

138 Using Peer-to-Peer Induction to Improve the Confidence of Incoming Surgical FY1s During Changeover

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Aim: The benefits of peer-led teaching are well evidenced, as are the benefits of interactive over passive learning in a clinical setting. This project aimed to create an FY1-led induction model that could be reproduced across departments, cost-effectively boosting junior trainee confidence, and improving continuity of care during quarterly changeover periods with minimal pressure on senior clinicians.

Method: Areas for focus were identified by consultants and departing FY1s to produce an FY1-led, presentation-based induction for December and April changeovers.

Incoming FY1 confidence was assessed using pre-induction and post-induction surveys to identify areas for improvement in future.

An interactive e-learning induction replaced the presentation for the new FY1s in August, again using surveys assessing trainee's confidence versus previous cycles.

Results: The first two inductions both showed a complete reduction in trainees rating themselves overall 'not so confident' or below.

Four of the six targeted areas showed increased improvement in confidence in April versus December.

The August e-learning induction showed a 71% increase in newly qualified FY1s rating themselves as overall 'confident' or 'very confident', an improvement on previous inductions. 'Confident' and 'very confident' ratings for focused areas increased by 62% on average, versus 37% and 27% previously.

Conclusions: This induction greatly increased FY1s' confidence, with feedback citing peer-gained insights as the main positive addition to the consultant-led induction.

Combining the evidence-based methods of peer-led teaching and interactive e-learning resulted in a replicable, cost-effective, and time-efficient template for improving confidence and continuity of care in

the changeover period. This could be implemented in any department nationwide.