

EVALUATING THE ROLE OF PEER FEEDBACK AND IMPLEMENTATION OF A PEER FEEDBACK TOOL IN MEDICAL STUDENT SIMULATION TRAINING

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Introduction: Feedback is integral to simulation-based teaching to ensure effective learning [1]. Peer feedback is the process of providing assessment to students who have a similar level of competence [2]. Peer feedback has been shown to both aid in the development of the assessor's knowledge and skills as well as the student who is being assessed [2]. However, it has been shown that without guidance students have found peer feedback a difficult process [2]. The aims of this study were to assess students' self-perceived abilities at providing peer feedback at a high-fidelity simulation training day and whether the use of a peer feedback tool would improve their ability to provide peer feedback.

Methods: 12 students attended a high-fidelity medical emergencies simulation training day. The students completed a pre-course questionnaire evaluating their comfort at providing peer feedback and whether a peer feedback tool with guidance would improve their confidence and ability in providing peer feedback. 11 students subsequently piloted the peer feedback tool, which contained a combination of tick boxes and free text spaces. The tool aimed to help the students evaluate their peer's scenario and provide feedback. The 11 students who piloted the peer feedback tool completed a post-course questionnaire to evaluate the usefulness of the tool.

Results: The pre-course questionnaire was completed by 12 students. 11 students answered that a tool would help to provide peer feedback. The post-course questionnaire was completed by 11 students. 100% of the students found the peer feedback tool useful and that it improved their ability to provide feedback. 91% of the students found that providing feedback enhanced their learning. 91% of the students found that providing feedback helped to retain their interest in the scenario. 100% of the students found receiving peer feedback useful and improved their understanding of the scenario.

Conclusion: The students felt that giving and receiving peer feedback is beneficial to their learning. The use of a peer feedback tool improved the students' confidence in providing useful feedback to their peers. Going forward the peer feedback tool will be used at future simulation training days to enhance learning for the students. The effectiveness of the tool will be further evaluated by future students completing the post-course questionnaire.

REFERENCES

1. Issenberg SB, McGaghie WC, Petrusa ER, Lee Gordon D, Scalese RJ. Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. *Med Teach.* 2005;27(1):10-28.
2. Yu JH, Lee MJ, Kim SS, Yang MJ, Cho HJ, Noh CK, Lee GH, Lee SK, Song MR, Lee JH, Kim M. Assessment of medical students' clinical performance using high-fidelity simulation: comparison of peer and instructor assessment. *BMC Medical Education.* 2021;21(1):1-6

MAGIC - MANAGEMENT OF ACUTE EMERGENCIES IN GENERAL PRACTICE USING IN-SITU SIMULATION AND CHECKLISTS

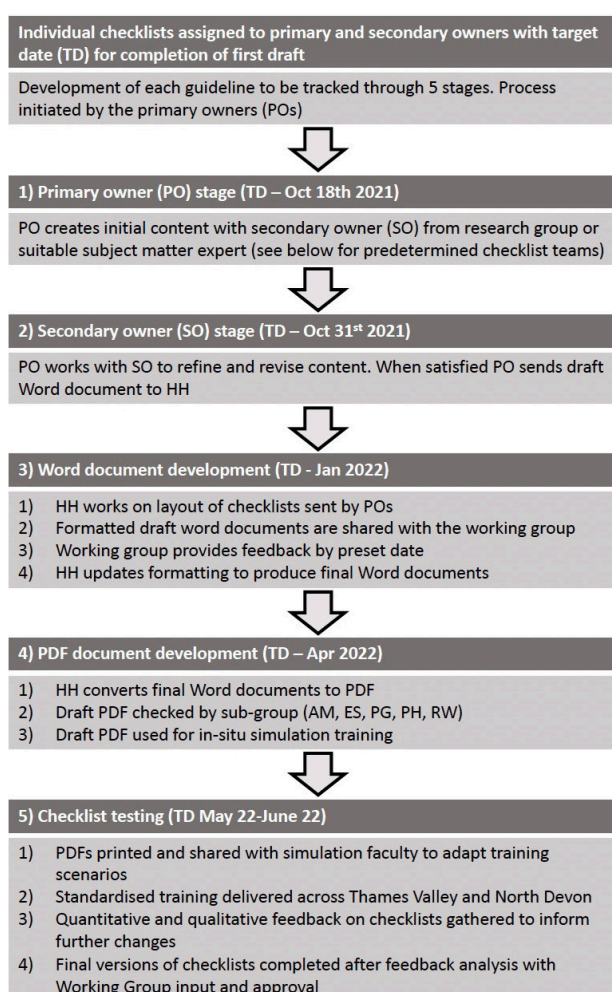
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Background: Emergency presentations in General Practice (GP) are increasing, however teams may go months without having to manage one. While guidelines exist for emergency management, most are written for hospital practice, and applicability to primary care is limited. Similarly, simulation training to support teams in the management of emergencies is common in hospital but not in family medicine. An audit of GPs in the Thames Valley revealed significant concerns about providing care for acutely unwell patients and highlighted the conditions they were most worried about.

Methods: We used a Delphi process with a panel of experts to design novel checklists for treating emergency conditions in primary care (Figure 1). Human factors

Figure 1: Flowchart Describing the Delphi process for Development of the GP Quick Reference Handbook (QRH)



Key: PO - primary owner, SO - secondary owner. Sub-group: HH-Helen Higham, PH-Phil Harbord, AM-Anne Maloney, ES-Elizabeth Shawcross, PG-Paul Greig, RW-Rosie Warren

Additional expertise and input was sought from the working group which comprised subject matter experts (from emergency medicine and paediatrics) GP receptionists, practice nurses and midwives, practice managers and patient representatives.

Figure 1: Flowchart describing the Delphi process for the development of the GP Quick Reference Handbook (QRH). Additional expertise and input was sought from the working group which comprised subject matter experts (from emergency medicine and paediatrics), GP receptionists, practice nurses and midwives, practice managers and patient representatives.