How do we motivate our army of educators?
Junior Doctors’ experience of teaching in South East Scotland
E. Hampton, K. Hainey, E. Carr, A. Gad

Introduction
• Postgraduate and Undergraduate Learning for the South East (PULSE) is a teaching programme in South East Scotland which allows junior doctors to deliver clinically relevant teaching sessions to medical students.
• It provides support for junior doctors delivering this teaching and provides formal teaching accreditation.
• Despite initial enthusiasm, we have been unable to translate high attendance and enthusiasm at induction sessions into regular teaching session delivery.

Aims
• To explore the underlying motivations and challenges of teaching amongst junior doctors.
• To identify potential solutions to barriers faced, to cultivate and support a culture of teaching and learning.

Methods
• We approached this research from a constructivist perspective.
• We conducted semi-structured interviews with twelve junior doctors from a cross-section of grades and specialties.
• The interviews were audio recorded and transcribed verbatim by the four researchers.
• We undertook line-by-line coding and identified pertinent themes.
• Each interview was cross-checked for themes by another interviewer to minimise bias. As themes emerged, these were discussed, debated and agreed upon by all members of the research team.
• Written consent was obtained and participant identity was anonymised.

Results
The main themes identified are displayed below, with size representing their reporting by interviewees.

Why do you teach?
Personal Satisfaction
Desire to improve student experience
Personal Development
Formal recognition
Duty to medical education
Time away from clinical environment
Part of job plan

What barriers have you encountered?
Time constraints
Resources and logistics
Student engagement
Faculty disillusionment
Curriculum
Feeling of inadequacy as a teacher

How could the organisation help you deliver teaching?
Scheduled time
Logistical Support
Student engagement
Recognition from management
Freedom to control own teaching
More guidance on teaching
Student expectations

Dedicated time
Formal training
Management recognition
Publicising teaching sessions

Conclusions
• The majority of interviewees identified personal satisfaction as their main motivation to teach.
• The overriding barriers identified included time constraints, logistical issues with organising teaching sessions and a lack of student engagement.
• Facing these barriers resulted in junior doctors becoming ‘frustrated’ and ‘demoralised’ when trying to deliver teaching.
• Junior doctors identified a culture within hospitals where education is not perceived to be a priority. Many interviewees suggested that dedicated time during the working day would allow them to deliver more teaching.
• As a result of this research, we plan to improve student awareness of the PULSE programme by collaboration with the university. We will discuss with the deanery potential ways to support trainees who wish to deliver teaching sessions, including dedicated time for teaching during the working day.
• We are trying to cultivate a culture of education, using these data to improve teaching in this deanery.
The use of head mounted display eyeglasses for teaching surgical skills
Robert Peden, Rachel Mercer, Andrew Tatham
Princess Alexandra Eye Pavilion, Edinburgh, UK

Introduction
• Head-mounted displays (HMDs) allow viewing of surgical field and reference data without adjusting head position
• Cameras on HMD allow recording of a ‘surgeon’s eye’ view
• Potential for use in teaching surgical skills, but limited data on efficacy

Aims
• To compare HMD-assisted teaching of surgical skills with conventional wetlab teaching

Methods
• Prospective randomised control study
• Final year medical students at University of Edinburgh with no previous experience of suturing
• 3 groups
  • Conventional teaching (CT)
  • Conventional teaching & HMD (CT+HMD)
  • HMD alone
• All workshops taught simple interrupted suture technique followed by 10 minutes’ practice
• Assessment of skill acquisition by recorded assessment with masked evaluation by two independent graders

Results
• Similar ability to suture between 3 groups
• Good agreement between graders
• No difference in number of sutures placed and number securely tied within time allowed
• Highest satisfaction in the CT+HMD group, lowest HMD alone group

Conclusions
• No evidence of improved ability to suture after HMD-assisted teaching
• HMD-assisted teaching associated with improved student satisfaction
• HMD-assisted teaching increased the likelihood of students recommending the wetlab to colleagues
Doctors learn new tricks, but do they remember them? 

*Lack of effect of an educational intervention in improving Oxygen prescribing.*

Hamish Myers, Julia Taylor, Rhian Finn, Lutz Beckert.
Respiratory Medicine, Canterbury District Health Board, Christchurch, New Zealand.

**Introduction**

The process of audit, followed by educational intervention and re-audit, is widely performed in health services. This ‘audit cycle’ is a fundamental part of improving clinical performance. However, for this to be effective it is important that any improvements made are sustained. We observed that the prescription of Oxygen is often poor, and performed a series of audits and interventions to improve this.

**Aim**

Our aim was to audit Oxygen prescription before and after an educational intervention, and then again four years on. We hypothesised that improvements made immediately after the educational intervention would not be sustained over a longer period of time.

**Method**

The prescription of Oxygen was assessed in one hundred and two patients between June and August 2009. Following this, an educational intervention directed at improving Oxygen prescription was staged. Prescription of Oxygen was then re-audited in a further one hundred and two patients between September 2009 and February 2010. An identical third audit of seventy-two patients then took place between February and May 2014.

One-way ANOVA showed significant variance between audit groups (F 8.74, F-crit 4.26, p= 0.008). Post-hoc analysis with paired t-Tests confirmed significant improvement in the rate of Oxygen prescription in the second audit (24.5% to 58.8%, p= 0.01), immediately after the educational intervention. Four years on in the third audit, there was significant deterioration in the rate of Oxygen prescription compared to the second audit (58.8% to 13.9%, p= 0.01). This trend held true for Oxygen prescription in sub-groups of patients with COPD, proven CO2 retention and domiciliary Oxygen.

**Results**

![Oxygen Prescription Rates Across the Audit Cycle](image)

Figure 1: Star indicates significant improvement in performance between primary and secondary audits (p= 0.01). Triangle indicates significant deterioration in performance between secondary and tertiary audits (p= 0.01).

**Conclusion**

The rate of Oxygen prescription improves significantly after an educational intervention, however this improvement is not sustained over time. This observation is likely reflected in a range of other areas where the audit cycle is used to improve clinical performance. It is important to be aware of this potential for regression, to ensure that clinical improvements are maintained over time. There may be a role for sustainable interventions, such as the use of prompts on electronic prescribing systems. This is an important topic for future work in this area.
Dynamic new resources or just a distraction?
Students views on social media in Medical Education
Arrow, K. Specialty Registrar & Teaching Fellow
Ninewells Hospital & Medical School, Dundee, Scotland

Introduction

• The utilisation of social media in academic institutions aims to complement traditional learning methods, share knowledge and create “learning communities”.2
• Despite this, many students remain sceptical about it’s educational use. Uptake of social media based resources in our institution has been poor.
• In order to establish effective educational resources, we surveyed the student body for their opinion on social media in education.

Results

• 903 students were invited, 185 responded (20% response rate)
• 90% used social media for entertainment & social interaction often or daily
• 67% used such platforms for study-related communications with friends.

• Less than 40% used social media for it’s educational content frequently (Figure 1).

The Future

• Gathering student opinion has allowed us to divert efforts away from unpopular & under used learning materials.
• The challenge is to develop novel learning materials which maintain student privacy whilst creating learning communities and providing opportunities for the broad student body, considering their varying opinions.
• Podcasting is a form of mobile learning which has been adopted throughout higher education & beyond.
• We plan to launch an Acute Care Podcast, initially focusing on Exam Q&A & debriefing sessions and expanding into interactive case studies once students are engaged.
• Podcasts will allow students to enjoy learning anonymously, in a bite sized, peer reviewed & easily accessible format which complements traditional learning methods & promotes discussion amongst peers.
• We aim to improve opinion amongst students by allowing them to keep social & professional lives separate while benefiting from social media based learning resources.

Discussion

• This survey demonstrates that students in our institution have concerns regarding legitimacy of information and confidentiality.
• The “embedding” of social media within the curriculum has clearly alienated some students and novel learning methods which address students concerns must be developed in response to this evidence.
• Students in our institution find the University’s message regarding social media confusing. With the GMC’s 2013 guidance on “Doctors & social media” warning of the perils of social media & blurring the lines between professional & personal lives2, the responses gathered in this survey demonstrate a degree of consideration, maturity & Professionalism to be commended.
• Our experience in embedding social media into learning mirrors the findings of a systematic review by Cheston et al in 2013 which cited privacy concerns & variable learner participation as challenges3.

References

ST2 Targeted Training - Bridging the Middle Grade Gap

Authors: Robin Oswald¹, Kirsten Husselbee³, Katherine Lawlor³, Fiona Drimmie⁴

Affiliations:
1. ST3 Paediatrics, Tayside Children’s Hospital, Dundee
2. Consultant Paediatrician, Tayside Children’s Hospital, Dundee
3. Training Programme Director, East of Scotland Deanery & Consultant Paediatrician, Tayside Children’s Hospital, Dundee
4. Associate Postgraduate Dean, East Region & Clinical Director Paediatrics, Tayside Children’s Hospital, Dundee

Aims
1. To provide a targeted ST2 programme with access to varied clinical experience, enabling confidence in decision making and preparation for MRCPCH
2. To provide a self-selecting on-call, tailored to individuals specific learning needs, alongside senior middle grade staff
3. To evaluate staff perceptions of the new ST2 role

Methods
The ST2 role was discussed with the consultant body and determined that it should be a preserved post to enhance training and promote smooth transition to middle grade. The intake of 3 new ST trainees led to a simple 3 x 4 monthly rotation.

Background
Since the inception of MMC there has been significant change in training within paediatrics. The new structure has reduced the flexibility for trainees to move to middle grade when they and their trainers feel they are ready. In Scotland there is an expectation that trainees will move to middle grade at ST3. An ST 2 year spent on a first on rota does not always offer good opportunities to develop skills in more independent assessment and decision making. OP experience is often not offered until Level 2 training. Educationalists within undergraduate and postgraduate medical education have strived to ease the transition of medical students and doctors alike as they progress to the next level of responsibility(i,ii). The East of Scotland Paediatric Deanery agreed to trial a new approach to ST training.

Conclusions
The adoption of a ST2 independent of the tier 1 & 2 rotas enhanced learning opportunities in the build up to registrar rotations
The ST2s were able to select on-calls to work with the most experienced senior registrars
All of the ST2 cohort passed MRCPCH Clinical at first attempt and gained MRCPCH by mid-ST3
The staff in Tayside Children’s Hospital see the ST2 as an independently valuable addition to the team

References

Outcome Measures:
1. Does this programme provide improved learning for the ST2s?
2. Does the new ST2 provide value to other members of clinical staff?

Impact on Individual Colleagues
- Negative
- Positive
- None
- Invaluable

Impact on Unit Workload
- Negative
- Positive
- None
- Invaluable

Future of ST2
- 2nd Tier 1 Year
- Status Quo
- More Acute Work
A flipped classroom approach to an academic day improves medical students confidence and competence.

James G Boyle1,2, Alison W MacEwen1, David M Carty1, Gerard A McKay1, Niall Barr3, Kerr Gardiner3, Aileen Linn2, Matthew W Walters2

1 Department of Diabetes, Endocrinology and Clinical Pharmacology; Glasgow Royal Infirmary; 2 Undergraduate Medical School, University of Glasgow; 3 Learning and Teaching Centre, University of Glasgow

Background and Aim

Evidence suggests that junior doctors lack the confidence and competence required to manage acute/inpatient diabetes 1,2. A traditional pedagogical approach (live lectures and case based learning tutorials to a pilot ‘Diabetes Acute Care Day’ improved medical students confidence and knowledge of acute/inpatient diabetes but the final level of knowledge remained low (47%)3. We evaluated a novel pedagogical approach to the ‘Diabetes Acute Care Day’ called the ‘flipped classroom approach’.

Methods

‘Flipped classroom approach’ with four weeks online pre-access to nine micro-lectures and a quiz. On the day, active learning strategies with an interactive case-based quiz lecture using peer instruction with novel classroom response system (YACRS) developed at the University of Glasgow followed by prescribing skills workshops. Kirkpatrick’s model of evaluation: Level one (learner reaction) measured by survey questionnaire, review of online usage statistics; Level two (learning) measured by confidence questionnaire, case-based and prescribing skills assessment. Ethical approval gained

Results

Results: 95% (161) students participated. 82% described overall satisfaction for the flipped classroom approach as very satisfied or satisfied. 69% viewed at least one micro-lecture with the total number of unique and cumulative views of the nine micro-lectures being 623 and 686 respectively; with 68 unique and 73 cumulative attempts at the online quiz. Paired analysis confirmed an improvement in mean confidence scores from 4.55 to 7.41 (p<0.001). Paired analysis confirmed that mean assessment scores increased from 34% to 59% before peer instruction (p<0.001) and to 73% after peer instruction (p<0.001).

Discussion

Participants that viewed the micro-lectures (p=0.012) or attempted the online quiz (p<0.001) had higher final assessment scores. Unpaired analysis confirmed higher final assessment scores (73% vs. 47%, p<0.001) than the preceding academic year that did not use this pedagogical approach but was confirmed to have the same commitment of time (240 minutes)3.

Conclusion

This work described a targeted curricular development of acute /inpatient diabetes care in the undergraduate curriculum by implementing and evaluating a novel pedagogical model called the ‘flipped classroom’ approach. This approach appears to be an effective way to teach acute diabetes care to medical students. Further development and evaluation of this educational intervention is required to assess both its potential to impact on the quality of patient care in hospital as well as the applicability and utility to other specialties and Medical Schools

References

A peer-led approach to enhance trainee preparation for the Primary FRCA OSCE.

Dr R Hart, Dr S Sullivan, Dr T McLennan, Ms C Martin, Ms C Paton.
Kirklands Medical Education and Training Centre, Bothwell, NHS Lanarkshire.

**Background**

- The Primary FRCA Objective Structured Clinical Examination (OSCE) is notoriously difficult examination.
- It tests a wide range of curricular areas such as airway assessment, equipment, anatomy, airway management as well as medium-fidelity simulation such as anaphylaxis and failed intubation drills.
- Preparation is challenging for trainees as it is difficult to reproduce exam environment in a routine working day.
- Kirklands Medical Education Centre is a purpose-built simulation centre.
- We utilised this centre during our own preparation for Primary FRCA OSCE and felt this contributed our success in this exam.
- It therefore seems an ideal environment to develop a peer-led mock OSCE examination utilising simulated examination conditions.
- Theoretically examination practice utilising medium fidelity simulation of critical incidents such as failed RSI should improve performance in the real examination and hopefully translate to clinical practice.

**Aims**

- To improve preparation for the Primary FRCA OSCE in our region.
- Provide experience of the FRCA OSCE exam in a “safe” environment.
- Share our experiences of the exam with other trainees.
- To increase trainees’ confidence for sitting the exam.
- To gain experience of developing a training course.
- Enhance patient safety by simulating critical incident drills.

**Methods**

- We constructed a bank of mock examination scenarios closely mapped to those that appear in the Primary FRCA OSCE including:
  - Airway examination,
  - Anatomy of the larynx,
  - Failed RSI,
  - Cardiac arrest management,
  - History and communication,
  - Equipment.
- We devised and produced resources for each station including marking sheets, diagrams, actors, equipment and signage.
- We recruited faculty with an expertise in medium/high fidelity simulation and education.
- Our course was widely advertised and aimed at CT2 trainees.
- Course experience and pre/post confidence questionnaires (0-5 visual analogue scale) were used to evaluate the impact of the mock examination.

**Results:**

- We successfully delivered two peer-led OSCE sessions which allowed a total of eight candidates to practice under simulated examination condition.
- Each OSCE session had 12 realistic exam like stations which incorporated the use of medium fidelity simulation such as failed RSI and intra-operative anaphylaxis.
- Course feedback demonstrated enhanced confidence in most areas (Table 1). The table below displays our candidates mean confidence, analysed by pre/post confidence questionnaires using a 0-5 visual analogue scale (0 = not confident, 5 = very confident).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean pre course confidence score</th>
<th>Mean post course confidence score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>1.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Equipment</td>
<td>2.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Resuscitation and Simulation</td>
<td>2.6</td>
<td>3.3</td>
</tr>
<tr>
<td>History and Communication</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Examination skills</td>
<td>2.8</td>
<td>3.3</td>
</tr>
<tr>
<td>Confidence in sitting the OSCE in general</td>
<td>1.9</td>
<td>3.0</td>
</tr>
</tbody>
</table>

All candidates would recommend the course to others and 100% agreed that our course helped in their exam preparation.

**Discussion**

- The FRCA OSCE is an important assessment tool in the post-graduate anaesthetic curriculum.
- It ensures that anaesthetic trainees are competent in a broad set of technical and non-technical skills.
- We have successfully demonstrated that trainees can construct and lead a peer-led mock FRCA OSCE course.
- We hope our course optimises candidates’ performance both in the FRCA examination and in real clinical practice.
- This educational opportunity may lead to improved patient interaction and improved handling of critical incidents.
- The peer-led approach to this course is powerful - as trainees leading the course we developed our own inter-professional skills.
- We plan to run our course bi-annually and establish this course as a tool for examination practice. We aim to invite an external RCOA examiner to provide quality assurance that our course is representative of the real examination.

**References**

Methods

- A practical ECG training programme was organised
- It was delivered in the nurses’ usual working environments across the city.
- The programme was also open to nursing assistants and allied health professionals
- Staff were allocated time within their normal working day to attend training
- Free-to-access resources obtained from the British Cardiovascular Society were approved by Clinical Governance and used to structure the sessions
- Sessions teaching ECG administration, troubleshooting and maintenance of equipment were delivered
- Each participant administered an ECG to an informed and consenting patient or a volunteer
- Patients who were due an ECG were selected
- The trainer was a junior doctor who had regular experience of administering ECGs

Feedback

Staff were given feedback forms comprising the following questions:

1: “The session was appropriate for my level of knowledge”
2: “The balance between practical and theoretical teaching was right”
3: “The session covered all areas that I hoped would be covered”
4: “I had opportunities to ask questions and these were addressed”

- 54 staff were trained over a ten-week period
- 48 feedback forms were returned.
- 97% “Strongly agreed” with all questions. The remaining 3% “agreed” with all questions
- Feedback was obtained from refresher sessions and was 100% positive

Conclusions

- This programme was felt to be a success by those delivering it and the participants
- Training was done during allocated staff time and the trainer was a core trainee in Psychiatry, for whom teaching of others is a required learning outcome.
- The programme was low-cost with no financial outlay required. Additional ECG paper and stickers were consumed when using healthy volunteers, but this was mitigated by using patients who needed ECGs wherever possible.

We believe this programme shows that staff training in ECGs can be carried out in a low-cost and time-efficient manner and the use of junior doctors in training to deliver this is appropriate. There is clearly a demand for ECG training given the number of participants, and the practical training structure was a success.

What next?

A rolling programme for ECG training is now in place. Responsibility passes to core trainees in psychiatry rotating through the directorate, with initial and refresher sessions. We believe this will assist them in achieving teaching competencies, while ensuring that all staff have opportunities to refresh their training. The trainees have been invited to expand the training to local General Adult and Old Age Psychiatry units to enhance ECG provision across the city and this is now in place.
Medical Student and Patient Experience Pilot Project
L Hawick¹, J Scott²
¹ School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, UK
² Person Centred Manager, NHS Grampian

Background/Context
The GMC³ recommends that learners must receive regular, constructive and meaningful feedback on their performance, development and progress. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers. While there are various mechanisms for medical students to receive feedback, there is little opportunity for us to receive real-time feedback from patients following clinical encounters with medical students.

Specific idea or innovation suggested
In a collaborative project with the Person Centred Team (Quality, Governance and Risk Unit) using established NHS Grampian patient and staff experience questionnaires, we asked patients for feedback immediately after they had discussed their case history and been examined by second year medical students in the Emergency Care Centre in Aberdeen Royal Infirmary. We gathered patient’s and medical student’s stories about these clinical experiences.

What the patients said:
What the medical students said:

References
Introduction

Curricula development and change are ongoing continuously in undergraduate medical education. However, while there is much interest in curriculum content and mode of delivery, research on this topic tends to take the stance that reform is (relatively) straightforward.

This has led to the situation where reform is often an exercise that results in repetition of sameness but no actual reform in the process (Whitehead et al., 2013). We had a naturally-occurring opportunity to explore these processes locally, with the launch of the new Aberdeen MBChB curriculum in 2009. Our aim was to explore the change agents’ perspectives of the aims and objectives of the reform and to illuminate the hidden, or unacknowledged factors operating to influence and challenge the enactment of change.

Methods

This is a qualitative study using an exploratory case study design (Yin, 2003). We conducted semi-structured interviews to explore change agents’ perspectives of the aims and objectives of reform and the factors which were influential in driving and planning change.

Results

We carried out 17 interviews. Data coding and analysis of interview data was initially inductive. We then moved beyond preliminary thematic analysis (Braun and Clarke, 2006) to critically analyse the complexity of curriculum reform, foregrounding the influences, connections and networks involved via a “wicked problem” lens (Rittel and Webber, 1973).

This illuminated that properties of curriculum reform such as; the repetitive challenges encountered during reform processes are never finally solved, only re-solved over and over again; there are many interdependencies and multiple stakeholders influencing and contributing to the decision making process of reform (including various faculty staff, healthcare institutions, health care providers and governing/regulatory bodies); and measures introduced to address challenges of curriculum reform can lead to unforeseen or unintended consequences, could be appropriately represented using a wicked problem framework.

Conclusion

The wicked problem lens gives a unique insight into the journey of curriculum reform. This novel approach can help stakeholders think differently about reform and gives a means of “framing” challenging issues within the reform process, which may aid the success of reform.

References


OVERVIEW

Team working and closer involvement of pharmacists with healthcare teams are suggested to improve prescribing outcomes1-3. A UK study of foundation doctors’ prescribing errors recommended development of interprofessional education (IPE)4.

Aim

Aim of larger overarching NES-funded project:
- Design, deliver and evaluate IPE
- Between medical students at University of Dundee & Pharmacy students at Robert Gordon University, Aberdeen
- Aim of initial pilot “Diabetes Challenge”:
- Investigate challenges of designing and delivering IPE for students from two distinct institutions and geographical cities/locations

METHOD

Recruitment

Medical students allocated to two specific sessions identified Pharmacy students volunteered

Two Sub-groups

- (both facilitated by a pharmacist and GP)
- Face-to-face group: met face to face for intro and follow up
- Online group: completed exercise entirely online via Google+

In between intro and follow up:

- Completed “Diabetes Challenge” - asked to live as a person with Type 2 diabetes (including taking sham medications, monitoring diet and exercise)
- Reflected using separate Google+ communities
- Follow up: discussion of impact on clinical/professional practice

Evaluation

- Student: SPICE4 questionnaire before and after activity, evaluation form and focus group

OUTCOMES/RESULTS

Face-to-face group

Online Group

<table>
<thead>
<tr>
<th>SPICE questionnaire</th>
<th>Significantly improved SPICE4 scores for 7/10 statements comparing scores before to after pilot (P&lt;0.05)</th>
<th>No change/improvement comparing scores before to after pilot (P&gt;0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Evaluation Questionnaire</td>
<td>“Face-to-face” group were more positive about “learning with another healthcare professional” than “online” group (P&lt;0.05)</td>
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</tbody>
</table>

“Fully understand now that the whole picture of a particular comorbidity will build up to the patient when different healthcare professionals contribute in patient journey.”

“Hardly any interaction with pharmacy students.”

“Could have been more interaction with medical students – potentially due to it all being online.”

“TBL – Inter professional learning could include pharmacists as well as nurses.”

“Perhaps knowing the pharmacy students beforehand would make it more beneficial,”

“Initial face to face intro.”

Suggested improvements/other areas for IPE

CONCLUSIONS

Undergraduate training of medical and pharmacy students has been mainly unprofessional in nature yet patient care is increasingly provided by interprofessional health care teams. The “face-to-face” aspect of the “Diabetes Challenge” improved student perceptions of IPE and understanding of roles. Looking to the future, there are challenges with scaling up IPE for 360 students per session. TBL is used successfully for education in large class sizes5 and could provide a realistic solution.

REFERENCES


This project was funded by NHS Education for Scotland and facilitated by members of staff from University of Dundee and Robert Gordon University.

ACKNOWLEDGEMENTS

MISS A ARNOLD1 DR K STEVEN2 PROFESSOR A STRATH1 DR I ROWE3 PROFESSOR G MURES2 MRS N LAFFERTY2 DR S HOWDEN2

1School of Pharmacy and Life Sciences, Robert Gordon University, Aberdeen, UK

2School of Medicine, University of Dundee, Dundee, UK

It's day 2 and I've already overdosed on Metformin and had to buy a new pack of smarties - oh dear.

it is flat tradition to go to the ‘Silvery Tay’ chippy on a Sunday evening and my diabetes slipped my mind….
Impact of Near-Peer Tutors in Practical Anatomy sessions: A Questionnaire based study
J. Sinclair, A. Cameron, S. H. Parson, A. Venkatesh

Introduction
Near-peer teaching involves more experienced students acting as tutors. Their use in practical anatomy classes has been evaluated with promising results. The purpose of this pilot study was to evaluate the impact of near-peer tutors in practical anatomy sessions in the undergraduate medical curriculum at the University of Aberdeen.

Methods
- Final (5th) year medical students were recruited as peer tutors in practical anatomy sessions for specific second or third year teaching blocks.
- Tutees (2nd and 3rd year students) completed a questionnaire comprising of a Likert scale and free text responses to evaluate their perceptions of near-peer teaching after the sessions.
- Likert scale responses were converted to numbers (1=strongly disagree to 5=strongly agree) and the median (inter-quartile range (IQR)) calculated.
- Free text responses were analysed by two researchers (JS and AV) using a general inductive approach to identify emergent themes from the data.
- Ethical approval was obtained from the College Ethical Review Board.

Results
- One hundred and forty-nine students (out of a possible 338) completed the questionnaire.
- Tutees agreed that peer teaching helped to improve their understanding of the topics covered (median (IQR) 4 (4, 5)) (Figure 1).
- 92% of tutees would favour the introduction of peer teaching into anatomy practical classes for other systems (Figure 1).
- Qualitative analysis of the free text responses identified four major themes shown below:

More tutors in class
- “More opportunities to ask questions”
- “I just felt more comfortable asking peers”
- “Less waiting around to ask swamped staff”
- “It was fun to chat to them about anatomy- perhaps more casual than discussing things with teachers”

Social congruence
- “They were also less intimidating to talk to because they understood what we were going through”
- “It was useful having additional tutors in anatomy as there are usually not enough”
- “Peer tutors knew exactly what we needed to know as they had done it only a few years earlier. Also gave good hints on how to learn it”
- “Good at explaining in simple and easy terms”

Cognitive Congruence
- “Good to discuss topics from a clinical view point”
- “It was useful to hear how they had understood and learnt the more tricky concepts themselves”
- “Didn’t always know the answer although when this happened they did ask for help”
- “Need greater standardisation of the proficiency and knowledge of tutors”

Conclusion
Our findings concur with current literature that near-peer teaching is beneficial to tutees, particularly due to the social and cognitive congruence between tutors and tutees, thus supporting its introduction within practical anatomy teaching.

References