NICE STUDENT CHAMPIONS: A PARADIGM FOR PEER TO PEER TEACHING IN EVIDENCE-BASED MEDICINE

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BACKGROUND

Evidence Based Medicine (EBM) is regarded as the gold standard in selection of treatments for patients and clinical decision making. The UK’s General Medical Council (GMC) indirectly alludes to it in its guidance for medical undergraduates ‘Tomorrow’s Doctors’ 2009. The medical graduate should ‘critically appraise the results of relevant diagnostic, prognostic and treatment trials and other qualitative and quantitative studies as reported in the medical and scientific literature.’ Thus, proficiency in searching EBM is an integral part of medical curricula.

The UK’s National Institute for Health and Care Excellence (NICE) champions EBM, producing guidelines on a wide range of healthcare interventions, treatments and policies. NICE has produced a free, quality-assured web resource, ‘NICE Evidence Search’, to promote access to accredited EBM resources.

As part of their commitment to promoting the use of the resource, NICE runs a certificated peer-teaching peer-tutoring scheme, ‘NICE Student Champions’, which aims to train student champions (SCs) to use the resource and then cascade their knowledge in a peer-led teaching programme.

The NICE Student Champions scheme has been run at the University of Cambridge School of Clinical Medicine over the last two years.

AIMS

1. To examine the impact of the NICE Student Champions Scheme in terms of benefits to student understanding of accessing EBM.

2. To examine the impact of the scheme on student champions in their own approach to EBM and to teaching.

METHODS

Following a full study day on how to use NICE Evidence Search resources and facilitate peer-group teaching, a team of twelve clinical phase students from the University of Cambridge School of Clinical Medicine volunteered to act as student champions (SCs). They delivered a total of six sessions across several days to fellow clinical phase students. Each session was led by a pair of SCs.

Overall effectiveness of the scheme was measured using a pre-session survey followed by a post-session survey taken by participants.

To measure the wider value of the scheme for the SCs, an anonymised follow up survey was disseminated six to eight months after the end of the session.

RESULTS

Although a greater number of students attended the sessions, fifty-two participants completed both pre- and post-session surveys. The data from those students who completed both surveys has been considered here.

Of the fifty-two students that attended, twenty-six (50%) were first year clinical students, eight (15%) were in their second year of clinical studies and eighteen (35%) were in their final year of clinical medical school.

The pre-session survey showed that 76.9% of students had heard of the NHS Evidence Resource before attending the session (Figure 2). 21.2% of students reported feeling ‘confident’ in their ability to search health and social care information. The majority of students, 53.8%, reported that they felt ‘neither confident nor unconfident’ (Figure 3).

50% of students that felt they had not received any training in searching for health and social care information (Figure 1).

Following the peer led sessions, 90.9% of students reported feeling either ‘confident’ or ‘very confident’ in their ability to search for health and social care information (Figure 4).

Seven out of twelve SCs responded to the follow up survey. Responders were unanimously positive about the benefits of the scheme in terms of their own ability to navigate EBM and the transferable skills gained from their participation in the scheme. 100% of responders would recommend this scheme to other medical students (Figure 5).

DISCUSSION

The pre-session survey identified that there was a definite need in supporting students in their navigation of EBM given that only 21.2% reported feeling ‘confident’. This figure rose significantly to 90.9% after the sessions which indicated that they had been effective.

Likewise, the qualitative data from the SCs was very positive showing that 6-8 months after the scheme, the students were able to reflect positively on its impact.

One of the main limitations of this study related to sample size. The number of students that attended the session was actually greater than the number that completed both pre- and post-session surveys. It proved to be difficult to factor in the time for students to complete the questionnaire at the end of the session and the response rate for students completing the session after leaving the session was low. Extending the session to factor in questionnaire completion time would have been ideal.

The response rate from student champions was also modest at 58%. It is difficult to determine the reasons for this, although some of the champions had graduated and moved onto working full time which may have affected their response rate. Although the responses received were extremely positive, there may have been a response bias in that those student champions that responded were also those who benefitted the most from the scheme and felt that it had been particularly worthwhile.

CONCLUSION

Although the study size is very modest, there is evidence that the peer-led teaching on the use of ‘NICE Evidence Search’ improved student confidence in navigating health and social care resources. Moreover, qualitative evidence clearly shows that participation in the scheme improved student confidence in EBM medicine as well as having a lasting impression upon student approach to teaching.

The success of the scheme demonstrates the value that peer-led teaching can add to mainstream medical education.

REFERENCES


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