

Medical education

71 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 focused 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 provide 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

Developing effective leaders

72 MEDICAL LEADERSHIP AND MANAGEMENT TEACHING TO MEDICAL STUDENTS; EVALUATION OF A STUDENT-SELECTED COMPONENT

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Aims

- Identify effective methods of teaching medical leadership and management (MLM) content to undergraduate medical students

- Gauge student opinions on the importance of MLM content in the training of doctors and whether its current level of provision on the curriculum is sufficient.

Background Historically, a significant proportion of healthcare leaders in the National Health Service have come from non-medical backgrounds despite the evidence base showing that outcomes for both patients and organisations improve when clinicians assume positions of senior authority. However, as MLM education provision remains in its infancy, no decisive evidence-based strategy has materialised to inform the development of this curriculum.

Methods This project targeted penultimate and final year medical students at the University of Manchester (n=40), aiming to develop MLM skills through a four-week student selected component (SSC). This included small group, expert led tutorials as well as opportunities to attend coroners' courts and fitness to practice tribunals. Satisfactory completion of the module required the production of a quality improvement project or lay document for the public. Students opinions and confidence in MLM concepts were evaluated with a survey utilising a 5-point Likert scale pre and post placement.

Results Our results demonstrated a significant increase in student's confidence of their knowledge in medical authorities and NHS structures compared to before this placement. Furthermore, the vast majority of students believed that greater emphasis should be made on MLM content within the core curriculum.

Conclusions There is an appetite for further MLM education provision on the undergraduate medical curriculum with the methods employed on this SSC being an effective way of teaching this content. Further research should aim at expanding this to larger cohorts and investigating how this content can be longitudinally applied over the length of the course.

Leading innovation and improvement

73 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