

STR1DE: A NOVEL NEAR-PEER APPROACH TO FY1 CORE TEACHING

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BACKGROUND

NHS Trusts must deliver 30 hours of teaching to FY1 doctors per year^[1]. Our Trust previously delivered hour-long sessions once per week, with a speaker-of-the-week format and no overall curriculum. Feedback was poor, so a new approach was required.

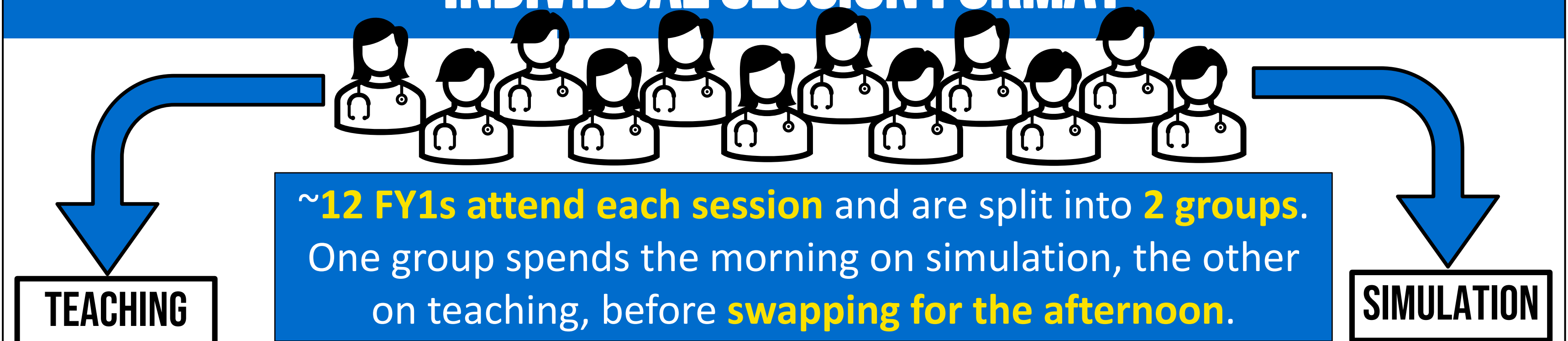
STR1DE – Simulation, Teaching, and Reflection for FY1 Development & Education – has been developed by the **Clinical Fellows in Education & Simulation**, a team of FY3 and FY4 doctors under consultant supervision.

HOW DOES STR1DE WORK?

OVERALL STRUCTURE

STR1DE involves **six full days of teaching** per FY1. Each session runs four times, with a quarter of FY1s attending each session. STR1DE days are allocated directly onto FY1s' rotas, **with no need to apply for study leave or arrange shift swaps**.

INDIVIDUAL SESSION FORMAT



SUMMARY OF CONTENT

PHASE	SESSIONS			TEACHING	SIMULATION	
PHASE 1: SURVIVING FY1 <i>Sept</i>	1. The FY1 role	CRUMBLES & GRUMBLES Near-peer-facilitated group reflective discussions ^[2] , with the opportunity to raise issues.	PEER TEACHING FY1s teach peers for 20 mins on a topic of their choice, & receive verbal and written feedback ^[3] .	Intro to STR1DE USS-guided cannulation	Respiratory sepsis Fall & Head Injury Tachy-arrhythmia Cardiac arrest	
PHASE 2: THRIVING IN FY1 <i>Dec, Jan, April</i>	2. Surgery 3. Psychiatry 4. Crit. Care			Insulin prescribing Abdominal Radiology	Psychiatry in acute hospitals Intro to Intensive Care	Anastomotic leak Severe pancreatitis DKA Decomp. liver failure
PHASE 3: FY2 AND BEYOND <i>May & June</i>	5. Careers 6. The FY2 role			A guide to training Poster workshop	ECGs for the ED Junior Dr How to handle seniority	The unwell child The end of life patient Acute GCS reduction Pregnancy & safeguarding

RESULTS

Average session rating of 4.9/5
(improved from 3.9/5 pre-STR1DE)

85% of FY1s reported improved wellbeing following Crumbles and Grumbles

60% increase in FY1s who feel prepared to manage acutely unwell surgical patients (58% -> 93%)

*Really **interesting and relevant** teaching. Appreciated it being an allocated day so **don't have to stress about leaving wards***

*Genuinely find STR1DE days **really helpful** (and I usually hate teaching). Thanks very much!*

*Peer teaching was **really useful**, both for the teachers and the learners.*

*Found **US cannulation really helpful**. Crumbles & Grumbles was really good because gave **opportunity to discuss things that I didn't have time to discuss in normal practice**. Simulation was great to **develop my confidence**.*

WHAT HAS MADE STR1DE SUCCESSFUL?

NEAR-PEER APPROACH

Using near-peer, junior doctor teachers ensures a **friendly, relaxed environment** for learning^[4,5], & allows teachers to draw on recent experiences when discussing situations commonly faced by FY1s.

FULL-DAY SESSIONS

Full day sessions enable the use of **simulation**^[6], and allows FY1s to **focus on learning** without worrying about jobs building up back on the wards.

SELECTION OF TOPICS

Teaching topics directly applicable to the FY1 role **ensures relevance**, and allows FY1s to consolidate learning by **using concepts in clinical practice**^[7].

CONCLUSION

STR1DE demonstrates that **full-day, near-peer teaching** developed and delivered by junior doctors, for junior doctors, can be **relevant, useful, and enjoyable**. Strong institutional support is required to withdraw FY1s from service provision for teaching days. However, STR1DE could have **long-term benefits** for the Trust, including helping to establish the Trust as a centre of educational excellence, and making FY1s more likely to want to work at the Trust in future.