



A faculty-facilitated near-peer teaching programme: An effective way of teaching undergraduate medical students

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suggest to engage more in medical education – AMEE offers numerous possibilities, so save the date for next year's conference in Milan!

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Inspiring trainees to consider a career in medical education

Dear Sir

No sooner than newly qualified medical graduates have found their feet in their first jobs, they are already being asked to consider their long-term career direction. Many trainees spend vast sum of money and time on taster weeks, conferences and courses to become better informed and show 'dedication to a specialty'.

Medical education is rarely considered as a career by first year trainees, with the majority pursuing more established pathways such as surgery and general practice (Svirko et al. 2013). Although there are several courses that aim to improve teaching skills, opportunities for foundation doctors to discover how to pursue medical education as a career are lacking. Furthermore, the absence of a clearly defined career pathway (Cheung 2010) may deter some trainees.

We organised a heavily subsidised National Medical Educators Conference, aimed at foundation doctors and medical students. Eminent medical educationalists gave keynote speeches on pathways of career progression and inspired delegates to consider medical education as a career. Delegates were also given the opportunity to present their work in the field of medical education to share and disseminate ideas and examples of best practice.

The field of medical education may miss out on talented individuals who slip through the net because they are unaware of the opportunities available to them. We feel that more conferences aimed at junior trainees as opposed to those further along the career ladder as well as more of an emphasis on 'teaching and training' in the foundation curriculum, would encourage more trainees to explore medical education further.

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A faculty-facilitated near-peer teaching programme: An effective way of teaching undergraduate medical students

Dear Sir

Near-peer teaching, where trainees of similar experience teach one another, is carried out informally in hospitals throughout the UK. Princess Alexandra Hospital (PAH) uniquely has a *Junior Clinical Fellow* (JCF) programme, a scheme which formally recruits FY1s in near-peer teaching roles. Five JCFs were competitively selected from a cohort of FY1s for the following roles: two PBL fellows, one OSCE lead, a fellow responsible for journal club/teaching seminars and one fellow responsible for bedside teaching, recruiting mentors and teaching seminars. The faculty provided logistical support and a study budget for the JCFs. These roles were negotiated with the hospital directorates. We conducted a retrospective qualitative study to assess whether the programme was successful.

A questionnaire was designed to determine whether there was greater quantity of teaching from FY1s compared to other trusts, good standards of teaching compared to senior doctors, and whether teaching was relevant to their course and learning needs. In addition, we asked the FY1 JCFs and mentors about whether the programme provided teaching opportunities, encouraged a future in teaching, developed teaching skills and consolidated learning.

The following percentages of students ($n=15$) agreed or strongly agreed with the statements in the following categories: teaching quantity; 87%, content; 93%, relevance; 100%, needs; 100%. Teachers ($n=11$) agreed or strongly agreed: teaching opportunities; 91%, enhancement of skills; 100%, consolidation; 100%, further teaching; 100%. The semi-structured interviews were predominantly positive; one student stated: "Being taught by F1s was better than being taught by registrars/consultants. The junior doctors know exactly where we are in our clinical knowledge and the distinction between what you need to know on the ward and what you need to know for the exam". We also identified key problems: obtaining relevant feedback, demonstrating evidence of teaching activity and personal development as a teacher.

The solution devised by us was to design a teaching logbook; it will enable educators to design lesson plans, log teaching activities and promote reflection.

The study demonstrates that this programme facilitates valuable and relevant near-peer teaching for medical students, whilst providing opportunities and educational benefits for FY1s. It is a mutually beneficial scheme for all involved, but perhaps most importantly, may provide a platform for junior doctors wishing to pursue a future career in medical education.

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Practical skills examiner training programme: A novel approach to recruiting assessors

Dear Sir

The GMC mandates that all medical school graduates are “able to perform a range of practical procedures safely and effectively” (GMC 2009). In order to meet this need for training and assessment at Oxford Medical School, we ran a programme to train doctors to become examiners for final year practical skills assessments. Before being invited to examine, participants were mandated to teach a minimum of three practical skills tutorials to sufficient standard and attend an examiner training day, which consisted of interactive demonstrations by the chief examiners who set the marking criteria.

The recruitment, monitoring and organisation of the programme were done through a tutorial booking website (www.TuteMate.com 2013). The website allowed sign-up teaching sessions to be created and advertised to specific doctors and students. Feedback was completed by students on the website after each session occurred. We were able to

customise the feedback questions and collate the resultant data into a spreadsheet at a click of button.

In this way, we were able to easily monitor the quantity and quality of teaching provided, which was essential for ensuring the quality of the examiners recruited. This process would previously have been very difficult and time-consuming with paper-based feedback, where we would have had to be reliant on collecting forms and manually inputting them into a spreadsheet. The use of the website reduced the organisational burden for course organisers and tutors. Results of our questionnaires to the tutors showed that 31 out of 38 found the website an easier way to organise tutorials and 33 of 38 preferred it as a way of generating feedback than existing email and paper based methods.

Fifty doctors ranging from foundation doctors to senior registrars completed the programme, and were subsequently invited to examine in the final year clinical skills exam. The exam consisted of four 10-minute practical skills stations. Each student was marked against a checklist of tasks for each skill. All mark-sheets were subsequently collated and cross-referenced by senior examiners against criteria for passing and failing each station. This involved a weighted score, taking into account the importance of minor and major errors or omissions.

In this way, the examiner training programme increased the provision of teachers and examiners for practical skills assessments whilst safeguarding the quality of assessment for 160 students. Using the tutorial booking website reduced the logistical burden of organizing the programme for administrators and was rated favourably by tutors.

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