

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?

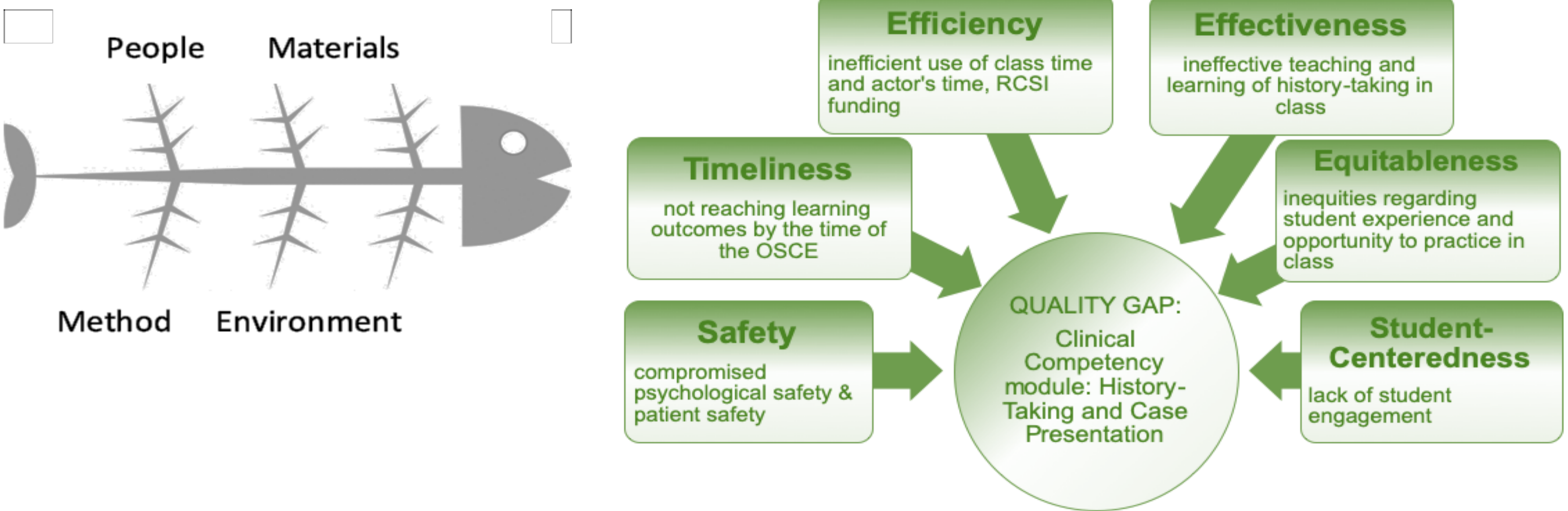
The 90:2 didactic teaching of history-taking and case presentation lacked efficiency and efficacy in improving students' clinical skills

How?

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

BACKGROUND & APPROACH

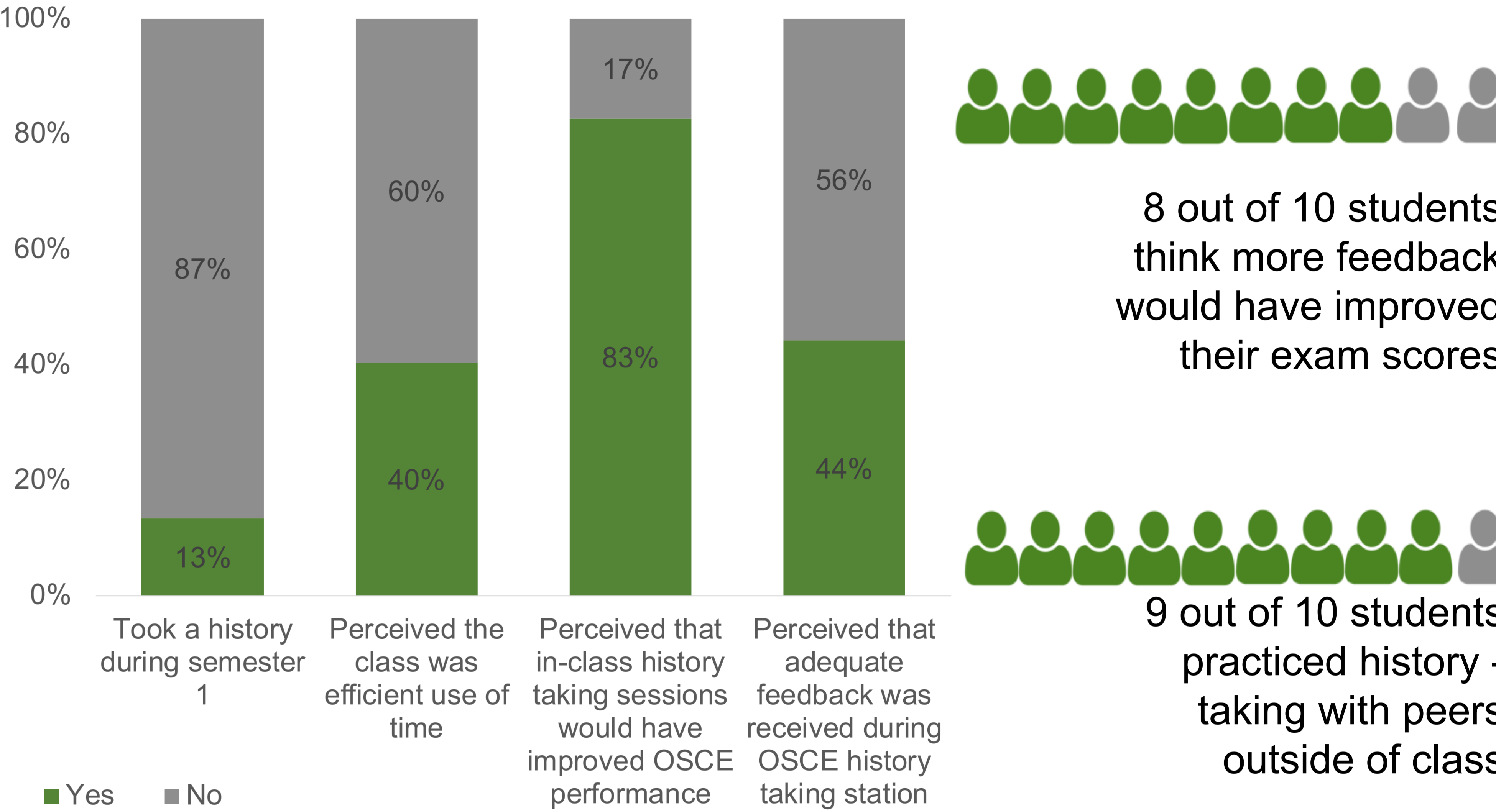
Identified a **Quality Gap** in the Clinical Competency module



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



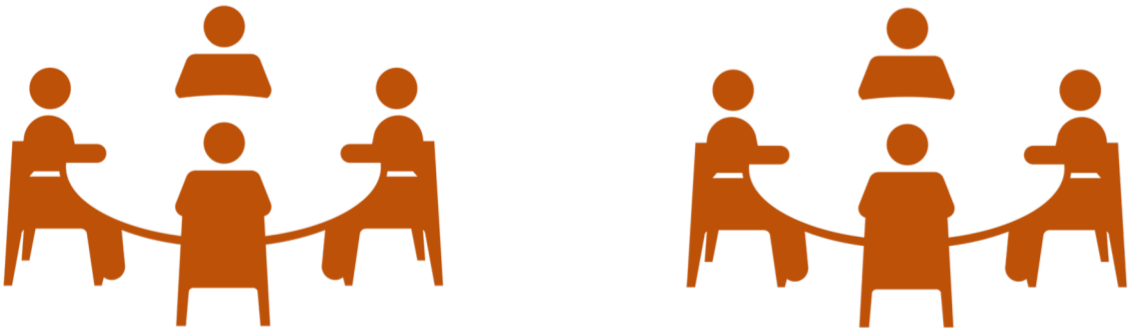
Completed a **Needs Assessment Survey** in the Graduate Entry Medicine class



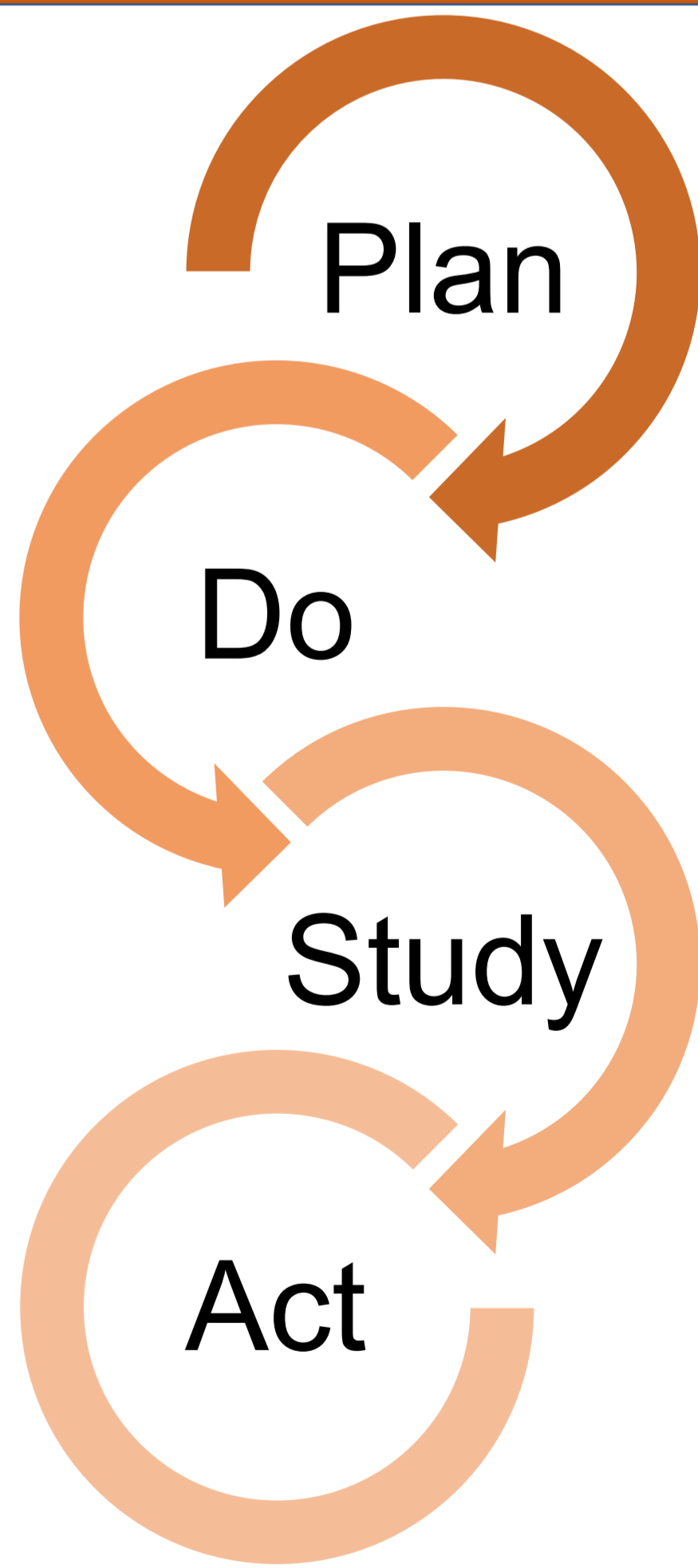
AIM & MEASURES OF THE OUTCOME

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: (1) VON LINGERKE, T., KURSCH, A., LANGE, K. & MHH, A. P.-L. 2011. The communication skills course for second year medical students at Hannover Medical School: An evaluation study based on students' self-assessments. GMS Z Med Ausbild, 28, Doc54. . (2) WATSON, K. 2011. Perspective: Serious play: teaching medical skills with improvisational theater techniques. Acad Med, 86, 1260-5. (3) LOSH, D. P., MAUKSCH, L. B., ARNOLD, R. W., MARESCA, T. M., STORCK, M. G., MAESTAS, R. R. & GOLDSTEIN, E. 2005. Teaching inpatient communication skills to medical students: an innovative strategy. Acad Med, 80, 118-24 (4) KEIFENHEIM, K. E., PETZOLD, E. R., JUNNE, F., ERSCHENS, R. S., SPEISER, N., HERRMANN-WERNER, A., ZIPFEL, S. & TEUFEL, M. 2017. Peer-Assisted History-Taking Groups: A Subjective Assessment of their Impact Upon Medical Students' Interview Skills. GMS J Med Educ, 34, Doc35.