



Never Fear! Peer to Peer Training is Here!

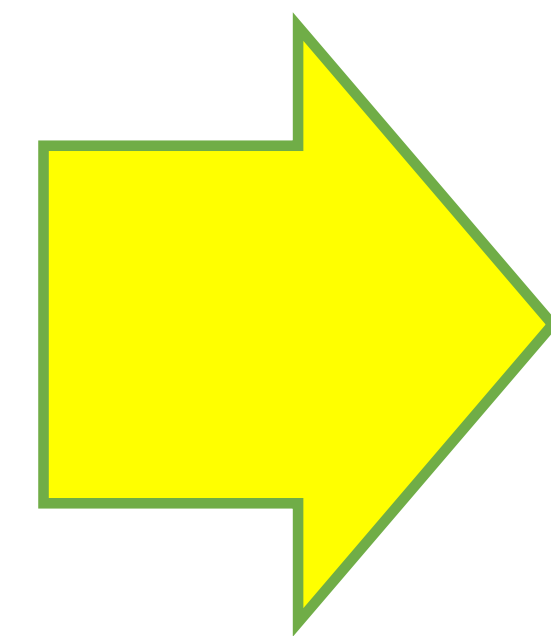
Dr Jessica Haslam and Dr Katherine Barton

Project contact: j.haslam1@nhs.net



Problem:

The MRCOG examinations are one of the most important elements of postgraduate training in Obstetrics and Gynaecology. Within the Yorkshire and Humber Deanery trainees have struggled to pass the MRCOG Part 2 examination when compared to the national average

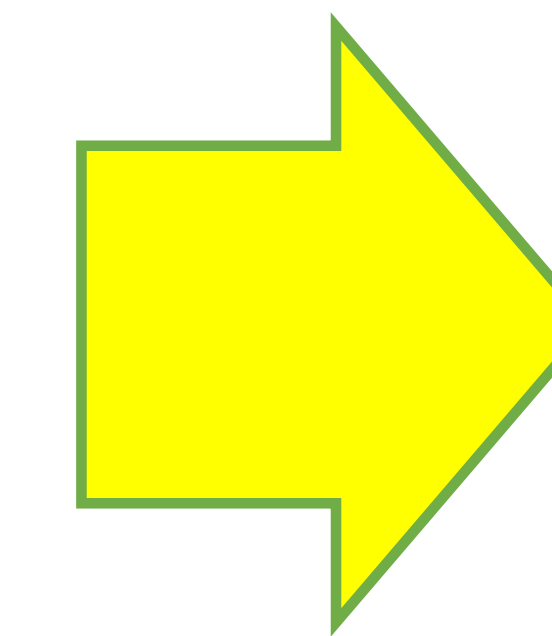


Design:

A QI framework was used. Problem identification was through review of exam pass rates. The SMART aim was to increase the pass rate to the national average by the January 2023 exam, whilst also improving the experience and confidence of trainees. Process mapping involved a review of the preparation strategies members of the subcommittee had taken. Key stakeholders engaged were:

- Head of school
- TPD's
- Senior Deanery trainees to the subcommittee
- Clinicians to provide educational sessions
- Exam candidates

The intervention was a peer led preparation group providing educational sessions. The outcome measures are a combination of qualitative feedback and the deanery pass rate for the exam.



Method:

A group of senior trainees who had varying experiences of the exam were recruited to the exam support subcommittee. Trainees undertaking the exam were identified and invited to join the group. Three key learning resources were offered:

1. A bank of TOG summaries written by subcommittee members and exam candidates on blackboard
2. Evening teaching sessions on topics of concern selected by the trainees, provided
3. Group Q+A sessions allowing trainees to discuss/develop their exam technique.

Group sessions were virtually hosted on Blackboard, allowing pan-deanery attendance. They were recorded and stored allowing members unable to attend to watch them at a convenient time. An instant messenger group was created allowing discussion of topics, sharing of resources and provision moral/psychological support.

Programme:

Adhoc programme of six online teaching sessions, TOG summaries and group Q+A sessions over a six week period starting 2023
26 trainees participated

Cycle One

Results:

Quantitative: No improvement in exam pass rate

Qualitative: 10 trainees completed a survey

Feedback was very positive with trainees stating that they found it a "good forum for questions", with "excellent lectures" and they "liked the benefits of being able to bounce ideas off others". The recorded sessions were extremely well received. The pastoral peer support element of the group received 100% positive responses including "this is something that has been missing from part 2 preparation, and I'm so grateful that the team have set this up."

Cycle Two – Back to the Drawing Board!

Structured 16- session programme of weekly evening sessions recorded on blackboard

Sessions mapped to key domains of the curriculum

Session on tips and tricks from previous candidates and exam technique provided following request in previous feedback

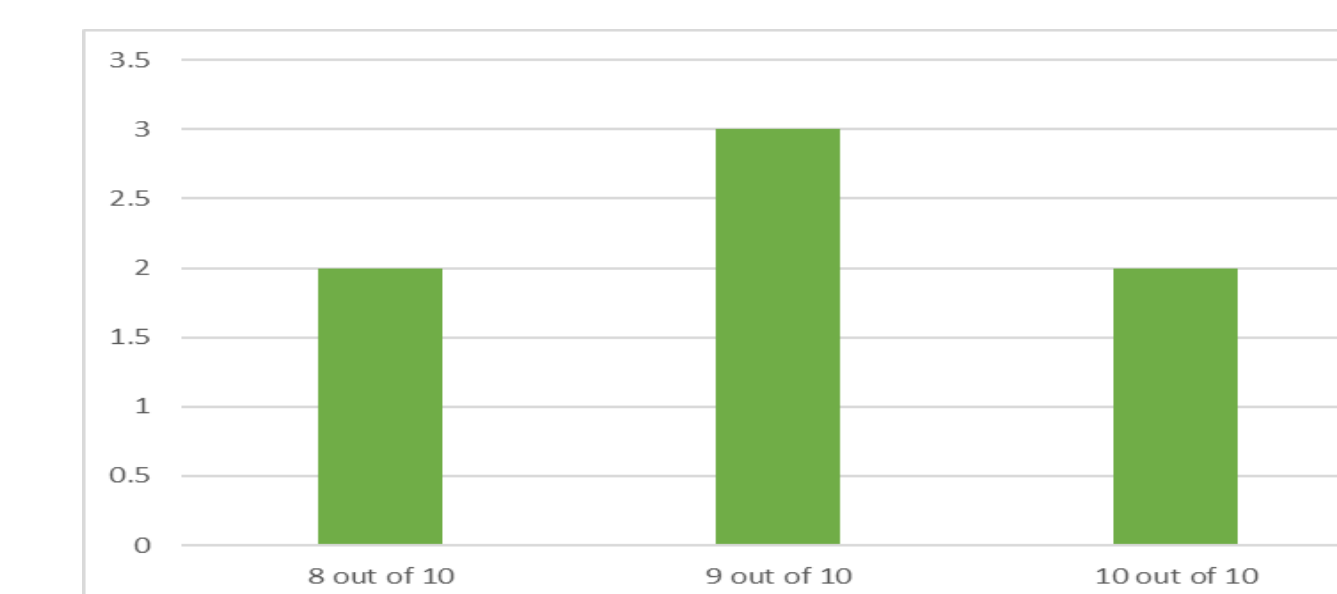
Expert consultant and senior registrars from across the deanery recruited to provide sessions

Attendees asked to volunteer to host a session to ease demand on subcommittee time

Cycle Two – Progress to date:

- Currently on session 10
- 7 participants completed mid way survey

On a scale of 1 (poor) to 10 (great) how would you rate the programme so far?



Comments from participants:

- Thanks a lot for organising
- Really great course, thank you for organising
- Thanks for doing
- Great programme so far. Looking forward to see how it develops over time.
- Thank you for creating this programme!
- its absolutely brilliant, thank you very much for all your effort
- its brilliant, thank you very much for all your effort

Conclusion:

A well-structured, engaged peer to peer support group can provide huge benefit to trainees facing MRCOG exams. This group created networking opportunities, development of exam techniques and support for trainees sitting the exam.

Future Plans:

1. Qualitatively measure outcome of programme through July 2023 exam results
2. Obtain further feedback from cycle two participants and perform further PDSA cycle according to the results
3. Expand subcommittee and programme to include formal MRCOG part 1 and part 3 support