

Scenario-based teaching in undergraduate medical education

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Dear editor

We read with great interest the study by Frost et al¹ which highlights the importance of scenario-based teaching (SBT) of clinical communication in medical undergraduate pediatrics teaching. SBT involves students navigating a storyline based around a complex problem, running in parallel with case-based learning. We were impressed by the results of the SBT program at Cardiff University School of Medicine. As medical students currently on our pediatric rotation at Imperial College London, we have experienced at first hand the benefits of SBT. Throughout the placement, it continues to help us tackle the complexities which arise when communicating with children and their families. We have noted its particular benefit in breaking bad news to families. Without effective teaching on this particular scenario, a failure to grasp this skill could exacerbate patient and parent concerns. Much like the authors of this study highlight,¹ we believe specific teaching on communication skills should be a mandatory part of medical undergraduate education at every institution. Imperial College School of Medicine has developed a similar teaching style which has been unparalleled in its benefit to us during our pediatric rotation. Although there is scant literature available specifically addressing communicating with children and parents at undergraduate level, the use of SBT throughout undergraduate medical teaching should not be underestimated.

The results of Frost et al's¹ study also reflect our pediatric educational experience. For example, some students (27%) felt that a group size of ten encouraged inter-peer learning, however the majority (73%) thought that these groups were too large to maximize educational benefit. From our experiences at Imperial College Healthcare National Health Service Trust, we would suggest groups of four students, as this has produced the most benefit during our rotation. Furthermore, we would suggest piloting the introduction of video recordings of student-patient consultations. Accumulation of evidence^{2,3} suggests that medical students benefit from the review of consultations with real patients, so much so that it has become an essential component of training and teaching. A study performed by Maguire et al⁴ demonstrated that video recorded SBT sessions resulted in a greater change to clinical behavior than the review of individual audiotape or group-based teaching sessions. Results of this study provide more evidence to the efficacy of SBT in a medical setting.

Subsequently, a literature review by Howells et al⁵ supported our recommendation of videotape recordings as a means of enabling feedback on verbal and nonverbal

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communication. However, one potential downside of this approach would be the anxiety that students experience whilst being recorded. In this situation, we believe that the benefits of this approach far outweigh this, since it would be fair to say that such anxiety experienced as a medical undergraduate accurately reflects future consultations with distressed parents and their children as a practicing doctor.

In conclusion, we recommend the use of a scenario-based pediatric clinical communication skills program as an educational tool in undergraduate medical education. Implementation of SBT will go a long way to fulfilling the core competencies of a doctor as outlined by the General Medical Council.⁶

Disclosure

The authors report no conflicts of interest in this communication.

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