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

Dr Ayesha Khan,1 Dr Shruti Dorai1 and Dr Aaina Mittal1

1. Royal Sussex County Hospital, Brighton, BN2 5BE
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.
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.
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

<table>
<thead>
<tr>
<th></th>
<th>Mean Likert Score Pre-Course</th>
<th>SE</th>
<th>Mean Likert Score Post-Course</th>
<th>SE</th>
<th>p-value</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student confidence in taking a focused history</td>
<td>3.04 ±0.09</td>
<td>4</td>
<td>±0.059</td>
<td>p&lt;0.01</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Student confidence in suggesting relevant differential diagnoses</td>
<td>2.6 ±0.08</td>
<td>3.79</td>
<td>±0.07</td>
<td>p&lt;0.02</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Student confidence suggesting appropriate investigations</td>
<td>2.82 ±0.09</td>
<td>3.94</td>
<td>±0.07</td>
<td>p&lt;0.03</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Student confidence in formulating suitable management plans</td>
<td>2.24 ±0.08</td>
<td>3.6</td>
<td>±0.07</td>
<td>p&lt;0.04</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Student perception of preparation for history-taking stations of upcoming OSCE</td>
<td>2.26 ±0.10</td>
<td>3.69</td>
<td>±0.08</td>
<td>p&lt;0.05</td>
<td>63</td>
<td></td>
</tr>
</tbody>
</table>
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.
