

Implementing Peer Evaluation Forms to Enhance Presentation Skills in the Radiation Oncology Journal Clubs

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Dear Editor,

Effective presentation skills are a cornerstone of medical professionalism, contributing to career progression, patient education, and the dissemination of research findings. However, Non-Consultant Hospital Doctors (NCHDs) often face barriers to receiving structured feedback, which is critical for skill development. In the Radiation Oncology Department at Cork University Hospital, we observed that 72.7% of NCHDs identified the absence of structured feedback forms as the main obstacle to providing constructive critique, despite 100% agreeing that such tools would improve presentation quality.

To address this gap, we implemented a Quality Improvement Project (QIP), introducing peer evaluation forms into journal clubs. Using a Plan-Do-Study-Act (PDSA) framework, we tested the intervention across two cycles. In Cycle 1, following a presentation on clinical research (August 2024), evaluation forms were distributed, assessing slide design, coherence, clarity, delivery, and engagement. Of attendees (36.4%), half completed the forms. In Cycle 2 (September 2024), attendance rose slightly to 45%, with 60% form completion.

Presenters reported that peer evaluation enhanced their awareness of strengths and weaknesses, with 50% explicitly noting improvements in presentation skills and confidence. Notably, 100% supported the ongoing use of evaluation forms. These findings suggest that even modest participation can yield meaningful professional development benefits.

Our experience supports previous evidence highlighting the role of structured feedback in education and skill acquisition. Bierer et al. demonstrated that systematic input fosters presenter growth in both virtual and in-person settings¹. Similarly, Widyastuti and Mahaputri identified common pitfalls such as poor slide design and low engagement, which structured evaluations can directly address².

Although limited by a small sample size and the general nature of evaluation metrics, this intervention has demonstrated feasibility and acceptance. The simplicity of the approach, combined with strong endorsement from presenters, suggests that it is scalable across hospital departments. Wider adoption could promote interdisciplinary learning and foster a culture of continuous professional development.

In conclusion, our QIP demonstrates that peer evaluation forms provide a practical, sustainable tool to enhance presentation skills among NCHDs. Their integration into journal clubs has been well-received, and we recommend wider implementation across medical education forums to strengthen communication and professional development.

Declarations of Conflicts of Interest:

None declared.

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