

#iNMEED2017

**Irish Network of Medical Educators
10th ANNUAL SCIENTIFIC MEETING
27th February – 1st March 2017**

**Collective Competence for Healthcare Practitioners:
Preparing for Real World Practice - Getting ahead by getting along.**

**Royal College of Surgeons in Ireland
123 St Stephen's Green, Dublin 2**



Sponsors

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Welcome

Eva Doherty, Chair, Organising Committee.

It's a cliché I know but seriously where have the last ten years gone? It only seems like yesterday when RCSI hosted the very first scientific meeting of the fledgling organisation, INMED. Ninety-five abstracts were submitted and 150 delegates attended which proved to Peter Cantillon, Frances Meagher and I that we were onto something. Ten years on and the organisation has continued to grow. The ASM has been hosted by almost every medical undergraduate and postgraduate body in the country and now the round begins once more. We are particularly pleased that this year we have managed to attract delegates from nursing, pharmacy and physiotherapy as well as medicine. This will result in a truly interprofessional conference which is mirrored by the theme of collective competence.



As I write this I look forward to hearing our keynote speakers address this topic which I know will generate lots of ideas. The organising committee was representative of every possible department and school in the college including nursing, health professions education, surgery, medicine, physiotherapy, pharmacy and simulation. Thank you to everyone on the committee, it was great fun working with you all and I will miss our bi-monthly get-togethers on a Monday.

Peter Cantillon, INMED Chair

Welcome to INMED 2017. This year the INMED ASM is being hosted back where we had our first ASM; the Royal College of Surgeons in Ireland, (RCSI). One of the founding principles of INMED was that we would strive to be a truly multidisciplinary organisation and this aim is strongly represented in this year's conference. The multidisciplinary conference organising team led by Dr Eva Doherty was deliberately assembled to represent the broad range of disciplines within RCSI. As such, the conference programme, the applications for oral, poster and workshop presentations have come from a much broader range of disciplines this year than ever before. The conference keynote speakers were invited not only because of their acknowledged expertise, but also because they represented different disciplinary perspectives. The theme of this year's conference is collective competence. The purpose is to encourage everyone to reflect on how we implicitly educate and graduate people for individual competence, but the clinical workplaces that our graduates inhabit require situational and collective competence for which our graduates have largely not been prepared.



INMED would sincerely like to thank RCSI and the conference organising team for facilitating what promises to be an excellent conference.

Professor Hannah McGee

Dean, Faculty of Medicine & Health Sciences, RCSI.

We are delighted to welcome INMED once again to the Royal College of Surgeons in Ireland (RCSI). The inaugural event was held at RCSI in February 2008 and it's hard to believe that INMED is hosting its 10th event this year. Since then INMED has become what it set out to be and so much more! A forum for all those involved in medical education in Ireland to come together and share their views, concerns and expertise and to enhance the quality of medical education on the island of Ireland.



INMED has matured as a significant annual milestone for our community of health professions educators and presents a unique opportunity for undergraduate medical schools and postgraduate professional training bodies to come together and share experiences, knowledge and advancements in medical and health professions education. Our shared ambition is to maintain Ireland's reputation for graduating excellent doctors and healthcare professionals and INMED plays an important role in sustaining the quality of the Irish health professions education and training system.

This year's theme "*Collective Competence for Healthcare Practitioners: Preparing for Real World Practice - Getting ahead by getting along*" highlights the importance of communication and teamwork and how this translates to patient safety – all highly relevant elements of professionalism and sure to stimulate interesting debate!

RCSI is proud of our affiliation with INMED and would like to thank all members of the Executive Board and organising committee for bringing this 10th event to fruition.



Pictured from l to r are Dr. Eva Doherty INMED Scientific Committee and RCSI Faculty of Medicine and Health Sciences; Minister Jimmy Devins TD, Minister for State at the Department of Health; Prof Frank Keane, Vice President of RCSI; Dame Lesley Southgate, Keynote Lecturer and Dr Frances Meagher Inmed Scientific Committee at the inaugural INMED Conference in 2008.

Conference Information

Certificates of Attendance

Delegates who wish to receive CME points for attendance at this conference are asked to inform staff at time of registration. Certificates will be emailed to delegates after the event.

Registration Desk

The registration desk will be located in the concourse area of the Royal College of Surgeons, near the York St. entrance. It will be open from 9:15am-10am on Monday and Wednesday and from 8.00am on Tuesday. An information desk will be available in the Exam Hall from 10am-6pm.

Coffee Breaks

During the breaks in the morning and afternoon, there will be coffee, tea and water provided in the Exam Hall.

Lunch

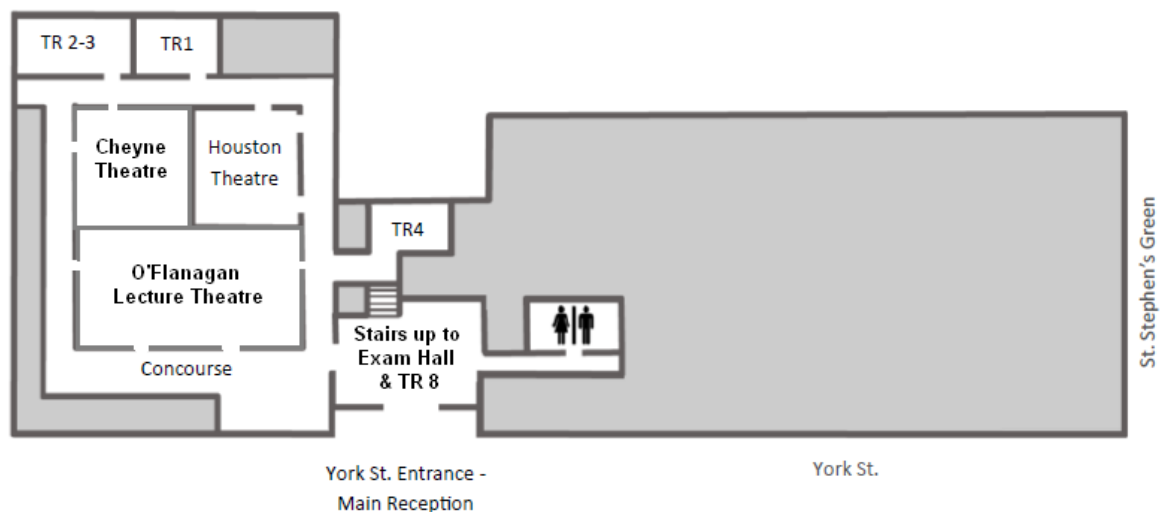
Tea, coffee & sandwiches will be available in the Exam Hall

WIFI Internet

Access is available through your eduroam account, or via:

Network: RCSI Guest
Username: INMED2017
Password: INMED2017

Please tweet along using [#INMED2017](https://twitter.com/INMED2017) on twitter



Local Information

Accommodation

Please note that we have secured a reduced rate for delegates in a number of centrally located hotels. The reduced rate is based on a two night stay for the 27th and 28th February. Rooms are available on a first come first served basis so please book early using the code 'RCSI'.

Buswells hotel - EUR361.45 B&B
Stephens green hotel - EUR294.45 B&B
Davenport hotel - EUR272.45 B&B
Alexander hotel - EUR272.45 B&B
Trinity City hotel - EUR298.45 B&B
Fitzwilliam hotel - EUR368.45 B&B
Westbury hotel - EUR478.45 B&B
Shelbourne hotel - EUR438.45 B&B

Directions to RCSI

By Bus

No buses stop outside RCSI, but there are services from north of the city to Baggot Street (NE Corner of St Stephen's Green) Routes 25, 25a, 25b, 38 and 38a; Dawson Street (N St Stephen's Green) Routes 11, 14, 15, 15a, 15b, 37, 44, 46a, 61, 140 and 145; There are also routes from Aungier Street which are 9, 16, 65, 65b, 68, 83 and 122.

By Luas

The Green Line, Sandyford to St Stephen's Green stops almost directly outside RCSI. For timetable and other information on the Luas transport system see <http://www.luas.ie>

By Train

Two main railway stations serve Dublin: Connolly and Heuston. From Connolly Station it is a short walk to O'Connell Street from where the numbers 10 and 11A bus can be boarded. There are frequent connecting services from Heuston to the city centre. For further information please see <http://www.irishrail.ie>

By Car

For a route and map from where you are located visit The AA Route Planner. There are a number of Pay and Display spaces around St Stephen's Green, mainly unoccupied early in the morning. Parking information on the multi-story car parks around the St Stephen's Green area can be found here: <http://www.q-park.ie>. Choose Dublin and St Stephen's Green / Royal College of Surgeons Car Park.

Conference Secretariat

Chair, Organising Committee:

Dr Eva Doherty (DClinPsych, CPsychol (AFPSI))
Director of Human Factors in Patient Safety, RCSI

Chair, INMED:

Prof Peter Cantillon (MRCP, MSc, MHPE)
Discipline of General Practice, NUIG

Members, Organising Committee:

Dr Martina Crehan (HDipEd, MA, Ed.D)
Health Professions Education Centre, RCSI

Ms Fiona Daly (MISCP, BSc, MSc.)
Practice Education Co-Ordinator, School of Physiotherapy, RCSI

Ms Leonie Heskin (FRCSI MSc (bioeng))
Lecturer in Postgraduate Surgery and Education, RCSI

Dr Jane Holland (MD, PhD, PgDipEd, MRCSI)
Senior Lecturer in Anatomy, RCSI

Dr Daniel Kane (MB BCH BAO)
Clinical Tutor, RCSI

Prof James Murray (FFARCSI, MD, FRCA, MMed)
Director of Simulation and Clinical Skills Based Learning, RCSI

Dr Tom O'Connor (RGN, RNT, PgDipEd, Ed.D).
Senior Lecturer/Deputy Head of School of Nursing RCSI

Dr Angela O'Dea (PhD)
Senior Lecturer in Surgical Education, RCSI

Dr Gozie Offiah (MMedSci, MD)
Senior Clinical Lecturer, RCSI

Ms Dara O'Keefe (MRCSI)
Simulation Lead in Postgraduate Surgical Education, RCSI

Dr Cristín Ryan (MPharm, PhD)
Senior Lecturer in Pharmacy Practice, School of Pharmacy, RCSI

Dr Judith Strawbridge (BSc (Pharm), MSc, PhD)
Senior Lecturer, School of Pharmacy, RCSI

Conference Programme – at a glance

Monday, 27 th February 2017		
09:30 to 10:00	Registration and Tea / Coffee	Concourse
10:00 to 13:00	<ul style="list-style-type: none"> Simulation Roadshow Effective teaching skills for early career clinical educators Pt 1 - Theories of Learning & Large group Teaching 	Skills lab, 1 st Floor 121 St Stephens Green TR 2/3
13:00 to 14:00	Lunch	Exam Hall
14:00 to 17:00	<ul style="list-style-type: none"> Effective teaching skills for early career clinical educators Pt 2 – Small Group & Bedside teaching Using Social Media to enhance Health Professions Education and Research Impact 	TR 2/3 TR 1
Tuesday, 28 th February 2017		
08:00 to 09:00	Registration and Tea / Coffee	Concourse
09:00 to 09:15	Conference opening; Professor Hannah McGee, Dean, Faculty of Medicine & Health Sciences	O'Flanagan
09:15 to 11:00	Keynote Addresses <ul style="list-style-type: none"> Lorelei Lingard <i>"Paradoxical Truths and Persistent Myths about Healthcare Teamwork: Implications for health professions education"</i> Rhona Flin <i>"In Safe Hands - Individual Responsibilities for Patient Care"</i> 	O'Flanagan
11:00 to 11:30	Tea / Coffee	Exam Hall
11:30 to 13:00	itEACH – Pt 1 <ul style="list-style-type: none"> Oral – Assessment Oral - Attitudes and Wellness Pt 1 Oral - Education and Innovation Oral - Professionalism/ Empathy ePoster – Simulation & Technology enhanced Learning ePoster – Education & Assessment Workshop (W1) - LEGO® Blocks vs Writers Block? 	O'Flanagan TR 1 TR 2 TR 3 TR 4 Houston Cheyne TR 8
13:00 to 14:00	Lunch – talking tables	Exam Hall
14:00 to 15:30	itEACH – Pt 2 <ul style="list-style-type: none"> Oral – Peer Led Teaching & Mentoring, & Attitudes and Wellness Pt 2. Oral - Work Based Teaching & Learning Oral - Education and Innovation Oral - Simulation ePoster – Interprofessional Education & Clinical Teaching Workshop (W2) - Teaching students and trainees from multicultural backgrounds 	O'Flanagan TR 1 TR 2 TR 3 TR 4 Houston TR 8
15:30 to 16:00	Tea / Coffee	Exam Hall
16:00 to 17:00	Student-led session	O'Flanagan
17:00 to 18:00	Annual General Meeting	O'Flanagan
19:00	Dinner – Fallon & Byrne, 11 Exchequer Street, Dublin 2	

Wednesday, 1st March 2017

09:00 to 10:00	Patient panel discussion	O'Flanagan
09:00 to 12:00	W3. Masterclass on qualitative data analysis – Lorelei Lingard	TR 4
10:00 to 10:30	Tea / Coffee	Exam Hall
10:30 to 12:00	Rapid infusion workshops	
	W4. How to perform a Systematic Review in an area of Medical Education - Challenges and Pitfalls	TR 8
	W5. Designing together for learning together: Principles of Interprofessional Education curriculum design	TR 1
	W6. Safeguarding Ethics or Stifling Research? Exploring the role of Ethical Review in Medical Education.	TR 2
	W7. Teaching Conflict Resolution Skills to Inter-disciplinary Teams	TR 3
	W8. Precision teaching: <i>opening new doors in health profession education?</i>	O'Flanagan
	W9. Using a reflective Journal in Postgraduate Diploma in Clinical Education	Houston
	W10. Using digital resources to support tutors and students while on busy clinical placements	Cheyne
12:00 – 13:00	Keynote address: <i>Ian Bates – “Collective competence and competency-based workforce development”</i>	O'Flanagan
13:00 – 13:15	Closing address - Professor John Hyland, President RCSI	O'Flanagan

Presentation Guidelines

Oral and itEACH Presentations

This year we would like to encourage presenters to explore other ways of presenting their work other than using the standard PowerPoint, Keynote or Prezi presentation media. It is becoming increasingly apparent that audiences tend to remember more and pay better attention if they can focus on one means of communication only. We would therefore like to encourage all oral presenters to think about how they might structure their presentations so that audiences are encouraged to listen or read, but not at the same time. This can be done by using a judicious selection of slides with images, diagrams, graphs, tables etc. whilst providing background, rationale, methods and discussion using voice alone. Please do not feel constrained by this, but we would really welcome presenters having a go at engaging audiences using a single medium at a time.

All those selected for oral presentations will be allocated a total of 15 minutes for presentations and Q&A. Presentations should not exceed 10 minutes allowing 5 minutes for Q&A. Times will be strictly kept by the group facilitator.

Likewise, presentations selected for the itEACH stream will also be allocated a total of 15 minutes for presentations and Q&A. Presentations should not exceed 10 minutes allowing 5 minutes for Q&A. Times will be strictly kept by the group facilitator.

AV facilities for power point presentations will be available; if you have any additional requirements please notify the INMED Organising Team at info@inmed.ie by Wednesday, 22nd February.

All PowerPoint presentations should also be emailed to info@inmed.ie on or before Wednesday, 22nd February.

E- Poster Presentations

This year we are going to use electronic posters only. That means that you should not bring an A0 size poster to the conference with you as a display space will not be available. The only paper that you need to bring is an A4 image of your poster or a summary of your key messages that we can hand out to participants. For the electronic poster you have a number of options:

1. You can create a poster in the usual manner using a single PowerPoint or Keynote slide. Rather than printing it out we will project it onto a wall and you can stand beside it in order to present it as you would in a poster presentation. However, we would like you to think more outside the box in terms of how you would like to use your poster presentation time.
2. You can create a three slide presentation (rationale, methods, and findings) in which you present the rationale for your research or educational design, you can explain how you did it, and you can then highlight your findings and what they mean.
3. You could also demonstrate some images, (e.g. photographs, newspaper headings et cetera) that relate to the theme of your work and use them to highlight the problems that motivated you to do the work in the first place or issues that remain pertinent now that your work is complete. This format could lead to some excellent discussion.
4. The time allotted for ePosters will be 3 minutes presentation, 2 minutes Q&A (5 total)

All electronic poster presentations or images should be emailed to info@inmed.ie on or before Wednesday, 22nd February.

Keynote Speakers

Lorelei Lingard



Lorelei Lingard is an internationally recognized researcher in the study of communication and collaboration on healthcare teams. She is a tenured Professor in the Department of Medicine, and Director of the Centre for Education Research & Innovation, both at the Schulich School of Medicine & Dentistry at Western University. With a PhD in Rhetoric, Dr. Lingard brings a unique approach to the field. For 20 years, she has studied the communication practices of clinical teams, in order to support evidence-based educational initiatives to improve teamwork. Her work has been supported by more than 70 competitive grants, and has produced more than 200 published manuscripts and book chapters. In the past few years, Dr.

Lingard has been using her research on teamwork to shift the discourse of 'competence' in medical education, so that we are paying attention to not only individual competence but also collective competence. In 2014, Dr. Lingard was awarded the prestigious appointment of Fellow of the Canadian Academy of Health Sciences, in recognition of the impact of her work on Canadian healthcare.

Rhona Flin



Rhona Flin (PhD, FBPsS, FRSE, FRAeS, FRCSEd) is Professor of Industrial Psychology, Aberdeen Business School, Robert Gordon University and Emeritus Professor of Applied Psychology, University of Aberdeen, Scotland. Her work examines human performance in high risk industries, such as healthcare, aviation and the energy industries, with studies focusing on leadership, safety culture, team skills and cognitive skills, e.g. decision making under pressure. Current projects include product safety culture, managers' safety leadership and non-technical skills in safety-critical tasks. Her books include *Safety at the Sharp End: A Guide to Non-Technical Skills* (2008, with O'Connor & Crichton) and

Enhancing Surgical Performance: A Primer on Non-Technical Skills (2015, with Yule and Youngson, winner of a BMA Medical Book Award 2016).

Ian Bates



Professor Ian Bates holds the Chair of Pharmacy Education at the UCL School of Pharmacy as Head of Educational Development and is a Faculty Fellow of the Royal Pharmaceutical Society. He is currently on secondment to the National Health Service (NHS) in London, as academic lead across the university teaching hospitals and additionally as Professor of Integrated Care Education. Professor Bates is the Director of Education Development for the International Pharmaceutical Federation (FIP), leading an international team appointed by FIP working in partnership with WHO and UNESCO, and additionally Editor-in-Chief of Pharmacy Education, an international peer review research journal hosted by FIP. He is a Fellow of the Royal

Pharmaceutical Society, a Fellow of the Royal Statistical Society, a Fellow of the Royal Society for Public Health, and a Trustee for the European Pharmaceutical Students' Association. He is a Programme Director for the Joint Programmes Board, providing foundation training and workplace education for practitioner development for NHS pharmacists; additionally, as a founder member of CoDEG, provides advice on workplace education for many domestic and international institutions and agencies. Professor Bates is the Coordinator for the FIP-UNESCO Global UNITWIN Network for Education, a transnational network spanning universities and countries worldwide. He is the independent Expert Advisor for the Royal Pharmaceutical Society on educational matters and the nominated representative for Health Education England and the associated professional Advisory Board. He was appointed a Fellow of the International Pharmaceutical Federation (FIP) in 2013 and also received a Lifetime Achievement Award from the UK Clinical Pharmacy Association in recognition of his global leadership in international education development.

Pre-conference Workshops - Schedule

*Note – the following pre-conference workshops will take place on Monday, 27th February.
Please refer to the Programme of Events for details on venues and times.*

Monday, 27 th February 2017		
09:30 to 10:00		Registration and Tea / Coffee
10:00 to 13:00	Skills lab, 1 st Floor 121 St Stephens Green	Simulation Roadshow
10:00 to 13:00	TR 2/3	Effective teaching skills for early career clinical educators (1) Theories of Learning and Large Group teaching
13:00 to 14:00		Lunch
14:00 to 17:00	TR 2/3	Effective teaching skills for early career clinical educators (2) Small Group and Bedside teaching
14:00 to 17:00	TR 1	Using Social media to enhance Health Professions Education and Research

Workshop 1:

Simulation Roadshow

Workshop Convenors: Dara O’Keeffe, Leonie Heskin (RCSI) and Dara Byrne and Bronwyn Reid McDermott (NUI Galway).

Purpose: To introduce healthcare educators to the many ways in which simulation can be used to deliver educational content in undergraduate and postgraduate healthcare teaching.

Design: The content will cover basics of using simulation to teach clinical, technical and non-technical skills. Delivery will be very interactive with participants experiencing the use of simulation models and equipment, interactions with standardized patients and electronic patient mannequins. Participants will also learn about in situ simulation in the clinical environment and have an opportunity to get advice from faculty on how simulation could be incorporated into the programmes at their home institutions.

Participants: This workshop is targeted at healthcare educators who have limited experience in using simulation and would like to learn more about its potential as a teaching modality.

Workshops 2 & 3

Effective teaching skills for clinical tutors & early career health professions educators

Attendees may register for either, or both of these workshops, independently. Numbers will be limited to 20 participants for each workshop.

Workshop Convenors: Martina Crehan Ed.D (RCSI), Hannah Gogarty MB BCh MRCPI (RCSI), Jane Holland MD PhD PgDipEd (RCSI), Gozie Offiah MMedSc MD (RCSI)

Theories of Learning and Large Group teaching

This first half of this introductory workshop will cover some of the main educational theories; Behaviourism, Cognitivism, Constructivism, Humanism and Adult learning theory. We will then move to look at these theories in practice, beginning with principles of large group teaching.

By the end of this session you will be able to:

- Apply some of the major theories of learning and teaching to your teaching practice
- Develop a reflective approach to your teaching and learning practice
- Discuss the practicalities of facilitating active learning in a large group teaching format

Topics covered will include techniques and strategies for managing interaction in lectures, and lessons from research into student attention and knowledge retention and their impact upon the design of a teaching session

Max number 20

Small Group and Bedside teaching

This afternoon workshop may be taken in isolation, but does expand on theories and concepts explored earlier in the day. This session explores aspects and practicalities of small group teaching in general, and then of bedside teaching in particular.

By the end of this session you will be able to:

- Reflect on your own experiences of working with learners in small groups
- Identify strategies for working with small groups;

Topics covered will include different methods of bedside teaching, and feedback processes relevant to the bedside teaching encounter.

Max number 20

Workshop 4:

Using Social media to enhance Health Professions Education and Research

Impact Workshop Convenors: Jane Burns, RCSI School of Nursing, Grainne McCabe, RCSI Scholarly Communications Librarian and Ron Kavanagh Galway

Purpose: This Workshop will approach this subject area of Social Media to enhance Health Professions Education and Research Impact from three different perspectives. Strand 1 will illustrate the various metric measurements used for researchers and used by institutions for rankings purposes. Strand 2 will illustrate practical steps involved in developing and managing online research profiles and alternative ways to demonstrate impact especially in the area of funding. Strand 3 will illustrate a personal case study of a Medical professional and how the approaches he has used in this area.

Design: Participants will have short presentations and demonstrations of practical applications of social media tools. The workshop will be interactive as well engaging participants to reflect upon current communication outlets used and how the adoption of social media can enhance their online research management and professional networks. Handouts with guidelines and tips and tools will be made available to participants. Participants at the end of the session will also have an understanding and resources of this area to integrate into teaching practice.

Participants: This workshop is targeted at practitioners, researchers, clinical teachers, clinical tutors, clinical education coordinators and clinical curriculum leaders.

Max number 20

itEACH Presentation Schedule

Tuesday 28th February 2017 – 11:30 – 13:00

O'Flanagan	Chair: Dr. Eva Doherty
11:30	it01 A mixed methods retrospective evaluation of a hospice-led, continuing professional development, Advanced Communication Skills Training (ACST) programme in palliative and end of life care. <i>Christine Mulligan (Mental Health and Social Research Unit, Department of Psychology, Maynooth University)</i>
11:45	it02 Communication skills training for health care professionals in palliative and end-of-life care: What works and where to from here? <i>Kathleen McLoughlin (Dept of General Practice, University College Cork)</i>
12:00	it03 Handing over handover! Handing over handover! Teaching our interns how to handover <i>Orla Mongan (West North West Intern Network)</i>
12:15	it04 Interaction Analytics for Automatic Assessment of Communication Quality in Healthcare <i>Padhraig Ryan (Trinity College Dublin)</i>

Tuesday 28th February 2017 – 14:00 – 15:30

O'Flanagan	Chair: Dr. Eva Doherty
14:00	it05 Talking about fitness to drive in patients with cognitive impairment: What works in a General Practice setting? <i>Kathleen McLoughlin (Department of General Practice, University College Cork)</i>
14:15	it06 Using client experts for developing communication skills and formative feedback with occupational therapy students <i>Caroline Hills (National University of Ireland, Galway)</i>
14:30	it07 Using video cases to assess reflection and to enhance medical students ability to assess communication skills <i>Clare Whelan (Trinity College Dublin)</i>
14:45	it08 Virtual Patient Simulations do improve knowledge of communication skills for early medical students <i>Catherine Bruen (Royal College of Surgeons in Ireland)</i>
15:00	it09 Student learning in an interdisciplinary breaking bad news role-play <i>Catherine Sweeney (University College Cork)</i>

itEACH Presentation Abstracts

it01

A mixed methods retrospective evaluation of a hospice-led, continuing professional development, Advanced Communication Skills Training (ACST) programme in palliative and end of life care.

Christine Mulligan (Mental Health and Social Research Unit, Department of Psychology, Maynooth University)

Authors

- Christine Mulligan -Psychology Undergraduate Maynooth University HRB Summer Scholar 2016
- Dr Kathleen McLoughlin -Affiliation is Research Fellow, Department of General Practice, UCC
- Professor Sinéad McGilloway - Professor in Mental Health Care Research and Well-Being Director, Mental Health and Social Research Unit (MHSRU)

Rationale

The publication of Fellowes (2004) systematic review, coupled with the fact that before 2008, no specific CPD programmes in communication skills training were available in Ireland, led Milford Care Centre to strategically adopt the three-day Wilkinson model ACST as part of their suite of educational programmes (McLoughlin, 2009). This study evaluates that programme, assessing the experience and perspectives of all stakeholders (2008-2016).

Methods

A pragmatic mixed methods study including: (1) A desk-based analysis of participants (n=108) pre and post competencies using the Pre-Post Confidence Questionnaire (PPCQ); (2) An online survey of participants (n=80) who completed the ACST programme to determine the perceived impact on current practice; (3) Analysis of post-course evaluation forms (n=104); (4) SWOT analysis with facilitators and actors.

Findings

Since 2008, 20 courses were delivered to 121 healthcare professionals. Analysis of PPCQs indicates significant levels of increased self-reported confidence post-course across 14 domains ($p < 0.001$). 100% of online survey respondents reported that they and their patients benefited from attending the course. 79% reported that the course continues to have a significant impact on practice while 97% would recommend the course. The SWOT analysis provided an insight into the perceived strengths, weaknesses, opportunities and threats to the ACST.

Discussion / Conclusion

This evaluation informs the future development of the programme, highlighting the positive attitude of participants toward the course, and considers how it has impacted upon confidence communicating across practice domains. The skilled facilitators and actors are considered key strengths. A number of recommendations are made for research and education

Rationale

Internationally, competency frameworks for healthcare professionals working with people living with advanced life-limiting illness emphasise the importance of effective, sensitive communication skills. Ineffective communication may lead to negative outcomes for patients and healthcare teams. Basic communication skills may not be effective to deal with the challenging clinical scenarios involved in palliative and end-of-life care. There is emerging evidence in Ireland that there is considerable room for improvement in end-of-life communication between healthcare staff, patients, and families. This presentation summarises the evidence regarding models of communication skills training specific to palliative and end-of-life care and considers future developments in this field.

Methods

A rapid systematic review of published, academic empirical literature was conducted providing an up-to-date summary of evidence regarding effective models of communication skills training in palliative and end-of-life care published since Moore's (2013) systematic review.

Findings

663 records were retrieved, and 7 met the criteria for inclusion. There was considerable heterogeneity across the studies with regard to the target population, course duration, course content and outcomes assessed, despite the publication of a European consensus document (Stiefel et al. 2009) highlighting best practice in this field.

Discussion / Conclusion

Whilst some of the programmes reviewed showed promising results, these were very specific to their target population. There remains no evidence to determine whether effects are sustained over time or which programmes are most likely to be effective.

Recommendations for education, research, policy, and practice will be presented in the Irish context.

Authors

Dr D. Mac Manus, Dr A. Keyes, Dr L. Mc Vickers, Dr D. Devitt, Dr O. Mongan. NUIG WNW Intern Training Network

Rationale

Clinical handovers are a large source of medical error. Since the introduction of the EU working time directive for doctors, the frequency of handovers has increased. A recent meta-analysis on handover protocols concludes that focusing any protocol is better than using nothing at all. (1) The aim of this study is to review the current intern handover process in Galway University Hospital and to design a tailored intern pocket handover guide aligned with international best practice.

Methods

A literature review of best international practice guidelines was conducted. Qualitative methods used to collect data included direct observation of intern handover and a focus group with the interns. A collaborative approach to the design of a pocket handover guide included input from interns, medical manpower and intern teaching staff.

Findings

Intern handover is a unique combination of task-orientated jobs and patient management across multiple wards with cross-cover of wards. This is further complicated by three monthly intern rotations across different sites. A pocket handover guide outlining what, where, when and how was designed. The SBAR model, already used at induction in the WNW intern network was used. An accurate bleep list, important phone numbers, checklist for handover duties for the doctor starting and finishing a shift, how to prepare for handover and top tips were included as content.

Discussion / Conclusion

The pocket guide is an adjunct to a face-to-face teaching and serves as a reference document to interns. Compliance with this handover system will be audited after its introduction using direct observation of handover and satisfaction questionnaires

Rationale

This project harnesses machine learning technologies (known as "artificial intelligence") to investigate medical communication skills. This is a Health Research Award study funded by the Health Research Board (2016 - 2019).

Methods

We gathered audiovisual recordings of simulated clinical interactions. One dataset involves simulated acute care emergencies in a major teaching hospital for medical intern training (8 hours of recordings, N = 40). In each simulation two "junior doctors" and a nurse respond to a scripted crisis such as cardiopulmonary arrest.

We are developing automated tools to parameterise features such as:

- The speed at which a clinician speaks
- Turn-taking (how often a participant speaks, how long before a participant is interrupted)
- Use of medical terminology
- Chronological mapping of key concepts
- Body movement such as time spent at the bedside examining a patient

Findings

Preliminary Findings

- The accuracy of automated transcription is impacted by microphone layout.
- Depth camera technology can be used to obscure the faces of participants and thereby support confidentiality.
- Computer vision can track the time that clinicians spend at the bedside of patients, but analysis of the direction of a clinician's gaze is more challenging
- Crucial information might not be shared appropriately between clinicians during some medical emergencies

Discussion / Conclusion

Signal processing and machine learning techniques can complement assessment of communication skills by an expert human. Eventually this may improve the scalability and affordability of quality assessment, and may represent a new tool for medical educators.

it05

Talking about fitness to drive in patients with cognitive impairment: What works in a General Practice setting?

Kathleen McLoughlin (Department of General Practice, University College Cork)

Rationale

Driving contributes to quality of life and well-being. However, for 11.3% of adults over 50 living with cognitive impairment, there are issues for some regarding continuing to drive. The GP plays a key role in advising people regarding fitness to drive and conversations can be challenging when a person presents with a questionable/mild cognitive impairment. Given the importance of driving, discussions can be fraught - with 1/5 GPs reporting that people have left their practice when driving licence health certification was not approved. In addition, current guidelines offer little direction on how to counsel patients. The aim of this RSA-funded research is to develop evidence-based material to support communication between GPs and people with cognitive impairment, regarding fitness to drive.

Methods

The study comprises three phases including: (1) a scoping study reviewing evidence on communication techniques used by GPs to discuss fitness to drive with people living with cognitive impairment; (2) semi-structured interviews with GPs (n=15-18) to examine their experience of discussing fitness to drive with patients where cognitive impairment is a concern, using case-based data; (3) interviews with people living with cognitive impairment/family carers (n=8-10) to explore their experience discussing fitness to drive with their GP.

Findings

Findings from phase one will be presented. Data from all phases will be used to develop GP training material.

Discussion / Conclusion

This research addresses an urgent need for evidence-based communication strategies to help GPs discuss fitness to drive in a positive, proactive way to maximise safety for all road users.

Authors Caroline Hills¹, Valerie Flattery², Fiona Haughey³, Lenore McLoughlin⁴ & Rosaleen Kiely⁵

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Rationale

Second year occupational therapy students complete a 7-week credit free course to prepare them for their first 8-week practice placement. In occupational therapy in Australia simulation type learning activities has been advocated for preparation for placement courses to develop students' communication skills, professional behaviour and information gathering skills (Rodgers et al., 2010).

Methods

For the last three years, 5 people with a range of disabilities, termed "client experts" have attended a student session. Students both interview and assess the clients based on their real disabilities /abilities. This authentic learning is aimed at providing formative feedback on student's professional behaviour, communication and information gathering skills and prepares them for the practice environment. Each student has a set assessment or information gathering tasks to complete with the client. They then must record their findings and as a team succinctly report to their facilitator using professional language after the clients have left. This year the client interactions were recorded using a tablet for formative feedback. Each client has a therapist facilitator who is responsible for providing feedback to the student and debriefing after the client encounter.

Findings

Students valued this authentic learning as it is their first opportunity to communicate with clients in a professional capacity. Feedback and debriefing needs to be more structured and defined.

Discussion / Conclusion

Research is indicated into the effectiveness of client experts as an authentic learning activity from student, facilitator, and client expert perspectives. The lack of summative assessment also needs to be investigated

it07 **Using video cases to assess reflection and to enhance medical students ability to assess communication skills**
Clare Whelan(Trinity College Dublin)

Authors

- Clare Whelan, Clinical Skills, School of Medicine, Trinity College Dublin
- Catherine Dolan, Psychiatry, School of Medicine, Trinity College Dublin
- Triona Flavin ,Clinical Skills, School of Medicine, Trinity College Dublin
- Eileen Sweeney, Psychiatry, School of Medicine, Trinity College Dublin

Background

Due to expanding student numbers and sicker patients making it increasingly impractical to have students from the pre-clinical years on the medical wards a Simulated Patient Encounter workshop was introduced in 2015 wherein each student takes a history from a simulated patient and also assesses two peers taking histories from other simulated patients. Due to high running costs and faculty resources necessary to run this workshop there is no possibility of increasing the number of cases per student as desired to improve the educational impact of this exercise and so we proposed an online learning platform for further development of students' ability to develop communications skills based on virtual patient cases via assessment and reflection.

Aim:

To investigate the effectiveness of an e-learning programme on the ability of medical students to assess and reflect on communication skills

Methodology

Candidates will be given access to video recorded scenarios over the course of three two week blocks. In each of the blocks, candidates will submit an online assessment of the scenario using a standardised pro-forma and also a written reflection. They will receive feedback via email comprising of a written completed standardised assessment of the scenario by experts and assessment and feedback on each submitted reflection prior to completing the next video review, assessment and reflection assignment.

Results:

This project is currently in progress. The results of each student will be analysed to identify any difference in the students' assessment versus tutors' assessments and the students' reflection scores over the course of the 3 blocks.

Authors

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- Vincent Wade Trinity College Dublin, Dublin 2, Ireland
- Teresa Pawlikowska. Health Professions Education Centre, RCSI, Dublin 2, Ireland.

Rationale

Communication skills are a key competence for clinical practice and an essential component of a patient-centered consultation. Virtual patient simulations were developed to provide medical students with an unlimited opportunity for repeated practice and formative assessment with feedback. Research was conducted to explore whether virtual patient simulations improve students' knowledge of communication skills.

Methods

Six virtual patient simulations were designed through GP consensus using case history vignettes in the domain of cardio-vascular and respiratory systems. They were developed using an Adaptive Role-play Simulations and Games platform (SkillSim™) to provide training and assessment of the student consultation with automated scores, personalised feedback, and performance coaching. Clinical knowledge was minimal to reflect the level of students (first year). Student knowledge of communication skills was measured using a validated test, (van Dalen 2002), which has been shown to predict performance of communication skills.

Findings

Performance before and after the educational intervention with virtual patient simulations was compared and students' knowledge was found to have increased - ($p < 0.01$).

Discussion / Conclusion

Students were offered virtual patient simulations as an optional, self-directed component with unlimited access (anytime, anywhere, any device) for learning. Students used the intervention for repeated practice, and formative self-assessment with automated scoring and feedback, based on their individual performance. Student knowledge of communication skills improved following interaction with these virtual patient simulations

Authors

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- Eleanor O'Sullivan University College Cork
- Marie Murphy University College Cork & Marymount University Hospital & Hospice
- Tony O'Brien University College Cork & Marymount University Hospital & Hospice
- Marian McCarthy University College Cork

Rationale

Breaking bad news is a challenging communication skill for many healthcare professionals. Undergraduate medical and nursing students in UCC are offered an optional interdisciplinary special study module in palliative care where they learn together about palliative care and teamwork. Palliative care is a complex area of healthcare that requires practitioners to be competent communicators. A team approach is key to delivering good palliative care and in this setting a team approach is often used to deliver bad news. The purpose of this study was to explore learning from an interdisciplinary breaking bad news role-play that takes place towards the end of the module.

Methods

Qualitative data from student and facilitator feedback and an audio recording of a role-play were thematically analysed.

Findings

The findings revealed that the role-play led to learning about the importance of good communication and practical aspects of communicating bad news. Students also learned about the benefits of teamwork to patients, families and healthcare professionals, and how to work together as a team. In addition, the role-play deepened their understanding of key palliative care principles, such as the need to integrate physical, psychological, social and spiritual care. Students were often surprised by how real they found the role-play and the emotional impact it had on them and several commented on the importance of self-care.

Discussion / Conclusion

This interprofessional palliative care breaking bad news role-play provided learning in a number of areas. The context in which communication skills are taught can provide valuable opportunities for wider learning.

Oral Presentation Schedule

Tuesday 28th February 2017 – 11:30 – 13:00

Assessment

TR 1 Chair: Ms. Dara O’Keeffe

11:30 OP01 Getting behind the scenes: an exploration of roles & relationships in the OSCE triad
Gerry Gormley (QUB)

11:45 OP02 Examining OSCEs: a metanarrative approach
Helen Reid (QUB)

12:00 OP03 Developing Entrustable Professional Activities for postgraduate specialist training in Ireland: the experience of the College of Anaesthetists of Ireland
Sinead O’Shaughnessy (College of Anaesthetists of Ireland)

12:15 OP04 Measuring Situation Awareness in Medical Education OSCE Guides
Thomas Kropmans (College of Medicine, Nursing & Health Sciences; School of Medicine)

12:30 OP05 Time for review; Physiotherapy tutors’ perceptions of the clinical performance assessment process
Anne O’Connor (University of Limerick)

12:45 OP06 Understanding the Challenges of Workplace-Based Competence Assessment of Pharmacy Interns Using Activity Theory
Michelle Flood (School of Pharmacy, RCSI)

Tuesday 28th February 2017 – 11:30 – 13:00

Attitudes and Wellness Pt 1

TR 2 Chair: Dr. Angela O’Dea

11:30 OP07 An exploration into an inclusive mutual learning environment for occupational therapy students and their community partners using a service learning approach
Isabel Kennedy (Trinity College Dublin)

11:45 OP08 ATTITUDES TO REFLECTION EDUCATION IN SENIOR MEDICAL STUDENTS
Ellen Stuart (Royal College of Surgeons in Ireland)

12:00 OP09 Burnout, physical activity and extracurricular activity in medical students
Philip Macilwraith (University College Cork)

12:15 OP10 Factors contributing to burnout and stress in interns in Irish hospitals
Enda Hannan (Royal College of Surgeons in Ireland)

12:30 OP11 Medical Student Intervention to Promote Effective Nicotine Dependence and Tobacco Healthcare (MIND-THE-GAP): Feasibility randomised trial (NCT02601599)
Frank Doyle (Royal College of Surgeons in Ireland)

12:45 OP12 Opiate Addiction and Overdose: Medical Students’ Experiences, Satisfaction with Learning, and Attitudes toward Community Naloxone Provision
Helen Tobin (UCD Centre for Emergency Medical Science)

Tuesday 28th February 2017 – 11:30 – 13:00

Education and Innovation

- TR 3 Chair: Dr. Martina Crehan
- 11:30** OP13 A window into a world: using critical incidents to study practice and shape education
Richard Conn (Queen's University Belfast)
- 11:45** OP14 'Steth-O-Cope' a smartphone application to support interns developed using evidence, iteration and collaboration.
Louise Rabbitt (National University of Ireland, Galway; Galway University Hospital)
- 12:00** OP15 Combining flipped learning and gaming in an occupational therapy preparation for placement course
Caroline Hills (National University of Ireland, Galway)
- 12:15** OP16 Creating the U:CHILD
Jennifer Yates (Department of Paediatrics, School of Medicine, UCD)
- 12:30** OP17 Flipped Learning of Obstetric Emergencies: Use of Podcasts and Plays
Mary Higgins (UCD)
- 12:45** OP18 Impact of Enquiry Based Learning (EBL) in Preparing Student Midwives for Real World Practice
Anita Byrne (Dundalk Institute of Technology)

Tuesday 28th February 2017 – 11:30 – 13:00

Professionalism/ Empathy

- TR 4 Chair: Dr. Tom O'Connor
- 11:30** OP19 Integrating human trafficking into the undergraduate medical curriculum.
Mairead Corrigan (Centre for Medical Education, Queen's University Belfast)
- 11:45** OP20 Designing a logbook for final year medical students to promote preparedness for practice and professionalism
Dara Byrne (NUI Galway)
- 12:00** OP21 Living with melanoma for a day: a phenomenological analysis of medical students' simulated experiences
Gerry Gormley (Centre for Medical Education, Queens University Belfast)
- 12:15** OP22 Medical School Selection Criteria as Predictors of Medical Student Empathy
Donnchadh O'Sullivan (UCC)
- 12:30** OP23 Un-Blurring the Boundaries: Exploring Undergraduate Medical Student Perception of Acceptable Professional Behaviour Online
Aileen Patterson (Trinity College Dublin)
- 12:45** OP24 Physio Hub - A Real World Active Learning Environment
Caitriona Cunningham (University College Dublin)

Tuesday 28th February 2017 – 14:00 – 15:30

Peer Led Teaching and Mentoring & Attitudes and Wellness Pt 2

TR 1 Chair: Dr. Jane Holland

14:00 OP25 Perceptions and Experiences of Psychosocial Mentoring Amongst Pediatric Postgraduate Trainees: A Gender-Focused, Mixed-Methods Study
Sinead McGlacken-Byrne (National University of Ireland, Galway, Ireland)

14:15 OP26 The Key to Ensuring the Success of Your Near Peer Teaching
Laura Reynolds

14:30 OP27 What I Wish I Knew In Final Year' – The launch of a near peer teaching programme in an Irish University Hospital
Naomi Davey & Niall O'Mara (RCSI)

14:45 OP28 A Mixed Method, Multi-Perspective Evaluation of a Near Peer Teaching Programme
Sinéad Lydon (National University of Ireland, Galway)

15:00 OP29 The Importance of Being Thorough: Questionnaire Development and its use in Evaluating Patient Perception of Bedside Teaching in Obstetrics and Gynaecology
Nicola O'Riordan (National Maternity Hospital)

15:15 OP30 What do women think about participation in bedside education? A qualitative study of women's experiences within a teaching hospital
Michelle Carty (University College Dublin)

Tuesday 28th February 2017 – 14:00 – 15:30

Work Based Teaching & Learning

TR 2 Chair: Dr. Crea Carberry

14:00 OP31 Clinical Learning Environments for Postgraduate Medical Education: A Realist Synthesis.
Anél Wiese (UCC)

14:15 OP32 Evaluation of a Pilot Project of Fieldnotes in the Specialist Anaesthetic Training Programme in Ireland
Sheena Durnin (NUIG)

14:30 OP33 Exploring Clinical Learning Environments for Postgraduate Medical Education & Training
Caroline Kilty (UCC)

14:45 OP34 Front Line Ownership supporting postgraduate learning of leadership and management.
Catherine Diskin (National Doctors Training & Planning)

15:00 OP35 Preparing Foundation Doctors for Acute Immediate Care using 'the Acute Care Course for Adults (ACCA)' Gareth Samuel
David Morrison (Northern Health and Social Care Trust)

15:15 OP46 Can 'Precision Teaching' enhance medical students' dermatology diagnostic skills?
Gerry Gormley (Centre for Medical Education, QUB)

Tuesday 28th February 2017 – 14:00 – 15:30

Education and Innovation

TR 3 Chair: Dr Michael Williams

14:00 OP36 Medical education on a massive scale: Evaluating an Irish Massive Online Open Course (MOOC) on exercise prescription
Silvia Gallagher and Cuisle Forde (Trinity College Dublin)

14:15 OP37 Using a Flipped Classroom to Improve Ophthalmology Practical Skills in Medical Students
Rob McGrath (Cork University Hospital)

14:30 OP38 Practical prescribing: the use of post graduate research to inform development of an undergraduate inter-professional teaching session. (Research in progress)
Elaine Walsh (University College Cork)

14:45 OP39 Extended General Practice Placements (EGPP): Do they facilitate breadth and depth of the student experience?
Andrew O'Regan (University of Limerick Graduate Entry Medical School)

15:00 OP40 The educational Value of a short teaching programme for medical students in a children's hospice.
Judith Meehan (University of Dublin, Trinity College)

Tuesday 28th February 2017 – 14:00 – 15:30

Simulation

TR 4 Chair: Ms. Dara O'Keeffe

14:00 OP41 Incorporation of simulation training into induction improves confidence in medical and nursing staff
Ben McNaughten (Royal Belfast Hospital for Sick Children)

14:15 OP42 Learning to manage complexity through simulation: students' challenges and possible strategies
Gerry Gormley (Centre for Medical Education, QUB)

14:30 OP43 Teaching new paediatric nursing staff how to raise concerns using the PACE approach and high fidelity simulation
Carol Junk (Royal Belfast Hospital for Sick Children)

14:45 OP44 The prescription journey: a qualitative exploration of an interprofessional simulated learning activity
Caoimhe Cooke (Queen's University Belfast)

15:00 OP45 Evaluation of medical student retention of clinical skills following simulation teaching
Gozie Ofiah (Royal College of Surgeons in Ireland)

Oral Presentation Abstracts

OP01 **Getting behind the scenes: an exploration of roles & relationships in the OSCE triad**
Gerry Gormley (QUB)

Authors GJ Gormley, M Corrigan, K Cullen, JL Johnston

Background and Purpose

OSCEs are a widely used form of assessment in health profession education. To date a psychometric discourse has largely predominated in OSCE related research.[1] However there is a need to illuminate the highly contextually and socially embedded nature of OSCEs.[2] OSCEs are socially situated activities – humans interact with humans – candidates interact with simulated patients (SPs). In this study, we used qualitative methods to look in-depth at the social roles and interactions that occur within OSCEs.

Methods

Underpinned by a social constructionist epistemology, Goffman's' dramaturgical metaphor was used as an analytical lens in this study. [3] Maximal variation sampling was used to recruit participants for this study. Fourth year medical students, OSCE examiners and SPs were invited by email to participate in this study. A matrix of willing participants and their demographic characteristics was used to select a maximal variation sample of 18 OSCE station encounters. Subjects in the study were allocated to one OSCE circuit that already had unobtrusive pre-existing ceiling mounted video cameras. Consent was obtained from all participants. Candidates were not made aware of which OSCE station was being recorded and each examiner/SP combination did not know which candidate was being recorded. Video footage of all 18 triadic encounters were transcribed. Using transcripts and video footage, analysis was inductive, focusing on the social roles and interactions within the OSCE triad. Consensus on themes was reached by the research team.

Results

Over 126 minutes of video footage (18 triadic encounters) was captured. Four main themes emerged from analysis of the data: '*Creating the right impression?*'; '*A performance of contradictions?*'; '*Simulated patients: Dehumanized, objectified and industrialized*', and '*Examiners hold the power: hierarchy within OSCEs*'.

Discussion and Conclusions

This study challenges assessment rhetoric by providing a deep insight into the realities of the social roles and dynamics that occur within OSCEs. In this process medical students are driven by the pursuit of creating an impression of themselves that is perceived by examiners to be of a competent performance. However it is clear that OSCEs are a complex form of drama that do not necessarily reflect the true social interactions of clinical practice. Above all else, checklists mediate all social roles and behaviours within OSCEs, with a shift from patient-centric to checklist-centric behaviours. In the pursuit of standardization, OSCEs can promote undesirable test taking behaviours that are not patient-centric. There is a need to reframe this method of assessment and change our current practices.

References

1. Hodges, Brian 2006 "Medical education and the maintenance of incompetence" in Medical Teacher 28(8) 690-696
2. Hodges B. Assessment in the post-psychometric era: Learning to love the subjective and collective. Med Teach. 2013;35(7):564-568
3. Goffman E. The presentation of self in everyday life. London, New York: Double Day; 1959. .

Authors

Helen Reid, Mairead Corrigan, Pascal McKeown and Tim Dornan

Rationale

Objective Structured Clinical Examinations (OSCEs) are ubiquitous in health professions education (HPE). Assessment research has historically focused on their reliability. We seek to make sense of the rise to dominance of OSCEs, potential unintended consequences and resulting tensions. It will allow lessons from the past to inform assessments of the future.

Methods

We use a metanarrative synthesis (MNS) approach to identify different conceptualisations of OSCEs, explore within them, and identify tensions between them. We scope, search and synthesise OSCE literature in a non-linear manner. Our study design supplements secondary research with primary research, by conducting interviews with stakeholders and experts. We will analyse interview data using 'mesolinguistic' discourse techniques.

Findings

We have identified several different metanarratives (roughly equating to research traditions or discourses) around OSCEs. These include psychometric, performativity, patient safety, and production/economic metanarratives. Ongoing work will search iteratively within these metanarratives, synthesise them, and expose contradictions.

Discussion / Conclusion

We have invested great effort in developing a blend of primary and secondary research. This allows us to present the potential of MNS as a means of using evidence synthesis to influence (inter)national assessment policy and practice.

Authors

J Boland, E Condon, P Ecimovic, R Fanning, I Hennessey, M Hurley, K O'Brien, SM O' Shaughnessy, C Power

Rationale

The College of Anaesthetists of Ireland has adopted Entrustable Professional Activities (EPA) as a means of (re)developing their competency-based training programme. EPAs have an intuitive appeal to clinicians and offer a basis for design of valid work-based assessment while providing information that facilitates timely support for trainees in difficulty.

Methods

The EPA development process drew on the expertise of consultant anaesthetists, tutors and trainees, facilitated by a medical educationalist. While theoretical models of EPAs proved invaluable, a grounded, iterative and adaptive approach was required. The process involved scoping the range of activities, designing a bespoke EPA template, drafting EPAs, mapping, blueprinting and tagging competencies, designing work based assessment tools, piloting narrative Fieldnotes, faculty development and consultation with stakeholders. The College is preparing for implementation, nationally, on a phased basis.

Findings

A number of enabling and constraining factors can be identified even at this stage -practical, philosophical, organisational and socio-cultural. Implementation of new assessment practices represents the most challenging aspect of change. The concept of entrustability requires translation to be meaningful to clinicians.

Discussion / Conclusion

The development processes require engagement by and commitment from stakeholders. The process of gaining consensus on EPAs confirms the need for clarity and transparency. The adoption of EPA-based assessment has potentially significant implications for the future of postgraduate training, requiring effective change management, research and appropriate quality assurance systems. While potential benefits for colleges, consultants and trainees can be identified, ensuring the quality of patient care represents the most compelling rationale

OP04 **Measuring Situation Awareness in Medical Education OSCE Guides**
Thomas Kropmans (College of Medicine, Nursing & Health Sciences; School of Medicine)

Authors

- Margaret Frere, School of Medicine Medical Student
- John Tepper, School of Medicine Medical Student
- Markus, Fischer, School of Medicine/Medical Informatics & Education
- Kieran Kennedy³, PhD student; School of Medicine/Medicine/clinical skills coordinator
- Thomas Kropmans, Senior Lecturer, Medical Informatics & Education School of Medicine; National University of Ireland, Galway

Introduction

Medical errors are among the most prevalent and serious adverse events in healthcare. Lack of situation awareness (SA) is an important factor leading to such errors. SA can be understood using Endsley's three-tier model: level one is perception, level two is comprehension, and level three is projection. While there is extensive literature on the theory of SA, it is difficult to measure and quantify. The purpose of this pilot-study was to measure identify and characterize SA in several medical OSCE guides, including a first year National University of Ireland, Galway OSCE.

Method:

Two online OSCE guides and a first year OSCE exam were analyzed by two independent observers using a self-developed tool. This tool was an inferential measure SA. The guides were first qualitatively analysed using NVivo and then quantitatively analyzed using Excel and SPSS.

Results:

The results indicated strong internal validity and moderate inter-rater reliability. There was limited statistically significant variance between the observers. The NUIG OSCE exam had the fewest observations of SA. Further, in each guide level 1 SA was observed more frequently than level 2 or 3 SA.

Discussion:

SA is an important factor in clinical decision-making and patient safety. The challenging aspect is how best to teach and assess SA in medical education. Inter-rater reliability can possibly be improved using agreement training sessions. Simulations, such as in formative and/or summative OSCEs, are considered valuable and safe way to do so.

OP05 **Time for review; Physiotherapy tutors' perceptions of the clinical performance assessment process**
Anne O'Connor (University of Limerick)

Authors

- Ms. Anne O'Connor, Dept of Clinical Therapies, University of Limerick,
- Professor Peter Cantillon, Dept of GP Practice, NUI, Galway
- Dr. Arlene McCurtin, Dept of Clinical Therapies, University of Limerick
- Dr. Oliver McGarr, School of Education, University of Limerick

Rationale

In disciplines such as medicine and nursing, clinical performance assessment practice is supported by a significant bank of evidence. In the allied health professions there exists both a lack of rigorous testing of assessment methods and robust studies examining stakeholders' experience of the process. This study aimed to explore physiotherapy tutors' experiences of existing clinical performance assessment methods as part of a larger study with a view towards optimising this assessment approach.

Methods

A qualitative, constructivist approach was employed. Physiotherapy tutors affiliated to one of three higher education institutions volunteered to participate (n=15). Three focus group interviews were completed. Data was analysed using an inductive thematic analysis approach.

Findings

Preliminary data analysis identified two themes; a) Conflict within the current process and b) Deconstruction of decision-making processes. In the first, several perceived flaws with the existing process were outlined including variability of interpretation of assessment criteria and subsequent grading inconsistencies across sites. Participants suggested that such issues had the potential to cause conflict between students and assessors. The second theme deconstructed the decision-making processes used by tutors when grading students reflecting a systematic approach in awarding grades which combined adherence to assessment guidelines, personal intuition and professional expertise.

Discussion / Conclusion

Physiotherapy tutors' perceptions of variability and inconsistency within the current clinical performance assessment process raise questions about its credibility, impact on student learning, patient safety and the potential benefit of utilising specialist educational expertise on placement. This may help optimise the current approach to clinical performance assessment.

OP06 **Understanding the Challenges of Workplace-Based Competence Assessment of Pharmacy Interns Using Activity Theory**
Michelle Flood (School of Pharmacy, RCSI)

Rationale

Workplace-based assessment (WBA) of trainees is a key element of competency based medical education (CBME). While the literature reports predominantly positively on the benefits of this form of ‘authentic’ assessment, recent commentaries identify challenges under two themes, practical/logistical issues and issues with a theoretical/conceptual basis. There are few empirical studies that give consideration to how these challenges materialise in practice. This study explores these challenges in assessment of pharmacy interns in Ireland.

Methods

Engestrom’s ‘third generation’ Activity Theory was used to explore historically developed competence assessment practices. This theory facilitates the study of complex mediated practices and their socio-historical development. Firstly, using document analysis of programme materials, an ideal or ‘non-contradictory’ model of the practices was modelled, detailing the activity system elements and their relationships. Secondly, using the principle of ‘contradictions’ and data from surveys, focus groups and observations the actual practices were modelled.

Findings

Elaborating the ‘ideal’ model to include the data collected indicated that there are many challenges faced by interns and tutors completing WBAs. While the impact varies, they reflect the two themes from the literature indicate areas for potential development and improvement in support and training for interns and tutors.

Discussion / Conclusion

Empirical research is needed to fully elucidate how assessment practices are realised in ‘real-world’ settings and to improve assessment design and support clinical tutors and interns in the assessment process. This study facilitates the comprehensive understanding of how challenges are experienced in practice. This forms part of a wider project on WBA.

OP07 An exploration into an inclusive mutual learning environment for occupational therapy students and their community partners using a service learning approach
Isabel Kennedy (Trinity College Dublin)

Authors

- Ms. Isabel Kennedy B.Sc., Sch. Discipline of Occupational Therapy, Trinity College Dublin
- Dr. Clodagh Nolan Ph.D., M.Sc., M.A., Pg. Dip. Stats, Dip. C.O.T. Discipline of Occupational Therapy, Trinity College Dublin

Rationale

By engaging students in volunteer work, service-learning aims to link academic learning with real-world experiences. Students explore and expand their experiences and perceptions about disability as well as engage in mutually beneficial activities. This research project examined the outcomes of a service-learning module at one university for first and second year occupational therapy students and their community partners.

Methods

Qualitative data was collected from focus groups post a service-learning module.

Participants

1. First and second year occupational therapy students
2. Two cohorts of community partners Data was analysed using Braun and Clark's (2006) thematic analysis.

Findings

To date, a preliminary analysis has been conducted on the data gathered. Main themes for occupational therapy students

1. The importance of the inclusive partnership/relationship,
2. Opportunities for self-development,
3. Experiencing a change in attitude towards disability,
4. Development of new skills.

Main themes for community partners

1. The importance of the inclusive partnership/relationship,
2. Opportunities for self-development,
3. Feelings of inclusion and support
4. Development of new skills.

Discussion / Conclusion

Both students and their community partners appear to have experienced changes after the service learning module in personal development, in learning new skills and understanding the importance of partnerships/relationships in order to achieve common goals. Students appear to have developed improved attitudes towards disabled people and the community partners felt socially included as a result of working with the students. The preliminary results suggest that a service-learning approach can have a positive impact on students and their community partners in a variety of ways.

Authors

- Dr Rosemary Geoghegan, National University of Ireland, Galway
- Dr Jane Uygur, Royal College of Surgeons in Ireland

Rationale

Good quality reflective practice may reduce the negative effects of the hidden curriculum on senior medical students. A reflection writing workshop is held during week one of the seven week general practice rotation in the medical school in the Royal College of Surgeons in Ireland (RCSI). Students are then tasked to write a reflective account on an incident or experience over the rotation that has resonance for them and submit it for a summative mark. The aim of this study was to explore student attitudes to reflection education during this module.

Methods

All 187 senior medical students who did their general practice rotation in RCSI between January and May 2016 were invited to participate in focus group discussions. 13 students (six male, seven female; eight undergraduate, five postgraduate; nine English 1st language, four English 2nd language) consented to participate in the study. Four one hour focus group discussions were planned. Three of the focus groups had four different students in each one. One of the focus groups attracted only one student and so was converted in to a semi-structured interview.

Findings

Thematic analysis demonstrated that student fears, unrealistic expectations and sense of loss of control need to be addressed by medical educators in order to improve student motivation, comfort with the truth and understanding with reflection education.

Discussion / Conclusion

This study adds to the literature on reflection education. A strong case is made for peer mentoring and earlier introduction of this type of reflection education in to the undergraduate medical curriculum.

OP09 **Burnout, physical activity and extracurricular activity in medical students**
Philip Macilwraith (University College Cork)

Authors

- Philip Macilwraith, Final year medical student, University College Cork
- Dr Deirdre Bennett, Senior Lecturer, Medical Education Unit, University College Cork

Affiliations: The authors have no affiliations to declare

Introduction:

Burnout is common in medical professionals and can impact on patient care and career fulfilment. In medical students, burnout is associated with increased levels of stress and lower productivity; however, it is unclear what factors contribute to its development. Aim: This study sets out to quantify levels of burnout in UCC medical students and to investigate whether physical activity levels predict burnout in medical students.

Method:

Medical students (n=383) at University College Cork completed either an online or a written questionnaire assessing: emotional exhaustion (EE), depersonalization (DP), personal accomplishment (PA), physical activity levels and extracurricular activity engagement.

Results:

Approximately 45% of students reported high levels of EE, 26% reported high levels of CY, and 51% reported low levels of AE. 53.2% of respondents were found to be HEFA active (Health-enhancing physical activity). Analysis of variance revealed significant effects of gender, year group, nationality and on levels of physical activity and the three components of burnout (EE, CY and AE). Using the bivariate Pearson correlation, it was found that there was a correlation between AE and physical activity levels (0.134, $p < .005$ for a two-tailed test). The most commonly engaged in extracurricular activities were going to the gym (30.2%) and athletics (19.9%).

Conclusion:

Burnout is present in medical students in University College Cork, and levels of physical activity predict certain components of burnout. Gender, year group and nationality group also appear to influence the prevalence of burnout and physical activity levels. Encouraging medical students to engage in health-enhancing physical activity early in their medical training may reduce burnout levels

Authors

- Dr Enda Hannon (RCSI)
- Dr Gozie Offiah (RCSI),
- Mr Anthony Hoban (RCSI),
- Prof Arnold Hill (RCSI)

Rationale

The transition from medical school to internship can be a challenging time for junior doctors. There are many factors associated with this. This may have a significant impact on the mental health of junior doctors and may have an adverse effect on patient care. We set out to survey interns within our hospital group to evaluate the contributing factors to physician burnout.

Methods

Interns were identified across four hospitals over a two year period within our hospital group. They were invited to partake anonymously in a survey to assess the degree of burnout and stress that they feel they were currently experiencing due to their job. They were asked to rate a variety of factors on a Likert scale reflecting the level of stress caused. They were then asked to complete the Maslach Burnout Inventory (MBI) questionnaire and General Health Questionnaire (GHQ). Finally, they were surveyed on their awareness of the availability of support services for them in the workplace.

Findings

101 interns were identified over a two year period. The main reported contributing factors to intern stress were dispute over pay, inappropriate task distribution, work overload, the fear of medical error and bullying in the workplace. 30% reported experiencing emotional exhaustion, 32% reported feelings of depersonalisation and 42% reported a lack of personal accomplishment. 46% were reported as suffering from stress according to the GHQ.

Discussion / Conclusion

Burnout appears to be a significant problem amongst interns in Irish hospitals. Ensuring awareness of support services available is vital to tackle this issue.

OP11**Medical Student Intervention to Promote Effective Nicotine Dependence and Tobacco Healthcare (MIND-THE-GAP): Feasibility randomised trial (NCT02601599)**

Frank Doyle (Royal College of Surgeons in Ireland)

Authors

Frank Doyle, Anusha Kumar, Kenneth D Ward, Lisa Mellon, Miriam Gunning, Sinead Stynes, Anne Hickey, Ronán Conroy, Shane MacSweeney, David Horan, Graduate Entry Programme 2014-19, Liam Cormican, Seamus Sreenan.

Rationale

Hospitalised smokers receive suboptimal smoking cessation care. Medical students are potentially an untapped intervention resource, but no studies have investigated this. We aimed to determine the feasibility of providing cessation care with medical students.

Methods

2-arm pilot RCT with qualitative process evaluation. 67 smokers were randomized (33 intervention, 34 usual care), with 33 students randomly assigned to counsel 1 intervention smoker each. Telephone follow-up at 3-months (6-month follow-up is ongoing) assessed motivation to quit (primary outcome) and several secondary outcomes (e.g. 7 day point prevalent abstinence, and ratings of student's knowledge/helpfulness). Focus group interviews were conducted.

Findings

Groups did not differ in motivation to quit. At 3 months, intervention patients were somewhat more likely than usual care to report being abstinent (penalized imputation (17.8% vs. 3.6%; OR=5.9; 95% CI 0.64 to 53.9). Patients rated students as being very knowledgeable about quitting and somewhat helpful. Qualitative results showed students were happy to deliver the intervention; were critical of current cessation care; felt constrained by their inability to prescribe cessation medications and wanted to include cessation counselling in their normal history taking.

Discussion / Conclusion

It appears feasible for medical students to be effective cessation interventionists, but a definitive trial is needed

OP12 **Opiate Addiction and Overdose: Medical Students' Experiences, Satisfaction with Learning, and Attitudes toward Community Naloxone Provision**
Helen Tobin (UCD Centre for Emergency Medical Science)

Authors

Helen Tobin, Jan Klimas, Tomas Barry, Mairead Egan, Gerard Bury*UCD School of Medicine

Rationale

Over 200 overdose deaths occur annually in Ireland, and opiate addiction is a common presentation to healthcare services. There is a lack of addiction medicine education at undergraduate level, and medical graduates may not be prepared to diagnose and manage opioid use disorders and overdose situations, despite the availability of effective treatments such as naloxone. We examined final-year medical students' learning experiences and attitudes toward opioid addiction, and their views on community naloxone provision as an overdose treatment.

Methods

We administered an anonymous survey to 243 undergraduate medical students undertaking their final professional completion module prior to graduation from UCD. Results were compared with parallel surveys of GPs and GP trainees.

Findings

A total of 197 (82.1%) completed the survey. Half were male, and most aged under 25 (63.3%) and of Irish nationality (76.7%). The students were moderately satisfied that they had learned enough recognising opioid addiction, but less satisfied with other aspects of opioid addiction management. Most had taken a history from a patient with opioid addiction (82.8%), and a third had witnessed an opioid overdose. Although 10.3% had seen naloxone administered, most had never administered naloxone in overdose themselves (98.5%). Half supported wider naloxone availability, lower than support rates among GPs (63.6%) and GP trainees (66.1%).

Discussion / Conclusion

While final-year medical students have encountered opioid addiction during their clinical placements, the majority feel ill prepared to manage opioid addiction and overdose. Our findings suggest an unmet learning need in undergraduate training on opioid addiction, with potentially serious consequences for patient care.

OP13 A window into a world: using critical incidents to study practice and shape education
Richard Conn (Queen's University Belfast)

Authors

Richard Conn, Steven McVea, Angela Carrington, Tim Dornan

Rationale

Improving patient care is undeniably the central function of medical education, but a minority of educational research has focussed on real-world clinical practice. Critical incident reports – collected daily in hospitals, but rarely used beyond local level - can help to address this. This research aims to explore how critical incident data can be used to gain insights into authentic clinical practice and guide education.

Methods

Our work is based on safe prescribing for children. In collaboration with the regional medicines governance team, we obtained a dataset of 1500 medication errors in paediatric secondary care, comprising categorical and narrative data. Using framework methodology and guided by Reason's model of human error, we carried out a preliminary, prototypical analysis of 40 intravenous (IV) fluid prescribing errors. This process gave insight into strengths, limitations, and applicability of critical incident data in guiding education.

Findings

Resonating with previous research, we found that most IV fluid prescribing errors resulted from interacting individual, social, organisational and environmental factors. Insights were gained into a complex, messy world of practice, within which much existing education is likely to be ineffective. Clear educational implications emerged, including need for better targeted induction, opportunity to develop experience in context, and multi-disciplinary teaching.

Discussion / Conclusion

Our preliminary research suggests critical incident data offer meaningful insights into authentic clinical environments. This has potential to make educational interventions better aligned with demands of real-world practice. Future research will extend this preliminary analysis to all prescribing errors, and explore use of critical incidents as teaching tools within educational interventions.

OP14 **'Steth-O-Cope' a smartphone application to support interns developed using evidence, iteration and collaboration.**
Louise Rabbitt (National University of Ireland, Galway; Galway University Hospital)

Authors

L. McVicker (1,2), O. Mongan (1), M. Murray (1), H. Linane (2), Y. Finn (1), A. Moorthy (2), D. Byrne (1).

Affiliations; 1 - NUI Galway, 2 - Galway University Hospital

Rationale

Protocols and checklists can be useful tools that facilitate decision making and communication. Research has consistently found that interns feel under-prepared and lack the skills necessary to perform their job, in particular when called to review acutely unwell patients. Initial exploration of the most frequent acute care ward calls and their associated challenges revealed that interns lacked a structured approach to the planning, management and follow-up of many ward calls.

Methods

A mixed methods study design was used for initial data collection. A collaboration of interns, NCHDs and educationalists formulated a standard approach to acute care ward calls: Prepare, Assess, Fact Find, and Manage. Review cycles and collation of feedback was used before final sign off on content by senior clinician experts. Additional evidence-based practice protocols and guidelines were sourced to support each topic.

Findings

The Steth-O-Cope application alpha version was built with 14 initial ward calls covering topics such as high temperature, abdominal pain, fast heart rate, shortness of breath and revised following review (n=10). The beta version has been developed with additional functionality such as task creation and reminder setting. The gold version will be developed for Android and ready for launch in February 2017.

Discussion / Conclusion

The adoption of an evidence based, iterative and collaborative approach to the development of Steth-O-Cope is one of the strengths of this application. The mixed methods study design, informing the content was critical to addressing intern needs. User rate and feedback will be collated using Google Analytics post release in 2017.

OP15 **Combining flipped learning and gaming in an occupational therapy preparation for placement course**
Caroline Hills (National University of Ireland, Galway)

Authors

- Caroline Hills School of Health Sciences, NUIG
- Fiona Haughey, National Rehabilitation Hospital, Dun Laoghaire

Rationale

Two educational approaches promoted in health professional education include flipped learning and gaming. Flipped learning is where pre-class study is provided so that class time is dedicated to learning activities (Khanova et al., 2015). Gaming is a form of experiential learning which is said to facilitate student participation (Blakely et al., 2008).

Methods

Students were provided with pre-class topics one week before class. These included read, listen, watch and investigate learning activities. All activities were linked to course learning outcomes. In class activities explored the topics in more detail and included quizzes and in class group work. The group was divided into blue and yellow teams and points were awarded for correct answers or good opinion to each team during class. Some games were also included e.g. pairs or memory. Marks for each group were accrued over the course with view to the winning team receiving a prize.

Findings

The overall student evaluation of the course will be presented. Themes will be reported on the written class evaluation and include, (i) it was fun (ii) you had to be prepared for class (iii) we wanted to win (iv) this can be improved.

Discussion / Conclusion

Engaging learning environments is said to be an expectation of the contemporary student but can also be a challenge for educators. Combining flipped learning and gaming was an effective way to engage students in the topic content and achieve the set learning outcomes of the course. Recommendations for the future course will be provided.

Authors

Dr Jennifer Yates. Specialist Clinical Tutor, UCD

Dr Sinead Murphy, Director of Paediatric Education, UCD

Rationale

Multiple studies have shown that E-learning is a fast-evolving area of medical education (1,2,3). Our concern as a department was, how reliable are the resources that our students are sourcing? By developing the U: CHILD (UCD Children's Hospitals Interactive Learning Database) we are directly addressing this concern. We aim to create an interactive learning database to help our students, meet their online learning needs whilst ensuring the quality of the material they use.

Methods

We anonymously surveyed students at the end of their paediatric rotation to assess their online learning use, information sources, frequency of use and reason for use. We asked them what would have been helpful if available for them.

Findings

100% of students used online resources at least once during their rotation. Over 75% of students used them multiple times per week with 30% using them daily. Sources used included YouTube, PassMed, UpToDate and Wikipedia. Reasons for use included revision of examination technique and important clinical signs. They requested material detailing management of emergencies, clinical examination technique and important clinical signs.

Discussion / Conclusion

Using these results, we have created an initial database model to address these three areas.

1. Management of emergencies will be taught via interactive software Articulate Storyline. Scenarios have been created to allow the students to work through a case at their own pace in a true to life scenario.
2. Library of videos, pictures and audio recordings of clinical signs
3. Instructional videos demonstrating examination technique in all key areas.

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OP17 **Flipped Learning of Obstetric Emergencies: Use of Podcasts and Plays**
Mary Higgins (UCD)

Authors

S Meehan, A Tattersall, M Higgins

Rationale

Flipped learning was introduced into teaching of Obstetric Emergencies in September 2016. A series of podcasts were developed and published on the topics (freely available at “Obstetrics and Gynaecology Emergencies UCD”). Students were advised to listen to the podcast on the subject (median of 12 mins), and to prepare a “play” illustrating the emergency. Following multiple choice questions to determine level of knowledge, students were then divided into groups to discuss different aspects of the emergency and then feedback to the larger group. Finally students presented the play.

Methods

Mixed methods study with quantitative (results of multiple choice questions) and qualitative (content analysis of student feedback) components in order to assess the quality of flipped learning.

Findings

Median MCQ score was 90% (range 33-100%). Thematic analysis revealed that students found this useful, educational and memorable “Brilliant way to learn”.

Discussion / Conclusion

Previous research has shown that flipped learning needs to have short succinct and relevant pre-attendance information with application in the classroom. An evidence based approach has proven to be successful and will continue.

OP18 **Impact of Enquiry Based Learning (EBL) in Preparing Student Midwives for Real World Practice**
Anita Byrne (Dundalk Institute of Technology)

Authors

Dr. Anita Byrne, DkIT) with supervisory input from Dr. Jennifer McNeill, and Dr. Katherine Rogers (Queens University Belfast) and Professor Sam Porter (now Bournemouth University)

Rationale

EBL is recognised as an excellent exemplar of authentic learning praxis (Barron et al., 2013). Authentic learning describes an approach to scholarship that involves the critical consideration of real-world problems within a social learning environment framed by open-ended inquiry. The adoption of this approach within midwifery education has the potential to enhance problem solving and metacognitive skills thereby empowering students to direct their own learning in preparation for real world practice.

Methods

EBL was introduced within midwifery education in Dundalk Institute of Technology in 2010. In 2014, a mixed methods study was undertaken with a cohort of 14 first year undergraduate midwifery students to appraise the efficacy of this educational approach. Data was collected via focus groups, individual interviews and survey.

Findings

Findings portray the EBL learning experience along a broad continuum of intellectual, affective and practical efficacy. Students revealed that EBL enhanced their confidence in sourcing evidence for practice and nurtured assertiveness skills that were directly transferable to practice. Students associated these skills with a strong sense of professional duty to be evidence based in their approach to midwifery care. Moreover, student assertiveness also appears to have been nurtured through EBL pedagogical processes. However, the paradigmatic shift from a passive to a more active learning approach presented some initial anxiety for students.

Discussion / Conclusion

Whilst EBL presented some 'transitional educational anxiety' for certain students, the cognitive, behavioural and affective skill sets fostered by this approach to learning were recognised as deeply significant to real world practice and the professional role of the midwife.

OP19 Integrating human trafficking into the undergraduate medical curriculum.
Mairead Corrigan (Centre for Medical Education, Queen's University Belfast)

Authors

Mairead Corrigan and Megan Cooper

Rationale

Human trafficking is on the increase. There is a low level of awareness of what actions health professionals should take to recognize and help victims. This oral presentation will present the results of a survey of teaching staff at QUB medical school on integrating human trafficking into the undergraduate medical curriculum and the preliminary results of a survey of UK medical schools to identify the extent to which human trafficking is taught.

Methods

A questionnaire survey of teaching staff at QUB medical school and at other medical schools in the UK was used to identify knowledge and awareness about human trafficking and its integration into the curriculum.

Findings

Of the 23 members of staff who responded to the QUB survey, 60% felt that they lacked sufficient knowledge about human trafficking. Staff felt that teaching on human trafficking would best fit within the sociology aspect of medicine, A&E teaching, General Practice, Obstetrics and Gynaecology. The results of the UK-wide survey will be collated in January 2017.

Discussion / Conclusion

This study will inform curriculum development related to human trafficking in UK medical schools.

Authors Dr Yvonne Finn NUI Galway Dr Dara Byrne NUI Galway

Rationale

Logbooks in undergraduate medical programmes are traditionally used for timetabling, scheduling and sign off on clinical activities and attendance. A 2015 Medical Council report highlighted the need to increase experiential learning in undergraduate medical programmes to strengthen intern preparedness for clinical practice (PCP). In addition, a guideline on medical student professionalism was recently published by the Medical Council and provides a framework for medical schools to promote professionalism.

Methods

An interactive task driven logbook themed as PCP was designed for final year medical students in collaboration with a multidisciplinary team. An evidence based approach was adopted and logbook focused on areas identified as core elements of internship and areas where error commonly occurs. A section aligning the 3 pillars of professional practice as identified by the MC was incorporated into core tasks and activities.

Findings

The PCP logbook has been developed using an iterative and collaborative approach. The content, design and assessment of the tasks have been revised several times to reflect the evidence based changing needs of the students and interns. Feedback is now given by intern mentors and tutors using work based assessment tools, reflective writing and discussion.

Discussion / Conclusion

The PCP logbooks have been integrated into the year 5 curriculum. As with any curricular change, they are supported by student, intern and tutor training and a multidisciplinary led programme to explain the rationale and to reinforce the core elements of the logbook. The success of the logbooks is being measured by student and teacher feedback and surveys.

OP21 **Living with melanoma for a day: a phenomenological analysis of medical students' simulated experiences**
Gerry Gormley (Centre for Medical Education, Queens University Belfast)

Authors

Gerry Gormley¹, Michael Corr², Gary Roulston¹, Nigel King³, Tim Dornan¹, Charlotte Blease⁴

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Rationale

Despite the rising incidence of melanoma, medical students have progressively fewer opportunities to encounter such patients. Melanoma can have a great impact on a patient's lifeworld. Compared to intellectual learning, experiential learning affords students deep insights about a condition. Doctors who experience ill health are more empathic towards patients. However opportunities to learn about cancer experientially are limited. Temporary transfer tattoos can simulate the ill health associated with melanoma. We reasoned that, if doctors who have been sick are more empathic, temporarily 'having' melanoma might have a similar effect. This study aimed to explore the impact of wearing a melanoma tattoo on medical students' understanding of patienthood and attitudes towards patients with melanoma.

Methods

Ten fourth year medical students were recruited to a simulation. They wore a melanoma tattoo for 24 hours and listened to a patient's account of receiving their diagnosis. Data were captured using audio-diaries and face-to-face interviews, transcribed, and analysed phenomenologically using the template analysis method.

Findings

There were four themes: 1) Melanoma simulation: opening up new experiences; 2) Drawing upon past experiences; 3) A transformative introduction to patienthood; 4) Doctors in the making: seeing cancer patients in a new light.

Discussion

By means of a novel simulation, medical students were introduced to lived experiences of having a melanoma. Such an inexpensive simulation can prompt students to reflect critically on the empathetic care of such patients in the future

Authors

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3. Department of Epidemiology and Public Health, Western Gateway Building, University College Cork, Western Road, Cork, Ireland

Rationale

Research in medical education has primarily employed the Jefferson Scale of Physician Empathy (JSPE) instrument to demonstrate a relationship between empathy levels and clinical competence. Since 2009, the Irish medical school application process ranks applicants based on secondary level grades and performance in the Health Professions Admission Test-Ireland (HPAT-Ireland). HPAT-Ireland was introduced to broaden access to medical school and increase emphasis on non-academic attributes.

Our aims were to determine whether performance in any of the HPAT sections, most specifically the interpersonal understanding section, correlates with self-reported empathy levels in medical students.

Methods

A cross sectional design was employed. The sample consisted of a cohort of students across years 1-5 of the undergraduate medical programme. Questionnaires were distributed. Empathy was evaluated using the student JSPE.

Findings

A total of 290 students participated. Males scored significantly higher than females on HPAT-Ireland Section 1 (*logical reasoning and problem-solving*) and Section 3 (*non-verbal reasoning*). In contrast, females scored significantly higher than males on HPAT-Ireland Section 2 (*interpersonal understanding*). Females demonstrated significantly higher total JSPE scores relative to males. No significant association was observed between JSPE scores and any of the HPAT-Ireland measures. There was no effect of programme year on JSPE scores.

Conclusion

The introduction of the HPAT-Ireland test was partly designed to identify students with strong interpersonal skills. A significant finding of this study is that JSPE values did not correlate with HPAT-Ireland scores. Ongoing research should be undertaken to ascertain whether the current entry mechanism to medical school identifies more empathetic candidates

OP23 **Un-Blurring the Boundaries: Exploring Undergraduate Medical Student Perception of Acceptable Professional Behaviour Online**
Aileen Patterson(Trinity College Dublin)

Authors

A. Patterson, M. Hennessey, B. Lyons, R. Pilkington, O. Sheils

Rationale

Medical student behaviour online is receiving increased attention from professional bodies and future employers, initiating the production of guidelines in many jurisdictions. This study investigates student and faculty perception of appropriate online behaviour for students enrolled in professional programmes.

Methods

Student perception was gathered via an online survey and statistical analysis was carried out using Pearson chi-square and Fisher's exact test to ascertain any demographic differences. Semi-structured interviews were carried out (N=9) to address understanding of professionalism and the IMC guidelines on social media usage. Faculty interviews were carried out with directors of teaching and learning from health sciences, law and theology. Results were presented to students and a follow up survey carried out to ascertain the validity of the scenarios and changes to online behaviour.

Findings

Statistical analysis showed differences based on gender, age, year of study and entry route. Thematic content analysis of the survey open comments and interviews showed students' appreciation of professionalism, its relationship to public trust and reports of behavioural changes over the programme. Analysis showed that students support peer monitoring of postings, where their autonomy is respected. Analysis of faculty interviews revealed tension between the responsibility to guide students and respect for student autonomy, where the boundary between personal and professional is ill defined, (unless the activity is considered illegal). Scenarios were considered as a valid method to initiate discussion regarding online behaviour with further exploration merited.

Discussion / Conclusion

The importance of online professionalism is recognised by students and faculty, however, definitions and responsibilities require further elucidation.

Authors

C Cunningham, C Blake, C Purcell, K Cradock, U McCarthy, C Keane, S McMahon

Rationale

A greater focus on population health and the role of the community, health promotion and preventive care is required in health professional curricula to meet society's health needs.

Methods

Building on existing Physiotherapy led community exercise programmes (Better Bones, Better Hearts, Get in Gear) UCD Physio hub was launched at UCD Sport in 2015 to provide a 'real world' community health promotion learning opportunity, with a philosophy of integration of education, service provision and research. A Physiotherapy tutor was appointed and student experience includes exercise screening and instruction, client education, adapted physical activity, sports injury prevention and first aid, physical activity promotion for schoolchildren, with an action research group project embedded to address a 'real world issue'. Student performance is evaluated using the national assessment form criteria, group

Findings

UCD Physio hub has successfully provided community based clinical education to 30 BSc and MSc Physiotherapy students (90 weeks) in 2015/16. In addition to traditional learning outcomes, collaborative teamwork, service development, health promotion, community exercise delivery, marketing, presentation, data management and research skills are acquired. Student data indicate a shift in thinking from a rehab to a health promotion approach with students ultimately welcoming the opportunity to work in an alternative, creative and flexible work setting to address 'real world' community health issues.

Discussion / Conclusion

'Physio hub' represents an innovative model for health professional community health learning, which leverages existing University resources, enhances the University's community engagement and provides interdisciplinary service learning opportunities.

Authors Sinead McGlacken-Byrne and Walter Cullen

Rationale

Psychosocial mentoring has several benefits but remains poorly understood, with a resultant uncertainty about how best to deliver it. The influence of protégé gender and gender composition of the mentoring relationship on psychosocial mentoring is particularly uncertain. We aimed to explore paediatric trainees' perceptions and experiences of psychosocial mentoring through a gender-focused lens, with the goal of optimising mentoring systems.

Methods

This mixed-methods study first measured trainees' perceptions of psychosocial mentoring using the Ragins and McFarlin Mentor Role Instrument (1990). Trainees were then purposefully sampled for semi-structured interviews which explored their lived experiences of psychosocial mentoring. Both phases examined the influence of gender. Data was analysed using SPSS v.23 and NVivo 11.2.

Findings

81 paediatric trainees participated in the quantitative phase (46% response rate; 24.7% male (n=20), 75.3% female (n=61)). 92.6% (n=75) had a mentor. Mean psychosocial mentoring score was 72.5 (range 31-124, SD 19.8). Trainees in gender-congruent mentoring relationships reported higher psychosocial mentoring scores than trainees in gender-discordant relationships ($t(61.41) = 2.15, p = 0.035, d = 0.50$). Eight interviews revealed psychosocial mentoring to be a complex experience influenced by several interdependent factors. Gender congruence augmented these experiences. However, there were more similarities than differences in the ways males and females experienced psychosocial mentoring. Triangulation of datasets yielded a final explanatory model.

Discussion / Conclusion

This study offers an updated insight into the origins, processes, and outcomes of psychosocial mentoring within contemporary postgraduate paediatric environments. It reveals determinants of effective psychosocial mentoring that will enlighten both existing mentors and those who develop mentoring programmes.

Authors

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Rationale

Near Peer Teaching (NPT) has value for teachers and students. The award winning iJuMP (Intern Junior Mentoring Programme) between final year medical students and interns is in its second year at NUI, Galway. A recent evaluation of the programme demonstrated very positive attitudes from students, interns and senior clinicians. Organisational factors in these types of programmes are often problematic.

Methods

At intern induction, recruitment of intern mentors began with an overview of the benefits of teaching for personal and professional development. Interns were invited to apply for a position in the iJuMP programme and a total of 68(77%) interns attended for interview. Twenty were selected based on their teaching history, statement of interest and centile rank. The selected interns attended a one day Oxford Medical© Teach the Teacher course focused on small group teaching. To standardise the programme, a set of clinical scenarios were developed to support a set of student study notes. Consistency and attendance was maintained by the delivery of exam focused clinical content and by the awarding of a medal and honorary title in the School of Medicine for the best teacher as voted for by the students.

Findings

Satisfaction, benefits and quality evaluation was conducted by a mixed methods design study and the resulting publication is currently in press in the BMJ Postgraduate Medical Journal.

Discussion / Conclusion

Delivery of successful NPT depends on quality assurance and organisation. A well structured programme that addresses recruitment, teacher selection and training, scheduling and attendance is the key to success and sustainability.

OP27 What I Wish I Knew In Final Year' – The launch of a near peer teaching programme in an Irish University Hospital
Naomi Davey & Niall O'Mara (RCSI)

Author

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3. University College Cork, Cork, Ireland.

Rationale

A formalised intern led teaching (ILT) programme was launched in University Hospital Waterford (UHW) in August 2015 following implementation of an ILT programme across the RCSI intern network. This programme aimed to supplement the bedside teaching received by Final Year Medical students from both Royal College of Surgeons Ireland (RCSI) and University College Cork (UCC). We outline the perceived value of ILT to medical students and the experience of providing the programme within a large university teaching hospital over two academic years.

Methods

Over the course of the academic years, weekly ILT bedside tutorials focusing on core clinical examination skills were delivered by interns to final year medical students. All students were asked to reflect upon their experience of ILT by means of minute papers and a likert-type scale gathered anonymously. Intern tutors and clinical ward managers were also surveyed to identify challenges and benefits of ILT.

Findings

A cohort of 76 students participated in ILT over the course of the academic year. All students attending UHW had the option of attending three bedside tutorials with an attendance rate of 100%. Reflective feedback from students demonstrated that ILT provides high yield learning opportunities relevant to examination preparation. The experiences of ILT tutors and ward managers were positive.

Discussion / Conclusion

ILT is considered by medical students to be a valuable resource that provides an effective and novel modality to learn and develop skills within a safe environment. This programme prompted the launch of a similar ILT programme in St Vincent's University Hospital, Dublin in August 2016. Future studies will identify the impact of ILT upon student's academic performance and the development of ILT tutor professional identity.

Authors

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Rationale

Peer teaching (PT) has become increasingly popular. PT may offer benefits for students, tutors, and institutions. Although resistance to PT has been identified among faculty, research has typically focused on students' experiences and perceptions, rather than those of the peer tutors or senior doctors/medical faculty. The current study comprised a comprehensive, multi-perspective evaluation of a near PT programme delivered by interns to final year medical students in the Republic of Ireland.

Methods

This study employed a mixed methods design, using both interviews and questionnaires to assess students (n=130), interns (n=49), and medical faculty or senior doctors (n=29) perceptions of the programme.

Findings

All three groups were emphatic about the programme's benefits, although senior doctors and faculty reported significantly more positive attitudes than the other groups. Mean ratings of the programme's value, out of 10, were 8.2 among students, 8.2 among interns, and 9.1 among senior doctors and faculty. Challenges identified were largely organisational in nature. Perceived benefits for students included the informality of the teaching sessions, increased opportunities in the clinical environment, and improvements in exam preparedness. Perceived benefits for the interns included improvements in knowledge and teaching ability and experience as a role model.

Discussion / Conclusion

PT programmes have been posited as an easy fix to growing numbers of students. However, it is apparent that PT has substantial value outside of this. Future research that conducts economic evaluations of such programmes, and that collects objective data on teaching quality and student learning would be of much interest

OP29

The Importance of Being Thorough: Questionnaire Development and its use in Evaluating Patient Perception of Bedside Teaching in Obstetrics and Gynaecology

Nicola O’Riordan(National Maternity Hospital)

Authors

O’Riordan, Nicola, McCarthy, Michelle, Higgins, Mary

Rationale

Bedside teaching (BST) is a traditional method of educating within the clinical environment. However, in the era of advancing technology and an increasing “consumer-based” approach to medical care, there is a palpable threat of decline of this valued education method. This threat is most pertinent for Obstetrics and Gynaecology (O&G), where due to the sensitive nature of examinations there is an increased reluctance from patients to participate in BST. This study looked to systematically design a questionnaire which would adequately reflect the psychological impact of BST on patients.

Methods

Beginning with a thorough literature review, we progressed to expert analysis of data. Information was then collated from thematic analysis of interviews conducted with O&G patients. The aim of formulation of the questionnaire was to reflect all themes identified in these lengthy interviews. Following this, cognitive testing of the questionnaires on a sample population was performed, prior to statistical analysis of the results.

Findings

15 women were interviewed and five main themes became evident on analysis of interview content. Subsequently, cognitive testing of the questionnaire on 50 inpatients allowed for its adaptation to incorporate patient feedback.

Discussion / Conclusion

This paper provides a unique insight into BST as an ongoing method of education and allows for elucidation of factors which can optimise its future in medical education.

Primarily however, this study aims to demonstrate the importance of a rigorous approach to formulation in order to produce a robust questionnaire, allowing for more precise extrapolation of data and a focused exploration of patient-centered results.

OP30

What do women think about participation in bedside education? A qualitative study of women's experiences within a teaching hospital

Michelle Carty(University College Dublin)

Author: *Michelle Carty*

Rationale

Bedside teaching of students is a cornerstone in medical education, as clinical practise of skills teaches empathy, assertiveness, confidence and builds on patient-doctor relationships. Many have provided advice for doctors teaching the students and others have researched how the doctors and students feel about bedside teaching though few seek the patient's opinion.

Methods

This research aims to investigate the opinion of women, being treated in ante-natal obstetrics (ANT) and gynaecology (Gyn) wards and post-natal obstetrics (PN), towards bedside teaching. Interviews were completed with 23 patients. The average age of participants was 41, with the majority of patients reaching third level education. A Semi-structured open-ended questionnaire was given verbally to patients to explore themes that the patients felt were relevant. All interviews were audiotaped and transcribed.

Findings

The open ended questions brought to light five main themes. These included (i) The students have to learn, (ii) Clinical experience is important, (iii) Patients were indifferent to group type (qualified students vs. non-qualified students); group size and practice type (Obs vs. Gyn vs. General), (iv) that the best person to learn from is the patient and (v) The patients found the students and doctors were respectful and/or supportive.

Discussion / Conclusion

The outlook of female patients toward teaching at the bedside is primarily altruistic and positive, with importance placed on learning. Future research could look toward generalisability with women being interview from other countries, as this sample focuses on learning, and the majority reached third level education.

Authors

Anél Wiese, Caroline Kilty, Bridget Maher, Siun O'Flynn, Colm Bergin, Mary Horgan, Deirdre Bennett

Introduction:

Workplace learning is recognised as being at the heart of postgraduate medical training¹. Optimising clinical learning environments is essential because they impact on the competence and development of trainee doctors^{1,2}. High quality evidence synthesis supports improvement by facilitating the translation of medical education research into policy and practice. Evidence based design of workplace learning environments is challenging because of the complexity both of workplace learning as an intervention and the clinical learning environments in which it happens. What 'works' in one context may not be effective in another. The aim of this study was to synthesise the evidence relating to workplace learning in postgraduate medical education to address the question 'What works, under what circumstances and for whom?'⁴

Methodology:

A realist synthesis/review of the literature was conducted in line with the RAMESES guidelines^{5,6}. A realist review is an interpretive, theory-driven, narrative summary of the literature and aims to develop a theoretical framework describing Context-Mechanism-Outcome (CMO) configurations of how, why and when postgraduate medical training is effective. An initial programme theory for workplace learning in postgraduate training was developed from existing middle range socio-cultural theories of learning. Database searches were completed for the period 1995-2015 in; Academic Search Complete, Australian Education Index, British Education Index, Cinahl, Eric, Medline, PsycINFO and SocINDEX. Search terms were developed iteratively and the review was re-focused in response to findings and stakeholder input. A hand-search for relevant papers was also conducted in; Academic Medicine, Advances in Health Sciences Education, Graduate Medical Journal, Medical Education, Medical Teacher and Postgraduate Medical Journal.

Results:

Preliminary findings relate to mechanisms that generate learning within the framework of the trainee-supervisor relationship. These mechanisms include (but not limited to) observation, modelling, dialogue, feedback and entrustment. Constraints in the clinical setting modify the extent to which these mechanisms generate learning outcomes. Contexts identified at this early stage include organisational culture, trainee-, supervisor- and patient-related factors, EWTD, the structure of training programs, and work load.

Discussion and Conclusions:

The findings of this review will provide important information for stakeholders responsible for training junior doctors, to improve and optimise their learning environment. This information will be useful to policy makers and practitioners in PGMET, who will be able to apply our findings within their own contexts. Improving the quality of clinical learning environments can improve the performance, humanism and wellbeing of learners and improve the quality and safety of patient care.

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Evaluation of a Pilot Project of Fieldnotes in the Specialist Anaesthetic Training Programme in Ireland
OP32 *Sheena Durnin(NUIG)*

Authors;

- Sheena Durnin (National University of Ireland, Galway, Ireland)
- Josephine Boland (College of Anaesthetists of Ireland, Dublin, Ireland)
- Rebecca Fanning (Coombe Women & Infants University Hospital, Dublin, Ireland)
- Deirdre Bennett (University College Cork, Cork, Ireland)

Rationale

Competency-based medical education requires assessment that supports learning and provides evidence of competence. Feedback in postgraduate medical education is essential and has been shown to be lacking. To enhance feedback practices within postgraduate anaesthesia training, Fieldnotes were piloted, informed by the previous success in Canada. A Fieldnote is a brief record of an event involving a trainee in a clinical setting, and of the feedback provided. This study aimed to evaluate the acceptability and feasibility of Fieldnotes to postgraduate anaesthetic training to support learning in clinical practice.

Methods

A mixed-methods study involved anaesthetic tutors and trainees from four hospital sites. Fieldnotes were piloted for ten weeks. Completed Fieldnotes were analysed and questionnaires were distributed to all trainees. Semi-structured interviews were used to explore sixteen trainees and four tutors experience and views. Content analysis and a constant comparison approach were utilised.

Findings

The engagement of trainees based on returned Fieldnotes and questionnaire response rate were 27.5% and 31% respectively (n=51). Trainees and tutors viewed Fieldnotes as acceptable and were keen to complete more Fieldnotes. The feasibility was hampered by issues with trainee and consultant engagement. Barriers that hindered engagement were lack of time, consultant reluctance, perceived lack of benefit and lack of direct consultant supervision.

Discussion/conclusion:

Cultural, organisational and logistical barriers were highlighted which need to be addressed before mainstreaming Fieldnotes. The feasibility of Fieldnotes needs to be examined further. Recommendations to address barriers include consultant training and CPD credits, an electronic Fieldnotes application and a minimum mandatory completion target.

Authors

Caroline Kilty, Anel Wiese, Slavi Stoyanov & Deirdre Bennett

Introduction

The Clinical Learning Environment refers to the social, cultural and material context in which doctors-in-training learn while they work (1). It has been described as 'the foundation of graduate medical education' (2). The quality of clinical learning environments is important (3) because learners perform better in supportive environments (4–8) and their humanism (9, 10) and psychological health (11–14) are shaped by them. Therefore, supportive clinical learning environments can contribute to better patient care.

The Medical Council's 2014 National Survey of Trainee Experience, Your Training Counts, reported wide variation in the quality of clinical learning environments across Ireland, and identified this as an important opportunity for development and improvement towards a more consistent training experience (15). This study builds on those findings, exploring the perspectives of stakeholders; senior doctors, doctors-in-training, patients, allied healthcare professionals and healthcare managers, in regard to; (i) the key domains within clinical learning environments, (ii) important barriers and facilitators of learning in Irish clinical environments and (iii) priority areas for improvement.

Method

Participants were purposively selected to represent stakeholder groups. They provided their perspectives through an online platform. These were analysed using Group Concept Mapping, an established mixed methods approach to describe consensus amongst an expert group. Participants entered statements regarding facilitators and barriers to learning in clinical environments. In a subsequent phase a smaller group of participants sorted these statements into groups on similarity of idea and then rated each statement on importance and ease to address. Multi-dimensional scaling and hierarchical cluster analysis were used to define statement clusters describing participants' perceptions of the important domains in clinical learning environments. Mean importance and ease to address ratings were calculated for individual statements and for clusters.

Results

Fifty-five participants from a range of stakeholder groups provided statements on barriers and facilitators. A total of 206 statements were edited for repetition by the research team to a final 97. Following multi-dimensional scaling and hierarchical cluster analysis these were sorted into 10 clusters representing 10 distinct domains of importance in clinical learning environments.

These were;

1. Organisation and Conditions of Work
2. Time to Learn with Senior Doctors during Patient Care
3. Management and Facilities
4. Workplace Culture
5. Trainer Skill and Support
6. Interaction and Feedback in Clinical Teams
7. Content, Assessment and Continuity of Training
8. Motivation and Morale
9. Trainee Support
10. The Role of Patients in Doctors' Learning

Conclusion

Our findings point to the challenging environment in the Irish healthcare system at present and show how that impacts training. The implementation of EWTD has added a further potential barrier to learning. Time and opportunity to learn with senior doctors during patient care must be preserved during the structuring and planning of service delivery. Our findings strongly support the view of the Medical Council that provision of such environments hinges on an approach which integrates the provision of high quality care and patient safety, with the active support of postgraduate medical training. This is crucial, not only to provide excellent training and thus retain the graduates of Irish medical schools, but also to optimise high quality patient care.

Authors

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Rationale

Clinical engagement and leadership are ingredients within a well functioning health service (Clark, 2012; Daly, 2014). The Lead Non Consultant Hospital Doctor (NCHD) role was developed to improve NCHD participation in hospital management and facilitate NCHD leadership. Previous feedback demonstrated a need for improved communication within Lead NCHD group and greater clarity of the health service management structure.

Methods

An educational workshop was designed employing a number of approaches designed to target Lead NCHD engagement and management. It centred upon “front-line ownership” employing “liberating structures” as a tool (Gardam, 2013). Music was used as an aid to introduce Lead NCHDs to each other and engender trust within the group. A “speed dating” session followed with senior “managers” moving from table to table of Lead NCHDs (Kadir, 2010). Data was collected via written notes taken during the “speed dating” and feedback from both Lead NCHDs and managers.

Findings

All reported the day to be excellent or very good. Qualitative data demonstrated that a broad depth of topics was considered during the session. Appreciation of the “honesty” displayed by managers and description of the day as “interesting and informative” by both managers and Lead NCHDs was received as feedback. Attendance at subsequent workshops compared with previous years improved. Additional use of “front-line ownership” in future workshops was requested.

Discussion / Conclusion

Medicine is described as an apprenticeship which evolves into lifelong learning. Certain elements of our professionalism are sometimes overlooked including leadership. Employing techniques as we did in our workshop demonstrates an appetite for further learning within medics both for leadership and engagement techniques.

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OP35 Preparing Foundation Doctors for Acute Immediate Care using 'the Acute Care Course for Adults (ACCA)' Gareth Samuel
David Morrison(Northern Health and Social Care Trust)

Authors

Dr. Gareth Samuel David Morrison MB ChB (Comm), FRCA, FCAI, FHEA, PgDipClinEd
Consultant Anaesthetist
Dr. Emma Gordon CT1 Anaesthetics
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Rationale

I developed a new one-day course to help foundation doctors develop confidence and improve knowledge, skills and attitudes when dealing with acutely unwell patients. The curriculum of the course fulfils many of the learning outcomes in the UK Foundation Programme syllabus.

Methods

I wrote 250-page evidence based course manual, designed practical skills stations, developed and standard set the post course single best answer examination paper and objectively structured clinical examination.

Findings

To date, 703 foundation doctors in Northern Ireland have completed this course. The post course feedback has highlighted areas of exceptional teaching and learning. There has been an outstanding improvement from pre-course confidence levels in all areas including sepsis, acute kidney injury, tracheostomy management, and fluid and drug prescribing. Pre – course confidence levels have been very poor. For example, 68% of candidates reported that they felt under or extremely under-confident in the assessment and management of an acutely unwell patient prior to attending the course. Post course however, there has been a substantial improvement in confidence – now 95.7% report feeling more or significantly more confident. There has been a statistically significant improvement (Paired t-test) in every knowledge / skill domain taught. We provide individual post-course summative feedback.

Discussion / Conclusion

ACCA significantly improves confidence, knowledge and skills, and ensures that foundation doctors are taught a systematic and evidence based approach to recognizing and managing critically unwell patients and emergencies. It is extremely well received by them and will 'prepare them for real world practice' and raise the standard of patient care and safety

OP36 Medical education on a massive scale: Evaluating an Irish Massive Online Open Course (MOOC) on exercise prescription
Silvia Gallagher (Trinity College Dublin)

Authors

Cuisle Forde, PhD, MISCSP.

Silvia Gallagher, PhD. Trinity College Dublin

Rationale

Online learning has been shown to be effective at enabling medical professionals to fulfil continuing professional development goals. However, little is known about student's expectations, concerns and experiences of such courses. This paper examined student perspectives of an online postgraduate certificate in clinical exercise.

Methods

A multi-method approach using qualitative content and quantitative survey analysis was used to analyse student contributions on the course virtual learning environment (n=20 students). Data analysed included pre-course expectations and concerns, and post-module evaluation surveys. Qualitative data were analysed using NVivo 11 software.

Findings

The most frequently expressed pre-course expectation was to learn and meet academic challenges (n=87 expressions). The second most cited expectation was to change their approach to clinical situations or career (n=50). The most frequently expressed pre-course concern was an inability to meet academic standards due to personal circumstances (n=14) or poor academic skills (n=11), and the inability to manage course workload (n=11). Post module feedback echoed pre-course expectations and concerns. Students felt supported although some had difficulties keeping up with the workload. Over ninety per cent of survey responders rated learning materials provided as either good or very good. Students enjoyed the online nature of the course although some expressed a desire for practical classes.

Discussion / Conclusion

Student perspectives of the online course were largely positive. The online nature of the course meant that clinicians could engage with education without taking time off work, however this approach may have caused concern about ability to complete the course, and perceived difficulty keeping up with the workload.

Author

Dr. Mark James, Cork University Hospital

Rationale

The flipped classroom is an educational model which entails students completing basic learning before coming to class. This leaves more opportunity to use limited in-class time for building on pre-existing knowledge, active learning and student-tutor interaction. We aimed to compare a flipped classroom model to traditional teaching of ophthalmology in a cohort of medical students.

Methods

A controlled, interventional, analytical study on fourth year medical students during their ophthalmology placement in the 2014-2015 academic year was performed. Pre-class and in-class material was prepared for the practical visual fields and fundoscopy tutorials. Students on alternate weeks had one of these two tutorials flipped and the other taught traditionally. They were given a questionnaire at the end of the placement to measure their self-perceived knowledge with the material and their satisfaction with the flipped classroom model.

Findings

72% of students said that they would rather take a flipped course in future. There were no statistically significant differences in self-perceived knowledge with flipped versus traditional tutorials in fundoscopy examination (3.79 vs 3.68, $p=0.35$), recognition of pathology through fundoscopy (3.62 vs 3.52, $p=0.42$), visual fields examination (4.29 vs 4.15, $p=0.32$) or recognition of pathology through visual fields examination (3.8 vs 3.83, $p=0.77$).

Discussion / Conclusion

In the absence of any negative impact on self-perceived knowledge in the area of ophthalmic clinical examination, and cognisant of student preferences with respect to learning format, the flipped classroom model should be considered to improve student interaction and improve ophthalmology practical skills.

OP38 **Practical prescribing: the use of post graduate research to inform development of an undergraduate inter-professional teaching session. (Research in progress)**
Elaine Walsh(University College Cork)

Authors

Elaine Walsh, Christina Rae Hansen, Colin Bradley, Laura J Sahm.

Rationale

Prescribing error among newly qualified doctors has been identified as a major contributor to suboptimal patient safety. A local qualitative study conducted among junior (intern) doctors identified a lack of preparedness for the task of prescribing and its teaching in the undergraduate curriculum as too little, too late. A need for increased interaction with pharmacists was highlighted.

Aim:

To establish an educational initiative early in the undergraduate curriculum to directly address issues identified by current prescribers (interns).

Methods

A case-based, interactive teaching session was developed and piloted among mixed small groups of undergraduate third year medical and pharmacy students and feedback was sought.

The inter-professional prescribing session will be delivered to all third year medical and pharmacy students in 2017. Students will be asked to rate their confidence in writing a prescription and identifying medication errors using a Likert scale and to complete the Interdisciplinary Education Perception Scale (IPES) before and after the session. Students will be asked to rate usefulness of the session on a Likert scale and free text comments will be sought.

Findings

The initiative has been piloted among 39 pharmacy and 73 medical students.

Both groups perceived the session as useful. Group discussion was identified as beneficial, in addition to the provision of a mix of general practice case-based material in combination with hospital inpatient medication information.

Discussion / Conclusion

Pilot work suggests that the development of a novel inter-professional educational initiative in response to issues identified by current prescribers is perceived as beneficial by undergraduate students.

OP39 **Extended General Practice Placements (EGPP): Do they facilitate breadth and depth of the student experience?**
Andrew O'Regan (University of Limerick Graduate Entry Medical School)

Authors

Andrew O'Regan, Deirdre McGrath, Geoff McCombe, Jane O'Doherty, Ailish Hannigan, Walter Cullen

Rationale

Extended, 18-week, student placements in general practice, are part of the answer to capacity challenges facing medical schools internationally. This research investigates students' experience as they progress through Ireland's only extended general practice placement (EGPP).

Methods

This qualitative study involved three focus groups with student participants held at different stages of the EGPP (weeks 2, 12, 18). Ethical approval was granted, participants were recruited through e-mail and focus groups were digitally recorded and transcribed verbatim. Two researchers independently analysed the transcripts using the framework method of qualitative thematic analysis.

Findings

Themes identified were: logistics, involving day-to-day practical challenges and solutions; teaching and learning, covering students' perspectives on the taught curriculum; mentorship, describing the development of the GP tutor- student relationship; hidden curriculum, relating to the 'behind the scenes' learning and evolution of the students.

Discussion / Conclusion

This study gives a valuable insight into the progression, context and culture of student experience and the hidden curriculum of EGPPs. It advances our understanding on how learning occurs in general practice placements and will inform curriculum development.

OP40 **The educational Value of a short teaching programme for medical students in a children's hospice.**
Judith Meehan (University of Dublin, Trinity College)

Authors

- Dr Joanne Balfe, Consultant Paediatrician, Tallaght Hospital, Laura Lynn Hospice, Dublin
- Dr Judith Meehan, Assistant Professor in Paediatrics, University of Dublin, Trinity College
- Professor Eleanor Molloy, Professor and Chair of Paediatrics and Child Health, Head of Discipline of Paediatrics, University of Dublin, Trinity College

Rationale

As the prevalence of life-limiting conditions in children continues to rise, it is essential that medical students train in paediatric palliative care.

Methods

Structured 3-hour attachment with didactic and interactive sessions in a children's hospice with pre and post questionnaires

Findings

92 students completed the questionnaire which was analysed using NVivo software package. Students had high expectations of the visit informing their understanding of life-limiting conditions and the lived experience of the child and family. Students indicated a desire to physically examine and have face-to-face contact with a child with a life-limiting illness.

The students understanding of a child with special needs varied and included attempts to clinically define disability and levels of support in areas of daily functioning and an understanding of a spectrum of disability.

Post questionnaires indicated a high level of satisfaction with the visit with 99% of students agreeing that the visit was a positive experience and 97% recommending the visit to other students. 97% of students agreed that the visit was relevant to learning in Paediatrics and Child Health.

Conclusions:

All medical students had high expectations of a visit to a children's hospice. Significant knowledge gaps in the area of children's palliative care and disability were acknowledged. These findings will help to further develop an education programme for undergraduate medical students. A series of educational DVD'S including parent and family interviews are being developed to enhance learning in the areas of paediatric palliative care and life-limiting conditions

OP41 Incorporation of simulation training into induction improves confidence in medical and nursing staff
Ben McNaughten (Royal Belfast Hospital for Sick Children)

Authors

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4. Consultant paediatrician. Royal Belfast Hospital for Sick Children, 274 Grosvenor Road, Belfast, Northern Ireland, BT126BA.

Rationale

The GMC highlights the importance of induction in ensuring the delivery of safe, effective and efficient care to patients. Our trust induction traditionally involved a series of didactic lectures and feedback was poor. We sought to improve the quality of induction offered to all new medical and nursing staff in a tertiary children's hospital by incorporating inter-professional, high-fidelity simulation training into the mandatory induction programme.

Methods

All new staff participate in simulated scenarios focusing on common emergencies. Participants are encouraged to reflect upon the learning experience. A formal debrief occurs. Participants complete pre and post questionnaires assessing their perceived confidence in managing common emergencies and provide feedback on these sessions.

Findings

Medical staff reported an increased confidence in managing all emergency presentations to which they were exposed. They all agreed that the sessions had increased their clinical knowledge and skills. Comments included:

'Enabled me to gain confidence in managing common paediatric emergencies in a safe environment and to work closely with nursing staff who I will be working with on the wards'

Nursing staff also reported that they felt more confident in managing common emergencies on a ward (2.8/5 -> 4.6/5). Comments included:

'The most useful session of our induction week'

'Great learning experience'

'10/10!'

Discussion / Conclusion

Simulation improves the quality of induction we can offer our staff. Our experience of embedding simulation within our induction programme has been very positive. We would strongly recommend this strategy to others developing or reviewing their induction programme.

OP42 Learning to manage complexity through simulation: students' challenges and possible strategies
Gerry Gormley (Centre for Medical Education, QUB)

Authors Gerry Gormley¹, Tara Fenwick²

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Rationale

Many have called for medical students to learn how to manage complexity in healthcare. Towards this end, some have pointed to the utility of ideas from complexity theory to help learners & educators understand how complexity works and to manage it. In other areas of professional education, complexity theory has been widely applied to understanding learning processes and to improve pedagogies. Specifically for simulation education in the healthcare professions, some researchers have proposed that sociomaterial theories such as complexity may open up the design of simulation to better emulate clinical settings, and maximise the possibilities of simulation for learning. This study examines the nuances of students' challenges in coping with a complex simulation learning activity, using concepts from complexity theory, and suggests strategies to help better manage complexity.

Methods

Wearing videoglasses, participants took part in a simulation ward based exercise that incorporated characteristics of complexity. Video footage was used to elicit interviews, which were transcribed. In this secondary analysis, using complexity theory as a theoretical lens, an iterative approach was taken to identify the challenges that participants faced and possible coping strategies using both interview transcripts and video footage.

Findings

8 students took part in the study with 63 mins of PoV video footage / 311 minutes of interview data being captured. Students' challenges in coping with clinical complexity included being: a) unprepared for 'diving in', b) caught in an escalating system, c) captured by the patient, & d) unable to assert boundaries of acceptable practice.

Discussion

This study provides a deep insight into some of the fine-grained nuances of medical students' challenges in coping with complexity in a ward based simulation exercise. Many characteristics of complexity can be recreated in such a learning activity, affording learners an embodied and immersive experience of these complexity challenges. Possible strategies for managing complexity themes include: a) taking time to size up the system b) attuning to what emerges c) reducing complexity d) boundary practices and e) working with uncertainty. This study signals pedagogical opportunities for recognising and dealing with complexity

OP43 Teaching new paediatric nursing staff how to raise concerns using the PACE approach and high fidelity simulation
Carol Junk (Royal Belfast Hospital for Sick Children)

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Rationale

Hierarchy and leadership are essential within any multidisciplinary team. However, to err is human and team leaders can make mistakes irrespective of seniority. It is essential that everyone within the team feels confident in raising concerns to ensure patient safety. This can be particularly challenging for new staff joining established healthcare teams. We aimed to improve the confidence of new children's nursing staff in raising concerns by introducing teaching on a structured method for raising concerns into their induction simulation session.

Methods

New nurses undertook a simulated clinical scenario in which the doctor was deliberately hesitant and reluctant to administer appropriate emergency treatment. Teaching was then provided on the PACE approach for raising concerns. Each nurse then participated again in a similar scenario. Each of the 23 participants completed pre and post questionnaires.

Findings

There was no difference in participants' confidence between challenging a nurse or doctor (3.4/5) prior to training. Following the initial scenario the nurses reported feeling 'frustrated' and 'scared'. After the session they stated that their confidence in challenging nurses and doctors had increased to 4.3/5 and 4.2/5 respectively. Free text comments included:

'Hearing from doctors that they would rather be challenged was reassuring.'

'Improved my confidence to speak up when querying a decision'

Discussion / Conclusion

Nursing staff reported improved confidence in their ability to raise concerns. This can only serve to improve patient safety. We have subsequently embedded PACE training within all our medical and nursing induction programmes.

OP44 **The prescription journey: a qualitative exploration of an interprofessional simulated learning activity**
Caoimhe Cooke (Queen's University Belfast)

Authors

Miss Caoimhe Cooke, Dr Gerry Gormley, Dr Sharon Haughey, Ms Johanne Barry
Queen's University Belfast, Centre for Medical Education, School of Pharmacy

Rationale

Prescribing in the NHS occurs mainly within the community between GPs and pharmacists. Close collaboration is required to minimize common medication and dispensing errors. Despite this, medical and pharmacy training is often unilateral. Interprofessional education (IPE) and simulation based education (SBE) are collaborative teaching approaches used in healthcare. An innovative IPE activity amongst (QUB) medical and pharmacy undergraduate students was designed, with the following aims: 1) Explore the impact of an SBE activity on students' attitudes towards IPE. 2) Ascertain student perceptions on the value of this prescribing SBE activity and how well it supports their core teaching and mentorship skills.

Methods

Interprofessional groups of year 3 pharmacy and year 4 medical students took part in the SBE activity. This focused on the IPE team clinically assessing, diagnosing, writing prescriptions and dispensing medications for a simulated patient (in a simulated practice and pharmacy setting). Using a questioning guide, 4 interprofessional student focus groups were used to explore their attitudes towards the simulated IPE activity. Interviews were audio-recorded, transcribed and analysed iteratively using template analysis.

Findings

Four main themes emerged from the analysis: 1) IPE simulation activity: unlocking new learning experiences; 2) patient centred practice: a shared understanding; 3) professional skills: explored and shared and 4) professional roles: a journey of discovery, respect and stereotypes.

Discussion / Conclusion

Students broadened their knowledge of each other's expertise in skills and clinical roles while working together. Furthermore, students valued the opportunity to strengthen co-operations with their future colleagues with the shared goal of improving patient centred care.

Evaluation of medical student retention of clinical skills following simulation teaching
OP45 Gozie Ofiah (Royal College of Surgeons in Ireland)

Authors

Gozie Offiah, Siobhan Murphy, Daniel Kane, Alison Gordon, Muireann O'Sullivan, Sue Faye Sharifuddin, Claire Condron

Rationale

Simulation Based Education (SBE) is playing an increasingly important role in healthcare education worldwide to teach procedures which are invasive and thus difficult to teach and learn with patients. Our study aims to evaluate the retention levels of procedural skills taught and assessed by SBE and to assess what re-training is required to restore decayed performance.

Methods

Pre course video and /or procedural guides are provided online asynchronously and students can repeatedly access the resources. Skills were demonstrated using task trainers, students practiced with tutor facilitated supervision and peer support prior to formal testing. Score sheets with itemised procedure checklists detailing the minimum passing standard (MPS) for each skill were designed. An unannounced test to demonstrate proficiency in the skills was completed at start of the Sub Internship rotation. 7 random skills were selected which had been taught over the previous 2 years.

Findings

Preliminary results show that 45 % of the students retained competency in the majority of skills taught by SBE. 55% of the students were deficit in 3 or more skills at the reassessment. Students showed greatest retention of venepuncture skills which students advised was the skill that they practiced several times since initial SB teaching.

Discussion / Conclusion

Our study indicates that SBE plays a role in mastery of skills. However SBE must be linked with deliberate practice for true mastery of skills. This thus raises the question of how many times within a 6 year curriculum should a skills be repeated?

Can 'Precision Teaching' enhance medical students' dermatology diagnostic skills?

OP46 Gerry Gormley (Centre for Medical Education, QUB)

Authors

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Rationale

Skin conditions are a common reason for patients to consult their GP. However dermatology is often underrepresented in undergraduate medical curricula with students often lacking confidence in assessing/diagnosing skin conditions. There is a need for more effective dermatology teaching methods that can augment traditional methods. One such technique is 'Precision Teaching' (PT). This uses frequent but brief timed measures of student performance on specific learning points with the aim of improving speed and accuracy sufficient to ensure retention and endurance of information (for example using flash cards). Already established in special needs education it has only recently been applied in medical education. The aim of this study was to determine the impact of PT on medical students dermatology diagnostic skills compared to traditional teaching methods.

Methods

Third year medical students were randomly allocated to an intervention group (PT + traditional teaching) or control group (traditional teaching). For the PT group, we designed 50 dermatological image based flashcards (based on essential dermatological conditions that medical students should know on graduation). Flashcard practice during timed one minute periods took place 2-3 times/teaching day and students' data on accuracy was recorded. Pre + post-training tests were carried out to determine the impact of PT on students' diagnostic skills.

Findings

135 participants were randomised to the intervention (n=70) or control groups (n=65). Analysis of covariance was used to calculate the change score (comparing pre- and post-test). Compared with the control group, there was a statistically significant improvement of 8.8% (95% CIs; 4.9-12.7, p<0.001) in the intervention group.

Discussion

The findings of this study demonstrated a positive effect of PT on medical students' dermatology diagnostic and recognition skills. This study signals new pedagogical opportunities for PT in undergraduate dermatology teaching.

ePoster Presentation Schedule

Tuesday 28th February 2017 – 11:30 – 13:00

Simulation & Technology enhanced Learning

Houston Chair: Ms. Leonie Heskin

- | | | |
|-------|------|--|
| 11:30 | eP01 | “Ready for action” – Introduction of an in situ simulation programme for medical doctors on managing emergencies on the ward
<i>Sinead Bredin (Sligo University Hospital)</i> |
| 11:35 | eP02 | Cross-professional Education on a Simulation Ward
<i>Catherine Sweeney (UCC)</i> |
| 11:40 | eP03 | Dedicated simulated surgical training: upgrading didactic learning
<i>Anthony Hoban (RCSI)</i> |
| 11:45 | eP04 | Does the use of ‘smartphone’ technology enhance undergraduate medical education?: a systematic review.
<i>Louise Burrows (Western Health and Social care trust)</i> |
| 11:50 | eP05 | Driving Quality in Healthcare Simulation – Applying Lean Management Principles to Learning
<i>Clare Sullivan (RCSI)</i> |
| 11:55 | eP06 | Exploring undergraduate medical student perceptions of simulation training
<i>Ruth Vaughan ()</i> |
| 12:00 | eP07 | Introduction of computerised manikin simulation training into an integrated Masters of Pharmacy programme: a pilot study
<i>Cian O’Leary (School of Pharmacy, RCSI)</i> |
| 12:05 | eP08 | Introduction of High-Fidelity Simulation into Undergraduate Physiotherapy Education
<i>Marie Guidon (RCSI)</i> |
| 12:10 | eP09 | Investigating validity and reliability of virtual patient simulations for self-directed learning and assessment in the medical consultation
<i>Catherine Bruen (Royal College of Surgeons in Ireland)</i> |
| 12:15 | eP10 | Joining a Community of Learning? Assessing the usefulness of an online tutorial prior to medical student rotation on the labour ward
<i>Mary Higgins (UCD School of Medicine)</i> |
| 12:20 | eP11 | Optimisation of e-learning interventions in undergraduate medical education: a systematic review
<i>Andrew O’Regan (University of Limerick Graduate Entry Medical School)</i> |
| 12:25 | eP12 | Students’ attitudes to technology-Enhanced learning (TEL) and its use in medical education
<i>Cillian Lineen (University College Cork)</i> |
| 12:30 | eP13 | Virtual Outpatients Clinic (VOPD) for uncomplicated colorectal patients
<i>Daniel Meehan (RCSI)</i> |
| 12:35 | eP14 | Evaluation of an E-Learning Resource on Depression used in a Blended Program of Undergraduate Primary Care Teaching
<i>Aileen Faherty (NUIG)</i> |
| 12:40 | eP15 | Rare case simulation training helps paediatric trainees achieve core competencies
<i>Ben McNaughten (Royal Belfast Hospital for Sick Children)</i> |
| 12:45 | eP16 | Listening to the online learner - student perspectives of a postgraduate certificate in clinical exercise prescription.
<i>Silvia Gallagher (Trinity College Dublin)</i> |

Tuesday 28th February 2017 – 11:30 – 13:00

Education & Assessment

Cheyne		Chair: Dr. Cristin Ryan
11:30	eP17	A cross sectional study of students attitudes to professionalism in a healthcare professions institution. <i>Marie T. O'Shea (RCSI)</i>
11:35	eP18	An Investigation into Peer Facilitated Problem Based Learning <i>Aileen Patterson (Trinity College Dublin)</i>
11:40	eP19	Building a machine learning model to predict the polarity of student feedback comments. <i>Richard Arnett (RCSI)</i>
11:45	eP20	Detecting signals within the noise - methodologies for finding meaning in large data sets. Case Study: 'Medical Education' publications 1951-2016. <i>Richard Arnett (RCSI)</i>
11:50	eP21	Development of a Process Oriented Guided Inquiry Learning (POGIL) Method for the Teaching of Pharmaceuticals in a Novel Integrated Pharmacy Curriculum <i>Zeibun Ramtoola (School of Pharmacy, RCSI)</i>
11:55	eP22	Effectiveness of university-based primary prevention programmes for sexual violence perpetration: A systematic review protocol <i>Mary Tien-Yi Wang & Dr. Caroline Kelleher (School Of Medicine RCSI)</i>
12:00	eP23	Learning from Excellence of Medical Student Education: Discovery as first phase of Appreciative Inquiry <i>Mary Higgins (UCD School of Medicine)</i>
12:05	eP24	Medical Humanities and Art: Graduate Entry Medical Student selected Themes and Media in a Special Study Module <i>James A O'Hare (University Limerick Graduate Entry medical School)</i>
12:10	eP25	Mission and Strategic objectives for the RCSI's Academic & Educational Building <i>James M Murray (RCSI)</i>
12:15	eP26	Modern anatomy resources; Is anatomical variation being neglected? <i>Shane Davy (Trinity College, Dublin)</i>
12:20	eP27	Reliving the suspense: an ethnography of the OSCE <i>Grainne Kearney (Centre for Medical Education, Queen's University Belfast)</i>
12:25	eP28	Training and competency assessment of non-laboratory healthcare professionals for Point-of-care-testing (POCT) services in a large academic teaching hospital – Compliance with International standard ISO 15189 <i>Felicity Dempsey (Biochemistry Department, St James's Hospital, Dublin)</i>
12:30	eP29	Investigating the use of images in assessment; comparison of illustrated vs. text-alone vignettes in histology multiple choice questions <i>Jane Holland (RCSI)</i>
12:35	eP30	Reflective Journal Assessment in a year 3 Professionalism OSCE Station; Comparing Cronbach's Alpha and G-Coefficient as measures of Reliability, Validity and Educational Decision-making <i>Thomas Kropmans (College of Medicine, Nursing & Health Sciences, School of Medicine. NUIG)</i>
12:40	eP31	How does culture impact trust in the patient-doctor relationship? <i>Malak Al Qubaisi (Health Profession Education Centre, RCSI)</i>

Tuesday 28th February 2017 – 14:00 – 15:30

Interprofessional Education & Clinical Teaching

Houston Chair: Dr. Judith Strawbridge

- 14:00** eP32 Intentions of medical students to treat tobacco dependence post-graduation
Frank Doyle (Royal College of Surgeons in Ireland)
- 14:05** eP33 Listen to your stakeholders: 18months study on Medical Students' Reflections in Paediatric Rotation
Joy Tan (Royal College Of Surgeon)
- 14:10** eP34 An inter-professional group project involving medical, pharmacy and physiotherapy students: Reflections and progress over a decade of experience.
Eric Clarke (RCSI)
- 14:15** eP35 Assessing the behaviours, preferences and beliefs of parents/guardians with children under the age of six years in relation to seeking medical information online for their child.
Brian McEllistrem (Mid Leinster Specialist Training Scheme in General Practice)
- 14:20** eP36 Attitudes and behaviours of paediatric higher specialist trainees to reflective learning and practice
Daire O'Leary (NUI Galway)
- 14:25** eP37 Attitudes to their roles as researchers: a study of GP trainees
Olga Tummon (Intern Training Network)
- 14:30** eP38 Clinical Primary Care Modules
Dr. Eva Flynn (Discipline of General Practice, NUIG)
- 14:35** eP39 LEARNER ENGAGEMENT IN POSTGRADUATE MEDICAL EDUCATION
Ciana McCarthy ()
- 14:40** eP40 Quantifying Interprofessional Education Outcomes for Undergraduate Pharmacy Students
Nessa Quinn (Royal College of Surgeons in Ireland)
- 14:45** eP41 Safer Patient Mealtimes: An interdisciplinary Educational Initiative for HSCP students in a neurorehabilitation setting.
Fiona Haughey (National Rehabilitation Hospital)
- 14:50** eP42 AN EVALUATION OF THE EFFICACY OF AN INTERVENTION INCORPORATING PRECISION TEACHING TO TRAIN INFANTILE LUMBAR PUNCTURE AMONG SENIOR HOUSE OFFICERS (Work in Progress)
Chloe Walsh (National University of Ireland, Galway)
- 14:55** eP43 A PIONEER NGO-led MEDICAL TRAINING PROGRAMME IN EQUATORIAL GUINEA
Robert Memba (Trinity College of Dublin)
- 15:00** eP44 Effectiveness of Small Group Learning in Postgraduate General Practice Education: A Systematic Review
Katherine Murray (NUI Galway)
- 15:05** eP45 Fostering Interprofessional Learning
Annie Brosnan & Caroline O Halloran (University Hospital Kerry), Mary Loughnane, (Royal College of Surgeons Ireland), Noreen Crosby, Derry O Mahony, Emer Thompson (Institution of Technology Tralee)
- 15:10** eP46 Inter-Professional Clinical Education Workshops; What clinicians want?
Noreen O'Shea (St James's Hospital & Trinity College Dublin)
- 15:15** eP47 The Student Experience on Clinical Placement. Have we got it right?
Dale Whelehan (Trinity College Dublin Students' Union)

ePoster Presentation Abstracts

eP01 **“Ready for action” – Introduction of an in situ simulation programme for medical doctors on managing emergencies on the ward**
Sinead Bredin (Sligo University Hospital)

Authors

Dr Karen Harris, Consultant in Emergency Medicine, Sligo University Hospital
Dr Sinead Bredin, Consultant Anaesthetist, Sligo University Hospital

Rationale

Didactic teaching arms the doctor with clinical knowledge but applying this in the ward environment with an acutely unwell patient requires additional skills.

Simulation teaching has been shown to enhance clinical and non-technical skills such as leadership, communication, adherence to guidelines as well as identifying system weaknesses. In situ simulation consists of simulations run in the actual working environment, allowing teams who work together to train together.

Methods

A multidisciplinary faculty was established and a teaching programme was drawn up from training curricula and observed learning needs. Weekly simulation sessions based on common medical emergencies were held on a medical ward. Each session was attended by an entire medical team, including an intern, senior house officer and registrar. All members of the team were encouraged to participate. The simulation consisted of a prebrief and scenario, followed by a debrief. Participants were asked to complete an evaluation form after the event.

Findings

85% of participants strongly agreed that the scenarios were realistic and relevant to their clinical practice. 100% of participants felt that it was valuable to practice with other team members in their normal working environment. 72% strongly agreed that the debrief contributed to their learning and allowed the team to self-reflect. All participants agreed that they would feel more comfortable managing a similar emergency in reality in the future.

Discussion / Conclusion

We have successfully introduced a multi-disciplinary in-situ simulation programme which has led to trainees feeling more confident in managing emergencies on the ward.

Authors

- Helen Hynes, University College Cork
- Pat Henn, University College Cork
- Rob Gaffney, University College Cork
- Theresa Power, University College Cork
- Sinead Riome, University College Cork
- Simon Smith, University College Cork

Rationale

Cross professional education (CPE) occurs when faculty members from one profession teach students from another. Research on nurses teaching medical students procedural skills has been conducted. However, medical student learning from nurses in a simulation setting has not been well investigated. The aim of this study was to investigate medical students' perspectives on working with a qualified and experienced nurse during high fidelity inpatient scenarios. The setting was an established simulation ward, designed to support patient safety teaching and learning for final year medical students.

Methods

Anonymous student responses (one quantitative and one qualitative) to two items relating to interactions with the nurse on the simulation ward were analysed.

Findings

Responses to fifty feedback questionnaires were analysed. Forty-six students (92%) responded to the item "I found it easy to work with the nurse", which was graded on a 7-point Likert scale. The average score was 6.9. Thematic analysis of the question "What did you learn about working with the nurse from today's session?" revealed 3 themes: contribution to patient care, how to work on a team, and experience of interactions with nurses.

Discussion / Conclusion

The results indicate that students viewed working with the nurse positively. Evidence suggests that students developed an appreciation of the value of nurses to patient care and the support they can provide for newly qualified doctors. In addition, students appeared to learn about how to work with a nurse on a healthcare team. Further investigation into the impact of similar CPE initiatives is warranted.

Authors

Anthony Hoban and Enda Hannan

Rationale

Traditionally, surgical skills have been taught by the see one, do one, teach one apprentice model, however, training constraints such as the EU Working Time Directive and reduced operative exposure have forced trainees to acquire skills outside the operating theatre. A potential benefit of integrating a virtual reality (VR) training module into the curriculum for core surgical trainees (CST) would be the ability to practice or learn procedures in their entirety, prior to entering the operating theatre.

Methods

25 NCHDs were recruited to learn the procedure involved in a laparoscopic cholecystectomy using either a surgical simulation application (TouchSurgery) or the didactic materials currently available to CST's via the MSurgery platform from the Royal College of Surgeons in Ireland. Candidates were assessed using a free text description of the case to be performed in 3 categories; patient preparation, access and laparoscopy and cholecystectomy. This was followed by a 20-question multiple-choice exam.

Findings

Those learning with the TouchSurgery application (n=13) had an average MCQ score of 87.2% compared with the traditional methods (n=12) of 78%. Similarly, those using the VR platform correctly mentioned 76% of the necessary sequential steps in patient preparation, access and laparoscopy and the cholecystectomy itself compared with 69.9% in the traditional arm.

Discussion / Conclusion

This study shows that those who use a VR platform to learn a laparoscopic cholecystectomy procedure have a more in depth knowledge of the case to be performed and make fewer errors in describing the anatomy and the steps of the case in question.

Authors

Dr Louise Burrows, Consultant Emergency Medicine, Western health and social care trust.

Rationale

The last decade has seen the introduction of a new technology which has transformed many aspects of our culture, commerce and communications. Smartphones are now becoming an extension of lifestyle with an increasing amount of the population now owning this technology.¹ With the rapid access to information and instant communication this technology has been gaining recognition as an educational tool particularly in medical education.² The aim of this study was to evaluate if the use of smartphone technology enhances undergraduate medical education by systematic review of the literature.

Methods

A comprehensive search strategy was formulated and applied to Medline, Embase, Scopus and PsychInfo to look for any publications which pertained to use of smartphone technology in undergraduate medical education. These publications were categorised into types and all empirical studies were then reviewed and assessed for quality using the QATSSD tool³ and given a subjective grade of evidence.

Findings

The database search produced total of 1793 citations. These were then examined for duplicates and eligibility. 250 were examined in detail against predefined inclusion and exclusion criteria. 17 empirical studies were then reviewed and assessed for quality.

Discussion / Conclusion

This comprehensive systematic review demonstrates that this technology is widely used in undergraduate medical education and results of how this technology enhanced medical education were generally positive. There were limitations in methodology which existed in many of the studies and although many of the studies highlight the substantial potential of smartphone devices in the medical undergraduate setting, studies of better quality are necessary to facilitate the successful integration of this technology into the medical undergraduate curriculum.

References

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2. Mobasheri MH, King D, Johnston M et al. The ownership and clinical use by doctors and nurses in the UK: a multicentre survey study. *BMJ Innov* 2015; 00: 1-8.
3. Sirriyeh, R., Lawton, R., Gardner, P. and Armitage, G. Reviewing studies with diverse designs: the development and evaluation of a new tool. *Journal of Evaluation in Clinical Practice*. 2012; 18: 746–752.

Authors

Sullivan, C. and Murray, J. - HPEC RCSI

Rationale

The opening of a state of the art simulation centre at the Royal College of Surgeons Ireland will offer exciting opportunities. With expected footfall of over 4,000 students annually, it was identified that a robust system would be needed to ensure quality and efficiency of the learning experience and to allow for future expansion. Lean management principles have been successfully applied to education and healthcare. Simulation is where education and healthcare delivery meet. We propose therefore that lean management principles may guide the successful operation of a healthcare simulation centre.

Method

Following a scoping exercise of existing and potential Simulation Based Education (SBE) activities across all RCSI curricula, it became evident that it would be necessary to standardise the delivery of SBE. For each discrete teaching session, a ‘toolbox’ was developed which contained learning objectives, a standard operating procedure (SOP) for that session and all the necessary artefacts for the learning encounter including consumables.

Findings

The SOPs allow for the development of a value stream process map which in turn facilitates continual improvement in quality and efficiency. The use of software which facilitates easy collection of video recordings of teaching will allow for transparency, evidence-based video assessment and standardized performance data to learners, faculty, and the centre and assist with ongoing quality improvement in teaching.

Conclusion

The new centre challenges us to adopt a fresh approach to SBE. The creation of a modular system using lean management principles will enable simplicity, commoditization and performance analysis and support easy quality review and ongoing process improvement.

Authors

- Dr Patrick Conroy, Department of Anaesthesia, AMNCH Tallaght Hospital
- Olive Killoury, Clinical Skills Tutor, Education Division, School of Medicine, Trinity Centre for Health Sciences, Tallaght Hospital

Rationale

Simulation is widely used in post-graduate clinical education. Simulation is being increasingly used in undergraduate clinical education, although it is not uniformly available in Ireland. The aim of this study is to elucidate the perceptions of undergraduate medical students of simulation training in their third year anaesthetic rotation.

Methods

High-fidelity simulation sessions were incorporated into the third year undergraduate anaesthetic module. Simulation sessions included common medical emergencies, such as congestive cardiac failure and Basic Life Support. A thirteen-item survey was administered to students following completion of a one-hour simulation session. Survey items consisted of demographic information and ten questions on student perceptions using a five-point Likert-type scale. Descriptive statistics were used to summarise the results.

Findings

A total of 53 surveys were collected. 50% of respondents were male and 50% were female. The median age of respondents was 21 years (IQR 4). 59.6% of respondents rated their group's teamwork as good. 42.3% rated their group's communication as good or very good, 13.5% rated it as poor. 84.6% of students reported increased confidence dealing with the clinical situation after simulation. 96.1% agreed that the simulation stimulated self-directed learning. 95.5% felt that the simulation was a valuable learning experience.

Discussion / Conclusion

Students perceived simulation as a valuable learning experience. It increased students' comfort in dealing with clinical scenarios, and stimulated further self-directed learning. The respondents identified communication and teamwork as areas of weakness. Simulation could be used to identify deficits in education as perceived by students, and provides a platform to address these needs.

eP07

Introduction of computerised manikin simulation training into an integrated Masters of Pharmacy programme: a pilot study
Cian O'Leary (School of Pharmacy, RCSI)

Authors

Ms. Fiona Daly, Practice Education Coordinator, RCSI School of Physiotherapy Ms. Clare Sullivan, Clinical Skills and Simulation Technician, RCSI Health Professions Education Centre

Rationale

The critical care environment presents considerable challenges for physiotherapy student learning due to the dynamic nature of the environment with a complex and physiologically unstable patient population and consequently higher risks to patient safety. In addition, clinical placement capacity restrictions mean that some students may not have an opportunity to complete a critical care placement prior to graduation. The aim of this project was to prepare students for cardiorespiratory clinical education experience by developing clinical reasoning and practical skills and a level of competence and confidence prior to real patient contact.

Methods

Case scenarios with specific learning outcomes were developed in consultation with academic and clinical colleagues and the Clinical Skills and Simulation technician. There were four steps in the student learning process: a) Pre-reading. b) Clinical skills workshop c) High-Fidelity Simulation session d) Facilitated debriefing session after the case scenario Questionnaires were completed by students to establish satisfaction with and evaluation of the simulation experience.

Findings

Student feedback has been universally positive with students reporting a greater understanding of the skills required and increased confidence levels prior to clinical placement. There was strong agreement that feedback received and reflection on the simulation scenario session enhanced learning and clinical reasoning.

Discussion / Conclusion

Simulation is now formally included in the BSc Physiotherapy curriculum and as increased students' confidence and preparation for clinical placement. Challenges for the future include the measurement of learning outcomes and the assessment of transfer into clinical practice.

Authors Catherine Bruen, Clarence Kreiter, Vincent Wade & Teresa Pawlikowska. Health Professions Education Centre, Royal College of Surgeons in Ireland, Dublin, Ireland. University of Iowa Carver Medical School, Iowa, USA, School of Computer Science and Statistics, Trinity College Dublin, Ireland

Rationale

Assessment in medical education addresses complex competencies, requiring quantitative and qualitative information from different sources as well as professional judgement from an expert rater. Performance with simulated patients is a key learning modality for undergraduate medical consultation skills.

The use of simulation and technology for learning, teaching and assessment has increased and virtual patient simulations are becoming an innovative feature of technology enhanced learning (TEL) to support learning and assessment. This study explores whether this approach is a feasible and robust technology solution for supporting automating learning and assessment.

Methods

A generalisability (G) study was conducted to explore whether virtual patient simulations can produce a valid and reliable measure of undergraduate medical students' consultation skills.

Findings

The results produced by the G study on the decision points variable, indicating clinical decision making and confirming user knowledge of the process of the Calgary Cambridge guide to consultation were positive, with the significance level attained being similar to those obtained with expert raters.

Discussion / Conclusion

The automated assessment of decision points in the simulation are of similar robustness to those obtained with expert raters and so this approach and scoring has potential for wider use in automated assessment of medical students. The findings indicate that this approach to adaptive simulations has potential as a teaching and assessment tool for the medical consultation, which requires further development and research.

eP10 **Joining a Community of Learning? Assessing the usefulness of an online tutorial prior to medical student rotation on the labour ward**
Mary Higgins (UCD School of Medicine)

Authors

M Nemunaitis, S Peters, L Muller, M Higgins

Rationale

Medical students complete a one week rotation in the labour ward during training in Obstetrics and Gynaecology (O&G). Previous research reported that students wished to have increased orientation to this week. An on-line tutorial was developed reviewing management of labour and delivery, concentrating on the role of the medical student as part of the multidisciplinary team (MDT).

Methods

A student led qualitative study was designed, using content analysis of feedback. A random selection of sixty student feedback forms were reviewed.

Findings

Thirty one of the sixty forms reviewed gave feedback on the tutorial. Twenty-seven gave positive feedback. Emerging themes included preparation (“I would not have been prepared or willing to get involved without it”), educational value (“very, very useful before delivery week”, “good to get an overview”) and quality (“excellent”, “good resource”, “brilliant”).

Discussion / Conclusion

Overall the feedback of the tutorial was positive, with students reporting it to be useful to help them work on the labour ward as part of the community of learning of the MDT.

Authors

Louise Halpenny, Colum Dunne, Sarah Hyde, Andrew O'Regan.

Rationale

E-learning has become part of the mainstream of medical education but there are gaps in the literature regarding how and when to use it for undergraduates. This systematic review aims to address knowledge gaps so that e-learning can be optimised.

Methods

A set of search terms such as 'Medical Education' AND 'E-learning' was used to search six databases. A data extraction and analysis tool and inclusion and exclusion criteria were created. Papers were systematically identified and assessed by two researchers and key themes were identified.

Findings

2,265 papers were retrieved on the initial searches. After removal of duplicates and application of exclusion criteria a total of 22 papers remained. Seven types of interventions were identified with five overall themes: acceptability, usability, educational theory, learner features and quality markers.

Discussion / Conclusion

The review outlines a framework for optimal use of e-learning in undergraduate medical education. E-learning tools must be designed in the context of the curriculum and the learner, with emphasis on usability and features that make it interactive so that students can collaborate when learning online.

Authors

Cillian Lineen

Rationale

Technology plays a huge role in every facet of modern society. Educators are beginning to adopt more Technology-Enhanced Learning (or "TEL") into teaching. While some people claim that students are automatically computer literate because they grew up with technology, others have shown diverse levels of ability in technology. More study needs to be done to evaluate students' current baseline TEL use. The aim of this research was to examine students' use and knowledge of TEL.

Methods

A cross-sectional anonymous survey was carried out on third year direct entry medical ("DEM") students and second year graduate entry medical ("GEM") students in UCC's school of medicine. The survey looked at use of technological devices, websites, programmes, social media outlets, internet at home for study, and at preferred sources of information.

Findings

96.4% of students owned both a laptop and a smartphone, and no one owned neither. Laptop was more popularly used than smartphones. The most popular websites for learning were Wikipedia, Medscape, and PubMed. The most popular programmes for learning were Microsoft Word, Microsoft PowerPoint and Dropbox. The most popular social media outlets for learning were YouTube, Facebook and Twitter. Specific uses of TEL include making notes, making presentations, sharing notes online and portability of notes.

Discussion

Students had good access to technology themselves at home, and used technology widely and frequently. Third level institutions have the opportunity to introduce more TEL into curricula. This suggestion is not without its limitations, including training of staff and financial difficulties.

Authors

1. Daniel Meehan - Physician Associate, Beaumont Hospital.
2. Ms Deborah McNamara - Consultant Colorectal Surgeon, Beaumont Hospital.

Rationale

- To assess the role and contribution of the Physician Associate (PA) in relation to a Virtual Outpatients Clinic.
- To improve the efficiency of services without sacrificing the standard of patient care.
- To increase the amount of time in direct patient care for Non-Consultant Hospital Doctors (NCHDs)

Methods

A pilot project was set up in the colorectal service at Beaumont Hospital, which involved the PA consulting with patients by telephone, carrying out an assessment of the patient's condition and reviewing their progress. The patients were first identified by the Colorectal Surgeon, as uncomplicated cases that could be safely reviewed over the telephone as an alternative to clinic attendance. An audit carried out in this service in 2014 identified a long interval between referral of patients and attendance for consultation, across all categories of patients (including urgent cases). This provided a rationale for the study.

Findings

- 138 patients followed up via the VOPD
- 119 patients discharged from VOPD
- 17 patients required review in OPD
- 2 patients referred to another specialty
- Good patient satisfaction with VOPD follow up.

Discussion / Conclusion

Patients who are appropriately identified as suitable for VOPD can be followed up safely via telephone and offered return appointments when necessary. The 119 patients discharged via VOPD would have otherwise have attended the OPD. This creates more OPD appointments and improves efficiency whilst maintaining patient safety and satisfaction.

eP14 **Evaluation of an E-Learning Resource on Depression used in a Blended Program of Undergraduate Primary Care Teaching**
Aileen Faherty (NUIG)

Authors

Aileen Faherty NUI Galway

Rationale

E-learning has gained increasing importance in higher education. While the benefits of e-learning are well documented it appears to be under-utilised in the area of medical education. In recent years our medical school experienced a surge in student numbers leading to increased demands on teachers and resources. Faced with this increase in students we developed an e-learning resource on depression for use as part of the Primary Care and Mental Health curriculum of fourth year undergraduate medical students. Developing this e-learning resource required investment of faculty time, money and space that needs to be justified.

Methods

We developed a 2hour online learning resource on the topic of depression for students to complete as self directed learning. Upon completion of the resource students filled out a feedback form. Feedback was gathered from 156 students.

Findings

There was a 69% response rate. The e-learning resource was well received scoring an average of 7.99/10. The majority of students reported that they enjoyed completing the resource and regarded it as an effective teaching method. 60.64% of students felt that e-learning should be used more often. Qualitative analysis of the feedback revealed the following themes: students appreciated the interactive nature of the resource and reported it afforded the unique opportunity for longitudinal learning and experiencing the primary-secondary care interface.

Discussion / Conclusion

In evaluating the usefulness of our e-learning resource we determined that the anticipated outcomes were achieved and the benefits warranted the significant investment of time and money.

Authors

Ben McNaughten¹, Thomas W Bourke², Andrew J Thompson².

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2. Consultant paediatrician. Royal Belfast Hospital for Sick Children, 274 Grosvenor Road, Belfast, Northern Ireland, BT126BA

Rationale

The Royal College of Paediatrics and Child Health (RCPCH) curriculum details the knowledge, skills and behaviours expected from a trained paediatrician and highlights the core competences required of trainees. Achieving these competencies can be difficult for more uncommon conditions. We sought to address this by offering senior paediatric trainees the opportunity to participate in inter-professional, high-fidelity, simulated scenarios based on rare but important clinical conditions.

Methods

We surveyed all level three paediatric trainees (ST6-ST8) in our deanery. We listed the acute presentations as outlined in the curriculum and asked them to identify conditions in which their clinical experience was limited. We incorporated routine simulation teaching, focusing on these rare cases, into the postgraduate education programme in the deanery's tertiary paediatric centre. Trainees who participated were asked to complete an online questionnaire to explore their experience of these teaching sessions.

Findings

Feedback on these sessions was very positive. Comments included:

- *'These sessions enabled me to develop my confidence in the management of conditions which I rarely see in clinical practice.'*
- *'Rare case simulation training allows me to meet curriculum competencies which I have not previously been able to achieve.'*

Discussion / Conclusion

Simulation training focusing on rare cases allows trainees to develop their confidence in managing uncommon conditions and address areas of the curriculum which they have previously struggled to achieve. After a successful local pilot we have now also embedded rare case simulation training into the deanery's regional paediatric teaching programme.

eP16 **Listening to the online learner - student perspectives of a postgraduate certificate in clinical exercise prescription.**
Silvia Gallagher (Trinity College Dublin)

Authors

Cuisle Forde, PhD, MISCSP.
Silvia Gallagher, PhD. Trinity College Dublin

Rationale

Online learning has been shown to be effective at enabling medical professionals to fulfil continuing professional development goals. However, little is known about student's expectations, concerns and experiences of such courses. This paper examined student perspectives of an online postgraduate certificate in clinical exercise.

Methods

A multi-method approach using qualitative content and quantitative survey analysis was used to analyse student contributions on the course virtual learning environment (n=20 students). Data analysed included pre-course expectations and concerns, and post-module evaluation surveys. Qualitative data were analysed using NVivo 11 software.

Findings

The most frequently expressed pre-course expectation was to learn and meet academic challenges (n=87 expressions). The second most cited expectation was to change their approach to clinical situations or career (n=50). The most frequently expressed pre-course concern was an inability to meet academic standards due to personal circumstances (n=14) or poor academic skills (n=11), and the inability to manage course workload (n=11). Post module feedback echoed pre-course expectations and concerns. Students felt supported although some had difficulties keeping up with the workload. Over ninety per cent of survey responders rated learning materials provided as either good or very good. Students enjoyed the online nature of the course although some expressed a desire for practical classes.

Discussion / Conclusion

Student perspectives of the online course were largely positive. The online nature of the course meant that clinicians could engage with education without taking time off work, however this approach may have caused concern about ability to complete the course, and perceived difficulty keeping up with the workload.

eP17 **A cross sectional study of students attitudes to professionalism in a healthcare professions institution.**
Marie T. O'Shea (RCSI)

Authors

Marié T. O'Shea¹, Aisling Kerr^{1,2}, Judith Strawbridge², Fiona Boland³, Teresa Pawlikowska¹

1. Health Professions Education Centre, Royal College of Surgeons in Ireland
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Rationale

Staff and students often find it easier to give examples of good and bad professionalism rather than to define professionalism. This study sought to develop a view of professionalism from the perspective of undergraduate students from the discipline of medicine (including Graduate Entry Medicine (GEM) students) in the Royal College of Surgeons in Ireland (RCSI).

Methods

A cross-sectional questionnaire study design was utilised. The questionnaire was adapted from the Professionalism Mini-Evaluation Exercise (P-Mex) tool developed at McGill University (Cruss et al, 2006). All RCSI undergraduate medicine students including GEM students were invited to participate. Quantitative data was analysed to examine frequencies and possible associations between responses.

Findings

There was evidence of statistically significant difference in the ranking of GEM students when compared to direct entry medicine students in 'maintaining composure in a difficult situation' ($p=0.0183$); 'completing tasks in a reliable fashion' ($p=0.0051$); 'being available to patients and colleagues' ($p=0.0067$); and 'maintaining appropriate boundaries with patients and colleagues' ($p=0.0154$).

Discussion / Conclusion

Healthcare professionalism is a multidimensional set of values, communicated through behaviours and actions which can reinforce patient and inter-professional trust. The development of appropriate attitudes towards professionalism during study and training can increase levels of awareness of doctor patient relationship skills, reflective skills, and inter-professional relationship skills. Professional behaviour is a consistent requirement for graduation from healthcare courses. The findings from this study illustrate that interpretations of professionalism vary depending on the stage of training. A necessary component of healthcare education concerns a clear definition of what healthcare professionalism entails

Authors

A. Patterson, S. Flannery, C. Hopkins, R. Karlsson, W. Doyle, P King

Rationale

Problem Based Learning tutorials support the development of key skills for first year medical students as they transition to tertiary education. Anecdotally, tutors who are intercalated masters, medical students are received positively by students with commentary supporting the hypothesis that peer tutors are closer in both social and cognitive congruence to the learner.

Methods

Student feedback was compared to identify any differences in reported student satisfaction and learning based on tutor category (peer or graduate). The peer tutor experience is explored through semi-structured interviews.

Findings

Responses to an online survey (N=533) addressing tutor performance, tutorial group functioning, problem quality and self-assessment were assigned to a peer or postgraduate tutor category. Items were analysed for statistically significant differences between groups. Content returned through the open questions analysed using a qualitative thematic content analysis. Responses for both categories of tutors were positive in all items and open questions. Statistical analysis using Mann-Whitney U Test indicated significant differences for the majority of items, where peer tutors were rated more favourably.

Analysis of semi-structured interviews (N=5) revealed motivations for tutoring, methods of facilitation and suggestions for future development. Teaching experience and financial benefit were important for motivation and recognition of the positions. Peer tutors identified preparation, facilitation skills and providing feedback as vital to group functioning and student learning. Tutors recommended more frequent group changes and an investigation into the use of technology and PBL.

Discussion / Conclusion

Peer tutorial systems are well received by students when supported by appropriate training and remuneration.

Authors

Arnett, R, Keane, C. & Zawadzka, J., Quality Enhancement Office, Royal College of Surgeons in Ireland, Dublin

Rationale

The collection of online student feedback can result in large amounts of quantitative and qualitative data. Selected response data can be summarised using charts and graphs but constructed response data needs to be read in its entirety before the content can be summarised. This study evaluates the potential of a range of machine learning algorithms to automatically classify text as positive or negative

Methods

Historical student feedback from previous years was used to train and test the models. After cleaning and processing, individual free-text comments were split into sentences which were then manually classified as either positive, negative, composite or neutral in relation to its overall polarity. Only sentences classified as positive and negative were used for model evaluation making this a binary classification task. The master data-set was split into training and test datasets (75% & 25% respectively). Using important key words within the text as individual variables, a variety of machine learning algorithms were trained on the training data set and then validated on the test data set.

Findings

Many of the models were able to improve on the base prediction rate and demonstrate high levels of accuracy but some of the more complex models took significant amounts of time to run. Some of the best results were obtained using simpler techniques such as logistic and elastic net regression.

Discussion / Conclusion

The application of machine learning algorithms is a useful tool to aid in the identification of positive and negative aspects of qualitative student feedback.

eP20 **Detecting signals within the noise - methodologies for finding meaning in large data sets.**
Case Study: 'Medical Education' publications 1951-2016.
Richard Arnett (RCSI)

Authors

Arnett, R., Quality Enhancement
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Rationale

For many projects, an excess of data can make it difficult to manually detect patterns of interest. This project introduces a generic series of techniques that might be applied to large structured and unstructured data sets to help highlights areas for subsequent investigation.

Methods

To provide an appropriate dataset to illustrate these techniques, the R programming environment was used to query the PubMed data database for records that were listed as being published in the journal 'Medical Education'. Data on authors, titles, publication dates and abstract text (where available) were compiled into a single database. Structured data was quantified, summarised and visualised. The unstructured data contained within article titles and abstracts were modelled using a technique known as latent dirichlet allocation (LDA) to divide articles into probability-based 'topic' groups based on text similarities.

Findings

The search criteria yielded 6432 records. Various aspects of the structured data were summarised including how publication rates and subject areas have changed over time, identification of the most prolific authors and generation of author networks. Some of the 30 topic groups identified included gender issues in medical training, residency education and assessment.

Discussion / Conclusion

The structured data produced some interesting relationships between individual authors and between subject areas and time. The LDA algorithm did a reasonable job at grouping the records into recognisable topics. Faced with a large amount of qualitative data these methods may provide a useful first step in detecting areas of interest.

Authors

Dr Martina Crehan, Professor Teresa Pawlikowska
Health Professions Education Centre, Royal College of Surgeons in Ireland

Rationale

Process Oriented Guided Inquiry Learning (POGIL) is a student centred learning (SCL) approach which has been successfully applied in the teaching of Chemistry. It allows students to engage in critical thinking, problem solving, information processing and teamwork. The aim of this study was to develop POGIL as an active learning strategy for the teaching of Pharmaceutics, a core science subject in the Pharmacy curriculum, as an alternative to didactic lecture.

Methods

A specific Pharmaceutics topic, on the manufacture of tablets, was selected for development as POGIL and a structured questionnaire was formulated to allow students to work through the topic in three stages of exploration, concept invention and application. Students received required background knowledge via labs and lectures. Each group of students was provided with samples of pharmaceutical tablets and their product information leaflets (PIL) together with the POGIL questionnaire.

Findings

Instead of delivering a didactic lecture on the manufacture of the tablets, students actively learned the process through exploration of the tablets and building up the manufacture from previous knowledge and the PIL. While this was labour intensive and required double 'teaching', the overall outcome resulted in a novel method of teaching pharmaceutics which allowed students to participate in their learning of this topic and bridge science with patient care.

Discussion / Conclusion

This is a work in progress which merits further development as a novel method of teaching the science of Pharmaceutics and evaluation of its impact on students' learning.

Authors

Mary Tien-Yi Wang) and Professor Caroline Kelleher

Rationale

Sexual violence (SV) is a highly prevalent public health problem which encompasses universities and third-level colleges where more than one in four women will experience sexual assault in their college years. Previous reviews have found variation in the effectiveness of SV primary prevention programmes. This systematic review will answer the following review question: How are rape-related attitudes in university students who have participated in primary prevention programs for sexual violence perpetration different from rape-related attitudes in university students who have not participated in these programs?

Methods

An initial systematic scoping search of electronic databases (PubMed (MEDLINE); PsycINFO (OVID); CINAHL and EMBASE (EBSCOHost); EMBASE; Web of Science; Google Scholar) was conducted using the terms: primary prevention/program*/intervention*/prevent*/effectiveness/efficacy/evaluation; rape*/sexual violence/sexual assault*/consent/sex offense*/coercion/rapist*/sex*/assault*/violence/aggression/offender*/abuse*; college/university/campus*/student. Papers were imported into Endnote and duplicates removed. Database searches will be supplemented by searching citations and references.

Findings

The initial scoping search yielded approximately 26,000 papers which were reduced to 19,517 after duplicates had been deleted. Screening of both titles and abstracts will be conducted by two independent reviewers. Any disagreements will be resolved by an independent third reviewer. Data will be extracted using a coding sheet and, where data allows, meta-analyses conducted.

Discussion / Conclusion

The findings from this review will make a timely contribution to the literature and provide a valuable evidence-base for universities, colleges and third-level institutions considering implementing a SV perpetration primary prevention programme. Emphasis on the development of culturally-relevant and –appropriate programmes will be a key potential application of these findings.

eP23 Learning from Excellence of Medical Student Education: Discovery as first phase of Appreciative Inquiry
Mary Higgins (UCD School of Medicine)

Authors

J Baalsen, F McAuliffe, M Higgins

Rationale

Learning from Excellence and Appreciative Inquiry (AI) are increasingly encouraged to balance the reactive approach of learning from mistakes. This study aimed to discover areas of excellence in a six-week rotation in Obstetrics and Gynaecology.

Methods

Content analysis of sixty medical student end of rotation feedback forms, to determine areas of excellence as part of the “discovery” phase of appreciative inquiry. Two researchers – one faculty, one not – reviewed all forms and developed themes independently and then amalgamated common themes.

Findings

Over 90% of feedback was positive from medical students. Areas of excellence included the structure of the course (*“excellent organisation”, “always knew where was supposed to be”*), enthusiasm of staff for teaching (*“welcoming and happy to teach”*) and involvement of medical students within daily work as members of the team (*“everything came together”, “team made a great effort to get involved”*)

Discussion / Conclusion

This is the first phase of AI, where areas of excellence are identified. Further phases – dream, design, deliver – are planned to further improve the curriculum, as recommended by AMEE guidelines.

Authors

JA O'Hare, S Hyde, A Hannigan, D McGrath

Rationale

Medical humanities strive to deepen medical students' sensitivities, professionalism and creativity. Little research exists on medical student preference in original arts projects.

Methods

We examined the submissions made by students, in terms of theme, medium and source of inspiration, of a compulsory Special Study Module (worth 3 ECTS) submitted by 3rd year graduate entry medical students in a single institution during AY 2016. Students are free to choose an original creative project or provide a critique from any discipline in the humanities or arts, relevant to medicine. In addition, students must submit a short reflection to explain the inspiration for the work, approaches, setbacks and concluding experience. Marks are assigned to relevance, creativity, quality and the reflection.

Findings

All 150 students submitted a project. 149 were original projects. The 9 most popular themes were: Medical professional life (24%), life of the student (21%), mental health (16%), a clinical condition (15%), anatomy /physiology (11%), work-life balance (7%), death, justice/ethics and public health advocacy (3% each). The reflections revealed their project originated from personal or family experience of illness in 21%. Media selected were: visual: 87%, writing: 9% and original musical compositions: 4%.

Discussion / Conclusion

99% of the Medical students chose to create an original work rather than a critique, suggesting a surprising preference for creativity and experimentation. A wide range of themes was selected and personal experience of illness was influential. The majority chose visual art projects (despite limited prior experience) over writing. Further study of creativity and reflection through the arts in medical students is warranted.

Authors

Sullivan C and Murray JM. Health Professions Education Centre, RCSI

Rationale

The opening of RCSI's new state of the art Academic & Educational Building will offer exciting opportunities for the delivery of simulation based healthcare education (SBE). With an expected footfall of over 4,000 students per year, a clear vision and strategy needs to be defined. We used the 'Balanced Score Card' (BSC) as a tool for implementation and measurement of this strategy. The BSC is an example of a closed-loop controller and monitors the performance of all or part of an organisation, towards its strategic goals.

Method

We used the "4 perspective" approach of the BSC to track the implementation of our strategy. These were: *Financial*: "How do our stakeholders see us?", *Customer*: "How do our students see us?", *Internal business processes*: "What must we excel at?", and *Learning and growth*: "How can we continue to innovate, improve and create value?"

Results / Findings

The BSC allowed us to develop Key Performance Indicators (KPIs) and develop our strategic goals. From a Financial perspective, KPIs included position in the University rankings, centre usage and costing, and external business collaborations. From an Internal Processes perspective, they included the quantification and analysis of learning and the implementation of lean management principles. From a Learning and Growth Perspective, they included strong personal development plans, leadership and educational scholarship. Finally, from our students' perspective, they comprised internationalisation, innovation and modern learning.

Conclusion

The use of the BSC with defined KPIs allowed the development of a clear strategic focus to our organization.

Authors

1. Dr Shane Davy, Anatomy Demonstrator, Trinity College, Dublin
2. David Lennon, Medical Student, Trinity College, Dublin
3. Matthew Coalter, Medical Student, Trinity College, Dublin
4. Dr Walid El Kininy, Anatomy Demonstrator, Trinity College, Dublin
5. Dr Denis Barry, Anatomy Lecturer, Trinity College, Dublin

Rationale

While cadavers have traditionally been described as the cornerstone of anatomy, modern medical students often compliment their study with contemporary learning resources such as flashcards, online resources/videos and smartphone apps. However, students who use these learning aids may omit additional information such as anatomical variation which is only described in textbooks. The aims of this study were to gauge how thoroughly these modern resources discuss anatomical variation and to establish the incidence of anatomy app usage amongst medical students.

Methods

After discussing with senior anatomy lecturers at our institution, nine clinically relevant anatomical variants were chosen as tools to assess various learning resources. An overall score was then generated to objectively compare each resource. A survey was also distributed to first year medical students to establish incidence of anatomy app usage. TCD ethics committee approved the survey.

Findings

46% of 181 students responded to the survey. Of those who responded, 19 (23%) claimed they use smartphone apps to learn anatomy. In terms of modern learning resources, Peer reviewed scientific papers performed highest, closely followed by Gray's anatomy. Paid anatomy apps performed moderately while flashcards, online videos and free apps all performed poorly.

Conclusion

Increasing numbers of students are using modern resources to learn anatomy. Our study has shown that modern resources either omit or poorly discuss anatomical variation. This is an important finding since 23% of students surveyed use apps, thereby potentially missing out on anatomical variants only covered in textbooks

Authors

Kearney G, Johnston J, Hart N, Gormley G.

Rationale

Objective Structured Clinical Examinations (OSCEs) emerged over forty years ago and are now a dominant force in Health Professional Education. At the outset, OSCEs appeared to assess clinical competency in a way that addressed prevailing concerns about lack of standardisation and objectivity in assessment. However subsequent literature has shown that this method has a number of flaws, including at times promoting dehumanising behaviour and resulting in “check-list” style questioning. Whilst there is awareness of these shortcomings, no research to date has tried to unravel the mysteries in an attempt to address these issues.

Methods

The aim of this research is to gain greater comprehension of the process of the OSCE through each step and from the point of view of all relevant stakeholders. Using an ethnographic approach, it is our intention to provide a deep and nuanced understanding of the variety of different perspectives by allowing the researchers to become connected at each stage.

Findings

At present a literature search is underway and data collection is due to begin in the next few months.

Discussion / Conclusion

It is hoped that the “thick description” that will be unearthed from our research will allow better understanding of the culture of the OSCEs and the competing agendas of the stakeholders. This in turn will hopefully inform the quiet debate about the use of OSCEs – are they “curable” or in fact are they so fundamentally afflicted that healthcare educators should instead look for alternative methods for Health Professional Assessment.

Authors

Felicity Dempsey, Grainne Keegan, Brian Murray, John Gibbons, Vivion Crowley
Biochemistry Department, LabMed Directorate, St James's Hospital, Dublin

Rationale

Point-of-care-testing (POCT) devices such as glucose meters (GM) and Blood gas analysers (BGA) are increasingly being used in clinical practice by a range of healthcare professionals to diagnose and monitor patients. International standards, including ISO15189/22870, detail the requirements for quality and competence particular to diagnostic analytical processes and laboratories. We outline the comprehensive approach adopted to facilitate the training and competency of non-laboratory healthcare professionals to ensure compliance with ISO 15189 for POCT services in a large Irish academic teaching hospital.

Methods

St. James's Hospital, Dublin has a capacity of 1,020 beds and the range of POCT in use includes GM, BGA, urinalysis/pregnancy testing meters, Ketone meters and toxicology meters. There are over 3,000 POCT operators registered and trained.

Findings

POCT training in St James Hospital consists of a mixture of Supplier training and Cascade training at local level. A schedule is set at the beginning of each year which is flexible depending on demand and workload. There is a requirement that training must be documented including training programmes, registers and competency documents. The competency of each person must be assessed following training and then periodically thereafter. Prospective trainees are contacted through email and the hospital intranet and may in some cases be alerted on the POCT device that training is due. Underpinning the management of POCT training is a robust data management system.

Discussion / Conclusion

Overall, the management of POCT training services in large teaching hospitals is primarily facilitated by extensive and dedicated teamwork, IT support and well formulated training and competency systems.

eP29 **Investigating the use of images in assessment; comparison of illustrated vs. text-alone vignettes in histology multiple choice questions**
Jane Holland (RCSI)

Authors

Jane Holland, Michelle Flood, Alice McGarvey, Robin O’Sullivan, Teresa Pawlikowska

Rationale

The *cognitive theory of multimedia learning* describes learning via multiple resource types, combining visuals and text for example, based on principles of cognitive processing and cognitive load (Mayer, 2010). In contrast, the evidence base with regard to the use of images in assessment, including multiple choice questions (MCQs) is still sparse.

Methods

Our aim is to examine the cognitive processes and test-taking strategies students employ while answering histology MCQs, by means of “think-aloud analysis” (Heist et al., 2014). Thirty students from our undergraduate and graduate medical programmes were recruited, and completed a 14-item MCQ paper while verbalising their thoughts aloud; seven items contained images (5 essential to answering the question, 2 non-essential but complementary), seven were text-alone.

Findings

Fifteen interviews have been transcribed, and coded to date. Quantitative data confirm that the inclusion of images in MCQ stems had no significant effect on psychometric item analyses. However, students appear significantly less likely to comment or verbalise regarding non-essential images, as compared to essential images. In addition, students were more likely to rely on option elimination, or to reach premature closure on items with non-essential images (as opposed to immediately selecting the correct option) compared with non-essential image items, or text-alone items.

Discussion / Conclusion

Preliminary analyses confirm that the use of images in the context of MCQ examinations is statistically uncritical. However, while the inclusion or exclusion of an image within MCQ stems should be based on principles of constructive alignment, we suggest only images essential to answering the question be included in MCQ stems.

eP30

Reflective Journal Assessment in a year 3 Professionalism OSCE Station; Comparing Cronbach's Alpha and G-Coefficient as measures of Reliability, Validity and Educational Decision-making

Thomas Kropmans (College of Medicine, Nursing & Health Sciences, School of Medicine. NUIG)

Authors

Thomas JB Kropmans; Catherine-Anne Field; Louise Campbell; Kieran Kennedy
College of Medicine, Nursing & Health Sciences; School of Medicine. National University of Ireland Galway

Rationale

After two years of teaching a mix of related Professionalism subjects, students submit and discuss a reflective journal in one of the year 3 OSCE stations. Internal consistency, reproducibility and Standard Error of Measurement (SEM) of the Reflective Journal Assessment remain unknown.

Method

A 10 station OSCE is administered and 3 consecutive examiners assess a large cohort of 188 students during three different days. Examiners are subject experts in their area (Health Informatics; Public Health; Ethics and Law) but not necessarily in others.

Results

Cronbach's Alpha is 0.83 compared to other stations ranging from 0.23 – 0.81 with an overall Cronbach's Alpha of 0.57. G-Theory analysis provided an overall G-Coefficient of 0.65 and a Standard Error of Measurement of 3.8% on a marking scale ranging from 0 – 100%. G-coefficient for the Professionalism station was 0.62 compared to a range of 0.55 – 0.63.

Conclusion

Reflective Journal Assessment can be assured with moderate reliability using consecutive (expert) examiners during different days of an OSCE. Cronbach's Alpha is obsolete and should be replaced by G-Theory analysis as it provides more insight in error analysis, solid and more robust values and a SEM using the same measurement unit (Marks or %) for better pass/fail decisions

Authors

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Rationale

Trust is a multi-dimensional factor that plays a crucial role in maximising efficiency of therapeutic encounters for doctors and patients. Interlinking components of trust include communication, competence, confidence, confidentiality, honesty and system trust. Globally, trust is a central component in the patient-doctor relationship: however, differing cultural meanings may impact perceptions of trust. This scoping review explores how culture impacts trust in the patient-doctor relationship?

Methods

Searches were conducted over six electronic databases: PubMed, Web of Science, Cinahl, Psych Info, Scopus and Embase and included published research articles from 1985 to the end of 2016. Two reviewers independently screened the abstracts of all research articles delineated by the search. Any differences were resolved by a third party reviewer. A narrative approach was utilised for synthesising this scoping review.

Findings

Of the 7,933 articles retrieved, (4598 articles duplicates), 3319 articles were screened with a core of 171 deemed to be relevant to the research question. Upon screening, five areas emerged which were used to categorise the articles: healthcare systems, differing cultures, sexuality, physician's attire and bridging articles.

Discussion/Conclusions

The concept of trust in the patient-doctor relationship is recognised as important by users. It is operationalised in medical care through a wide variety of cultural perspectives which have considerable contextual fluidity. The literature found in this scoping review highlights the complexity of the landscape and a number of foci for future research.

Authors

Ward K, Mellon L, Doyle F

Rationale

Physicians have an important role in delivering tobacco dependence treatment (TDT), but often do not consistently do so. To improve TDT, it is recommended that training begin in medical school, but it is unknown if medical students' attitudes and knowledge about TDT are barriers to becoming effective interventionists. We assessed the determinants of students' intention to provide cessation advice post-graduation.

Methods

All medical students at RCSI were invited to participate in an on-line cross-sectional survey, of which 371 participated (20% response rate) and 338 (91%) had complete data. Demographic factors, experience of cessation counselling and training, use of tobacco products, perceived knowledge about TDT, and determinants of behavioural intention from the Theory of Planned Behavior (TPB), including affective attitude, cognitive attitude, worry that patients will not be receptive to TDT, subjective norm, and perceived behavioural control, were recorded. Multivariable correlates of intention were assessed in a multiple linear regression model.

Findings

84% at least slightly agreed that they intended to provide tobacco dependence treatment throughout their career, and 35% strongly agreed. Predictors of intention explained 40% of the variance, and included affective attitude, cognitive attitude, worry about providing treatment, subjective norm, and current use of tobacco products.

Discussion / Conclusion

TPB determinants were more highly correlated with intention to provide TDT than knowledge of TDT or didactic or practical exposure to TDT delivery. Results suggest that TDT training efforts should correct misperceptions about the benefits, receptivity of patients, and professional expectations of physicians in delivering TDT.

eP33 Listen to your stakeholders: 18months study on Medical Students' Reflections in Paediatric Rotation
Joy Tan (Royal College Of Surgeon)

Authors

JE Tan1, A Nicholson 2, Temple St hospital

Rationale

The major goal of paediatric rotation is to provide requisite knowledge and skill to Medical students (MS) from Royal College of surgeon Ireland in their Senior Cycle 1. A variety of teaching methods are employed during MS's clinical attachment. These include ward-round, bedside teaching and a mix of small and large group teaching sessions. 7 weeks of paediatric attachment is a short period of time. The primary outcome of this study is to evaluate if the current education programme, materials and facilities are adequate and effective. The secondary outcome is to improve the clinical learning experience of MS in the future.

Methods

We performed qualitative study and analysed questionnaire filled by MS from 5 groups in academic year of 2015/16 and 2 groups in the academic year of 2016/17. The MS were asked to answer questions related to quality of teaching from consultants, clinical tutors, NCHDs and peer teaching. The MS responded to each question using 5 point Likert Scale.

Findings

2015/16, total 150 MS (91%) returned the questionnaire after end of each rotation. Head of department and clinical tutors teaching were graded as excellent by most of MS (90%) followed by consultant doctors. Some of MS expressed disorganised teaching from teams in peripheral rotation. 2016/17, we had better monitoring of teaching in the peripheral rotations and had improved the learning content and satisfaction from students. Also, we had carried out a continuous feedback from examiners at end of rotation in order to improve the standards and quality of medical students. Overall, MS found it challenging to get a good grasp of paediatrics in such a short rotation. They expressed there is a need of a concise undergraduate paediatric textbook and a revamp of curriculum to gain better insight in paediatrics.

Discussion / Conclusion

The department had made small changes after reviewing each group feedback from MS. In the two week attachment in Tertiary Hospital (Children University Hospital): All lectures, clinical skills teaching are mostly delivered during the first week of tertiary attachment. Dedicated session was arranged on week 2 for case presentations by MS, bedside tutorial, case scenarios and spot diagnosis to improve MS clinical reasoning skills. In the future, we hope to introduce various teaching methods in delivering material to gain better engagement from students.

eP34

An inter-professional group project involving medical, pharmacy and physiotherapy students: Reflections and progress over a decade of experience.
Eric Clarke (RCSI)

Authors

Eric Clarke, Lecturer in Health Informatics, Foundation Year Medicine and Physiotherapy, RCSI
John Hayden, Lecturer, School of Pharmacy, RCSI

Rationale

An inter-professional project involving first year medical, pharmacy and physiotherapy students takes place yearly in the Royal College of Surgeons in Ireland. The project involves a group presentation and essay describing the roles of the multidisciplinary healthcare team in the care of a patient. The purpose of the project is to introduce students early on to the varied contributions of each healthcare team member and to introduce inter-professional education early into the healthcare professions curriculum. After a decade of experience we reflected on and evaluated this educational activity.

Methods

Longitudinal quantitative and qualitative quality assurance feedback was evaluated. Key project stakeholders met to discuss perspectives on positive and negative attributes to the learning activity. Project amendments were introduced based on these activities.

Findings

Student feedback described a positive learning experience with students enjoying working as part of a group. The main concern of students was the perception of uneven workload distribution. Staff felt the project allowed the students to appreciate the complementing contributions of different healthcare professionals. Moderated online forums, smaller group sizes and a patient centred theme were incorporated into the project structure following the stakeholder review. Limitations remain with timetabling, uneven contributing class sizes and competing student workload burden.

Discussion / Conclusion

This project introduces students early on into the curriculum to inter-professional education. Students learn about the roles of different healthcare professions while also developing skills including project and time management, oral presentation and written communication skills. Logistical challenges continue to exist in planning for such group activities.

eP35

Assessing the behaviours, preferences and beliefs of parents/guardians with children under the age of six years in relation to seeking medical information online for their child.

Brian McEllistrem (Mid Leinster Specialist Training Scheme in General Practice)

Authors

Brian McEllistrem

Rationale

The use of the internet for medical information has expanded rapidly in recent years. Moreover in 2016, Google with the Mayo Clinic and Harvard Medical School launched a new information system for symptom related queries which comprise of 1% of all their searches.

Methods

Questionnaires (n=195) were offered to parents/guardians of children under the age of 6 attending at two primary care centres in suburban Dublin.

Findings

66.3% had used the internet in the last 12 months for medical information. The importance of various of online sources of information were sought (1="Very Unimportant" to 5="Very Important"); 1) Recommended by General Practitioner (GP)/nurse/midwife (4.18), 2) National health department source (3.87), 3) Evidence / research based information (3.82), 4) High on Google (3.09) & 5) Online community/forum of peers (3.03).

Those more likely to discuss information found online with their GP were those who used the internet for medical advice more often (15+ compared to 1-4 & 5-9 times a year) ($p=0.006$ & 0.010). Also more likely to discuss were those who gave a higher importance to online information recommendations from a GP/nurse/midwife ($p=0.000$) & online community/forums ($p=0.007$). The most frequent users of online medical information (15+ times a year) gave higher importance to information that was from the national health department ($p=0.034$) or was recommended by a GP/nurse/midwife ($p=0.035$) compared to those with only occasional use (1-4 times a year).

Discussion / Conclusion

The evidence of a therapeutic relationship between GP's and parents/guardians which embraces digital augmentation of information is strong.

References:

1. *I'm Feeling Yucky* :(*Searching for symptoms on Google*. Available at: <https://blog.google/products/search/im-feeling-yucky-searching-for-symptoms/> Accessed 2nd October 2016

Authors

Daire O'Leary, RCSI and Gerard Flaherty, NUI Galway.

Rationale

Reflective learning and practice are tenets of the medical profession internationally with professional bodies requiring physicians to document reflective practice. Mandatory unguided reflection in the RCPI electronic portfolio is in keeping with this. Research suggests that guided reflection with training may lead trainees to greater self-awareness. RCPI trainees do not routinely receive such training. Unguided reflective writing can be viewed as tedious and may discourage reflective practice. The aim of this study is to describe the current attitudes and behaviours of trainees to establish training deficits.

Methodology

Qualitative, semi-structured interviews with nine trainees were recorded, transcribed and analysed in NVIVO using thematic analysis.

Findings

Two main themes and a number of subthemes emerged:

Engagement with reflection (participant willingness, organisational culture & lip-service) and understanding of reflection (gaps in understanding, training and triggers for reflection).

Discussion

The findings suggest that trainees have a positive attitude toward reflection in clinical practice and education. The main barriers to reflection are incomplete understanding of the process and an organisational culture which discourages reflection. These factors lead to frustration and behaviours which contradict the apparent willingness to engage, such as treating written reflection as a tick-box exercise. Many trainees receive training in reflection from sources outside the training scheme. However, this does not lead to a complete understanding or more meaningful reflection. This surprising finding needs to be explored further before developing a programme to improve trainees' reflective learning and practice.

Authors

Olga Tummon, West Northwest Intern Training Network, Angela O’Dea, RCSI.

Rationale

With an increasing emphasis on the importance of research in clinical medicine, G.Ps are expected to both participate in and undertake research projects. The aims of this study were to understand G.P trainees’ attitudes to research and to explore factors that facilitate their participation in research.

Methods

A 14-item questionnaire was emailed to all 14 ICGP training schemes in the Republic of Ireland. The Questionnaire assessed trainee G.P.’s attitudes to research including barriers and facilitators to their involvement in research. The survey was made available to trainees in all years of training.

Findings

73 G.P trainees took part in the survey. 71% of trainees agreed that research was an important part of their role while 20% of trainees disagreed with this view. 53% of those surveyed viewed research as a burden. Factors that most encourage their participation were: research that involved a minimal time contribution, research that directly affected their patient’s care, and research on a topic that interested them. They also said that some financial incentives to do research and better feedback about study outcomes would encourage participation.

Discussion / Conclusion

These findings create an insight into how GP trainees view their role as researchers and should inform researchers who want to get G.Ps to take part in studies. They should consider G.Ps as part of the research team and give them feedback on the findings. Researchers should consider offering some financial reimbursement for G.P. participation in research. G.Ps should be given the option to identify, participate in and create research projects that are relevant to their everyday practice.

Authors

Professor Peter Cantillon, Discipline of General Practice, National University of Ireland, Galway

Rationale

Clinical Primary Care Modules have been developed by the Discipline of General Practice at NUIG as continuous professional development for G.Ps and practice nurses working in Ireland. Uniquely, these distance learning modules are the first of their kind to be delivered by a national university. For the busy G.P and practice nurse, they offer an excellent online educational resource that is delivered by local multidisciplinary specialists.

Methods

Based on identified learning needs of G.ps working in Ireland today, the Clinical Primary Care Modules have been developed. Three modules are:

- Diabetes in Primary Care
- Cardiovascular Disease in Primary Care
- Women's Health in Primary Care

Each module is delivered online for 3 months and consists of units lasting 1-2 weeks, which comprehensively cover clinical conditions that present in general practice with the use of up-to-date material. Participants use the knowledge gained from the reading material and their own experience to discuss clinical cases through an online discussion forum. The discussion forum is tutored by a local clinical specialist and offers a valuable opportunity for collaboratively learning between participants and their multidisciplinary tutors. Each module has two clinical workshop days, which covers key areas and incorporate further case based discussion between the participants and specialists.

Assessment is built into each module through written assignments, including an audit and online participation.

Findings

Clinical Primary Care Modules are now recognised as a worthwhile form of continuous professional development that addresses the learning needs of G.Ps. Tutoring by multidisciplinary local specialist also builds the relationship between primary and secondary care and in turn supports improved patient care.

Each of the three modules are recognised by the Irish College of General Practitioners and is a valuable form of competence assurance accreditation including the clinical audit.

Discussion / Conclusion

Clinical Primary Care Modules have been developed as an excellent educational resource for G.Ps and practice nurses. These modules address key learning needs of this group and offer the expertise of specialist which aims to improve patient care in the community.

Authors

Ciana McCarthy

Background

In today's society of lifelong learning it is expected of doctors to constantly update their knowledge of the newest advances in medicine. The constructivist model of learning suggests that learner's engagement and attention are important in learning. This shift in focus from the traditional teacher centred approach to the more student or learner centred approach is a vital concept of modern teaching. Research into postgraduate engagement is sparse in the literature with even less on continuing medical education or postgraduate medical education. Research has shown continuing medical education improves doctor performance, new educational approaches improving educational outcomes and individual reflection can help identify learner needs positively improving clinical performance. This study attempts to address the following research questions: 1. How do postgraduate medical learners engage? 2. What are the enablers and barriers to learner engagement? 3. How is learner engagement effected by technology such as clicker technology for this study?

Methods

A triangulation convergent mixed method approach using semi-structured interviews were conducted with Non Consultant Hospital Doctors (NCHDs) and a quantitative In class engagement measurement (IEM) Tool was applied using two observers with and without audience response systems. A mixed methods approach was used to integrate qualitative and quantitative findings.

Results

Eight semi-structured interviews were undertaken and 20 postgraduate medical education sessions incorporating didactic, case based audience response system teaching sessions. The 4Rs of learner engagement: Readiness, reflection, recap and retain are core building blocks of learner engagement before during and after a teaching session. Learner wellbeing and responsibility of the instructor to enable learner engagement are two key elements to learner engagement.

Conclusions

In summary postgraduate medical education is the responsibility of the learner and the instructor. Postgraduate medical learners engage through the 4 Rs of LE (readiness, reflection, recap and retention). The wellbeing of the learner cannot be underestimated and is a major influential factor in LE that must be considered by all parties involved in learner needs. Clickers influence engagement through the enablement and enhancement of the 4Rs of LE and the indirect positive effect on wellbeing.

eP40 **Quantifying Interprofessional Education Outcomes for Undergraduate Pharmacy Students**
Nessa Quinn (Royal College of Surgeons in Ireland)

Authors

Dr. Judith Strawbridge, Dr. Cristin Ryan. Royal College of Surgeons in Ireland

Rationale

The Centre for the Advancement of Interprofessional Education (CAIPE) defines IPE as a situation when "two or more professions learn with, from and about each other to improve collaboration and the quality of care." A range of statistically validated tools have been developed to provide a measure of IPE outcomes. The aim of this project was to identify validated tools used to quantify IPE outcomes and to determine the suitability of each identified tool for use in the evaluation of IPE programmes involving pharmacy students.

Methods

A literature search identified a report by the Canadian Interprofessional Health Collaborative (CIHC) in 2012, providing a list of tools to quantify IPE outcomes. We adapted, updated and re-ran this search to identify tools published since 2012. Relevant data was extracted (e.g. primary focus/setting) from each primary reference source. Tools were assessed based on their suitability for longitudinal research, strength of development, length, and stage of education (undergraduate/postgraduate). Tools were deemed suitable/unsuitable for evaluating IPE activities for pharmacy students by consensus within the research team.

Findings

In total, 16 measurement tools were assessed, nine of which were considered suitable to assess IPE outcomes for pharmacy students. Tools varies in the aspect(s) of change measured e.g. attitudes towards IPE, role perception of various healthcare professionals.

Discussion / Conclusion

Choosing a suitable tool to evaluate an IPE event should be based on the learning outcomes as well as the strength of the validated tool. This project will provide a reference source for those wishing to evaluate an IPE event.

eP41 Safer Patient Mealtimes: An interdisciplinary Educational Initiative for HSCP students in a neurorehabilitation setting.
Fiona Haughey (National Rehabilitation Hospital)

Authors

Marie Cox, Senior Speech and Language Therapist & Practice Tutor, National Rehabilitation Hospital
Niamh Leonard, Senior Physiotherapist & Practice Tutor, National Rehabilitation Hospital

Rationale

Eating and drinking are complex processes based on physical and cognitive skills (Johansson and Johansson, 2009). They are vital for maintaining adequate nutrition and hydration and are central features of social gatherings and family life. In a neurorehabilitation setting, patients often present with motor, sensory and cognitive impairments which impact negatively on the eating and drinking experience.

Eating and drinking are multifaceted processes and breakdown can occur at varying levels following a neurological event. Therefore, a collaborative team approach is required to maximise patient nutrition, hydration, safety and independence.

The Health Information and Quality Authority (HIQA) National Standards for Safer, Better Healthcare (2012) call for a health service that provides care that is safe, effective, person centred and that promotes better health and well being of the people using it. A collaborative approach from the different healthcare professionals working with patients is required to ensure this. Interprofessional learning (IPL) can promote this collaborative ethos at student level.

Research suggests that best practice in clinical education should include innovative, interdisciplinary educational experiences for students to enable development and acquisition of skills that will facilitate collaborative patient-centred practice (Chan & Wood, 2010).

Methods

The topic of safer patient mealtimes was addressed from an interdisciplinary perspective focusing on swallowing, positioning, sensory, and compensatory and adaptive perspectives. Experiential, participatory, interactive and peer-learning methods were used.

Findings

Interdisciplinary forms of learning are prevalent and growing in abundance and stature throughout higher education (Edwards, 1996, Gaff & Ratclif, 1997, and Liein, 1996). Repko (2009) asserts that interdisciplinary education fosters advances in cognitive ability and other educational researchers (Kavaloski 1979; Newell 1990; Field et al. 1994, Vess 2009) have identified a number of distinct educational benefits of interdisciplinary learning including gains in the ability to think critically and acknowledge and appreciate ethical concerns. Research suggests that educational experiences are more authentic and of greater value to students when the subject-matter reflects real life, which is multi-faceted rather than being compartmentalized into neat subject-matter packages. Students who took part in this initiative reported improved understanding of their own roles and the roles of other team members in promoting safer patient mealtimes in a neurorehabilitation setting. They also indicated greater likelihood to liaise with colleagues from other disciplines when working with patients with swallowing and feeding difficulties. The participants also reported a preference for the experiential and active participatory learning approaches adopted in the tutorial.

Discussion / Conclusion

Interdisciplinary education is a cost-effective, rewarding and valid method promoting a holistic approach to patient-centred care

eP42

AN EVALUATION OF THE EFFICACY OF AN INTERVENTION INCORPORATING PRECISION TEACHING TO TRAIN INFANTILE LUMBAR PUNCTURE AMONG SENIOR HOUSE OFFICERS (Work in Progress)

Chloe Walsh (National University of Ireland, Galway)

Author

Bronwyn Reid McDermott; University Hospital Galway

Dr. Sharon Dempsey; University Hospital Galway

Ethel Ryan; University Hospital Galway

Sinéad Lydon; National University of Ireland, Galway

Paul O'Connor; National University of Ireland, Galway

Dara Byrne; National University of Ireland, Galway & University Hospital Galway

Rationale

Lumbar puncture for cerebrospinal fluid (CSF) is a routine task in the evaluation of fever and sepsis in infants. The rate of traumatic lumbar puncture can be as high as 30%, complicates the interpretation of CSF white cell counts and renders the tap non-diagnostic. Simulation technology may provide an approach to improving the competency of doctors in this task.

In this study, a simulation-based intervention incorporating repeated timed practice with corrective feedback and precision teaching (PT) was applied in order to achieve behavioural fluency in the performance of infantile lumbar puncture. Fluent behaviour is: both accurate and rapid; retained for longer periods of time, applied in novel situations, and remains stable during distraction.

Methods

A within group design was used to evaluate the efficacy of this intervention for teaching infantile lumbar puncture. A consultant paediatrician assisted with the development of a task analysis of the procedure and with the establishment of an 'expert' or fluent rate of performance. Ten paediatric Senior House Officers received the intervention. Post-intervention evaluations will be conducted to assess skill retention, stability and transference to the clinical environment.

Findings

This study is ongoing. To date, participants have required an average of 4.25 trials and 77.17 minutes to reach the pre-defined criterion for behavioural fluency in the targeted skill.

Discussion / Conclusion

Preliminary data support the application of the simulation-based intervention incorporating PT to train this procedural skill. Difficulties accessing training time with participants were experienced. However, this could be avoided by incorporating such skills training interventions with PT into undergraduate training.

Authors

Robert Memba^{1,2}, Carmen Climent¹, Olga Roman¹, Patricia Martinez¹, Martha Grayling¹, Daniel Gracia¹, Donal B O'Connor², Kevin C Conlon².

¹ *Más que Salud* (more than just health) – Non Governmental Organisation. Spain.

² Professorial Surgical Unit. Department of Surgery. Trinity College Dublin. Ireland.

Corresponding author: Robert Memba. Lecturer in Surgery. Trinity College Dublin. Chairman of *Más que Salud*.

Rationale

Equatorial Guinea is located on the African west coast with a precarious health system. The National University of Equatorial Guinea (UNGE) runs the only medical school. There are no specialist post-graduate training programs. The aim of the project is to pilot a training programme for the basic specialities, including General Surgery, Paediatrics, Clinical Medicine, Anaesthetics, Orthopaedics, Obstetrics and Gynaecology.

Methods

The program organisers “*Más que Salud*”, a registered NGO, signed an agreement with the key stake holders; the Ministry of Health and the UNGE.

- Phase 1: Motivating medical students and junior doctors. Medical congresses were organized which included lectures and interactive workshops.
- Phase 2: Awarding of grants for local specialists and junior doctors to stay in Spain with collaborating hospitals for 6-week observation fellowships to learn how postgraduate training programmes work.
- Phase 3: Implementation of the training program in Equatorial Guinea with oversight from the collaborating hospitals and local organisers.

Findings

- Phase 1: The first congress took place in 2012 and four have been held to date. Approximately 100 delegates have attended to date with excellent feedback from students and junior doctors. We observed good collaboration from motivated local specialists.
- Phase 2: There has been a high level of interest and applications for visiting fellowships and 15 grants have been awarded.
- Phase 3: Is about to be implemented and will be discussed at congress in May 2017.

Discussion / Conclusion

There has been satisfactory engagement with this ongoing project. Motivating local doctors and working in synergy with visiting specialists are the key ingredients to implement this pioneering teaching program.

eP44 Effectiveness of Small Group Learning in Postgraduate General Practice Education: A Systematic Review
Katherine Murray (NUI Galway)

Authors

Murray, K.¹, Williams, M.A.², Hanley, K.A.³

¹ College of Medicine, Nursing and Health Sciences, Donegal Medical Academy, NUI Galway, ² School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, ³ Donegal GP Training Scheme

Rationale

Small group learning is commonly used in general practice (GP) postgraduate training and continuing medical education. Several previous systematic reviews have looked at the effectiveness of small group learning in continuing medical education and found mixed results. A review of the literature did not reveal any previous systematic reviews looking specifically at the effectiveness of small group learning in general practice postgraduate education

Methods

Search Strategy: Ovid Medline, EMBASE and ERIC were searched from inception until July 2015. Reference lists of included studies were examined to identify further potential studies for inclusion.

Selection Criteria: Experimental, quasi experimental and observational evaluation studies that reported an objective measure of participants' knowledge, professional practice or patients' health.

Data collection and analysis: Predefined relevant data was extracted from the included studies. Quality assessment was performed on the included studies using a quality assessment tool. A narrative synthesis was performed.

Findings

One hundred and sixteen studies were identified from the original electronic search: 17 studies were included. Fourteen studies reported at least one positive finding in favour of small group learning, however there was considerable heterogeneity between many aspects of the studies.

Discussion/conclusion

The results of the included studies would suggest that small group teaching is effective in postgraduate GP education, however synthesis of the results in this review was limited by the amount of information contained in the published reports of the included studies, particularly in relation to study quality.

eP45

Fostering Interprofessional Learning

Annie Brosnan & Caroline O Halloran (University Hospital Kerry), Mary Loughnane, (Royal College of Surgeons Ireland), Noreen Crosby, Derry O Mahony, Emer Thompson (Institution of Technology Tralee)

Authors

Noreen Crosby, A/Lecturer, Department of Nursing and Health Care Sciences
Institute of Technology Tralee

Rationale

Within hospital and community healthcare settings professionals are required to work together to achieve best possible outcomes for patients. Interprofessional learning is when two or more health care professions learn together. The aim is to improve collaboration and the quality of patient care.

Methods

The interprofessional learning activity is based in the clinical area, therefore it is at the front line of service delivery. To date the students that have participated in interprofessional learning consist of physiotherapy, general nursing and mental health students.

The sessions are run over a two week period. In week one grounds rules for interprofessional learning are agreed. The group is briefed on the patient they will be interviewing by a member of the facilitation team. The group then produce a joint report regarding assessment /management of the patient in the provided case scenario. Interprofessional issues arising from the scenario are collectively discussed.

In week two a group presentation to illustrate what has been learnt from the experience is given. This includes assessment /management of the patient evidence of learning about the patients' medical condition, care plan, social history are discussed. The session concludes with a reflective on practice which is facilitated by the interprofessional education team.

Findings

This education model takes students through a cycle of learning and applies a problem-solving, experiential learning approach which promotes learning.

Discussion / Conclusion

Permits opportunities for students to understand the complexities of working in a multiprofessional healthcare environment- enabling them to develop the skills and attitudes they need for interprofessional working.

Authors

Mullen C, Soraghan C, Part S, Waugh, C, O'Shea N.

Rationale

@nestsjh is an interdisciplinary group of hospital clinicians which supports clinical educators in St James's Hospital, by running monthly "lunch & learn" workshops. An on line survey was conducted to assess awareness of @nestsjh & carry out a needs assessment for our 2017 workshops.

Methods

An on-line survey was emailed to some staff and promoted on the hospital intranet site. Hard copies were circulated to nurses, who do not have emails.

Staff were asked to rank education topics generated from:

- Previous years.
- Post workshop staff feedback
- Suggest new topics.

Findings

204 staff from at least twelve professional groups responded to the survey.

This is from a potential population of 3194 clinicians.

Representing a response rate of 6%.

60 % were aware of inter-professional learning supports in the hospital.

92% were interested in knowing more.

The most popular topics were:

- Continuing Professional Development (CPD) by mentoring students & how to document in your CPD portfolio
- Interprofessional Learning (IPL) – Crossing professions & learning from each other
- Failure to Fail – a threat to effective clinical teaching
- Emotional distress in clinical education - and how to get support for students and clinicians
- Student perspectives on clinical education
- Teaching soft skills e.g. communication, assertiveness, stress management
- The Challenging/difficult student

Discussion / Conclusion

The low response rate represents a need for reflection on delivery & promotion of the workshops. The respondents did provide a clear mandate for the 2017 workshop series.

Authors

Dale Whelehan.

Rationale

@TCDSU carried out a survey in 2015 to collate information on the students experience n clinical placement. The survey findings revealed many common issues across a broad range of course programmes.

@TCDSU_Education has identified these issues and aims to propose solutions in partnership with the institution and the teaching hospitals.

Methods

An on-line survey was carried out on survey monkey. Nearly 400 respondents within 48 hours which is unusual for a cohort of students who rarely engage with the Students' Union. Issues were then discussed amongst between @tcdsu officers and staff, as well as @tcdsu officers and students. A vigorous process of identifying statistical patterns ensued to identify issues pertaining to courses, and common issues.

Findings

385 respondents from over 13 courses. Survey findings over a 48 hour period before a huge drop off in numbers., representing a response rate of 4% of students . Through open forums it was unanimously agreed that these issues occur to everyone at some stage in their clinical experience. Student casework between the Welfare Officer and Education Officer of @tcdsu supported these findings.

It was identified and agreed through discussions, that the trilateral relationship between student, institution, and teaching hospital must be reviewed.

The most popular topics were:

- feelings of inadequacy on placement
- lack of resources to support students
- cases of lateral violence/bullying and appropriate mechanisms to deal with these
- supporting the struggling student in a pastoral capacity
- the hostility felt by the student to home institution and union on placement
- student retention

Discussion / Conclusion

As a physiotherapy student who has experienced all of the above issues on my placement experience I can assure that this is a topic that needs to be addressed by both Students Unions and the Teaching Institution. The 'ownership' of the student on clinical placement is a grey area to which many issues have arisen. The high return rate of a student population who never engage with the union, in such a short timeframe identified the necessity to have the health science student voice heard.

In my capacity this year as the Education Officer/Deputy President of Trinity College Dublin Students' Union I have addressed this aspect of education for the first time. I have engaged in thorough discussions with stakeholders and have identified interventions that could provide significant differences to the clinical education experience. I am asking to present these findings and my proposed intervention plan at the student-led aspect of the conference.

Student-led Session Abstract

Title

Undergraduate Medical Professionalism: from classroom to clinic

Authors

Catherine Anne Field, Louise Campbell, Kieran Kennedy, Geraldine McDarby, Thomas Kropmans

Rationale

The teaching of professionalism has become a central component of undergraduate medical education and is endorsed by the Irish Medical Council. At the National University of Ireland Galway it is primarily taught in the pre-clinical years with input across a number of disciplines. The aim of this pilot project was to integrate the teaching and assessment of medical professionalism in to the clinical Years to equip students with a reflective appraisal and appreciation of professional issues in practice.

Methods

Students in their first full clinical placement (3:2) were asked to keep a reflective journal of cases that they had witnessed in clinical practice. The logs were submitted by students and assessed at a professionalism station at the 3MB OSCE.

Findings

All journals were successfully submitted and assessed. They explored the cases which were both positive and negative, within the eight domains of professionalism as outlined by the medical council. Students also provided a personal reflection on how the case had affected them and what they had learnt. Assessment of the OSCE station showed moderate reliability across stations and examiners.

Discussion/Conclusions

The integration of medical professionalism from pre-clinical to clinical years is feasible and provides a rich opportunity for students to observe clinical practice in a critical and reflective manner. The journals produced a vast array of clinical cases which could be further analysed and would be potentially useful for teaching purposes.

Workshops Schedule

Tuesday, 28th February 2017

W01 10:30 to 12:00	Tutorial Room 8	LEGO® Blocks vs Writers Block? Clare Thomson, Jenny Johnston, Helen Reid and Mairead Corrigan
W02 14:00 to 15:30	Tutorial Room 8	Teaching students and trainees from multicultural backgrounds Maureen E Kelly, Scott Walkin, Diarmuid O'Donovan

Wednesday, 1st March 2017

W03 09:00 to 12:00	Tutorial Room 4	Masterclass on qualitative data analysis Lorelei Lingard
W04 10:30 to 12:00	Tutorial Room 8	How to perform a Systematic Review in an area of Medical Education - Challenges and Pitfalls Teresa Pawlikowska
W05 10:30 to 12:00	Tutorial Room 1	Designing together for learning together: Principles of Interprofessional Education curriculum design Martina Crehan, Frances Horgan
W06 10:30 to 12:00	Tutorial Room 2	Safeguarding ethics, or stifling research? Richard Conn, Richard McCrory, Tim Dornan
W07 10:30 to 12:00	Tutorial Room 3	Teaching Conflict Resolution Skills to Inter-disciplinary Teams Eva Doherty, Dara O'Keeffe
W08 10:30 to 12:00	O'Flanagan	Precision teaching: opening new doors in health profession education? Gerry Gormley
W09 10:30 to 12:00	Houston	Using a reflective Journal in Postgraduate diploma in clinical Education Oonagh Bradley
W10 10:30 to 12:00	Cheyne	Using digital resources to support tutors and students while on busy clinical placements Henry Smithson

Workshop Abstracts

W1. Teaching students and trainees from multicultural backgrounds

MAUREEN E KELLY, SCOTT WALKIN, DIARMUID O'DONOVAN

12 – 15 participants

International medical students, those who attend medical school outside of their country of citizenship, account for a significant proportion of medical school undergraduates¹. For example they make up 7.5 % of medical school undergraduates in the UK, and account for over 15% of Australian medical graduates². The proportion of international students studying medicine in Ireland is high by international comparisons accounting for up to 60% of the medical school intake in some cohorts³. A similar pattern exists with international medical graduates, and increasingly trainees on post-graduate basic and specialist training programmes are from a wide variety of cultural backgrounds.

Academics and clinicians involved in teaching are faced with the challenge of managing the educational needs and expectations of this diverse international and home student/trainee population⁴. The goal of cultural competence training in education is to develop individual and institutional levels of proficiency in: understanding; accepting and working skilfully with culturally different students⁵. This workshop aims to explore how cultural awareness can enhance teaching and learning in undergraduate and postgraduate educational settings. The specific objectives are:

1. To promote discussion and reflection on the meaning of culture
2. To increase participants' awareness and understanding of how culture may affect teaching and learning.
3. To explore a model for understanding cultural dimensions
4. To consider helpful strategies for maximising the learning experience of students and trainees from multi-cultural backgrounds.

By the end of this session, delegates will be able to:

1. Reflect on the meaning of culture and explain how it may impact on teaching and learning
2. Describe a model of understanding dimensions of culture
3. Apply this model to challenges faced in teaching multicultural students and trainees

References:

1. Hallock JA, McKinley DW, Boulet JR: Migration of doctors for undergraduate medical education. *Medical Teacher* 2007, 29:2-3: 98-105
2. Kelly, ME, Dowell, J, Husbands, A, Newell, J, O'Flynn, S, Kropmans, T, Dunne FP, Murphy, AW. The fairness, predictive validity and acceptability of multiple mini interviews in an internationally diverse student population- a mixed methods study. *BMC Medical Education*, 2014, 14, 267
3. Fottrell, P. 2006. Medical education in Ireland: A new direction. Report of the Working Group on Undergraduate Education and Training (the Fottrell Report) [Online]. Dublin, Ireland Available: <https://www.education.ie/en/Publications/Policy-Reports/Medical-Education-in-Ireland-A-New-Direction-Report-of-the-Working-Group-on-Undergraduate-Medical-Education-and-Training.pdf> [Accessed October 1 2016].
4. ICOS- Irish Council for International Students *Diverse Voices: Listening to International Students*. Dublin, Ireland. June 2015
5. Steth- Williams, V & Haynes, P. *For Cultural Competence: Knowledge, Skills and Dispositions Needed to Embrace Diversity*, Virginia Department of Education, USA, 2007

W2. LEGO® Blocks vs Writers Block?

CLARE THOMSON, JENNY JOHNSTON, HELEN REID AND MAIREAD CORRIGAN

25 participants

Often we can reach stuck spots in our writing, direction of our research, teaching or working relationships. Inspired by the concept of LEGO® SERIOUS PLAY® we believe that the physical act of creating objects with building blocks can help us to get past writers block, or other common academic hurdles.

By problem solving through creative methodologies, we create not only something material, but also new knowledge through the epistemological act of building¹. The many pedagogic advantages of this novel approach include:

- Confidence building across cultural, disciplinary and language boundaries
- Utilising our cognitive biases to solve problems creatively
- Focusing on the processes of creation, rather than the final product
- Moving away from the familiar world of words into three dimensional, visual and tactile ways of understanding our environment
- Reinforcing meaning through distance, size and scale of models
- Developing teamwork, networking and communities of practice by building together.

Our participants will take away a physical memento in the form of their own personalised LEGO® figure. In addition, they will gain fresh thinking on approaches to problem solving and reflection² in teaching, research and academic professional development.

We welcome anyone interested in developing creative approaches to problem solving and change management. Participants will be engaged in both individual and group building activities, and should be prepared for an immersive hands-on experience.

By the end of this session, delegates will be able to: -approach challenges in their writing in a novel manner -consider problem solving in a fresh manner - appreciate the broader role of creativity in academia -take away a physical memento in the form of a LEGO® figure.

W4. How to perform a Systematic Review in an area of Medical Education- Challenges & Pitfalls

TERESA PAWLKOWSKA BSc MB BS MSc PhD.

Maximum – 20 participants

An introduction to the BEME movement, its aims, objectives, and role as a resource for educators. This half-day workshop will build on our international BEME (Best Evidence Medical Education) review team's experience of constructing and performing a systematic review in an area of medical education where both conceptual boundaries and systematic approaches needed to be defined and determined. The 2 facilitators of this workshop are members of a wider international team who have developed a review on psychometric and edumetric properties of tools for assessment of communication skills. The workshop takes you through the steps from idea to formulating your research question and choosing the appropriate systematic review framework and the formulation of some guidelines and pitfalls for the extraction and synthesis of data.

By the end of this session, delegates will be able to:

- Understand the Best Evidence in Medical Education (BEME) collaboration movement and how it could facilitate their review in medical education
- Be aware of the different paradigms, which apply to systematic reviews in medical education
- Gain insight into the scope of a review and formulating a review question
- Choose between different approaches to performing reviews in medical education according to the review research question and understand which methodology can be applied.

Content:

Theoretical Approaches to reviews in Medical Education

Short Presentation situating Medical education reviews and the paradigms with facilitated discussion in groups based around participants review questions/topics

An outline of the different approaches possible with facilitated discussion and applying this to participants' review questions/topics

- Scoping Review
- Definitional Review
- Narrative/Critical Narrative Review
- Realist Review

The process of performing a robust literature review in medical education – situating the different steps, specificities for reviews in Medical Education, and different tools/instruments. Then Top Tips (Fact sheet) e.g. searching the medical education literature Templates and synthesis of the data

W5. Designing together for learning together: Principles of Interprofessional Education curriculum design

MARTINA CREHAN, FRANCES HORGAN

15 – 20 participants

“Inter-professional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE 2002).

This workshop will facilitate participants in reflecting upon the key principles of designing, implementing and managing interprofessional education (IPE) at various points in the curriculum. Using some institutional exemplars of IPE, the process of design from derivation of learning outcomes to the challenges of assessment will be explored. Barriers and challenges will be discussed, and through sharing of ideas and experiences, teaching and learning opportunities will be identified. Participants will also be encouraged to focus on the need to recognise and name signature pedagogies (Shulman 2005) in their practice, and to explore how signature pedagogies in allied professions can be integrated to achieve effective interprofessional learning experiences for students.

By the end of this session, delegates will be able to:

- Explore elements of the design process from design of learning outcomes to decision regarding assessment modalities
- Discuss challenges and barriers to implementing IPE
- Identify potential solutions to these issues that may be applicable to one’s own context
- Engage with issues that occur when developing curricula through collaboration

Preparatory reading:

Shulman, L. S. (2005). Signature pedagogies in the professions. *Daedalus*, 134(3), 52–59

References:

1. Centre For The Advancement Of Interprofessional Education (CAIPE) 2002 Available at <http://www.caipe.org.uk/about-us/defining-ipe/>
2. Shulman, L. S. (2005). Signature pedagogies in the professions. *Daedalus*,134(3), 52–59

W6. Safeguarding Ethics or Stifling Research? Exploring the role of Ethical Review in Medical Education.

RICHARD CONN, RICHARD MCCRORY, TIM DORNAN

15 – 20 participants

While all researchers must consider ethical implications of their work, medical education was historically exempt from formal ethical review¹. But no longer: these procedures are seen as so integral to good research that they are now mandatory to obtain funding and publish findings¹⁻². This leads to challenges for both medical educators and research ethics committees (RECs). REC members predominantly manage biomedical research, so they may not understand educational research methodologies. It can also be difficult to decide what level of review is necessary. Is this audit, service evaluation or research? Does it need Health Service or University ethics approval? And even if these processes are successfully negotiated, is ethical review alone sufficient to protect participants from undue harm? The result is a potentially unwieldy process³. Ethical review procedures may not adequately address ethical hazards⁴ or, at the other extreme, may prevent research taking place at all. ⁵ So what to do about it? This workshop aims to lay bare ethical review processes by using personal experiences of facilitators and participants. Topics will include: Who should review education research? How could we pitch applications to help RECs deal with the specific methodological features of (qualitative) educational research? Does REC approval ensure that participants will be protected? What personal responsibilities do researchers have? Working through these issues will help participants appreciate the role of regulatory ethics and its impact on their scholarly activities, leading to smoother REC experiences and, ultimately, more ethical research.

By the end of this session you will be able to:

- Understand principles protecting human subjects in education research
- Understand Research Ethics Committees' roles in reviewing medical education research
- Know how to frame educational research in a REC application
- Have reflected on the relationship between regulatory ethics and researchers' own ethical considerations

References:

1. Ten Cate O. Why the ethics of medical education research differs from that of medical research. *Med Educ*. 2009 Jul 1; 43(7):608–10.
2. Eva K. Research ethics requirements for medical education. *Med Educ* 2009; 43:194–5.
3. Pugsley L, Dornan T. Using a sledgehammer to crack a nut: clinical ethics review and medical education research projects. *Med Educ* 2007; 41(8):726–8.
4. Gunsalus CK. The nanny state meets the inner lawyer: overregulating while underprotecting human participants in research. *Ethics Behav* 2004; 14(4):369–382.
5. Robinson L et al. Research governance: impeding both research and teaching? A survey of impact on undergraduate research opportunities. *Med Educ* 2007;41:729–36

W7. Teaching Conflict Resolution Skills to Inter-disciplinary Teams

EVA DOHERTY, DARA O'KEEFE

Rationale Conflict amongst health professionals working in inter-disciplinary teams in the hospital is a known patient safety issue and a source of stress and burnout for the professional. Teaching conflict resolution skills is challenging as it can be difficult to generate scenarios which trigger the emotional response in the individual associated with the conflict in the workplace.

Methods We have designed a number of teaching sessions varying in length which can be combined together as required. This workshop will describe and demonstrate these sessions using a combination of didactic and experiential methods. We will also share our experiences of successes and failures in order to facilitate a discussion on the most appropriate learner-based approaches

At the end of this workshop, participants will be able to:

- Analyse the issues associated with teaching learners conflict resolution skills for use with colleagues in the workplace
- Evaluate a number of experiential activities and a didactic presentation which can be utilised to teach conflict resolution skills
- Select the components of the teaching plan presented to design a session to suit the needs of their learners

W8. Precision teaching: opening new doors in health profession education?

GERRY GORMLEY, KAROLA DILLENBURGER, SINÉAD LYDON, DARA BYRNE, IAN WALSH, CARL BRENNAN, NIGEL HART, KATERINA DOUNAVI

Maximum 20 participants.

Developed from the scientific discipline of applied behaviour analysis, *Precision Teaching* (PT) is an exciting teaching method that has much to offer in health profession education. *PT* focuses on building fluency (i.e., accuracy + speed) in knowledge and skills in a variety of educational contexts, such as mainstream or special education needs schools and University classes. *PT* uses frequent, brief timed measures of student performance on specific learning points with the aim of monitoring changes in accuracy and speed (i.e. fluency), which can further aid generalisation, retention, endurance, stability and application of knowledge and skills into real life settings. *PT* offers new approaches to adult learning in a health professional context.

A panel of behaviour analysts and health profession educationalists will facilitate this dynamic workshop. Overall this workshop aims to: 1) provide an overview of *PT* 2) highlight case examples of successful applications into health profession education and 3) facilitate participants to develop their own *PT*-based ideas and research projects. Following the workshop, we would expect participants will feel prepared to deploy some of the *PT* techniques within their own teaching practice.

Who should attend?

Health profession researchers and educators who are involved (or interested in becoming involved) in developing and implementing novel *PT* teaching techniques. This 90 minute workshop can accommodate up to 20 participants.

References (5 maximum)

1. Kubina RM, Yurich KKL: The precision teaching book. Lemont, PA, USA: Greatness Achieved Publishing Company; 2012.
2. Binder C: Behavioral fluency: Evolution of a new paradigm. *Behav Anal* 1996; 19:163.
3. Binder C. Watkins CL: Precision teaching and direct instruction: Measurably superior instructional technology in Schools. *Performance Improvement Quarterly* 2013; 26:73.

Workshop learning outcomes (5 maximum)

- Increased understanding of Precision Teaching methods and their potential applications in health profession education
- Become familiar with case examples of how Precision Teaching has been successfully used in healthcare profession education
- Facilitate development of participants' precision teaching ideas
- Seek expert advice in developing an outline for a research project using precision teaching

W9. Using a reflective journal in postgraduate diploma in clinical education, Nuig.

OONAGH BRADLEY

Reflection and reflective writing have become an increasing feature of medical education, both at undergraduate and postgraduate level¹. We will outline how reflective writing is used to promote critical reflective skills for multi-disciplinary postgraduate students undertaking the Diploma in Clinical Education Nuig. The students are supported by on-line portfolio tutors who provide formative assessment and feedback during the course of the programme².

The reflective model follows that described by Jenny Moon³. Participants will try out writing reflectively initially as individuals with the support of workshop facilitators. This experience will be discussed within the group, with suggestions for improvement.

In small groups the General Practitioner's story will be used to explore further the key attributes of the different levels of reflection and reflective writing skills. The participants will begin to assess the level of reflection in the G.P's story and relate to marking criteria used to grade the reflective journals of students.

References

1. Sandars, J. The use of reflection in medical education AMEE Guide No. 44. Medical Teacher. 2009; 31: 685–695.
2. Van Tartwijk, J., Driessen, E. Portfolios for assessment and learning: AMEE Guide No. 45. Medical Teacher 2009; 31: 790–801
3. www.cemp.ac.uk/people/jennymoon.php

Learning Outcomes

1. Understand increasing role of reflection in Clinical Education.
2. Recognise the relevance of reflective learning to professional practice and post-graduate training.
3. Demonstrate reflective writing skills.

W10. Using digital resources to support tutors and students while on busy clinical placements

HENRY SMITHSON

Maximum 24 participants

This workshop will demonstrate how resources that are available on a digital platform can be used by students to prepare them for case discussions and tutorials on the difficult aspects of patient care and to work out how students can contribute to care of patients in a safe and sensitive fashion. A nationally funded NFTL project has built a digital platform to aid learning across disciplines during clinical placements (www.eprepp.ie) and has been constructed by partner institutions across the country with resources used to introduce students to the difficult areas in practice with examples such as breaking bad news, sharing difficult decisions and issues of capacity to consent and disclosure.

This workshop will describe and debate how the platform can be used and how students can prepare for difficult patient encounters.

The workshop will use an open format based loosely on the socio-constructivist approach to draw on and learn from the experiences of the many participants who will learn from each other and whose contribution will be used to develop the platform further. It will enable participants to discuss and debate ways that students can learn by being involved in caring for patients in various settings without impacting on patient safety. Discussions around how to make the best of teaching while also offering a service. The workshop will be facilitated by tutors from various disciplines.

By the end of this session, delegates will be able to:

1. List the key competencies necessary for professional practice
2. Devise teaching sessions to address capacity to consent and disclosure of information in a busy clinical setting
3. Highlight the importance of care and compassion in clinical practice
4. Introduce students to digital resources designed to aid preparation for tutorials relating to professional practice and patient centered care

Participants are encouraged to bring along a personal device.