

A Near-peer workshop approach to undergraduate non-technical skills

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Introduction

- Non-technical skills are essential for safe patient care
- Recent surveys however would suggest newly qualified doctors feel unprepared to make decisions on the ward
- We pilot a near-peer approach using small case-based discussions of cases with increasing complexity on 5th year medical students

Methods

- We constructed 1-hour workshops using an experiential learning design with students in groups of 8-10 after their final examinations.
- Clinical scenarios were designed around typically encountered scenarios in foundation training but with complex multi-morbid patients
- These were aligned to the Foundation Non-technical skills framework to test students' teamwork, communication and decision-making skills.
- Utility was assessed using linked pre-and-post questionnaires with confidence levels, self-rated non-technical skills behaviour rankings and free text thematic analysis

Results

We recruited 261 students to our NTS workshops

- Significant improvements in baseline confidence were made pre-post intervention
- Pre-intervention, students thematically expressed they felt uncomfortable making most decisions
- Behavioural rankings suggested significant improvements in students' ability to escalate patient concerns, situational awareness of the foundation role and decision-making approaches.
- Thematic analysis suggested a sub-set of students displayed over-confidence pre-intervention, which was regulated post-intervention

	Pre-session Median	Post-session Median
I understand how to manage tasks with varying clinical priority	3.41 [0.67]	4.00* [0.43]
I understand how to utilise different members of the clinical team with regards to unwell patients	3.31 [0.75]	4.09* [0.53]
I am aware of the importance of situational awareness in acute illness and can recognise when to seek help	3.71 [0.67]	4.20* [0.47]
I can recognise what decisions I can and should not make typically as an FY1	2.90 [0.76]	3.98* [0.57]
I am comfortable initially managing an unwell patient with 2 or more pathologies until senior help arrives	2.80 [0.77]	3.82* [0.54]
I know how to adjust my practice to account for chronic comorbidities	2.67 [0.72]	3.77* [0.55]

*denotes p<0.01

Discussion

- We demonstrate an effective resource-light model that influences undergraduate NTS, including decision making
- Targeting NTS at the undergraduate level may improve junior doctors' preparation for practice, and by extension, patient safety
- Over-confidence is an under-reported behaviour relevant to new junior doctors and worth further research. Notably, NTS sessions with near-peer educators appeared to regulate this behaviour and merits further study.