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PPE: A UK perspective, 'All for one, **NOT** one for all'

Dear Sir

The recently published work by Chen et al. (2001) was read with keen interest by students of the Cardiff University Surgical Society at our fortnightly journal club. Whilst all members acknowledged the benefits of Peer Physical Examination (PPE), the proposition of formally integrating PPE into our medical curriculum sparked much debate.

Whilst Chen et al. (2001) identified culture and female gender as factors reducing propensity to participate in PPE; we anticipated that in an ethnically diverse, female-dominated (approximately 2/3) cohort, such as that seen at Cardiff University School of Medicine, PPE might attract poorer involvement than those reported here. Students must be endowed the same rights to which they are dutifully bound to grant patients, namely refusal of investigation, including examination. This necessitates an educational programme designed for all, which can accommodate the inevitable disinclination to participate expressed by some students. Hence we call for a solution which satisfies 'all for one, not one for all'.

In light of this we propose three recommendations for learning clinical examinations based on a non-uniform approach. Firstly, we endorse Cardiff's utilisation of actors through high-fidelity simulation as this can incorporate simulated pathology alongside unfamiliarity between examiner and examinee. Moreover, this replicates a realistic clinical encounter that requires development of patient–doctor rapport. Secondly, we felt that PPE is more appropriate in an informal setting between self-elected individuals. This informal approach allows repetitive practice of examination routine upon friends in order to achieve flair and confidence outside of the constraints imposed by the classroom. Indeed, many students conceded PPEs effectiveness in preparation for their Objective Structured Clinical Examinations. Finally, the use of bench top models should be highlighted in order to attain proficiency in performing intimate examinations.

In conclusion, we do not feel formal PPE adequately fulfils medical students learning requirements. Instead, we propose a multifaceted approach that provides consideration to the range of different clinical examinations taught at medical school. We would once again like to thank Chen et al. (2001) for their interesting research on this topic and would recommend further research investigating validation of PPE as an effective adjunct for learning clinical skills.

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Reference

Chen JY, Yip ALM, Lam CLK, Patil NG. 2011. Does medical student willingness to practise peer physical examination translate into action? Med Teach 33:e528–e540.

Authors' response to letter from Rizan CT et al. – PPE: A UK Perspective, "All for one, **NOT** one for all"

Dear Sir

We are most pleased that our report generated interest and discussion among Rizan and colleagues in their journal club. We agree with Rizan et al. that the learning of clinical skills can, and should be facilitated through multiple modalities including peer physical examination (PPE).

It may not have been clear that our reported findings focused only on the PPE component of a formal clinical skills programme which also uses teaching videos, audio-visual aids, demonstrations, and high- and low-fidelity models as appropriate. This programme is the introduction to our overall clinical skills curriculum which also incorporates a variety of learning approaches involving simulated patients and contextual experiential learning. As noted in our article, the vast majority of students practised PPE during class time as well as on their own time, which would suggest they perceived value in this practice, whether done as part of the formal programme or informally.

Nonetheless, we do see an important role for the setting-specific, structured use of PPE in the learning of clinical skills in medical school for practical (e.g. resource and time constraints) and educational reasons (e.g. multi-source feedback), with consideration for student informed consent (Wearn and Bhoopatkar 2006), and sensitivity to cultural and gender issues (Rees et al. 2009).

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