, the results demonstrate that all students felt further teaching aimed at on-call shifts was desirable. The skills needed to survive shifts on-call are not tested as thoroughly as clinical skills and some students found this was the main area requiring improvement. We have shown that exposure to this in safe, informal, supportive environments reduces stress during a difficult transition.

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WhatsApp Messenger as a tool to supplement medical education – a pilot study

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Introduction: Instant messaging applications have the potential to improve and facilitate communication between hospital doctors and students, hence generating and improving learning opportunities. ⁽¹⁻²⁾ This study aims to demonstrate the feasibility and acceptability of instant messaging communication to supplement medical education for medical students whilst on clinical attachment.

Methods: A total of 3 WhatsApp Messenger (WhatsApp Inc.) groups were created for medical students on clinical attachment. These were used to provide communication within Problem Based Learning (PBL) groups for a duration of 8 weeks. The frequency and type of communication were recorded and students' opinions were evaluated through a structured interview process at the end of the study period.

Results: All of the participants were active in their respective messaging groups (3 tutors and 7 students). A total of 369 messages, 17 images and 15 webpage links were sent. Overall, students exhibited a positive view of the use of instant messaging in the learning process and did not find it intrusive. All students felt that instant messaging aided the learning process and would want to continue using instant messaging in PBL. Furthermore, all students agreed that instant messaging improved the group dynamic.

Conclusion: The findings of this study illustrate a method by which communication within PBL groups can be facilitated by the use of instant messaging. The results indicate the feasibility and acceptability of WhatsApp Messenger in supplementing PBL teaching for medical students, and provides a framework for studies to investigate its use amongst larger cohorts of students.

References: Cochrane T, Mobile Social Media as a Catalyst for Pedagogical Change. World Conference on Educational Multimedia, Hypermedia and Telecommunications; 2014.

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6TiME Abstract Book

Near-peer junior doctor preparation course: getting the methods right

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Introduction Despite improvements in the last decade, 15-20% of UK medical school graduates continue to report their training had not prepared them for their Foundation Year 1 (FY1) year, with significant variation between medical schools.

Methods One-day preparation courses in July 2015 and 2016 were organised by current FY1 doctors for incoming junior doctors. Attendees paid a deposit which was refunded on completion of an online mixed methods feedback questionnaire. The 2015 course was equally divided into lectures and small group sessions. Following feedback, the 2016 course was restructured to be predominantly small group sessions covering common calls. Differences between the quantitative (Likert-scale) responses were assessed using Fisher's exact tests with a Holm-Bonferroni familywise multiple testing correction. Qualitative responses were analysed thematically.

Results There were 61 attendees in 2015 and 50 in 2016. The distribution of medical schools differed between years. Feedback response rates were 100% and 96% respectively. Between 2015 and 2016, there was a significant increase in the percentage of students giving the most positive scores regarding usefulness of the session ($p < 0.005$), stimulation and interactivity ($p < 0.005$), overall impression ($p < 0.05$) and whether they would recommend the course to peers ($p < 0.005$). Thematic analysis of free text responses suggested that attendees found small group sessions interactive and relevant to their needs.

Conclusions Near-peer preparation courses have value in supporting the transition to practice. Our results recommend prioritising highly interactive small group sessions over large group sessions/lectures. Our data may be confounded by differences in distribution of medical schools and facilitators between years.

6TiME Abstract Book

The “S” in OSCE: How we standardise our OSCE examiners

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Background and Purpose To promote standardization in their marking examiners at University College London (UCL) undertake an online training module, which involves grading two filmed OSCE stations. Feedback for the online training has been positive but examiners request more practice marking ‘borderline’ candidates and communication skills, as they find these harder to judge.

Aims To develop three videos of ‘borderline’ candidates in a greater range of OSCE scenarios.

Methods We filmed two communication stations and one examination station. Previous mark schemes guided the definition of the ‘borderline’ candidate. Preliminary testing involved 26 final year students and 7 clinical teaching staff marking a video blinded to the intended overall mark.

Results 82% of the ‘examiners’ graded the video as ‘borderline’ with a mean score of 13.4 and a standard deviation of 2.1 (range 9-17.5).

Conclusions In this study, we confirmed that the tested video represented a ‘borderline’ performance in a trial group. High examiner score variability suggests poor standardization and difficulty marking borderline candidates. We aim to demonstrate the effectiveness of these videos by looking for reduced variability in examiner marking following completion of the online module in 2017.