The Use of Peer-Supported 'Case Conferencing' to Enhance Orthoptic Students' Learning in a Clinical School Environment.

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ABSTRACT

An orthoptic student 'case conferencing' program was developed and introduced at the Royal Victorian Eye and Ear Hospital with the aim of enhancing students' clinical experience. The aim of this study was to report on this initiative and on students' perceptions of the program. Students presently undertake their clinical placements in differing modes, according to the semester in which they are enrolled. It was found that students undertaking the 'block' placement mode find case conferencing particularly beneficial, the key difference being the increased amount of contact time and engagement compared with students undertaking sessional placement.

Keywords: case conferencing, peer-mentoring, clinical placements

INTRODUCTION

The Royal Victorian Eye and Ear Hospital (RVEEH) provides La Trobe University with its greatest number of undergraduate orthoptic student clinical placements (approximately 40-50% of all in proportion), and therefore accommodates up to several students on site at any one time. Whilst having numerous students on placement presents logistical challenges, it provides the unique opportunity for students, as peers, to support and learn from one another. Previous studies have, for instance, demonstrated positive peer mentoring experiences in orthoptics[1,2]. Mentoring programs provide a rich learning experience and opportunities for collegial interaction and the development of various skills such communication, the practice of leadership, and an understanding of the role of research and evidence based practice[3,4].

In the first semester of 2008, student 'case conferencing' was introduced at the RVEEH with the aim of enhancing students' clinical experience by ensuring optimal use of their clinical placement time. Within this program, an opportunity was created for students to benefit and learn from each other's clinical experiences and indeed encounters with patients and clinical educators.

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In the broader context, case conferencing is promoted and encouraged to better manage and enhance patient care. In 1999 Australia introduced Medicare Benefits Schedule rebates for case conferencing (which includes orthoptists within multidisciplinary teams) with the aim of improving preventive healthcare and shifting from episodic care to providing longer-term care in a coordinated approach with collaboration of a wider healthcare team[5]. As such, case conferencing has increasingly become and integral part of the role of a health professional. In the medical setting, case conferencing provides useful information exchange between clinicians who may work within different specialties or disciplines. Case conferencing between health professionals has also been highlighted as being important in areas such as in aged care, palliative care, diabetic care, mental illness and medical diagnosis[6-10].

Although the purpose and design of orthoptic student case conferencing differs to case conferencing among health professionals, we believed that it would nevertheless allow for these skills to be developed for potential application later. This paper reports on the orthoptic student case conferencing program developed at the RVEEH and on students' perceptions of the program.

METHODS

La Trobe University orthoptic students were allocated to the RVEEH as part of their clinical placement program in

Table 1a. Forced Choice Survey Questions							
Question	**Forced Choice**						
1. Case conferencing at the end of my clinic was a valuable part of my clinical placement-	Strongly Disagree	1	2	3	4	5	Strongly Agree
2. The time permitted for case conferencing was appropriate-	Strongly Disagree	1	2	3	4	5	Strongly Agree
3. Case conferencing encouraged me to clarify problems or answer questions that I had during my clinic-	Strongly Disagree	1	2	3	4	5	Strongly Agree
4. I took the opportunity during case conferencing to impart knowledge or information I gained during the clinic to my peers-	Strongly Disagree	1	2	3	4	5	Strongly Agree
5. Case conferencing improved my confidence in clinic-	Strongly Disagree	1	2	3	4	5	Strongly Agree
6. The necessary resources (texts, internet, and library access) were available to us to facilitate our case conferencing-	Strongly Disagree	1	2	3	4	5	Strongly Agree
7. I felt supported by my clinical supervisor/s during case conferencing or in preparation for it, and assistance was readily available-	Strongly Disagree	1	2	3	4	5	Strongly Agree

Table 1b. Open Ended Survey Questions
Question
8. How did you / your peers decide what to discuss during case conferencing?
9. What was the best thing(s) about case conferencing
10.How can case conferencing be improved?

semesters 1 and 2 of 2008. During semester 1, students enrolled in either second, third or fourth year of the program attended clinics on a 'sessional' basis (one half day per week) for 12 weeks. During Semester 2 (and indeed the second half of the year), on the other hand, full-time 'block periods' were provided to third year students. Each block period consisted of 4 consecutive weeks of clinical placement. Almost all of the 24 third year students had at least one block period at the RVEEH.

During their placement at the RVEEH, students attended various general and special eye clinics in the hospital. Towards the end of each clinical session, students convened their case conferencing meeting in a designated room. Up to 5 students were present and the duration of the meeting was approximately 30 minutes. Students were encouraged to each contribute a topic, an issue or to report a patient case for discussion with the rest of the group.

A clinician was not present during these meetings as the purpose was for the students to have a forum to openly discuss with peers their ideas and what they learnt, their experiences and various clinical techniques they were exposed to. However, if students raised questions that could not be answered by their group peers, clinicians were available for assistance. The students were also provided with access to resources such as the internet and the department and hospital libraries.

At the end of the students' placement period, a survey was disseminated (by email or in person) to evaluate their case conferencing experiences. The survey (Table 1a and 1b) consisted of seven forced-choice questions (with 5 options: 'strongly disagree', 'disagree', 'neutral', 'agree' or 'strongly agree') and 3 open-ended questions.

Two differing groups of students across two semesters were hence given the opportunity to experience case conferencing and to evaluate the program. The two groups differed not only in terms of their year and experience level, but in terms of their mode of clinical placement and therefore amount of weekly contact time at the RVEEH.

RESULTS

There were 33 students who responded to the survey of the 64 who attended the RVEEH in 2008. Figure 2 represents the relative proportions of students who responded favourably (with either 'agree' or 'strongly agree') to the first seven forced-choice questions or statements that were presented for quantitative analysis. For example, the first statement was "case conferencing was a valuable part of the clinical placement". In this instance, students in the semester 1 sessional placement responded favourably nearly 40% of the time, whilst students in the semester 2 block placement responded favourably 80% of the time. As can be seen in Figure 1, this trend was evident for all questions or statements. That is, students undertaking the block placements and attending the RVEEH daily for the 4 week period viewed their case conferencing experience more favourably overall.

The responses to the three qualitative open-ended questions are summarised in Table 2. Students generally discussed patient cases and clinical skills learnt and appreciated the discussion and resolution of issues and questions in a supported peer environment. Improvements related to the enhancement of resources and further involvement of clinicians. Ready access to the online resources during case conferencing was made available in semester 2 as a direct result from early feedback.

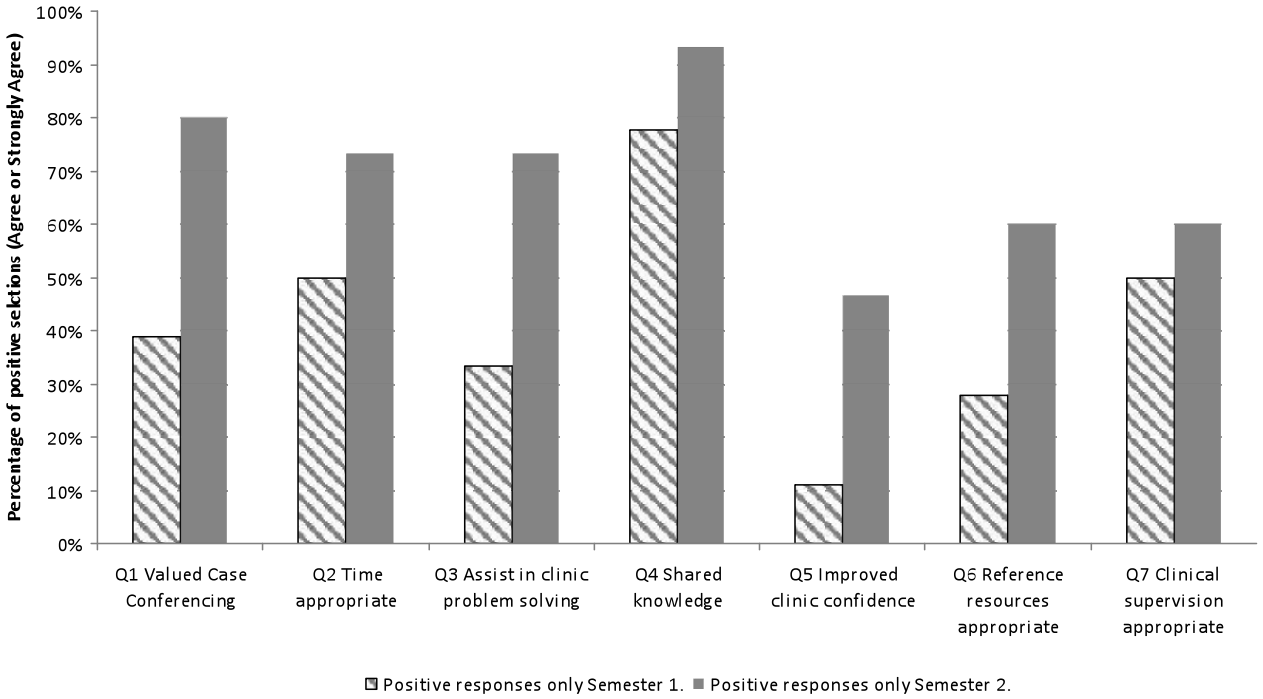

Figure 1. Relative proportions of favourable responses for semester 1 and 2

Table 2. Responses to open ended questions

Question	Responses
How did you / your peers decide what to discuss during case conferencing?	• Overwhelmingly they responded that they discussed about what captured their interest during the clinic; • They shared information regarding new techniques and skills they each learned during the clinic; and • They used case conferencing to resolve problems they might have encountered with patients during the clinic.
What was the best thing(s) about case conferencing?	• The students indicated that they liked the self-directed nature, allowing initiative to decide what to discuss; • They were able to seek advice from their peers about protocols for each clinic and clinical scenarios; • They had instruments available to them for practice and to demonstrate on each other; • They were able to vent frustrations, discuss concepts that were not clear and have reassurance by their peers; •They were able to share interesting patient cases with each other which otherwise some students would have missed out on; and • They were able to observe the extent of the clinicians' roles in different clinical contexts.
How can case conferencing be improved?	• Some students suggested that a clinical educator could observe the last 5-10 minutes of the meeting to assist with unanswered questions that may have arisen; • It was suggested that a mini tutorial could be conducted by clinicians once a week to demonstrate and affirm key clinical skills such as Goldmann tonometry, OCT and pachymetry. • It was suggested to allow students access to the internet during case conferencing so answers could be sourced during the meeting. (This was immediately made possible in semester 2 as a direct result from early feedback.) • Finally, it was suggested that interesting topics could be researched, discussed and recorded for use as a resource for future students.=

RESULTS

The purpose of this paper was to report on the orthoptic student case conferencing program that we developed at the RVEEH and on students' perceptions of the program. The evaluation was made utilising a survey consisting of a variety of 'forced choice' and 'open-ended' questions.

It was evident that students in the semester 2 block placement responded favourably in higher proportions or more often than those in the semester 1 sessional placement.

However, the vast majority of both groups of students felt that case conferencing provided a good opportunity to share with each other knowledge or information gained throughout the clinical placement.

During block placement periods, students have greater contact time in the clinical setting and better continuity which therefore results in more commitment to the process. This mode of placement allowed for better enforcement of concepts and skills too. The students have a greater opportunity to apply what they had discussed during the case conferencing and practice new skills in the clinical setting with their clinicians. This certainly reflected in the questions relating to problem solving and improvement of confidence. The availability of resources was better rated by the students in the block placement and this could be attributed to increased familiarity with the department as they spend greater time on site and the improvements made subsequent to initial feedback.

There were some challenges that students faced with case conferencing. A few felt that the meetings needed structure rather than to meander through topics. Others felt that the discussion topics were limited on some days and therefore did not have an interesting case or situation to discuss. This was not such an issue with block placement as the groups were larger and were therefore more likely to find topics for further discussion. As stated earlier, some students commented that different opinions between students could be confusing and so they needed good access to resources. Based on this feedback, a student login was organised which allowed for easy access to the internet, in addition to their library access.

Another improvement that was introduced included nominating a scribe for the case conferencing meetings. This encouraged the students to focus on topics and produce a coherent summary of what was discussed which could be used as a resource for in the future.

CONCLUSION

To conclude, students perceive case conferencing during orthoptic clinical placement at the RVEEH to be valuable. Students undertaking the block placement mode seem to find it particularly beneficial, the key difference being the increased amount of contact time and engagement compared with students undertaking sessional placement.

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