

Bedside buddies – an educational and pastoral teaching programme for year 2 medical students

Authors: Abhishek Kakkar,^A Khaleel Ahmed,^A Bradley Lonergan^B and Puteri Zainuddin^B

Introduction

Junior medical students often find starting clinical attachments daunting. Understandably, they lack confidence and are new to the hospital environment. For this reason, they may not get the most out of clinical placements. At Lancaster Medical School (LMS), year 2 students undergo their first clinical attachments at both Royal Lancaster Infirmary (RLI) and East Lancashire Hospitals NHS Trust (ELHT). The General Medical Council states that teaching doctors and students is important for the care of patients.¹ Near-peer teaching (NPT) is increasingly recognised as an effective method for teaching and learning within medical education.² A buddy system was designed and the impact of this educational strategy was evaluated by surveying near-peer learners before and after the sessions.

Aim

We aimed to create a structured, informal 'buddy system' for the year 2 LMS students rotating through ELHT as well as RLI. This would address the educational and potential pastoral needs of the year 2 medical students, as well as supporting them in their early clinical experiences.

Methods

Before the launch of the buddy system to the region, it was first trialled at RLI. Students were given a pre-programme survey using a five-point Likert-based scale. This was used to evaluate their overall confidence levels within the hospital environment, as well as their examination and procedural skills.

A structured teaching programme was then created. Guidance in terms of the teaching topics was given to the educators. A post-teaching survey was also conducted.

Following on from this, the buddy system 'Bedside Buddies' was launched at both RLI and ELHT. It has two arms – namely, bedside teaching and pastoral guidance. Two junior doctors, who were interested in teaching and therefore volunteered, were paired up with two medical students, allowing continuity if one doctor was unavailable. A booklet highlighting the roles, teaching topics and pastoral guidance, with clear routes for accessing help from the Department of Undergraduate Education, was created for the

educators. They were asked to meet at least once every 2 weeks, with the content of their teaching and discussion being relatively non-prescriptive and tailored to the students' needs within the year 2 curriculum.

Results and discussion

The initial survey results at RLI showed that 69% of the students found the buddy system to be useful or very useful. Confidence on the ward, in examination skills and in history taking all saw a significant increase ($p < 0.05$). On average, the students and doctors met up fairly regularly; however, this could have been improved. The students reported less anxiety and were keen for a similar programme to run at ELHT.

Taking lessons from the trial at RLI, a new 'Bedside Buddy' near-peer system was created. It was rolled out to RLI as well as ELHT in order to create a consistent teaching and support platform for the year 2 students throughout the year, regardless of where their clinical placement was.

Furthermore, a pastoral side was also incorporated. This allows the year 2 medical students to have another potential source to seek help or raise concerns, which is part of their professional responsibility. While we are still collecting results from the first cohort of 'Bedside Buddies', we anticipate it to be very successful. A post-teaching survey is currently underway.

Conclusion

This system is structured and tailored to the year 2 curriculum and logbook. It allows the educational needs of the students to be met on a regular basis and in a less ad hoc manner, with familiarisation to the clinical setting in a supported fashion.

The 'Bedside Buddies' system creates consistency for the LMS students rotating within the region. Students are able to receive regular feedback, with personal and focused teaching. Students may feel more comfortable being taught by junior doctors, as near-peers may be able to relate better to the anxiety of starting clinical attachments. ■

Authors: ^AEast Lancashire Hospitals NHS Trust; ^BLancaster Royal Infirmary, Lancashire, UK