

# NEAR PEER TEACHING IMPROVES JUNIOR DOCTORS' CONFIDENCE, PRESCRIBING SKILLS AND INPATIENT DIABETES CARE

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## Introduction

There is growing evidence to support the view that junior doctors lack both confidence and prescribing skills in inpatient diabetes care

Using near peer teaching we aimed to improve junior doctor confidence and prescribing skills along with reducing errors in diabetes management in a busy teaching hospital.

## Methods

Two cohorts of Foundation year 1 (FY1) doctors, at early versus late stage of foundation year training, were invited to attend a diabetes acute care hour in the Glasgow Royal Infirmary. This involved case based learning and a prescribing skills workshop delivered by junior doctors within 2 years of training (near peers). Participants completed a confidence rating and a prescribing skills assessment (PSA) in acute diabetes care before and after the session .

3630 general medicine and surgery inpatients were evaluated using a series of audits before and after each teaching session and approx 3 weeks post session. Data for patients with diabetes was collected during the last 24 hours with regards to:

- diabetes control
- Insulin prescription and management errors
- oral hypoglycaemic agents
- insulin infusions

## Results

100% of FY1s who attended the sessions 'agreed' or 'strongly agreed' that they found the session useful and would recommend to others.

Paired analysis comparing data before and after the diabetes acute care hour demonstrated the following:

	Early cohort	Late cohort
Confidence scores	54% to 63.8% *	55.7% to 74.1% *
Mean PSA	45.6% to 68.1% *	56.5% to 76.5% *
Reduction in diabetes management errors	53% (p=0.12)	73% (p<0.012)

\* P < 0.001

There was a significant reduction in diabetic inpatient management errors of 73% a week after the session in the late cohort and a non significant reduction of 53% in the early cohort.

## Conclusion

A near peer diabetes acute hour improved junior doctors' confidence and prescribing skills. A significant reduction in errors in diabetes management was demonstrated. This model of teaching may need to be adapted for early trainees to enable them to reach level 4 of the Kirkpatrick Model. The model is currently being repeated in one of the largest teaching hospitals in Europe. This will add valuable data about the regional application of the near peer teaching project and FY1s at a further timepoint in training.