

Implementation of a peer led surgical teaching program improves learning outcomes for junior trainees

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Background

The organisation of reliable, high quality departmental teaching is essential to meet the educational needs of junior team members. Weekly surgical teaching at the RUH takes the form of a presentation led by the on-call consultant or registrar. Unfortunately, due to unpredictable on-call commitments teaching is often unreliable, hurriedly prepared, or handed over to junior colleagues. This has led to dissatisfaction and poor learning outcomes amongst junior trainees.

"Surgical teaching was disorganised and never seemed to happen" "Teachers often didn't turn up, waste of time"

F2, Breast Surgery. Jan 2013

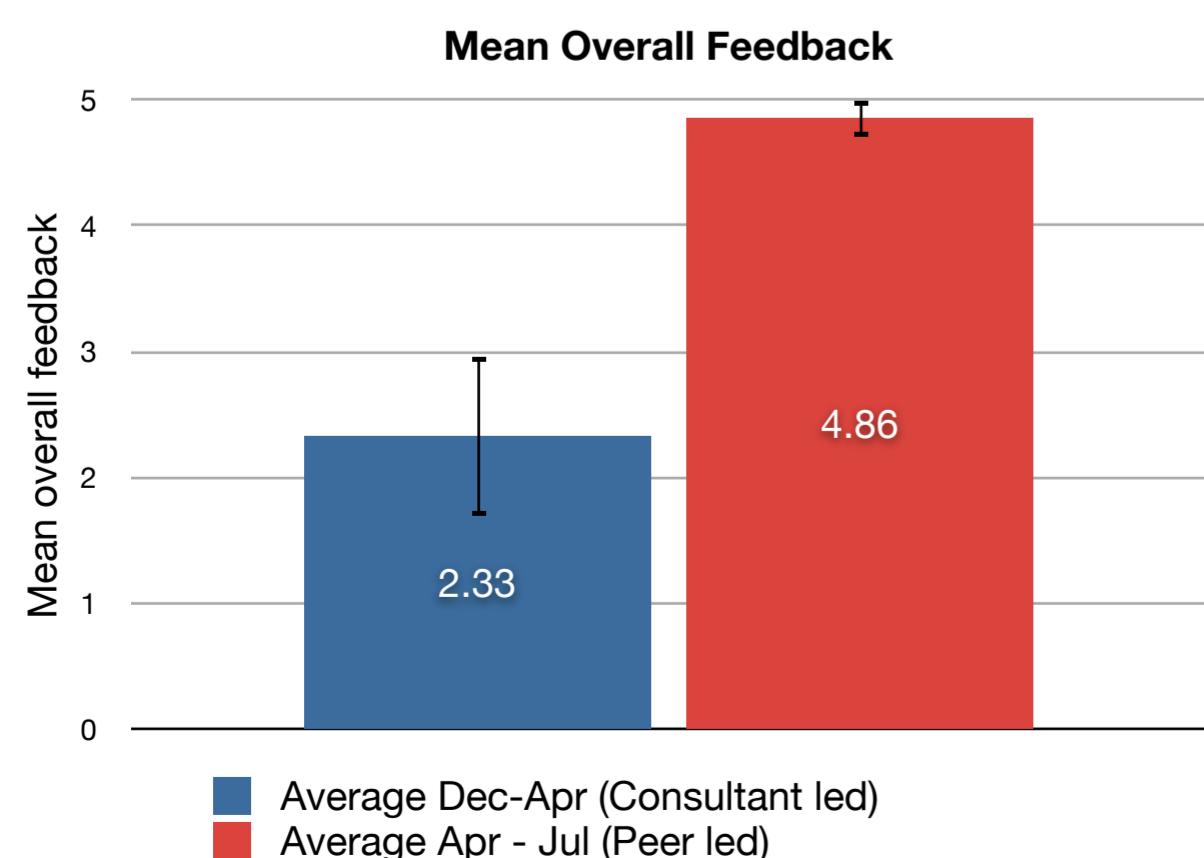
Aims and objectives

- ✓ Quantify the quality and reliability of the current teaching program,
- ✓ Consider alternative methods for the delivery of surgical teaching
- ✓ Develop and implement an improved, consistent teaching program with greater reliability
- ✓ Engage trainees in their own educational development.

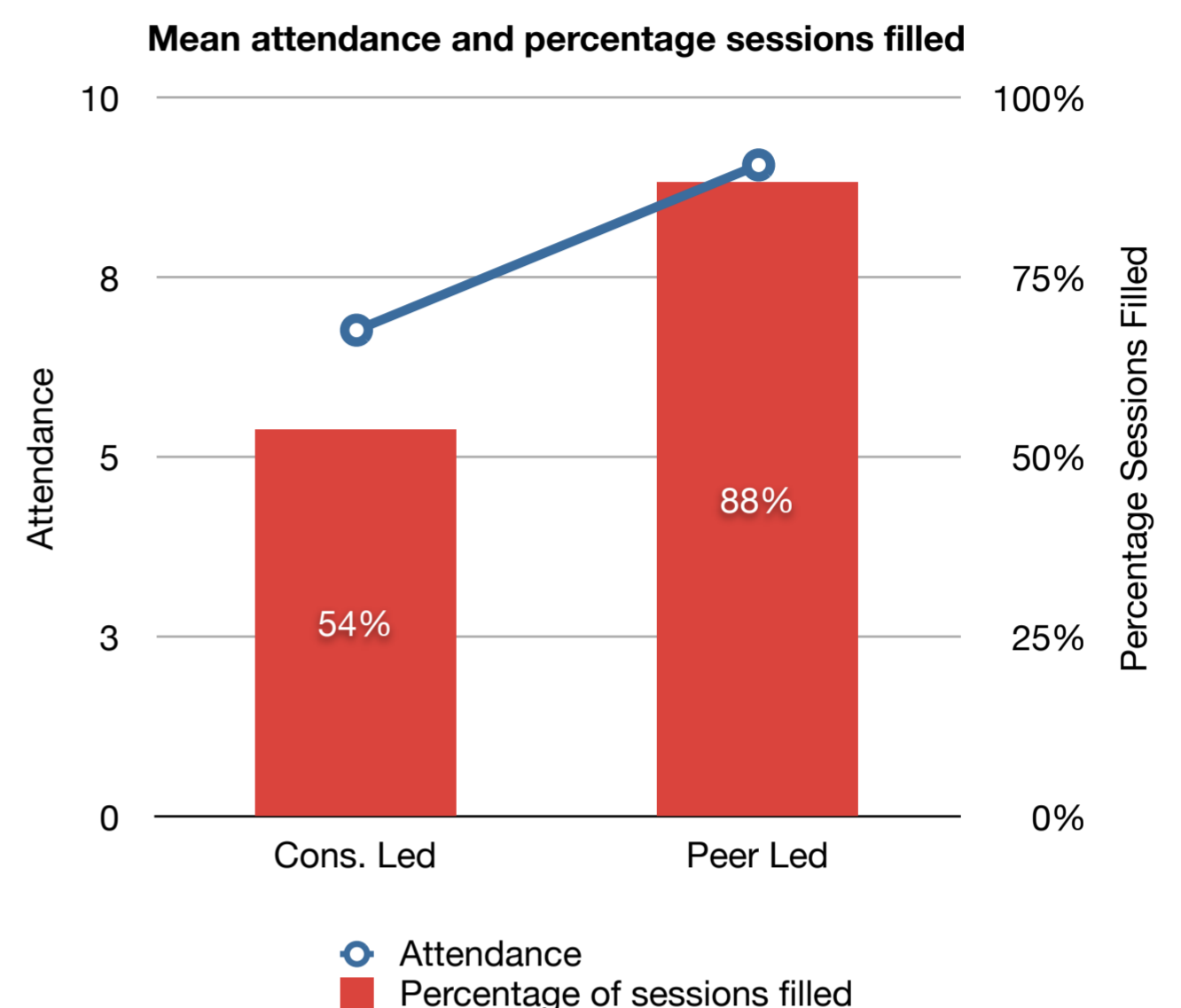
Methods

We initially collected 4 months of data under the original consultant led program. We then implemented a peer led teaching program involving all surgical foundation trainees. Each junior was assigned a date and a supervising consultant and asked to prepare and deliver a teaching topic. Following implementation, a further 4 months of data was collected. Attendance was recorded and feedback was collected at the end of each session, this was collated and a mean score calculated. We then surveyed each cohort of trainees and asked for their opinions on a number of aspects of the teaching program.

Results



Mean overall feedback, based on a 5 point Likert scale, improved from 2.3 to 4.9 ($p < 0.05$).



Number of sessions filled increased from 54% to 88%. Mean attendance improved from 6.8 to 9.1.

"Really well organised, I learnt loads and it also gave me a chance to present a topic under supervision of a consultant"

F2, Upper GI Surgery. Aug 2013

"I felt a sense a responsibility to produce high quality teaching sessions for my peers" "Anything that was missed consultants were able to go over in more detail"

F2, Colorectal Surgery. Aug 2013

Discussion



Implementation of a peer led surgical teaching program led to improved session reliability, high quality content and delivery, and produced greater engagement of junior staff. Overall teaching outcome measures showed significant global improvement.

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