Near-Peer Learning; a useful adjunct for junior doctor education

Dr Alexandra Stathis. BAdvSci(Hons), MBBS, MS
Surgical Registrar, Sydney, Australia.
• Prevocational Education guided by the Australian Curriculum Framework
  • Predominantly Self-directed
  • Supplemented with formal teaching sessions (consultants) and bedside tutorials
  • Expectation of ‘learning on the job’
A number of challenges

- Large increase in medical graduates
- Limited availability of specialists to teach
- Changing clinical environment – busier and busier!
- Junior doctor burnout, added stress of increased fatigue
Near-Peer Teaching

Education delivered by trainees at a similar level of training, usually 1-2 years greater in seniority

- Comfortable environments
- Highly adaptable
- Provides teaching experience to the tutors
- Greatly increases the number of potential tutors
AIM

To determine whether near peer teaching sessions increased the confidence of junior doctors in managing common clinical conditions.
METHODS

• 6 clinical scenarios were chosen from the ACF and assigned to tutor volunteers at random

• 20-minute presentations were devised by the tutors. Overseen by consultant specialists.

• Prevocational doctors (post-graduate years 1-2) were invited to attend fortnightly peer-led teaching sessions

• Pre and post-session surveys were utilized to assess effectiveness of the session
RESULTS

• Over 3 months, 6 teaching sessions were conducted with an average attendance of 7 trainees per session.

• There was a 100% response rate for both pre- and post-session surveys (n=44)

Table 1: Education session 'usefulness' to clinical practice. Survey data from 44 respondents, Hornsby-Kuring-gai Hospital 2018.
RESULTS

- ‘Confidence’ increased an average of 1.7 points

- “The management of post operative patients” session was deemed ‘extremely’ useful by 100% of trainees, with a mean confidence increase of 2.4 points.
CONSIDERATIONS

• Simple audit design → room for more complex evaluation

• Sample size: small hospital → trial at larger centre

• Scope to incorporate feedback of tutors themselves
  • Increase value as a teaching opportunity, enable development of teaching skills
CONCLUSIONS and FUTURE DIRECTIONS

• Informal near-peer teaching sessions can improve junior doctor confidence in managing common clinical scenarios

• A useful adjunct to formal teaching

• Informal group format is readily adaptable to a teleconferencing format
  • Allows for appropriation to social distancing requirements
  • Increases accessibility to trainees unable to attend on-site due to rostering/duties at other hospitals