Peer-Assisted History-Taking and Case Presentation:
A Quality Improvement Project to Supplement RCSI’s Clinical Competencies Module using Peer-to-Peer Learning Techniques

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**Context**

**Who?**
A group of five Graduate Entry Medical students studying at the Royal College of Surgeons, Ireland in 2019

**What?**
We identified a quality gap in the history-taking and case presentation aspect of the Clinical Competency module in year 1 of the programme

**Why?**
The 90:2 didactic teaching of history-taking and case presentation lacked efficiency and efficacy in improving students’ clinical skills

**How?**
We utilized Quality Improvement Principles to design PDSA cycles with the intention of improving the Clinical Competency module in year 1

**Background & Approach**

**Identified a Quality Gap in the Clinical Competency module**

- Efficiency: inefficient use of class time and actor’s time, RCSI funding
- Effectiveness: ineffective teaching and learning of history-taking in class
- Timeliness: not reaching learning outcomes by the time of the OSCE
- Equitableness: inequity regarding student experience and opportunity to practice in class
- Safety: compromised psychological safety & patient safety
- Student-Centeredness: lack of student engagement

**Completed a Needs Assessment Survey in the Graduate Entry Medicine class**

- Took a history during semester 1: 87%
- Perceived the class was efficient use of time: 60%
- Perceived that in-class history taking sessions would have improved OSCE performance: 83%
- Perceived that adequate feedback was received during OSCE history taking station: 56%

**Conducted a literature review of international approaches to teaching clinical skills**

**Proposal:** to improve the efficiency and efficacy of the Clinical Competency module by implementing a pilot program where small groups of five students each rotate roles (patient-interviewer-feedback position) under tutor supervision

**Aim Statement:** to improve GEM1 student confidence and competence in history-taking and case presentation, each by 20%, by ensuring that 100% of year 1 graduate entry medical students complete at least three histories and case presentations in small peer groups facilitated by the class tutor, in one academic year, from September to April

- **Outcome measurement** → student surveys, OSCE marks.
- **Process measurement** → percentage of histories taken and presented per student, percentage of tutorials supervised by faculty
- **Balancing measurement** → improved peer-to-peer feedback and communication, early history-taking and case presentation practice in year 1, improved cost-effectiveness of module, increased professional development of students

**Conclusions & Next Steps**

Discussion with RCSI faculty

Plan for beginning of PDSA cycles with incoming Graduate Entry Medicine Year 1 class

Feedback and optimization of the model will be required during PDSA cycles

The ultimate goal is to expand this method of teaching to all undergraduate medical classes at the Royal College of Surgeons

We already practice with our peers – so why not make it official?

**References:**