Medical education

A NEAR-PEER TEACHING PROGRAMME ON HISTORY-TAKING DESIGNED FOR THIRD YEAR MEDICAL STUDENTS BY JUNIOR DOCTORS

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There is increasing evidence to suggest that formal near-peer teaching programmes are valuable and effective methods used within medical education. A survey conducted by junior doctors amongst 120 third year medical students on clinical attachments at an acute teaching hospital highlighted very poor confidence in their ability to take a focussed history, suggest appropriate differential diagnoses, investigations and management plans. Our aim was to design a teaching programme to enhance clinical history-taking skills amongst medical students, and evaluate the efficacy of the near-peer teaching model.

Methods Three junior doctors designed, organised and delivered a 13-week near-peer course for third year medical students on history taking to target areas highlighted in the survey, based on topics covered in their curriculum. The course comprised a mixture of lectures and small group simulated patient interviews, with feedback and discussions facilitated by junior doctors. Pre- and post-course surveys and feedback forms after each session were completed by the students.

Results 72 Pre-Course, 80 Post-Course and 188 individual session feedback forms were analysed. There were statistically significant improvements in mean student confidence after the course in all domains: focused history taking, suggesting differential diagnoses, appropriate investigations, formulating management plans and exam preparation. Additionally, 93% of students found formal history-taking teaching useful and 96% found a junior doctor watching them taking a history and providing individualised feedback beneficial.

Conclusion This study showed that a 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. Medical should consider incorporating more formal near-peer teaching courses into their curricula.

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PILOTING A DENTAL TRIAGE SYSTEM AT COLNBROOK IMMIGRATION REMOVAL CENTRE TO REDUCE WAITING TIMES

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Colnbrook Immigration Removal Centre (CIRC) is a secure detention facility. Persons detained less than 12-months could only access urgent dental care; persons detained more than 12-months could also access routine dental care. A large detainee population and the once-a-week availability of dentistry could cause some patients to visit CIRC’s medical services, and a lengthy dental waiting list. The British Medical Association advocates that detainees should be entitled to the same range and quality of services, as received by the general public.

The author was inspired by Hydebank Prison’s triage approach, and the existing triage systems: NHS 111 and the Scottish Emergency Dental Service. With the unavailability of dental nursing between October and November 2018, a