

OSCE-STYLE WORKSHOP TO IMPROVE OBSTETRICS AND GYNAECOLOGY HISTORY TAKING IN MEDICAL STUDENTS

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Objective

To develop a teaching session that improves University of Glasgow medical students’ confidence in O&G history taking. This session aims to address a potential gap in the undergraduate curriculum.

Background

- The Glasgow curriculum Intended Learning Outcomes include:
 - “Obtain a full gynaecological and sexual history in a respectful and sensitive manner”
 - “Communicate with a woman and her partner to obtain an antenatal history”
- The students have the opportunity for informal practice in their core week which is centralised university theory based teaching. Our aim is to build on what’s being taught in the core week. More teaching on O&G and sexual health history taking in medical school equates to greater confidence in these skills in doctors and is a necessary skill no matter where you work^{1,2}.
- Peer-marked formative assessments are less anxiety provoking than faculty led and can improve medical students’ confidence, professionalism and skills for their summative exams^{3,4}. In a busy demanding specialty, a mainly peer led session can be more achievable as only one or two tutors are required to run this session.

Design

- The teaching session takes place in the first week of the placement to allow students to practice history taking before seeing patients.
- Students rotate round five OSCE-style stations where they peer mark three stations and tutors mark two stations.
- Stations were developed based on common presentations in O&G and sexual health (see Figure 1)
- Each station has a patient script, discussion questions and a marking scheme (Figure 2). The students have ten minutes to take the history then five minutes to debrief.

Method

- Students were asked to complete pre-session and post-session questionnaires with written feedback.
- Pre-session, they were asked to rate their confidence in taking O&G and sexual health histories. Confidence levels were ranked using a 5 Likert scale (1 being not confident at all, 5 being extremely confident).
- This questionnaire was repeated post-session. The pre and post questionnaire responses were compared to see there if was improvement in confidence levels.
- Students were also asked to rate to what extent they agreed or disagreed with a number of statements before and after the teaching session using a Likert scale.

Station 1- Hypertension (marking scheme)				
Introduction				
Student introduces themselves, confirms patient name & DOB, washes hands, gains consent (1 mark)	0	1		
History of presenting complaint				
Starts with open question	0	1		
Check patients understanding of why they are in clinic	0	1	2	
Hypertensive symptoms - Headache (1) - Double vision/floaters (1) - RUQ Abdominal pain (1) - Oedema	0	1	2	3
Pregnancy History - Para (1) - Gravida (1)	0	1	2	
Current pregnancy - Scans (1) - Gestation/due date (1) - Any issues (1) - Fetal movement	0	1	2	3
Past medical history				
Asks about past medical history (none)	0	1		
Drug history				
Current medications	0	1		
Allergies	0	1		
Family history				
Asks about family history	0	1		
Social history				
Smoking	0	1		
Alcohol consumption	0	1		
Diet/Exercise	0	1		
Summary				
Summarises back to patient	0	1		
Asks about ideas, concerns and expectations	0	1		
TOTAL SCORE	/21			

Figure 2: Marking scheme example

Stations:

- Hypertension in pregnancy
- Itch in pregnancy (Intrahepatic cholestasis of pregnancy)
- Bleeding in early pregnancy
- Postmenopausal bleeding
- Sexual health (PV discharge)

Figure 1: OSCE stations

BEFORE session

“I have had sufficient teaching on O&G history taking”:
85% neutral or disagree

96% wanted more teaching on O&G history taking

Figure 4: Pre-session statements

AFTER session

“I have had sufficient teaching on O&G history taking”:
91% strongly agree or agree

“I found it useful doing peer-to-peer marking of stations”
96% strongly agree or agree

Figure 5: Post-session statements

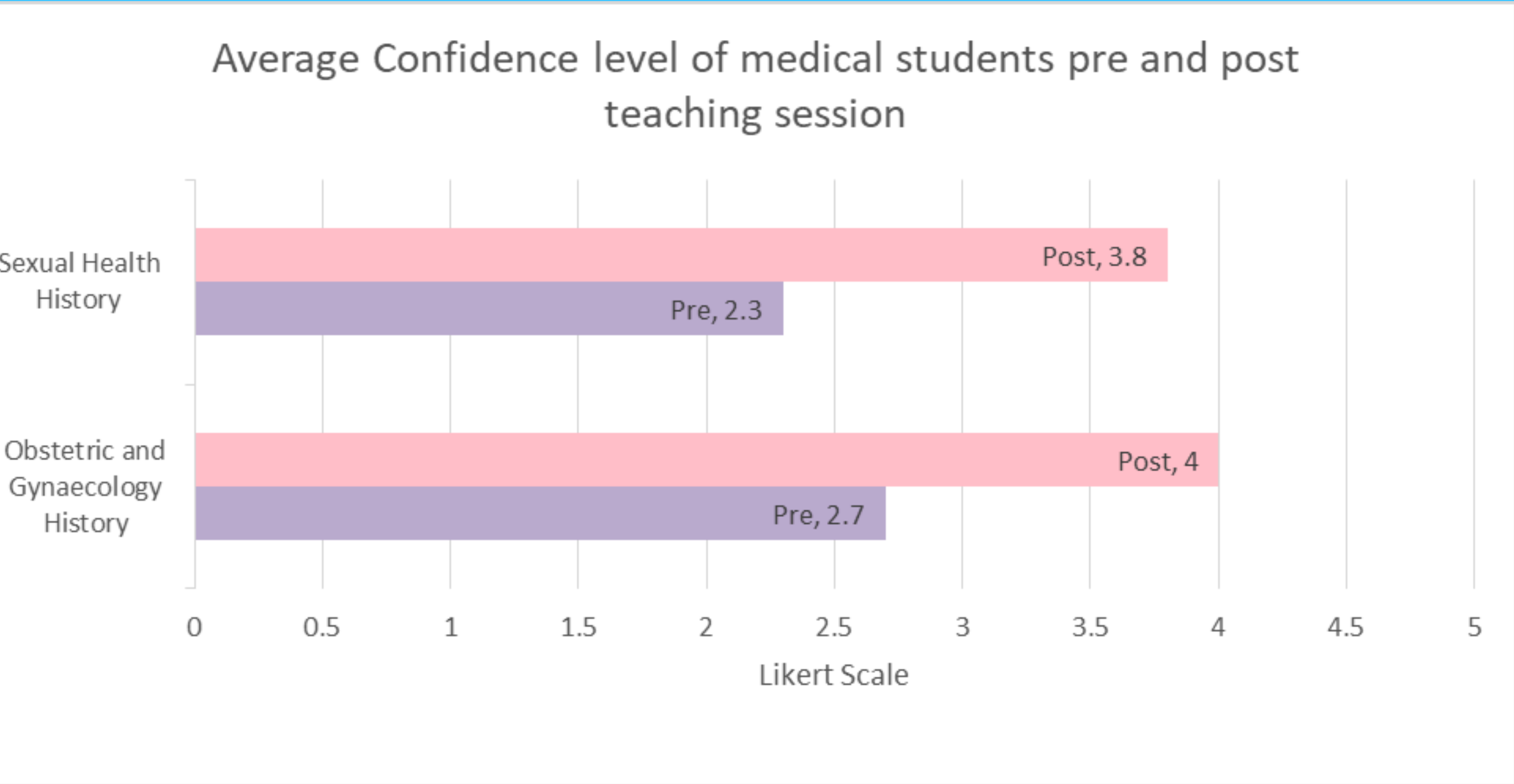


Figure 3: Average confidence levels of medical students pre and post teaching session

Conclusion

- This OSCE style workshop has improved medical students’ confidence in taking Obstetrics and Gynaecology (O&G) and sexual health histories.
- This session could be rolled out across all West of Scotland hospital sites to include all Glasgow medical students on their O&G placements.
- The session allows the students the opportunity to have both tutor and peer feedback giving the students an informal environment to practice their history taking skills.
- We hope this session design could be developed further for other topics within O&G e.g. miscarriage, cancer diagnosis or be applied to other specialities.

Results

- Total number of University of Glasgow medical students taking part was 33.
- All were Phase 5 students on their Obstetrics and Gynaecology placement at the Queen Elizabeth University Hospital and had completed their core week at the university.
- Pre-session, students rated their confidence in taking a medical history as 4.2 compared to 2.7 for O&G and 2.3 for sexual health.
- Students’ confidence levels were ranked using a 5 Likert scale (1 being not confident at all, 5 being extremely confident). Pre-session, students’ confidence in taking an Obstetric and Gynaecology history was 2.7/5 and 2.3/5 for sexual health history taking. Post session there was an improvement to scores of 4.0 and 3.8 respectively. (see Figure 3)
- Students were asked to rate to what extent they agreed or disagreed with a number of statements before and after the teaching session (see Figures 4 and 5 below). Majority of students wanted more O&G history taking teaching pre session but felt they’d had sufficient teaching after. They also found the peer marking useful. See below for quotations from students and actions on feedback.

Quotes from student participants:

“Great to properly practice multiple times. Pairs is good”

“Really good practice with no pressure to get used to taking new types of histories”

“Covered lots of ground so I now feel more confident to initiate history taking”

“It was so useful to face different obs & gyn presentations in different age groups”!

Quotes from student participants prompting improvements:

“Take history from CTF for sexual scenario (to practice asking who isn’t a friend)”- We changed the tutor marked and peer marked stations so that we assessed the sexual health station.

“maybe a bit of a run through on the hx taking format and things that are specific to obstetric/gyne hx, before starting the scenario”- We opened the session with an interactive discussion about the content and structure of an O&G and sexual health history before starting the stations

References: 1-Estcourt C, Theobald N, D. Gareth Evans, Lomax N, Copas A, David LM, et al. How do UK medical graduates rate their knowledge and skills in sexual health and HIV medicine? A national survey. 2009 May 1;20(5):324–9., 2- Kingsberg SA. Taking a Sexual History. Obstetrics and Gynecology Clinics of North America. 2006 Dec;33(4):535–47. 3- Braier-Lorimer DA, Warren-Miell H. A peer-led mock OSCE improves student confidence for summative OSCE assessments in a traditional medical course. Medical Teacher. 2021 Nov 25;44(5):535–40. 4- Lerchenfeldt S, Mi M, Eng M. The utilization of peer feedback during collaborative learning in undergraduate medical education: a systematic review. BMC Medical Education [Internet]. 2019 Aug 23;19(1)