Improving MRCP PACES teaching through the introduction of a regional virtual project

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Table 1. Pre-virtual Practical Assessment of Clinical Examination Skills feedback		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	I am able to attend PACES teaching monthly in my local trust	14%	32%	30%	20%	4%
2	As a trainee, I feel confident in acknowledging patients' and relatives' concerns	0%	60%	20%	10%	10%
3	As a trainee, I feel confident in formulating a sensible differential diagnosis	0%	30%	40%	30%	0%
4	As a trainee, I feel confident in taking history from surrogate in a systematic and fluent manner	0%	40%	30%	30%	0%
5	As a trainee, I feel confident in organising appropriate investigations or treatment	0%	40%	40%	20%	0%

Introduction

The COVID-19 pandemic has led to significant disruption to Practical Assessment of Clinical Examination Skills (PACES) teaching across various trusts in the West Midlands. As trainee representatives, we highlighted the challenges faced and decided to work on delivering monthly virtual PACES teaching alongside a senior PACES examiner, through the Postgraduate Virtual Learning Environment (PGVLE) website. This was dedicated PACES teaching for current internal medicine trainees in the West Midlands only.

Material and methods

To identify if trainees were keen to have virtual PACES teaching, a Survey Monkey questionnaire was distributed to all internal medicine trainees in the region. We found that approximately 60% of the trainees who responded and were sitting PACES in the current diet suggested initiating regional virtual teaching.

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We identified three stations that we would like to cover: stations two, four and five, as these were the most feasible to run virtually. As all internal medicine trainees in the West Midlands had access to the PGVLE website, we utilised this platform for virtual teaching. Our sessions were advertised by email and a regional WhatsApp group. The sessions would be cost effective as existing trainees would be expected to play the roles of candidate and surrogate respectively. All sessions were facilitated by senior PACES examiners regionally, who also helped by making the scenarios. The sessions were then uploaded to the PGVLE for trainees to view.

Results and discussion

At the end of five sessions, we found that 38% of trainees strongly agreed that virtual PACES teaching had improved their confidence in history taking skills, compared with 0% prior to this project. Furthermore, 75% of trainees recommended having regional virtual PACES teaching sessions in the future (Table 1).

Conclusion

Our regional Virtual PACES initiative has improved trainee confidence in history taking. This also provides a template for other regions to implement similar projects in a cost-effective manner. ■

Table 2. Post-virtual Practical Assessment of Clinical Examination Skills feedback

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	The regional virtual PACES teaching session was well organised	60%	38%	2%	0%	0%
2	As a trainee, I feel confident in acknowledging patients' and relatives' concerns	50%	36%	14%	0%	0%
3	As a trainee, I feel confident in formulating a sensible differential diagnosis	25%	70%	5%	0%	0%
4	As a trainee, I feel confident in taking history from surrogate in a systematic and fluent manner	38%	38%	24%	0%	0%
5	As a trainee, I feel confident in organising appropriate investigations or treatment	50%	25%	25%	0%	0%
6	As a trainee, I would recommend future sessions	75%	25%	0%	0%	0%