Medical education

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

Shruti Dora, Ayeshas Khan, Aaina Mittal. The Royal Sussex County Hospital, UK

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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

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

1Ferhan Muneeb*, 2Tej Pandya, 3Jonathan Gibbs, 4Neil Metcalfe. 1 Worthing Hospital, UK; 2 Royal Bolton Hospital, UK; 3 University of Manchester, UK

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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

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

Bhavna Modha. Kent Community Health NHS Foundation Trust, UK

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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
Aims We developed and implemented a new Junior Doctor rota at a small DGH in London in the weeks approaching the peak of the COVID19 pandemic.

In early March 2020, it became clear it would be necessary to increase junior doctor staffing in order to provide round-the-clock care for acutely unwell patients, while ensuring cover for staff sickness. Failure would result in significant strain on staff wellbeing and patient safety.

Methods We assessed the challenge by discussing with colleagues, meeting the site medical director and joining calls with strategic leaders.

Central hospital planning provided details of expected clinical need and acuity. Junior doctors were engaged in daily handover meetings and via instant messaging.

We developed a rota covering all medical wards, increasing on-call and night staffing and ensuring adequate rest. We split the hospital into zones and organised colleagues into colour-coded teams. This provided team spirit and support in a difficult environment. Evident immediately were improvements in both perceptions of patient safety and morale.

Results We carried out a survey of colleagues. Of the approximately 60 colleagues involved, 37 responded to 21 questions. (A = Agree, SA = Strongly Agree, N = Neutral)

Perceptions of safe ward staffing before and after rota introduction: 32% vs 86% (A/SA)

Perceptions of safe on-call staffing before and after rota introduction: 24% vs 92% (A/SA)

Adequate notice on COVID rota change: 73% (A/SA/N)

Adequate consultation on COVID rota change: 92% (A/SA/N)

Team-based rota pattern beneficial 86% (A/SA)

Conclusions This work identified the need for adequate consultation when changing working practices. Successful leadership requires the ability to communicate in difficult circumstances and to implement necessary change despite time pressures. The benefits of team-based work were clearly demonstrated and should be carried forward to maintain morale.

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**Leveraging artificial intelligence to improve CV risk awareness in diabetes patients**

**75 DEMONSTRATING LEADERSHIP IN HEALTH CARE: UTILISING ARTIFICIAL INTELLIGENCE TO IMPROVE NCD OUTCOMES**

Anurita Majumdar*, Kaushal Shetty, Kannan Subramaniam. Research, Development and Medical, Pfizer Upjohn, Singapore; Business Technology, Research, Development and Medical, Pfizer Upjohn, Mumbai, India; Research, Development and Medical, Pfizer Upjohn, Sydney, Australia

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**Context** Noncommunicable diseases (NCDs) are responsible for more than 71% of all deaths worldwide and more than 85% of these deaths are premature and in low- and middle-income countries. Diabetes is one of four key NCDs, the others being cardiovascular disease (CVD) chronic respiratory illness and cancer. Those with diabetes are at high risk for CVD and are two to four times more likely to die from CVD than those without. 1 in 10 people with diabetes were not aware about CVD and its risk factors; greater than 9 in 10 had one or more risk factors for CVD; and 1 in 4 thought their risk for CVD was low or none. These results of a study conducted by the International Diabetes Federation in 2017/2018 reported that in South East Asia more than half those studied reported that they were at no or low risk of CVD. Furthermore, almost 1 in 5 could not recall having discussed risk for CVD with their clinician. Thailand’s National Health Examination Survey III showed that approximately half of the people with the coexistence of hypertension and diabetes were unaware of either one condition and 85% of them were unaware of having both conditions. Researchers conclude that efforts to increase detection, treatment, and control of those affected are critical. A multisectoral approach involving key stakeholders and leveraging technology with credible information can be used to address the challenge.

**Intervention** We leveraged artificial intelligence to address two key issues; identify persona of diabetes patients who are not aware of their risk for CVD and provide targeted information to raise awareness and improve adherence. The Medical Lead for NCDs, the Regional Medical Lead for ASEAN and the Regional Business Technology (BT) Lead led the design and execution of this strategic project in Thailand. Our teams included country medical and regional portfolio and BT leads. A defined project management plan with milestone reviews helped execute this project on time.