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**9th Annual Scientific Meeting**

**2016**

***Hilton Hotel Belfast***

***5 – 6th July 2016***

**Conference Programme & Abstracts**

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# Welcome

Welcome to the ninth INMED conference.  This year is different.  As you may know, we always hold our INMED ASM in February. Last year we accepted an invitation to dovetail our conference with the ASME conference in July. This was suggested because the ASME ASM is in Belfast this year and because it is a special year for ASME being the 50th anniversary of the establishment of the journal ‘Medical Education’. ASME has been very supportive in the development of INMED over the last nine years and we were happy therefore to situate ourselves physically and chronologically next door to our ASME mothership. The ASME conference has been constructed around the 50 year anniversary and we decided to do a related theme looking at how new ideas and perspectives that arise from medical education research influence, (or don¹t influence) medical education practice. To this end we are privileged to have two excellent presentations by Professors Kevin Eva and Erik Driessen looking at how educational insights become educational practice and highlighting a series of educational innovations that should be part of every undergraduate and postgraduate curriculum.

We have planned a shortened programme so that INMED 2016 can smoothly transition into the ASME conference on Wednesday July 6th. Nonetheless we have also introduced new ideas such as electronic posters, networking exercises, dangerous ideas in medical education, a conference cartoonist and a conference resolution to reduce our reliance on presentation media such as PowerPoint or Keynote.    We hope that you can take time out to come to Belfast for INMED 2016 - it promises to be thought-provoking, stimulating, convivial and informal.

***Professor Peter Cantillon, INMED Chair***

# Conference Secretariat

**Dr Gerry Gormley**

**Dr Nigel Hart**

**Dr Michael Williams**

**Dr Crea Carberry**

**Dr Lisa Moran**

**Dr Ann O’Shaughnessy**

**Prof Peter Cantillon –INMED Chair**

# Conference Programme

**Tuesday, 5th July 2016**

**Time/Venue Event Speaker/Facilitator**

**0815-0900 Registration & Coffee**

*Lagan Foyer*

**0900-0920 Opening Address & Welcome** Professor Peter Cantillon

*Lagan Room* *Chair, INMED*

**0920-1000 Keynote Address 1** Professor Kevin Eva

*Lagan Room* Productive tensions in health professional *University of British Columbia*

education and how they shape research, innovation,

and practice

**1000-1040** **Keynote Address 2** Professor Erik Driessen

*Lagan Room* Seven key insights from educational research that *Maastricht University*

should be part of every curriculum.

**1040-1115 Coffee**

*Lagan Room*

**1115-1230 E- Poster Guided tour**

*Brookfield & Broadway Suites*

**1230-1330 ‘Talking Tables’ Lunch**

*Lagan Room**Join us for an informal networking lunch, with old or new friends.*

*Each lunch table will have its own medical education-related theme,*

*so you can pick the one that interests you and see where the chat leads.*

**1330-1530 Parallel Research Presentations Brookfield**

*Brookfield, Glenbank & Broadway Suites*

*Lagan Room A* **Mini Workshop 1**

Back to the future: Quality Assurance using an online OSCE Dr Thomas Kropmans

Management Information System and EDU-G for

Generalizability Theory analysis

*Lagan Room B* **Mini Workshop 2**

Giving Difficult Feedback Effectively Dr Eva Doherty, Dr Dara O’Keeffe

**1530-1600 Coffee**

*Lagan Foyer*

**1600-1700 Den of Dangerous Designs in Clinical Education** Student led session

*Lagan Room This year’s student led session at INMED will involve*

*students debating some dangerous / controversial ideas*

*in clinical education with established clinical educators*

**1700-1800 INMED AGM**

*Lagan Room*

**1930- Late Conference Dinner**

*Lisburn Suite*

**Wednesday, 6th July 2016 Conference Workshops**

**Time/Venue Event Speaker/Facilitator**

**0845 – 0930 Coffee**

*Lagan Foyer*

**0930 – 1230 Workshop 1** Dr Gerry Gormley, Dr Helen Reid,

*Brookfield Suite* OSCEs: Revisited and Reframed Dr Sarah Duggan

*Ewart Suite* **Workshop 2** Professor William O’Connor

Empathy and engagement in medical training.

*Broadway Suite* **Workshop 3** Professor Tim Dornan

The Role of Theory in Education Scholarship Professor Karen Mann

*Glenbank Suite* **Workshop 4** Ms Mairead Boohan Supporting students in academic difficulty Dr Kathy Cullen

* the case for remedial interventions

*Lagan Room A* **Workshop 5** Dr Michael Williams

Compassion & Resilience ; Dr Hadas Levy

From words to curriculum reality Dr Ann O’Shaughnessy

*Lagan Room B* **Workshop 6** Dr Nigel Hart

Patient Safety – Too much too young? Dr Ian Walsh

**1230-1300 Close of INMED Conference with Grab and Go Lunch**

*Lagan Room*

**Wednesday, 6th July 2016 @ the Waterfront Conference Centre ASME 2016 Begins**

**Time Event Speaker/Facilitator**



**1310-1350 Lord Cohen lecture** Cynthia Whitehead MD

*50 years of Medical Education* Director, The Wilson Centre, Toronto

# Oral/Poster Presentation Guidelines

**Oral 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.
* Oral presentations selected for the evaluation stream (i.e. evaluated educational interventions) will have 9 minutes presentation time that includes 6 minutes to present your idea/intervention and 3 minutes for discussion. Oral presentations selected for the two research streams will have 12 minutes presentation time that includes 8 minutes to present the work 4 minutes allocated for questions and comments from the audience. We need to stick to time, so if a presentation goes beyond the allocated time the facilitator will stop the presentation to allow time for discussion.
* AV facilities for visual presentations will be available; if you have any additional requirements please notify the INMED Organising Team at [info@inmed.ie](mailto:info@inmed.ie) by Friday, 1st July.
* All PowerPoint/Keynote/Prezi presentations should be emailed to [info@inmed.ie](mailto:info@inmed.ie) on or before Friday, 1st July.

**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, findings) in which you present the rationale for your research or educational design, you can explain how you did it, 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.
* All electronic poster presentations or images should be emailed to [info@inmed.ie](mailto:info@inmed.ie) on or before Friday, 1st July.

**Event Registration**

The Registration Desk, located in the main hotel foyer will be open on Tuesday 5th July at 08:15 and Wednesday 6th July 08:30.

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# General Information

**Certificates of Attendance**

The ASM has been approved for 6 CPD points for Tuesday 5th July and 3 CPD points on Wednesday 6th July. Certificates will be emailed to delegates after the event.

**Coffee Breaks**

Coffee/tea and lunch will be served in the in the Lagan Suite during the scheduled breaks.

**Internet Facilities**

Wireless Internet access to all delegates in the main hotel foyer and reception.

**Mobile Phones**

Delegates are asked to switch off/mute their mobile phones in all meeting rooms during sessions.

# Local Information

**Accommodation**

Please note that we have secured a number of rooms in the Hilton at the competitive rate of £99/night B&B. Bookings should be made via <https://secure3.hilton.com/en_US/hi/reservation/book.htm?execution=e1s1> . For stays of greater than one night, please contact Rachel McAdam in the Hilton Belfast at Rachel.McAdam@Hilton.com or t: +44 (0) 28 90 277 224

**Parking**

There is a car park located right next door to the hotel with approx. 300 spaces. It's not owned by Hilton unfortunately but they do offer guest special rates. The rate is £12 for the day or £18 for 24 hours.

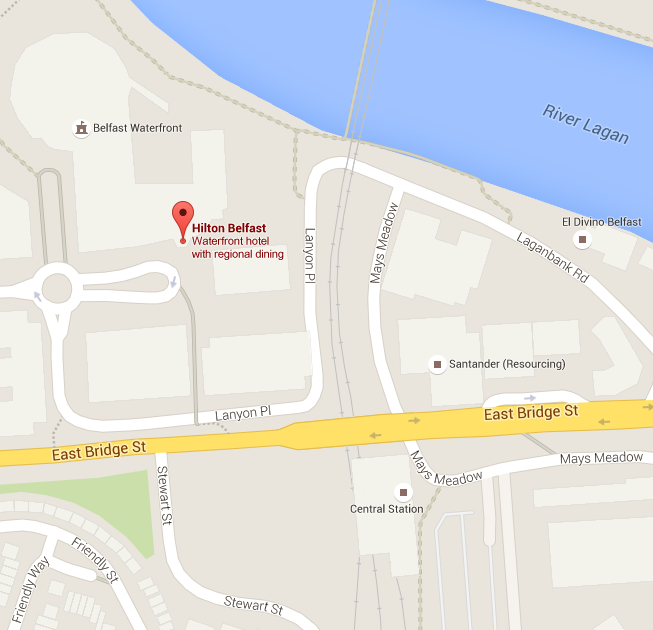
**Hotel Directions**

Hilton Belfast is ideally located next to the Waterfront Hall by the river Lagan. The hotel is just a few minutes’ walk from Belfast Central station and 10 minutes’ drive from George Best Belfast City Airport.

**Getting to the Hotel**

By Car: From Belfast City Airport, follow signs to the city center, then A2 onto Bridge End, crossing the river via Queens Bridge. Take the next left onto Oxford Street and left onto Lanyon Place where the Hilton Belfast hotel is located.

By Train: The enterprise train service runs between Dublin Connolly station and Belfast Central station. There is a full timetable available online at [www.irishrail.ie](http://www.irishrail.ie). Belfast Central station is situated approximately 400 yards from the conference venue at the Hilton hotel, waterfront, Belfast, (see map overleaf). Coming out of the main entrance, cross the busy road ahead and there is a footbridge on the left that leads to a small plaza close to the Hilton hotel.



# Keynote Speakers

## Kevin Eva

Dr. Kevin Eva (Ph.D., Hon. FAcadMEd) is Associate Director and Senior Scientist in the Centre for Health Education Scholarship, and Professor and Director of Educational Research and Scholarship in the Department of Medicine, at the University of British Columbia. He completed his PhD in Cognitive Psychology (McMaster University) in 2001 and became Editor-in-Chief for the journal *Medical Education* in 2008. He maintains a number of international appointments including visiting professor at the University of Bern (Switzerland) and has consulted broadly around the globe including advisory roles for the American Board of Internal Medicine (US) and National Health Services Education (Scotland). He co-founded the Maastricht-Canada Masters of Health Professional Education program.

Dr. Eva’s current research interests are broadly defined within the context of research into educational practices within the health professions. They include research into (1) The value and limits of subjectivity as a means of assessing performance, (2) The promotion and assessment of non-academic characteristics in professional practice, (3) The context specific nature of performance, (4) The conceptualization, nature, and use of self-assessment, (5) The psychological processes that impact upon one’s responsiveness to feedback, and (6) The nature of clinical expertise.

Recent awards for this work include an Honorary Fellowship from the Academy of Medical Educators (UK), MILES Award for Mentoring, Innovation, and Leadership in Education Scholarship from the Asia-Pacific Medical Education Conference, the President’s Award for Exemplary National Leadership from the Association of Faculties of Medicine in Canada, the Outstanding Achievement Award from the Medical Council of Canada, and the John P. Hubbard award from the National Board of Medical Examiners (US).



Erik Driessen

Erik is a Professor of Medical Education and chair of the Department of Educational Development and Research in the Faculty Health Medicine and Live Sciences in Maastricht, the Netherlands. He is editor in chief of Perspectives on Medical Education.

Erik is interested in evaluation and assessment. Especially topics like learning and assessment in the workplace, mentoring, and the use of portfolios for learning and assessment have his interest. Moreover, he is interested in education across different cultures. He publishes on these topics in different journals and books. A part of his work is international: he mentors PHD students from diverse countries and he participates in a variety of international projects like consultancies and research projects in and outside of Europe.  
  
Maastricht University

[http://www.erikdriessen.com](http://www.erikdriessen.com/)   
Twitter @erikwdriessen

# Workshop Outlines

*Note: The following two workshops will take place on Tuesday, 5th July 2016. Please refer to the Programme of Events for details on venues and times.*

## Workshop 1 Giving Difficult Feedback Effectively

**Facilitator**

Dr Eva Doherty , Dr Dara O’Keeffe *National Surgical Training Centre, Royal College of Surgeons in Ireland*

**Workshop Overview**

Giving feedback is an essential skill for medical educators. Feedback is given formally and informally across many settings from the classroom to the clinical environment. Providers of feedback often have not had formal training in the skills required. Encouraging the learners’ insight into their poor performance while avoiding destructive criticism can be challenging. Learner engagement will be facilitated through a series of interactive instructional methods including small group discussion, paired activities and role-play. The advocacy inquiry model of giving feedback will used as the guiding framework.

**Workshop Structure**

This workshop has been previously implemented as a Train the Trainer programme for tutors and clinicians in postgraduate surgical and emergency medicine education. This interactive workshop will focus on basic principles and so will be applicable to all health professions.

## Workshop 2 Back to the future: Quality Assurance using an online OSCE Management Information System and EDU-G for Generalizability Theory analysis

**Facilitator**

Dr Thomas Kropmans *College of Medicine, Nursing & Health Sciences; School of Medicine. National University of Ireland Galway*

**Workshop Outline**

You have probably heard of generalisability theory, but do you know how to use it? Using the popular OMIS system participants will learn how to electronically score standardised student performances captured on video and will then subsequently learn how to carry out Cronbach’s Alpha and generalisability psychometric analysis. By the end of the workshop you will know how to take advantage of electronic marking software as well as how to integrate generalisability psychometric tool into your assessment quality assurance processes.

Quality Assurance of OSCE using lower, paper based technology is almost impossible without very labor intense procedures. Modern medical and healthcare science institutions use an OSCE/MMI Management Information System (OMIS) to retrieve, store and analyse performance data of their students, examiners, circuits and stations. EDU-G is free available software for Generalizability Theory analysis, the latter is an add on the classical psychometric analysis. Cronbach’s Alphas are considered as obsolete and should be replaced by at least Generalizability Kappa’s. G-theory furthermore allows for error analysis and further improvement of your examination.

**Workshop Structure**

This is an highly interactive workshop with a lot of hands on! After this workshop you will be to use OMIS for data retrieval, storage and analysis. We will observe some prerecorded videos and assess the student(s) together. You will perform the usual classical psychometric analysis of a DEMO OSCE and be able to export the data into Excel. Finally, you will be able to use EDU-G and import your Excel data for G-Theory analysis. You will prepare your G- and D-study analysis and more important you will leave with the SEM (Standard Error of Measurement) of the OSCE(s) analysed and know how to use it.

The workshop will be tuff but is doable for anybody that considers QA of their examinations as a must. Understanding of G-theory analysis is an advantage but is not a must. We will teach you the principles and differences between the classical psychometric and this newer approach (1975, Robert L. Brennan).

After this workshop you will be enlightened, full of new and challenging knowledge and skills. You will back to the future of Quality Assurance!

*Note: The following six workshops will take place on Wednesday, 6th July 2016. Please refer to the Programme of Events for details on venues and times.*

## Workshop 3 OSCEs: Revisited and Reframed

**Facilitator**

Dr Gerry Gormley, Dr Helen Reid, Dr Sarah Duggan *Centre for Medical Education, Queens University Belfast*

**Target Audience**

Any healthcare professional, academic or administrator who is involved in organizing OSCEs or interested in knowing more about OSCEs

**Workshop Overview**

This interactive workshop is aimed at anyone who is involved or interested in developing successful OSCEs – no matter what your experience. During this workshop will take a 360 degree approach to understand the evolution of an OSCE station – right from ‘having an initial idea for an OSCE station’ through to roll out into practice. The workshop will be interactive, drawing upon your own experiences and current trends in OSCE research.

**Maximum Number Of Delegates**

15

## Workshop 4 Empathy and engagement in medical training

**Facilitator**

Prof William O’Connor *Graduate Entry Medical School, University of Limerick*

**Workshop Outline**

How empathetic are you? How good are you at recognising and acknowledging your own emotional state as you work and as you teach? These and other questions in relation to empathy and emotion will be explored in a three hour interactive workshop. You will be introduced to neuro-scientific models of how empathy works and how emotional self-awareness is a vital component in caring and communicating effectively.

**References**

1. *Taylor MB. J Gen. Pact. 47: 521-523, 1997.*
2. *Hojat, M. et al., Acad. Med. 84, 9, 1182, 2009.*
3. *Corradini A, Antonietti A. Consc. and Cog. 22, 1152–1161, 2013.*

## Workshop 5 The Role of Theory in Education Scholarship

**Facilitators**

Professor Tim Dornan, [*School of Medicine, Dentistry and Biomedical Science*](http://pure.qub.ac.uk/portal/en/organisations/school-of-medicine-dentistry-and-biomedical-sciences(7a68542d-3667-45bd-bd9c-fb27578b4c65).html)*, Queens University*

Professor Karen Mann, [*Division of Medical Education*](http://medicine.dal.ca/departments/core-units/DME.html)*, Dalhousie University*

**Workshop Outline**

It is now expected that most if not all research presented for publication should be situated or couched within one or more theoretical frames of reference. Most novice and many experienced researchers are rather wary of theory, but we will argue that theory can be viewed as your new best scholarly friend. This workshop will introduce you to a new very accessible framework for understanding the dimensions of theory based on the concepts of paradigms and theoretical levels, (from personal theories of learning to grand theories). Using stories from your own experience and established examples of different theoretical paradigms and levels Tim Dornan and Karen Mann will ensure that you leave with a much greater level of confidence about how to use theory to both orientate and present your research.

**Target Audience**

All those interested in exploring or understanding how theory can inform their research and underpin their practice

* All levels of experience
* Primary interest in education development or research

**Workshop Objectives**

Part of the workshop will be to share your challenges and good ideas for using theory in your work. During this you will share with co-participants your use of theory, tacit and explicit. As a result of this workshop, you will:

* Have fun and make friends with people who share your interests
* See theory as your new best scholarly friend
* Learn a simple framework for understanding the dimensions of theory (Paradigms, ‘Levels’, Methodological and subject matter theories)

**Workshop Activities**

General principles

* Icebreaker; How have you used theory in your research or teaching?
* 5 minute reflection about a specific skill you presented either to plenary or small groups
* Plenary presentation outlining how to lay out a framework
* Using reprints e.g. two papers – one, more orientated towards education practice, and another that is a nice example of theory in research.
* Using ExBL as a theoretical reification of reality

Generating or embedding theory in our own work:

* Facilitated, consultative session
* Inviting participants to ‘table’ (with or without paper copies) aspirations, ideas, works in progress
* Via use of slides, helping participants locate their educational practice development or research within the framework of understanding offered in the early part of the workshop
* Offering some high level concepts to stimulate reflection about scholarly activity:
  + Acquisition vs. participation
  + Individual vs. social
  + Psychological vs. sociological theories

## Workshop 6 Supporting students in academic difficulty - the case for remedial interventions

**Facilitators**

Ms Mairead Boohan, Dr Kathy Cullen *Medical Education Centre, Queens University Belfast*

**Workshop Outline**

There are always students who struggle or fall behind in undergraduate curriculums and postgraduate programmes. There are few if any widely adopted approaches for supporting and dealing with students in academic difficulty. This workshop will explore why students fall behind or underperform. It will focus on the different models and approaches available for delivering remedial support for students. Participants will hear of evidence-based approaches and will also leave with useful ideas about how they might approach the issue of learner remediation in their own institutions or settings

**Workshop Structure**

Increasingly students experiencing academic difficulties and examination failure are offered remedial support. However, there is very little data on the most appropriate strategies for remediation of students in medical education (Winston, 2014). Furthermore the structure and scope of the support varies across institutions (Hauer, 2009). Frequently there is no evaluation of the effectiveness of remedial interventions or indeed the most appropriate programme to initiate. This workshop will explore:

* The role of remedial support in medical education
* Different models and approaches used to deliver remedial support
* Best practice in design and delivery of remedial support
* The support requirements of different student groups, for example, international students

The workshop will be delivered via:

* Overview of approach to remedial teaching from the literature and from one medical school
* Group work focusing on the value of remedial teaching
* Discussion about the remedial needs of distinct groups of students e.g. international students
* Group work designed to share good practice from other medical schools

**Workshop Outcomes**

* Gather examples of current practice from participants
* Explore different options to be considered when offering remediation to diverse groups of students, for example, international students
* Consider the value of remedial programmes and the long-term impact they may have on student performance

**References**

1. [Hauer KE](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hauer%20KE%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Ciccone A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ciccone%20A%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Henzel TR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Henzel%20TR%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Katsufrakis P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Katsufrakis%20P%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Miller SH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Miller%20SH%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Norcross WA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Norcross%20WA%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Papadakis MA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Papadakis%20MA%5BAuthor%5D&cauthor=true&cauthor_uid=19940595), [Irby DM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Irby%20DM%5BAuthor%5D&cauthor=true&cauthor_uid=19940595) (2009). Remediation of the deficiencies of physicians across the continuum from medical school to practice: a thematic review of the literature. Academic Medicine, 84(12). Pp 1822-33.
2. Winston K, Van Der Vleuten CPM, Scherpbier AJJA. 2014. Remediation of at-risk medical students: theory in action. BMC Med Educ. 13:132.

## Workshop 7 Compassion & Resilience: words to curriculum reality

**Facilitators**

Dr Hadas Levy, *Royal College of Physicians in Ireland*

Dr Michael Williams, [*School of Medicine, Dentistry and Biomedical Science*](http://pure.qub.ac.uk/portal/en/organisations/school-of-medicine-dentistry-and-biomedical-sciences(7a68542d-3667-45bd-bd9c-fb27578b4c65).html)*, Queens University*

Dr Ann O’Shaughnessy, *Head of Education & Professional Development RCPI*

**Workshop Outline**

There is growing evidence that doctors are under increasing pressure, which potentially affects their ability to learn and deliver clinical services effectively. Developing resilience is becoming crucial for all doctors at all stages, from the undergraduate level onwards. This workshop aims to define resilience and wellbeing and allow the participants to experience pragmatic techniques to improve both. Participants will learn how to integrate and role-model self-care into medical education teaching and discuss pathways for support for those who are currently struggling. The emphasis of this workshop is on prevention of psychological and physical ill health.

## Workshop 8 Patient Safety – Too much too young?

**Facilitators**

Dr Nigel Hart, Dr Ian Walsh *Centre for Medical Education, Queens University Belfast*

**Workshop Outline**

Patient safety is a term which has become pervasive and is part of the normal rhetoric of medical education, reflective CPD and clinical practice. It is now front and centre and woven throughout the curricula of all medical schools and each school addresses the topic in its own way. But are we getting it right? Recently a first year medical student in week 4 of his course said  ‘It seems like all we have heard about these last few weeks is about how dangerous medicine is and how many mistakes we are going to make’….He went on to share his worries about whether he should continue in the course because of concerns of making a mistake and harming patients.  This workshop will explore what patient safety actually means and how we should introduce undergraduates to the concepts of patient safety whilst at the same time maintaining a sense of personal agency and self-efficacy.  We will explore narratives of patient safety and we would welcome your experiences so that we can explore the question: "Patient Safety – what is too much and when is too young?”

# Dangerous Ideas’ Presentations

# Abstracts for Oral Presentations

**Abstract Category Institution**

*Evaluation* St James's Hospital

**Presenting Author Co Authors**

Ms Noreen O'Shea A Waugh, I O Shaughnessy, S Part, C Mullen, C Soraghan, E Foley, N Ni Rathaille

**@NESTSJH: A Community of Practice for Clinical Educators in a Large Teaching Hospital**

*Rationale*

To support & prepare clinicians for their educator role. To help them manage their workload, reduce their stress and to improve the teaching environment. To improve the quality of clinical education for students and patients in a 1000 bedded teaching hospital.

*Methods*

An existing Allied Health Professional Group started offering workshops on clinical education topics hospital wide. Workshops were offered at lunchtime in a central location. As the workshops progressed a more diverse group of clinicians offered to participate in the organizing committee. (AHPs, Nurses, Scientists, Engineers, Pharmacy, Radiography) Terms of reference were drawn up and monthly meetings timetabled to plan workshops, inter-professional learning and research.

*Findings*

Over a sample six workshops, there were 48 attendees from nine professions. The feedback on the workshops was very positive. Marketing the sessions effectively was a key success factor. Overall the number remain very low compared to the number of potential clinical teachers in the hospital, however interest has been growing. The effect on placement availability or quality of placement experience has not been measured.

*Discussion/Conclusion*

Clinicians need for preparation and support for their teaching role had been identified in a previous study by O Shea. This initiative is an attempt to meet those needs locally, accessibly and cost-effectively. A strong interdisciplinary community of practice has evolved from these endeavors. It is hoped that clinicians will feel more empowered to opt into to a teaching role with the support of NEST Community of Practice. And the quality of education experienced by the students in terms of inter- professional learning and evidence based teaching will improve.

**Abstract Category Institution**

*Evaluation* QUB

**Presenting Author Co Authors**

Ms Hannah Gillespie K Mullan, M McKenna, O Anderson, T Dornan

**‘Swotting-up’ on the application process – what role can medical students play?**

swotUP is a student-led initiative, bringing medical and school students together to help NI students make successful applications to medical school. Often, expert advice is anecdotally cited as a key to success in the competitive application process. However, NI students face geographical and financial barriers to accessing such advice. Medical students, as recently successful applicants, have a wealth of knowledge which they are willing to share. The swotUP programme provides a constructive platform for them to do so.

*Methods*

20 Medical Students from Years 1-5 at QUB were selected to take part in a pilot of the swotUP programme during the 2015/16 academic year. Selected students worked collaboratively, in partnership with school students and clinicians; to develop a comprehensive, one-day course. All secondary and grammar schools in Northern Ireland were contacted by phone and/or email, to advise careers teachers of the upcoming programme. In total, 90 school students, aged 16-17, from 33 secondary schools in NI took part in the pilot. The aim was to provide school students with specific knowledge, new skills and increased confidence; enabling school students to approach the application process in a strategic, and successful, way.

*Findings*

Pre and Post-Course questionnaires were collected from all course participants. These questionnaires were open ended in nature; inviting participants to comment on their motivations for attending, their prior experiences and their opinions of the course. Whilst we intend to present a full analysis of this data in July, preliminary analysis shows attendees valued the intervention. The opportunity to talk to recently successful applicants and gain a deeper knowledge of the application process were particularly well received.

*Discussion/Conclusion*

Medical students are enthusiastic teachers, with extensive knowledge of the application process. They are motivated to deliver teaching for a number of reasons. We propose that medical students can play a unique role in the application process, reflecting on their experiences for the benefit of others. The swotUP programme has the potential to be adapted to other healthcare courses and in other locations, with benefits for both school students and medical students.

**Abstract Category Institution**

*Evaluation* RCSI

**Presenting Author Co Authors**

Ms Ms Leonie Heskin

**‘Swotting-up’ on the application process – what role can medical students play?**

*Introduction:*

Currently there is a 3% -5% risk of developing a wound infection in a laceration treated in the emergency setting1. There are additional costs and a workload when patients return to hospital with a wound infection that will need further debridement, irrigation and a hospital admission for intravenous antibiotic treatment. Therefore it is important that our trainee surgeons learn to manage an acute wound correctly at the first presentation. There are no specific synthetic task trainers that address the learning outcomes to be addressed in teaching this skill. This study tests a new trainer and compares it with current teaching of this skill in the surgical skills lab.

*Methods:*

Second year surgical trainees were recruited into the trial (N=58). Blocked randomisation was used and the study group (n=34) were exposed to the new task trainer and the control group (n= 24) got conventional

teaching of this skill. Both groups were tested a month later using a check list, OSATS and a global score.

*Results:*

The total checklist score, OSATS score and Global score were also compared using the two-sample test and associated 95% confidence intervals. The overall score of the intervention group and the control group with an overall score of 58.9 and 58.5 respectively with a difference 1.6 (-4.3-7.5) and a p value = 0.59.

*Conclusion:*

It was found at the end of this study that the educational effectiveness of the new task trainer was as effective as conventional methods of teaching this skill. This result has encouraged us to further improve this task trainer for both a teaching and an assessment tool.

**Abstract Category Institution**

*Clinical and Professional Education* NUIG

**Presenting Author Co Authors**

Prof Peter Cantillon Professor T. Dornan; Queen’s University Belfast, Dr. W. De Grave; Maastricht University

**“Throwing shapes”: the relationship between para language, mutual positioning and legitimacy in**

**clinical teams.**

*Rationale*

It is well established that clinical education, (i.e. learning on the job) plays a central role becoming a doctor. The relationship between being a clinician and becoming a clinical teacher is less well understood. There are many descriptions of what good clinical education is and what attributes good clinical teachers should possess, but there is a lack of research describing the relationship between becoming a teacher and the social settings in which clinical teachers apply their trade. This ethnographic study set out to explore the relationship between participation as a member of the clinical team and the development of clinical teacher identity and practice.

*Methods*

A medical and surgical team were purposively selected on the basis of accessibility, size and their engagement in teaching activity in a tertiary referral teaching hospital. The researcher embedded himself as a participant observer in each team for a period of between nine and 12 weeks. Observations of all team activities were recorded using in situ jottings supported by photographic images, video and participant interviews. Data interpretation used a thematic analysis approach that integrated field notes, interview data, images and video informed by Goffman’s dramaturgical theory.

*Findings*

Results will be presented that reveal insights into the relationship between para language, body position, participant legitimacy and the performance of various teacher identities.

*Discussion/Conclusion*

This research reveals implicit features of the relationship between team culture/norms, institutional discourse and becoming a clinical educator that will be of value for faculty developers and those interested in enhancing the efficiency and effectiveness of clinical education.

**Abstract Category Institution**

*Evaluation* NUIG

**Presenting Author Co Authors**

Ms Mary Clare O'Hara MC O' Hara1,2, Á Cunningham2, C Heverin2, H Burke2, L Hurley2 and SF Dinneen1,2

1School of Medicine, NUI

**“You can’t judge a man until you walk a mile in his shoes”: Experiential learning in diabetes self management increases empathy of undergraduate medical students**

*Rationale*

Too often in medical education, rhetorical argument and case narratives are used in the professional development of students, despite knowing that students learn more from their own personal experiences. The rationale was to design a diabetes Special Study Module (SSM) for undergraduate medical students using experiential learning and assess how the module impacts on students’ empathy. Students received (n = 8) patient diabetes self management structured group education programmes and met people with diabetes. They experienced what it was like to live for a week as a person with both type 1 and type 2 diabetes by “self managing” diet, physical activity, monitoring blood glucose levels and reacting to “real life” diabetes scenarios.

*Methods*

Empathy was measured at baseline and post-SSM using the Jefferson Scale of Empathy (JSE), Medical Student Version.

*Findings*

Seven students consented to complete the JSE. Participation in the SSM improves empathy in this small sample on average by 7 points (t = 3.994, p = 0.007, 95% CI; 2.545 - 10.598). Qualitative feedback highlighted the value and importance of the SSM to the students.

*Discussion/ Conclusion*

Learning from “living” as a person with diabetes made a significant difference to the empathy of medical students and deepened their understanding of what it is to live with a chronic disease. The SSM represents a method of getting healthcare professionals to focus, not just on the clinical aspects of care delivery, but on understanding how patients deal with the various diabetes challenges they encounter each day.

**Abstract Category Institution**

*Assessment, Learners & Learning* TCD

**Presenting Author Co Authors**

Mrs Clare Whelan L Hession, V Malone, A McCollum, N Okigbo, H O’Neill

**Assessment – Now or on Demand?**

*Rationale*

Many different assessment methods are utilised to evaluate clinical procedural skills of medical undergraduates. Direct Observation of Procedural Skills (DOPS) is the most commonly used assessment method for evaluating these skills but due to the growing number of students, the DOPS method requires increasing amounts of time and resources. A more recent method, Video Observation of Procedural Skills (VOPS), whereby a student’s performance is recorded and later assessed proposes a far more sustainable approach to assessment and offers the faculty the ability to assess when ready, rewind and replay as needed to ensure fair assessment. The purpose of this study was to examine the feasibility of Video Observation of Procedural Skills (VOPS) as a valid alternative to the Direct Observation of Procedural Skills (DOPS).

*Methods*

The candidates (n=25) were assessed by direct observation while performing IV Cannulation. A video recording of this performance was then subsequently observed by a different assessor.

*Findings*

A one-way ANOVA revealed little to no significance difference overall between marking of direct observation assessor and marking of video observation assessors. The greatest difference in marking observed was 2 marks (p=0.828). A paired t-test was also carried out to compare for differences focusing on the individual items of the assessment tool. There were no significant differences identified. Item 14 “Firmly attached extension without moving the cannula” was found to be just approaching significance (p= 0.056).

*Discussion/Conclusion*

The results of the present study showed that VOPS is a feasible method for assessment of the procedural skills of medical students and might be used as an alternative for DOPS method.

**Abstract Category Institution**

*Assessment, Learners & Learning* NUIG

**Presenting Author Co Authors**

Markus Fischer KM Kennedy, J Ker, P O´Connor, E Doherty, TJB Kropmans

**Assessment of Situational Awareness in Undergraduate Medical Education by Objective Structured Clinical Evaluation: A Literature Review**

*Rationale*

Patient safety often is defined by diagnostic accuracy and subsequent clinical decision making. Situational awareness (SA) has been identified as one decisive parameter for diagnostic and clinical reasoning. Clinicians adopt their expertise over the course of many years and thus cannot impart the process of information gathering and selection. Novices however, might not be competent to identify crucial measures for extracting and integrating relevant information into their decision making process. Students are commonly not aware of aspects of SA when assessing the clinical presentation of the patient. Objective Structured Clinical Examinations (OSCEs) have demonstrated the potential to allow for evaluation of the utilisation of aspects of SA during simulated patient encounters. The aim of the literature review was to determine parameters of SA which could be assessed by OSCE stations in undergraduate medical training.

*Methods*

A literature search was conducted to identify peer-reviewed publications published between 1975 and July of 2015 focussing on the assessment of SA within undergraduate medical training by OSCEs. Databases selected for the review included PUBMED, EMBASE, SCOPUS and PSYCHINFO.

*Findings*

The initial literature search yielded a total of 960 publications fulfilling the search criteria. After eliminating duplicates, 718 were left for further evaluation. Out of this pool, 694 papers were excluded on basis of being irrelevant to undergraduate medical education. Out of the remaining 25 listed publications, nine publications were identified as being related to OSCE assessment of aspects of SA in undergraduate medical students.

*Discussion/Conclusion*

Findings suggest the potential of whole-task OSCEs to evaluate clinical reasoning and the utilisation of SA. Higher diagnostic accuracy was identified in OSCEs when supportive feedback was provided as a learning experience. Findings support the early exposure of medical students to OSCEs to evaluate and facilitate the utilisation of SA in dynamic environments.

**Abstract Category Institution**

*Clinical and Professional Education* UCD

**Presenting Author Co Authors**

Prof Jason Last L O’Sullivan (UCD)E Cutts (Nottingham University)S Kavikondala (HKU)K D’Souza (UBC)C Anderson (Nottingham University)

**Attitudes of Health Science Students Towards Sharing of Images/Information on Social Media**

*Rationale*

Social Media (SoMe) is an asset that higher education students can use for an array of purposes. Studies have shown the merits of SoMe use in educational settings however, its adoption into health education has been slow and the contributing reasons remain unclear. This multidisciplinary study aimed to examine health science students’ opinions on the use of SoMe in health education, and to identify factors which may discourage its use.

*Methods*

Data was collected from the Universitas 21 “Use of Social Media in Health Education” survey, distributed electronically to health science staff and students from eight universities across seven countries. The 1640 student respondents were grouped as users or non­users based on their reported frequency of SoMe use in their education.

*Findings*

Only 35% of respondents have received specific SoMe training, and of those who have not, the majority would like the opportunity. Users and non­users reported the same three factors as the biggest barriers to their use of SoMe; unsure of policies, concerns about professionalism and departments not supporting it. Non­users reported all the barriers more frequently and almost half of non­users reported not knowing how to incorporate SoMe into their learning. Among users, more than one­fifth of students use SoMe ‘almost always’ reported sharing clinical images without explicit permission.

*Discussion/Conclusion*

This global, interdisciplinary study demonstrates that many students across all health disciplines are sharing clinical images inappropriately, and recognises the need for policies and training specific to SoMe use in health education.

**Abstract Category Institution**

*Evaluation* QUB

**Presenting Author Co Authors**

Mr Ian Walsh T Lynch, J Murray

**Bespoke Radiology e-Learning**

*Rationale*

The Royal College of Radiologists (RCR) have published guidelines on the scope of plain film findings with which medical students should be familiar. Studies have shown that x-ray interpretation without feedback does not significantly improve diagnostic ability. We developed an online system to assess individual student ability to interpret X-rays. Over time, each student’s profile was built, identifying individual strengths and weaknesses. Bespoke formative assessments then re-evaluated identified weak areas and quantified improvements. We aimed to examine adoption of this online system by medical students, investigating if increasing exposure to interpretation combined with cyclical formative feedback enhances performance.

*Methods*

10 weekly 30 minute online tests within the scope of the RCR curriculum were offered to all 270 final year medical students. After each assessment, students were given formative feedback, including annotated results, with direct links to online educational resources, peer group comparison and breakdown of individual strengths and weaknesses. Focus groups of 4-5 students addressed student perspectives of the system, including ease of use, image resolution, system performance throughout operating platforms, breakdown of performance and the value of bespoke personalized assessments. Research Ethics Approval was granted for the study. Data analysis was via two-sided one-sample t-test.

*Findings*

81% (219/270) of the student cohort engaged with the study. Student baseline average was 49%, increasing to 77% by the exit test. The group sustained a statistically significant improvement between first and last tests of the series (57% relative performance in diagnostic accuracy) despite increasing test difficulty. Student feedback via focus groups was universally positive throughout examined domains.

*Discussion/Conclusion*

The online, bespoke resource proved valuable, with high levels of student engagement, improving performance despite increasingly difficulty testing and consistently positive learner experience with the system.

**Abstract Category Institution**

*Clinical and Professional Education* QUB

**Presenting Author Co Authors**

Dr Nigel Hart S McEntee, C Loughrey

**Building remote communities of practice: A novel approach to knowledge and confidence building for dermatology among GP Trainees using video-conferencing platform and the ECHO**

*Rationale*

Skin disease is common and distressing. Around 24% of the population consults their general practitioner (GP) annually and 14% of all GP consultations are in relation to disorders of the skin. There are significant gaps of confidence and competence among GP Trainees. Project ECHO (Extension for Community Healthcare Outcomes) uses case-based ‘Grand-Round’ virtual clinics (using webcams) to improve patient management. The objectives of this study were to determine if the ECHO model could be used to support the improvement of confidence and clinical knowledge among GP ST2 Trainees in the management of common dermatological conditions presenting in primary care. Using Moore’s ‘Levels of Outcomes-Based CME Evaluation’ we aimed for an evaluation at Level 4.

*Methods*

Participants (GP ST2 Trainees) attended 5 remote clinics between 10/2015 and 01/2016. The ‘Hub’ team comprised a facilitator and a GP, a nurse specialist and pharmacist each with an interest in dermatology. Each ECHO Clinic comprised a short topical presentation and discussion of several cases submitted in advance by the participants. Pre- and post-programme assessments were carried out for confidence (self-efficacy) and competence (knowledge).

*Findings*

Twenty-six trainees took part. Complete data was collected for 22. Paired results for comparison of confidence were analysed using the Wilcoxon signed rank test and showed a significant improvement (P < 0.001). Paired results for assessment of knowledge were analysed using the t-test. The pre- and post- mean percentage scores showed a significant improvement (Pre- 35.5% (SD 7.6) and Post- 60.6% (SD 4.3) P < 0.001).

*Discussion/Conclusion*

The results of this study demonstrate that the ECHO programme among GP ST2 Trainees has been successful in improving confidence and knowledge in relation to dermatology. The programme created a collaborative learning environment, a community of practice within which participants improved their knowledge and confidence through group discussions about ‘real’ cases in dermatology.

**Abstract Category Institution**

*Assessment, Learners & Learning* NUIG

**Presenting Author Co Authors**

Dr Thomas Kropmans Winny Setyonugroho; Thomas Kropmans ; Maureen Kelly; Kieran M Kennedy; Jan van Dalen

**Communication skills comparison using a standardized instrument in OSCEs: the language effect.**

*Rationale*

Without using a standard, comparing Communication Skills (CS) between different settings of an Objective Structured Clinical Examination (OSCE) e.g. between students, modules, years, institutions is very challenging if not impossible. The aim of this study is to examine the CS type – section 1, section 2, section 3 of the MAAS-Global – that affect students' CS performance in OSCEs.

*Methods*

This retrospective cohort study evaluated the CS components of all OSCEs rubrics (i.e. assessment forms) used by 4 different departments contributing to three different cohorts of undergraduate L1 (~80%) and L2 (~20%) medical students. A Two-way ANOVA was used for the comparison of the mean of MAAS-Global score (MG Score) for each group of students and each of the academic terms. G- and D- studies of the Generalizability Theory (GT) were used to calculate the reliability of each OSCE. Significance levels were set at .05.

*Findings*

A generalizability analysis for 1MB, 2MB, 3MB and 4MB OSCE, reliability of the OSCEs ranged from G= G= 0.28 to G= 0.79 with a median of G=0.62. The reliability analysis of the rubrics calibration for Department of Medicine, General Practice, Psychiatry, Obstetrics & Gynaecology, and Paediatrics were 0.69, 0.83, 0.99, 0.45, and 0.79 respectively. Only in the Year 4 OSCEs, L1 students performed significantly higher than L2 students for stations designed by General Practice (F(1, 368) = 21.46, p < .001) and for Psychiatry and Paediatrics stations (F(1, 368) = 72.94, p < .001) and (F(1, 363) = 8.72, p < .003), respectively. No significant differences were found for stations administered by Obstetrics & Gynaecology.

*Discussion/Conclusion*

It is possible to measure MG characteristics and analyse influences between L1 and L2 student’s outcome in CS assessment during OSCEs. L2 students perform less than their native L1 colleagues. Future research should use a longitudinal design, following students throughout the curriculum and after graduation.

**Abstract Category Institution**

*Evaluation* UCD

**Presenting Author Co Authors**

Dr Mariel Campion A. Guerandel

**Design & Implementation of small group workshops in a pre-clinical Psychiatry module**

*Rationale*

This module forms an introduction to Psychiatry for medical students and is delivered to both graduate entry (GEM) and undergraduate (UGM) students. The aim of the module is to prepare students for patient contact and promote transfer of knowledge to the clinical setting. Previously, the majority of the teaching was comprised of 9 large group lectures. With classes of up to 250 students, making these sessions interactive was impractical. Feedback from the students on the lectures was mixed. This module was designed to integrate into the clinical Psychiatry module in the subsequent year. Anecdotally, it was clear that the students did not retain the information. Mindful of the students’ feedback and drawing on the pedagogical lecture which expounds the advantages of active learning approaches, the lectures were replaced with 6 small group workshops. These workshops covered the clinical presentation of mental illness and continuous assessment quizzes were incorporated using Socrative.

*Methods*

The topics for each workshop were aligned with the learning outcomes for the module. The students completed preparatory work to direct their learning prior to attending the workshops. There was a focus on group work which was facilitated by the tutor-each group was allocated a particular topic/theme to present to the other group(s) within their workshop. Socrative was used to facilitate continuous assessment quizzes and tutors could use the live results received to guide the workshop.

*Findings*

Feedback from the students on the use of small group teaching was broadly positive and students endorsed the interactive nature of the groups and the opportunity to ask questions/clarify their understanding of a topic. The feedback from the UGM students was more mixed with a number still expressing a preference for lectures over small groups. The vast majority of students supported the use of technology to facilitate assessment.

*Discussion/Conclusion*

The majority of students were in favour of the introduction of small groups as a teaching method, however, the response from the UGM students was often less positive. This student group may require more support in understanding the benefits of this approach and moving towards becoming active rather than passive learners.

**Abstract Category Institution**

*Evaluation* Cork University Hospital

**Presenting Author Co Authors**

Dr Sinead O'Shaughnessy B O’Donnell

**EWTD implementation in Ireland: Effects on Training & Quality of Life**

*Rationale*

Renewed focus has been placed on the implementation of the European Working Time Directive (EWTD) in relation to Irish NCHDs. This directive stipulates a 48-hour working week and a maximal daily shift of 13 hours. In July 2015, a 12-hour shift system was introduced in the largest anaesthetic department nationally, Cork University Hospital, for its 40 NCHDs inclusive of all 4 tiers of call. The effects of such a large change in work pattern required investigation.

*Methods*

A two-part survey was conducted over a 25-week rotation (July 2015-January 2016). Part one was completed after 10 weeks and part two completed after 22 weeks. Trainees were asked to rate the training opportunities available while working as per an EWTD compliant rota and its effect on their quality of life.

*Findings*

49 surveys were completed over the 25-week period, 24 in part one of the study and 25 in part two. 16-hour call was ranked as the best rota for both training (45.45% part one, 66.67% part two) and quality of life (54.55% part one, 66.67% part two). Daytime activities were rated as the most valuable opportunities for training. A 12-hour shift system was regarded as more onerous than 16/24-hour call and provided less training opportunities, less contact with consultants/other NCHDs and decreased readiness for consultancy. Quality of life deteriorated over the course of the 25 weeks.

*Discussion/Conclusion*

EWTD is stimulating large changes in NCHD work patterns. Careful consideration should be taken of the ensuing effects on training and quality of life.

**Abstract Category Institution**

*Assessment, Learners & Learning* NUIG

**Presenting Author Co Authors**

Mrs Caroline Hills Levett-Jones, T.Warren- H.Lapkin, S.

**Generation Y students. Who are they and what are their expectations of practice education**

*Rationale*

Generation Y are those born between 1982-2000. They have been raised in prosperous times, have been micromanaged by parents, have had ‘praise for anything feedback’ and have grown up as digital natives. In the literature, this generational group has been called techno-savvy, self-entitled, over confident and self- focused. Practice educators in occupational therapy reported that students are changing and have different expectations of what constitutes good teaching and learning in practice education. The aim of this research therefore was to investigate if practice education environments are conducive to the learning the needs of the Generation Y student.

*Methods*

Using a mixed method approach, underpinned by the pragmatic paradigm, two surveys of occupational therapy practice educators attached to two Australian universities were completed. These asked is there a Generation Y student? If so how are they presenting in practice education? Followed by 22 interviews with occupational therapy students exploring their teaching and learning preferences

*Findings*

The majority of practice educators did report that students do present with Generation Y characteristics in practice education. Students are perceived as motivated, enthusiastic technologically skilled, bored easily, self-entitled, self-focused, do not like critical feedback, are casual communicators, over confident, good team players who are like to learn by doing. Students appreciated educators who provided specific expectations of performance from day one regarding what they need to deliver at the end of the placement. They also want to be treated as a colleague, given responsibility, provided with an opportunity to self-evaluate prior to giving feedback. They want to belong to a team and value feedback from team members. The internet is important to their learning.

*Discussion/Conclusion*

Generation Y students may need different approaches to teaching and learning in practice education. Specificity of behavior, competency and communication may need to be considered on practice education.

**Abstract Category Institution**

*Assessment, Learners & Learning* TCD

**Presenting Author Co Authors**

Dr Eileen Sweeney Prof. M. Gill, Dept. of Psychiatry, Trinity College, Dublin

**Growing pains moving from ‘knows how’ to ‘does’:Modification of Entrustable Professional Activities for the undergraduate Psychiatry curriculum.**

*Rationale*

A selection of Entrustable Professional Activities (EPAs) was devised for undergraduates and introduced to the 4th medical year Psychiatry curriculum on a one-year trial basis. The aims were to focus students’ activities during non-contact time, to facilitate meaningful feedback from clinical supervisors and to foster the concept of the student as a valid member of the clinical team. We also anticipated EPAs would offer supervisors more guidance on the college’s expectations from students and reduce the perceived arbitrariness of the grading of professionalism.

*Methods*

Undergraduate EPAs were designed, piloted and reviewed on a small basis (4 clinical teams over two months). Once deemed practically feasible and appropriate for the students’ skill-level, the EPAs were formally introduced to the curriculum. A total of 169 students and 27 clinical supervisors were involved. Feedback was invited from students and supervisors via an anonymous online questionnaire. EPA marks were investigated for correlation with the supervisors’ global impression marks (previously used as a proxy assessment of professionalism) and the students’ other Psychiatry grades.

*Findings*

Feedback from both students and supervisors was broadly positive. Supervisors strongly endorsed the face validity of the tasks chosen and believed EPAs ‘made other team members see the benefit of having students’. Students agreed but some commented disparagingly on the mismatch at times between the effort invested in a task and the eventual yield. The EPA marks correlated significantly with the supervisors’ global impression of professionalism (Pearson’s r=0.318, p<0.001) and also with tests of clinical skills such as videoed patient interviews (r= 0.245, p<0.01). EPA scores correlated strongly with overall continuous assessment marks (r=0.535, p<0.001) but there was no correlation between EPA marks and those on the viva voce final examination.\*

*Discussion/Conclusion*

2/3 of students and the vast majority of supervisors agreed that the tasks met the aims proposed. EPA and global impression marks were provided by the same supervisor but up to 6 different examiners contributed to each continuous assessment total, meaning the correlation stands up to scrutiny. EPAs are measuring something different and complementary to the viva voce examination and may be a useful addition both as formative and summative assessment.

**Abstract Category Institution**

*Evaluation* TCD

**Presenting Author Co Authors**

Dr Elaine Burke J Nolan, E Egom, F O’Connell, K Conlon, M Hennessy

**Implementation and Evaluation of a Sub-internship rotation in Final Year Medicine**

The “Your Training Counts” survey published by the Irish Medical Council in 2014 highlighted a sense of unpreparedness among interns for the transition from medical school to clinical practice. Particular areas of concern were the physical and emotional demands of the job, clinical skills and administrative tasks. The aim of the sub-internship is to address these gaps and prepare students as much as possible for their roles as interns. The sub-internship rotation is a two week attachment to a medical or surgical team where students are delegated supervised responsibility for 2-4 patients per week, and gain practical experience in completing clinical and administrative tasks for their patients. At the end of the rotation, each student was contacted for feedback via an online survey. The aims of the survey were to:• To evaluate the success of the sub-internship rotation from the students’ perspective• To identify the strengths and weaknesses of the programme • To investigate whether the sub-internship impacted on students’ career choices

*Methods*

An online survey was devised and distributed. Each student received the survey on the final day of their sub-internship rotation and a reminder to complete the survey the following week. The survey consisted of statements which the students ranked on a 5-point Likert scale. There were also two free text boxes for comments on what they liked about the rotation, and what they thought could be done to improve it.

*Findings*

There was a 44% response rate.91% of students strongly agreed/agreed that they gained insight into the role of an intern. 62% strongly agreed/agreed that their clinical skills improved and 81% strongly agreed/agreed that their knowledge of administrative tasks improved. 68% strongly agreed/agreed that they felt well-integrated into the team.

*Discussion/Conclusion*

The overall response to the sub-internship rotation was positive, with over 90% agreeing that they had gained insight into the role of an intern. They felt well-integrated into teams and gained experience of both clinical and administrative tasks. Some areas for improvement were also identified. Further research will be carried out with a repeat survey of the students once they have started their internship.

**Abstract Category Institution**

*Clinical and Professional Education* UCC

**Presenting Author Co Authors**

Ms Anél Wiese Dr. D. Bennett, Dr. C. Kilty

**Learning and Working in Clinical Environments**

*Rationale*

The quality of clinical learning environments is important (1) because learners perform better in supportive environments (2), are more satisfied by them (3) and are more likely to develop a humanistic orientation with them (4,5). Learning, training environment and working conditions are closely intertwined. In planning and managing clinical learning environments, it is essential that educators and policy makers understand both the challenges and opportunities for learning presented by the complexity of clinical environments. The proposed study aims to explore and clarify such challenges and opportunities, deepening our understanding of workplace learning and informing policy and practice in PGMET.

*Methods*

The methodology for this study, Activity Systems Analysis (ASA), arises from one of a number of socio-cultural theories and will examine the relationships between competing activities in the clinical learning environment. The study is being conducted across a number of clinical sites and specialties. Participants include trainees, consultants, nurses, allied health care professionals and management. Data is being collected via semi- structured interviews, audio –diaries and at selected sites, observation. A thematic content analysis will be performed on all transcribed data in order to identify and refine an agreed group of multiple mediated activities, as described by participants. We aim to identify tensions and contradictions within and between multiple competing activity systems in one environment.

*Findings*

Progress to date has been data collection at two sites, including 36 interviews, and further collection will be done at another two sites. Emerging themes include the challenge of learning while providing service in an overstretched health system; the impact of the EWTD and trainees as active learners.

*Discussion/Conclusion*

We aim to produce guidelines and recommendations for supportive learning environments for PGMET as a final output of this study.

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**Abstract Category Institution**

*Clinical and Professional Education* QUB

**Presenting Author Co Authors**

Dr Gerard Gormley G Roulston, M Corr, T Dornan, N King

**Living with ‘melanoma’…for a day: a phenomenological analysis of medical students’ experiences**

*Rationale*

Medical education faces challenges in promoting more compassionate doctors. Recent efforts to increase students’ empathy through reading and discussing literature may help in the short-term, though results have been inconsistent. Doctors who have become patients themselves, appear to have increased empathy to their patients. Though we do not want medical students to experience actual illness, we however need to develop approaches that enhance their empathic responses to patients. Melanoma is a form of skin cancer that can have devastating consequences for both patients. Melanoma transfer tattoos provide a realistic visual representation of an actual melanoma. In combination with a patient narrative, such an experience may potentially provide some insights of having a melanoma diagnosis. The study aims to explore how medical students describe their lived experience of having a (simulated) ‘melanoma’.

*Methods*

A phenomenological approach was used to explore students’ lived experiences in this study. Using convenience sampling, 4th year medical students at QUB were invited to participate in the study. As typical in phenomenological studies, we aimed to recruit up to 5-10 subjects. Participants had a melanoma transfer tattoo applied to their forearm and listened to an audio narrative of a patient who had been diagnosed with melanoma. Participants were then asked to go about their typical day and make 4 audio-diary recordings about their experiences. Following this they were interviewed face-to-face and asked to provide a follow-up audio- diary about 6 months after wearing the tattoo. Audio-diaries/interviews were transcribed verbatim. Template Analysis was used to qualitatively analyse the data.

*Findings*

Ten participants took part in the study, providing over 500 mins of audio-data. Analysis yielded 4 main themes: (1) Cancer simulation: opening up new experiences (2) Reaction to ‘cancer’: drawing upon past experiences (3) ‘This could be me?’ (4) Holistic care: Reflections as future doctors.

*Discussion/Conclusion*

This study provides insights into medical students’ experiences of ‘living’ with a simulated cancer diagnosis. The simulation technique appears to facilitate an embodied learning experience for students. Students drew upon previous experiences, such as illness both in themselves and others, providing a perspective on cancer-patients’ lifeworlds, as they interacted with family and friends. Such an experience stimulated a critical reflection on their holistic approach to patients as future doctors, which persisted 6 months after the experience.

**Abstract Category Institution**

*Clinical and Professional Education* RCSI & DCU

**Presenting Author Co Authors**

Dr Teresa Pawlikowska & Heinz Lechleiter A.J.Saris (University of Maynooth)K.Murphy (RCSI)

**Medical Professionalism: the making of a definition**

*Rationale*

There are many definitions of medical professionalism, so why add yet another one? Supported by the Irish Research Council, The Royal College of Surgeons in Ireland decided to do just that in consultation with internationally acknowledged experts, faculty, students and the public. The aim was do develop a definition for medical undergraduates which is fit for purpose in contemporary Ireland and to develop a methodology which can be used to define other areas of professionalism. The interdisciplinary research team included an applied linguist, anthropologist and medical educator.

*Methods*

A series of ‘round-table’ focus group discussions were convened with the above participants, recorded and transcribed. The previous group ‘s defintion of professionalism became the focus for each group in sequence, and iterated .This paper presents some of the findings with an emphasis on the linguistic analysis. It uses methodologies derived from linguistic pragmatics (What are the conditions that make a definition valid?), from functional grammar (What do formulations disclose about attitudes and values?) and from the philosophy of language (Does the definition describe or create facts?) to analyze the form and function of a definition of medical professionalism.

*Findings*

Functional Grammar This is concerned with the contextualized, practical uses to which language is put.The ‘strapline definition’ changed in terms of Rheme structure (what is the sentence/clause about and how is this developed further?)Definition of medical professionalismChanged from ‘cold’ (draft 2) to ‘warm’ (draft 3): e.g. from Abstraction (professionalism) to personalisation (personal subject professional).

*Discussion/Conclusion*

It was found that changes in the various iterations of the definition were directional from ‘cold’ to ‘warm’ formulations and were motivated by emotional values more than by factual content, by gut-feeling rather than intellectual analysis. This may be due to the fact that the emergent definition aimed to maximize engagement and was shaped by contemporary societal context and angst.

**Abstract Category Institution**

*Assessment, Learners & Learning* University Hospital Galway

**Presenting Author Co Authors**

Dr Kevin Kitt Dr. N. Byrne (Department of Medicine, University Hospital Galway, Galway, Ireland) Dr. S Lydon (Department of General Practice, NUI Galway, Galway )

**Medical research awareness among non-consultant hospital doctors: A cross-sectional survey.**

*Rationale*

Medical research is critical for evidence based practice but not all doctors are equipped to conduct such research. The aim of the study was to: 1) Assess the knowledge, attitude and practices of non-consultant hospital doctors in relation to medical research; 2) Determine perceived barriers to conducting medical research; 3) Establish the factors associated with medical research publication

*Methods*

A cross-sectional survey was conducted amongst non-consultant hospital doctors in a tertiary university hospital using a pretested, pre-validated questionnaire adapted from similar studies in the literature 1.

*Results*

A total of 100 non-consultant hospital doctors complete the survey fully. The majority were female (52%) and aged 25 to 34 years old (77%) and ranged from interns to specialist registrars across nine specialties. Only 5 (5%) of participants answered all of the knowledge multiple-choice knowledge questions correctly. Seventy- six (76%) of participants had a positive attitude to medical research. The majority, 82 (82%), of participants had participated in a research project. Eighty- one (81%) participants identified insufficient time as an obstacle to medical research participation and 68 (68%) wanted dedicated research time to be incorporated into their timetable. The 52 participants (52%) who had their research published in a medical peer-reviewed journal were more likely to be male, specialist registrars and working in surgery.

*Conclusion*

NCHDs had a positive attitude to and participated in medical research. However knowledge, particularly in relation to statistics, was poor. Improving research knowledge, providing support and incorporating dedicated research time into NCHD timetables may improve research participation further.References:[1] Pawar DB, Gawde SR, Marathe PA. Awareness about medical research among residents doctors in a tertiary care hospital: A cross-sectional survey. Perspect Clin Res. 2012;3:57-61.

**Abstract Category Institution**

*Evaluation* SVUH

**Presenting Author Co Authors**

Ms Nora Ellard Dr Ian Callanan, Dr Diarmaid Houlihan

**Medical Student Perception of Clinical Audit**

*Rationale*

A retrospective online questionnaire survey of medical students experience of clinical audit was carried out in a large teaching hospital in the Republic of Ireland. The survey examined knowledge and perception of clinical audit both before and after completion of the audit. It evaluated how the students were supported by the audit department and by senior medical personnel The students were asked if they would engage favourably with the clinical audit process when they qualified.

*Methods*

All 98 medical students who had completed a clinical audit during the years 2012 – 2014 were surveyed using an online questionnaire. The response rate was 48% It became obvious that problem with students e-mail addresses existed We noted that some survey forms sent to U.C.D. e-mail addresses were not responded to. This would lead us to presume they are perhaps not in use.

*Findings*

54% (25) of respondents were female and 45%(21) were male. 70% (33) of respondents were Undergraduate medical students and30% (14) were Graduate Entry Medicine (GEM) students. 51% of respondents agreed that a stipend was influential initially in volunteering to carry out a clinical audit. . All of respondents told us they would be more comfortable with the clinical audit process upon graduation after the student elective clinical audit project.• Prior to carrying out an audit 47% of respondents did not understand clinical audit.• 40% did not know it is a legal requirement to carry out a clinical audit yearly as a qualified doctor.• 30% of respondents did not understand the meaning of “measuring against a standard” prior to carrying out the audit• 89% of respondents were happy with support received from their Consultant/Audit Sponsor• 62% of respondents went on to make a poster following the audit

*Discussion/Conclusion*

There is a significant improvement in knowledge and experience gained as a result of being involved in the clinical audit process. It would be to the distinct advantage of the hospital community if other were to engage also with the project.As a teaching hospital we should be encourage our students to present at internal and international meetings.Clinical Audit needs to encourage the University and Academic leads to create more awareness and opportunities for medical students to present findings of their audits at meetings.We need to alert the Medical Council to the deficits in knowledge of medical students regarding CPD requirements.

**Abstract Category Institution**

*Assessment, Learners & Learning* QUB

**Presenting Author Co Authors**

Ms Sarah Duggan H. Reid, T. Dornan

**OSCEs and the Fate of our Times. A critical review of published articles.**

*Rationale*

Objective structured clinical examinations (OSCEs) are such a popular way of assessing the competence of doctors(-to-be) that debate focusses on how rather than whether to use them. Frank1, however, wrote that dominant ways of thinking are ‘the fate of our times’, not timeless absolutes. We reasoned, like Hodges in an earlier seminal publication2, that we could learn about our Times by answering the question: How is the dominant position of the OSCE being challenged? Our purpose was to inform debates about the validity of OSCEs. Our approach was a rigorous review of critical articles.

*Methods*

The conceptual orientation was towards Critical Theory using a scoping approach,3 which has 5 steps. Step 1 was to frame the review question. Step 2 was to search Pubmed, Scopus, and Web of Science for articles published from 1975 to November 2015. Step 3 was to reduce over 12,000 ‘hits’ to 58 relevant articles by reviewing titles and Abstracts, then full texts of seemingly relevant articles. Step 4 was to incorporate metadata and a brief précis of main arguments from each article into a spreadsheet. Step 5 was to identify emergent themes.

*Findings*

Methodological criticisms - psychometric concerns about reliability/validity, and the performance of checklists. Deeper-seated concerns were about validity threats: collusion between students and examiners, and rater bias affecting students from ethnic minorities. Criticisms pitted the psychometric benefits of OSCEs against their cost. The deepest-seated critical arguments went to the core of the OSCE genre. Students who are actors perform better than non-actors, which reinforces Hodges’ earlier concern that OSCEs reward performance. OSCEs were stressful, which militated against reticent students, who might nevertheless be good doctors. Concerns were expressed about the validity of fragmenting workplace performance into its component competences.

*Conclusion*

OSCEs are criticised for their inauthenticity, ecological invalidity, hierarchical separation of teachers and learners and fragmentation of clinical skill. Reliable assessment of clearly defined, reproducible components of clinical competence appears so highly valued that removal of assessment from clinical contexts, at high cost, and at the risk of encouraging theatrical performance is justified. That, we suggest, is the Fate of our Times. 1) Frank AW. From sick roles to practices of health and illness. Med Educ 2013; 47: 18-252) Hodges B. OSCE! Variations on a theme by Harden. Med Educ 2003; 37: 1134-40.3) Arksey H, O’Malley L. Scoping studies: towards a methodological framework. Int J S Res Methodol. 2005;8:19-32

**Abstract Category Institution**

*Evaluation* QUB

**Presenting Author Co Authors**

Mr Sam Lockhart Farooq H, McConville M, Deery M, Lee S, McCaughey P

**Peer-Led Teaching Improves Student Perception of Clinical Attachments at a District General Hospital**

*Rationale*

During our medical education we perceived a bias against smaller district general hospitals with respect to exam preparation. We aimed to determine if such a bias existed amongst third year medical students and to evaluate if a peer-led teaching program could compensate for any perceived deficiencies in medical students undertaking general medical and surgical attachments in the South West Acute Hospital, a District General Hospital in Co. Fermanagh.

*Methods*

Students participated in 7 peer-delivered teaching sessions (Peershare) and two Mock OSCES. Student perceptions (N=7) were surveyed before and after attending the Peershare sessions. Students were asked to rank on a 5-point likert scale the extent of their agreement with a range of misconceptions that were proposed to exist during an informal survey of final year medical students.

*Findings*

Before Peershare, students agreed that on average students placed in SWAH were at a disadvantage with respect to examinations as: consultants in Belfast set OSCE stations, there were less rare cases in SWAH and there was less teaching available from in-training medical staff. Peershare led to a statistically significant improvement in perceptions when analysed across all domains (P=0.023). In keeping with a direct role for Peershare in the observed improvement in perceptions, students agreed that Peershare could compensate for the perceived lack of in-training medical staff available for teaching, enhanced the quality of the attachment and believed such sessions should be formally timetabled. In addition over 50% of students believed Peershare could reduce assessment related anxiety and 3/7 students believed that Peershare provided pastoral support.

*Discussion/Conclusion*

We conclude that participation in a peer-delivered educational programme is associated with an improvement in student perceptions of clinical attachments. Harnessing the power of peer-education may serve to enhance the educational culture in District General Hospitals.

**Abstract Category Institution**

*Assessment, Learners & Learning Northern Ireland Medical and Dental Training Agency*

**Presenting Author Co Authors**

Dr James Reid K Gardiner, M Morrow

**Simulation Based Education: exploring the reality for postgraduate trainees**

*Rationale*

Simulation Based Education (SBE) is being used increasingly across health professions education; particularly in postgraduate medical training. This is partly in response to encouragement from regulatory bodies, and it is now mandated within some college curricula. There is a general assumption that SBE is welcomed wholeheartedly by both educators and intended recipients. Course development in this area, however, can be piecemeal and the trainee voice is often lost.The overall aim of this project is to contribute to the debate about how and where SBE can enrich the educational experience for trainees in a way which maximises patient care. Specific objectives were to explore where and how SBE is used and gain insights into trainee attitudes- underexplored in the body of simulation research.

*Methods*

The context was postgraduate medical training in Northern Ireland across the full range of specialties.We developed and piloted an online questionnaire. All current trainee doctors in Northern Ireland were eligible for participation. We received 109 responses. We captured demographic details such as specialty and exposure to SBE and subjected these to descriptive statistical analysis. Importantly, there was scope for free text responses to capture attitudinal aspects which underwent thematic analysis.

*Findings*

Key quantitative findings included, unsurprisingly, high exposure to SBE across a wide range of specialties, and a generally high reported acceptance of and willingness to engage with this form of education. Interesting qualitative findings included resistance amongst some trainees to the development of in-situ simulation and a focus on SBE for training in emergency situations as opposed to procedural or communication skills training. There was high demand expressed by trainees for training in human factors.

*Discussion/Conclusion*

This project represents an important contribution to conversations around SBE. The trainee voice has often been ignored and it is important to recognise that there may be undesirable consequences of SBE which trainees are in a unique position to appreciate. The most disruptive of these is potentially in-situ training which is becoming a more dominant force.

**Abstract Category Institution**

*Evaluation* TCD

**Presenting Author Co Authors**

Dr Helena A. Ferris

**Small Group Tutorials in Radiology: A Pilot Study**

*Rationale*

Radiology plays an integral role in the diagnosis and management of disease. As diagnostic images are frequently reviewed by junior doctors prior to the formal Radiology report being issued, it’s essential that they are armed with the knowledge and skills to correctly interpret pathological findings and spot emergent diagnoses, especially out of hours. Effective radiology teaching is of considerable benefit to patients as critical findings are less likely to be missed or misinterpreted.

*Methodology*

This study involved the design and implementation of a pilot series of small group tutorials in radiology as part of the medical undergraduate and postgraduate curriculum in an Irish University. The HSE change model was used to guide the organisational development process and the Kirkpatrick model was used to evaluate the educational initiative.

*Findings*

The data extracted from this research demonstrates the positive impact the change initiative had on the 228 participants. 91% of postgraduates and 84% of undergraduates rated the small group tutorials as either essential or very helpful. 100% of participants would like more radiology teaching with 85% preferring the small group tutorial format. There is a clear need for blended learning tools with 97 % of respondents saying they would use online resources if available.

*Conclusion*

This research supports the integration of small group tutorials in radiology into the medical undergraduate and postgraduate curriculum.

**Abstract Category Institution**

*Evaluation* Royal College of Surgeons

**Presenting Author Co Authors**

Dr Sinead O'Shaughnessy D O’Flynn

**The Introduction of Peer Teaching of Communication Skills into Irish Anaesthesia Training: A 2-Year Prospective Study**

*Rationale*

Peer teaching is a system of instruction in which trainees help each other to learn through teaching. Although better established in undergraduate medical education, peer teaching remains relatively unexplored within the postgraduate setting. The aim of this study was to introduce peer teaching of communication skills to Irish first-year anaesthesia trainees and to evaluate their perception of this teaching modality.

*Methods*

79 first-year anaesthesia trainees participated in a novel peer-led communication skills programme, developed by the authors, over a 2-year period. Trainees completed a questionnaire using a Likert rating scale to explore their perception of peer teaching. Statistical analysis was conducted using Fisher exact test via SPSS v22.0.

*Findings*

Of the 79 respondents, 99% either agreed or strongly agreed that the peer teachers were successful in their role and 97% felt that peers can be effective teachers. 92% advocated for formal peer teaching in other areas of training. The trainees regarded a peer teacher as an appropriate information provider (91%), role model (90%), planner (89%) and facilitator (94%). A smaller proportion of participants (72%) felt that a peer teacher is appropriate as an assessor (p<0.01). The most consistently stated strength of peer teaching was the relatability of peer teachers with their lack of experience cited as the main weakness. 81% of participants preferred peer teaching to their usual teaching. 97% of trainees responded that they would recommend the peer-led communications course to a colleague.

*Discussion/Conclusion*

This study highlights the positive attitudes of first-year anaesthesia trainees towards peer teaching. We recommend that peer teaching is further developed within postgraduate medical programmes not only to maximize learning for both the student and teacher but to redistribute the teaching burden in clinical departments.

**Abstract Category Institution**

*Assessment, Learners & Learning* TCD

**Presenting Author Co Authors**

Dr Anne Marie Liddy Hennessy, M, Patterson A

**The relationship between the PSA and prescribing confidence in Internship**

*Rationale*

Prescribing is a critical competency for the majority of practicing physicians. Although taught at the undergraduate level it is honed as a skill during Internship. The UK Prescribing Safety Assessment (PSA) has been available to Irish Medical Schools since 2014 to benchmark graduate competencies in this area. The PSA is not mandatory, uptake is patchy and its long term effect on prescribing confidence and quality is not known. Although the barriers to safe prescribing are well recognised, little is known about factors that support safe prescribing in clinical practice. The PSA is an open book exam consisting of multiple domains including; treatment planning, prescribing, review, monitoring, calculation skills, adverse drug reactions, and data interpretation. In TCD this is supported by a specific therapeutics curriculum in Years 3 and 5 of the course and a prescribing course for those undertaking the PSA.

*Methods*

We undertook an anonymised survey of student feedback on the PSA exam 2014-2016 as well as survey of student perceptions on the usefulness of curricular interventions to support the PSA. In 2016 using PSA assessment domains we also undertook a survey of perceptions of prescribing confidence in DSE network interns approaching full registration, who had / had not undertaken the PSA before graduation.

*Findings*

Since 2014 some 172 students (80 male) have undertaken the PSA. The pass mark across UK and Irish jurisdictions was 69%, 64% 63.75% in 2014, 2015 and 2016 respectively. Pass rates varied from 89% to 93%.The lowest average scores were in treatment planning, management and data interpretation (58% and 55% respectively) with the highest average score in prescribing (80%). The number of students electing to take the PSA decreased over time. Quantitative and qualitative feedback was collected from students at each sitting of the PSA. The majority of students agreed or strongly agreed that the PSA was an appropriate test of the prescribing skills expected of a medical student upon graduation (94 % 2014, 79% 2015, 77% 2016). Student comments identified areas of perceived weakness and consistently suggested that additional practice assessments would be of benefit, and these are currently under development. To evaluate if competencies included in the PSA transfer to the clinical setting and the effectiveness of curricular interventions in supporting that, data from the survey of intern prescribing confidence will also be presented.

*Discussion/Conclusion*

Before committing to the introduction of the PSA as a mandatory pre graduation competency, it is essential to identify its effectiveness as a benchmark of early career prescribing safety and confidence.

**Abstract Category Institution**

*Evaluation* QUB

**Presenting Author Co Authors**

Dr Rhea SnounouJ Murray

**To Err Is Human: Preparing Healthcare Professionals to Cope With Adverse Events**

*Rationale*

Many healthcare professionals experience post-traumatic stress following involvement in errors. To date, most work aiming to reduce their emotional suffering, has focused on post-error support. The author hypothesised that an educational session could help reduce the emotional trauma experienced by attendees following any future errors they are involved in.

*Methods*

Thirty-two final year medical students attended the pilot programme and completed pre- and post-programme questionnaires. The programme included an overview lecture covering steps which have been associated with better coping after an error, and three interactive workshops on principles of apologising to a patient, principles of supporting a colleague involved in an error, and principles of emotional self-care.

*Findings*

Attendees’ beliefs on the probability they would be involved in errors were more accurate after the programme. They were able to identify more steps to take after an error. Specifically 48% more attendees were willing to speak to the patient, and they were more likely to seek support. The average confidence of attendees supporting a colleague rose from 4.97 to 8.03 out of 10 (where 10 = completely confident).

*Discussion/Conclusion*

The educational programme succeeded in improving attendees probability of coping better with errors by: correcting erroneous beliefs around errors, improving their knowledge of steps to take after an error, and increasing their confidence in disclosing an error to a patient and supporting a colleague. Integrating such programmes into the training curricula of healthcare professionals, in combination with improving post-error management and support, will contribute to healthier culture of patient safety.

**Abstract Category Institution**

*Assessment, Learners & Learning* RCSI

**Presenting Author Co Authors**

Dr Martina Crehan

**Transitions in Health Professions Education: A Phenomenological Analysis of Acclimatisation to the First Year of Study**

*Rationale*

Within the medical education journey, students encounter multiple transitions; entry to medical school; the transition to the clinical setting, and the transition to intern (Draper &Louw 2007). However, qualitative research focusing on the student perspective of the process of transition and adjustment into higher education requires some development. The research is an Interpretative Phenomenological Analysis (IPA) of what it means to be a student undergoing transition into medical education, and reflecting on the decision- making process to study medicine. As the study is designed to focus on student perceptions of the transition, a phenomenological perspective for inquiry focuses on exploring and interpreting data from students' lived experience and articulating the essences of meaning in their experience.

*Methods*

A phenomenological approach was applied to the study of the transition experiences of students, specifically Interpretative Phenomenological Analysis (Smith et al., 2009). Semi-structured interviews were conducted with students in their first year of study in a medical education curriculum (n=12). Smith et al (2009) set of stages of IPA analysis were utilised

*Findings*

Interviews conducted with first year students focused on factors perceived by the students as influencing their educational decision –making process; the students’ perception and experiences of the transition process to higher education, and the development of the students’ perceptions of medical education and their own learning over the course of the first year of study. Amongst other findings, the research reveals that students experienced a disjuncture between expectations of medical education and lived reality.

*Discussion/Conclusion*

The student voice can bring valid and valuable perspectives to learning and teaching practice in relation to transition. This research focusing on the student voice over the course of the first year of medical education helps to identify the key features of effective practice to support and enhance the student first year learning experience.

**Abstract Category Institution**

*Clinical and Professional Education* TCD

**Presenting Author Co Authors**

Dr Aileen Patterson B. Lyons, R. Pilkington, O.Sheils, M. Hennessy

**Un-Blurring the Boundaries, Exploring Undergraduate Medical Student Perception of Acceptable Professional Behaviour Online**

The Irish Medical Council’s recent guidelines address medical student professional behaviour including their online interactions. The extension of the principles of professionalism to online behaviour for medical students may not be sufficient to ensure the successful transition from teen-age users to novice medical practitioners. Student understanding of professionalism and their opinions regarding the appropriateness of behaviours addressed by the IMC guidelines will be crucial to their adoption and implementation.

This study investigates how ethically challenging behaviours are viewed by medical students and is part of a larger study which will also review professional and public perception of appropriate behaviour. Questions asked related to social media posts involving alcohol or drug use, mild intimacy, various states of undress, online aggression or discrimination, patient confidentiality and other aspects of professional conduct.A survey instrument, created by the investigators and medical students, was reviewed by a focus group of class Facebook page administrators and amended according to suggestions.

The findings from the class survey (N=413, 48%) showed that Facebook is the preferred social media platform (86%) and the majority of students accessed this several times per day (72%). Ranking student perceived breaches of professionalism, confidentiality was seen as the most inappropriate, followed by reference to doctors in a negative manner, friending patients, suggested use of marijuana or excessive intoxication. In contrast to other similar studies, students perceived posts depicting same and opposite sex kissing as appropriate. Students reported a higher level of expectation for graduate behaviour compared to student behaviour. The majority of students were confident of their understanding of discriminatory language, however importantly 22% were unsure how this would be defined, 28% were not confident of their understanding of the IMC guidelines and 38% had concerns about the level of professional behaviour expected form medical students.

These results identify the heterogeneity in student understanding of online professional behav-iour, whilst there is agreement regarding the ranking of inappropriate behaviour contention exists regarding what constitutes personal and professional information. There is a need to develop relevant instruction in online professionalism, to assess understanding and to explore legitimate concerns regarding personal and professional boundaries.

**Abstract Category Institution**

*Clinical and Professional Education* TCD

**Presenting Author Co Authors**

Enda O'Connor M Moore, W Cullen, P Cantillon

**Undergraduate education in intensive care medicine; a qualitative study of medical students’ experiences of clinical placements in the intensive care unit**

*Rationale*

Research into medical student workplace learning demonstrates the interplay between student learner and the learning environment, from which workplace learning models have been designed. No such research exists about undergraduate clerkships in ICUs, nor how they differ from other environments. We sought to qualitatively evaluate students’ experiences of learning during undergraduate ICU clerkships and how these differ from experiences in non-intensive care settings.

*Methods*

We undertook a qualitative study of 4 first-year graduate doctors, and 10 medical students in an Irish medical school who had a recent undergraduate ICU clerkship. We used interpretivist methodology, a social cognitive theoretical framework and a qualitative descriptive research strategy. Data collection and analysis were conducted using semi-structured focus group discussions and 6-step content analysis respectively.

*Findings*

Social cognitive influences on learning were apparent in the focus group discussions. Additionally, three overarching learning themes emerged, each related to a different stage of the student clerkship (anticipation/apprehension, orientation/induction and learning throughout the clerkship). These were used to construct a chronological model of undergraduate learning in the ICU. Student learning is influenced by prior apprehensions (about complex patients, an unfamiliar ICU environment, and anticipated uselessness), by early clerkship experiences (the initial interactions with the ICU and staff therein, and the level of early supervision, guidance and organisation), and by numerous factors throughout the clerkship (student motivation and self-learning, degree of active student participation, the reciprocal dynamics of the student-teacher relationship, and the breadth of clinical experiences). Numerous differences between ICU and non-intensive care clerkships emerged, in particular the adjustment in diagnostic reasoning methods, the implications of high student visibility in the ICU, higher ICU consultant to student ratio, and the challenge of creating self-learning experiences in the unfamiliar ICU environment. Participants reported that these had varying influences on their learning during the clerkships

*Conclusion*

Our study suggests that although some principles of effective student learning apply equally to the ICU and the non-ICU setting, preparation for an intensive care clerkship and navigating the ICU as a workplace learning environment are more challenging than during other clerkships. Notwithstanding this, the ICU offers unique learning experiences for students.

**Abstract Category Institution**

*Clinical and Professional Education* QUB

**Presenting Author Co Authors**

Mr Ian Walsh C. Morgan, L Adams, J. Murray, R. Dunlop

**Utility of Situation Background Assessment and Recommendation (SBAR) Amongst Undergraduates**

*Rationale*

Structured communication tools are used to improve team communication quality. The Situation Background Assessment and Recommendation (SBAR) tool is widely adopted within patient safety. SBAR effectiveness is reportedly equivocal, suggesting use is not sustained beyond initial training. Understanding perspectives of SBAR utility may further improve clinical communication. We investigated senior medical undergraduate perspectives on SBAR, particularly when communicating with senior colleagues.

*Methods*

Mixed Methods data collection was used. A previously piloted questionnaire was given to all final year medical students. A subgroup also participated in 10 focus groups, deploying strictly structured audio-recorded questions. Selection was by convenience sampling, data gathered by open text questions and verbatim transcription. Iterative In-vivo coding towards data saturation preceded thematic analysis.

*Findings*

233 of 255 students (91%) participated; reporting: 1. A desire for formal feedback and relative lack of experience with SBAR. 2. Variable SBAR interpretation between individuals. 3. Brief training sessions are insufficient to embed the tool. 4. SBAR helped effective communication, especially by providing structure in stressful situations. 5. Only 18.5% felt an alternative resource might be needed. Sub analysis of themes highlighted: A. Lack of clarity of what information to include and information placement, B. Senior colleague negative response, C. Lack of tool conciseness.

*Discussion/Conclusion*

Students reported variable responses to SBAR utility. Whilst this may reflect individual communication style preferences, there were strongly recurrent themes; with strong reservations mainly in domains such as lack of clarity and negative senior colleague response. However, the majority of students wished to retain the tool, although most were unaware of alternative resources. Despite a wide range of contradictory interpretation of SBAR utility, most students wish to retain the resource. More practice opportunities/feedback may enhance user confidence and understanding. Refinement of SBAR structure or investigation of alternative communication tools may be warranted.

**Abstract Category Institution**

*Clinical and Professional Education* QUB

**Presenting Author Co Authors**

Ms Hannah Gillespie N King, GJ Gormley, AEW Gilliland MA Kelly, T Dornan

**What does it mean to be caring? Phenomenological research using the novel Pictor technique.**

*Rationale*

Medical students learn to care for patients. But what is caring? Morally, patients should answer that question. But only a handful of publications have allowed them to do so whilst hundreds of publications have allowed professionals to do so. To give patients a voice in education for caring, we asked a carefully selected set of patients to recall memorable experiences of being cared for by healthcare professionals (HCPs) and analysed their answers in depth.

*Methods*

With ethics approval, two general practitioners purposefully recruited 10 patients whose experiences of primary, secondary, and/or tertiary care from doctors, nurses, and other HCPs ranged from strongly positive to strongly negative. A researcher asked them to depict one or more memorable episode of care using Pictor diagrams.(1) We analysed transcripts of participants’ audio-recorded experiences in equivalent depth, using a template method.

*Findings*

Experiences of caring resulted from complex interactions between participants and HCPs. Caring encounters were sometimes founded on little things, which were individually unremarkable, but whose net effects were greater than their component parts. Caring HCPs not only communicated well; they formed relationships. Their actions as well as their words went above and beyond what participants expected. Caring HCPs treated participants and their situations as highly individual and tailored their responses accordingly. Caring HCPs were competent, knowledgeable, and able to respond appropriately to participants’ concerns. Limitations in resources or time sometimes constrained caring HCPs’ capacity to care.

*Discussion/Conclusion*

Caring HCPs show a variety of attributes and take actions, some of which might seem trivial to professionals. Not all HCPs show all those attributes and behaviours; rather, patients value carers’ individual amalgams of traits. These findings complement an earlier, rigorous scoping literature review in which we showed the same: that patients experience caring as multifaceted. This consonance between primary and secondary research, both conducted from the epistemological stance of interpretative phenomenology, contributes validity to the findings presented here. Our educational conclusion is that encouraging HCPs to find how little things add up to experiences that are greater than the sum of their parts might make them more caring. Reference:1. King, N., Bravington, A., Brooks, J., Hardy, B., Melvin, J. and Wilde, D. ‘The Pictor Technique: A Method for Exploring the Experience of Collaborative Working’ Qualitative Health Research. 2013; 23: 1138-1152.

# Abstracts for Poster Presentations

**Institution**

University Hospital Galway

**Presenting Author Co Authors**

Dr George Rahmani A McArdleJ Kelly

**A Quick and Easy Makeshift Suture Pad**

*Rationale*

Suturing is a fundamental skill that every surgeon must possess. From humble beginnings, most surgeons first develop this skill by practicing on various materials including fruit, pigs’ trotters and purpose built practice pads. Fruit is cheap but does not feel very realistic. Pigs' trotters feel quite realistic but need refrigeration or they will quickly rot and degrade. Practice pads are reusable and quite realistic, but they can be expensive and are not always readily available. We describe a quick and easy makeshift suture pad that can be fashioned in seconds and provides a relatively realistic material to practice basic suturing skills with.

*Methods*

To create the outer skin layer of the suture pad we use the hydrocolloid dressing DuoDERM®. This has the advantage of being readily available, inexpensive (€1-€2 each) and has a texture that closely resembles skin. It will also easily adhere to the second layer of the suture pad that mimics the subcutaneous tissues. To do this we use a 15/16-inch self-adhering foam pad (3M™ Reston™), which adheres to the worktop surface allowing it to remain in place while practicing.

*Findings*

The result is a suturing pad that is inexpensive, realistic, readily available and reusable.

*Discussion/Conclusion*

We use the above pad to teach our undergraduate medical students the basics of instrument handling and suturing. The students are able to take the pad home and continue practicing in their own time. This suture pad is particularly useful because it is made from materials readily available in the hospital setting.

**Institution**

QUB

**Presenting Author Co Authors**

Dr Colm Brendan Dorris R. Sweeney, A. Bannon, N. Clapton, N. Campbell, H.

**Curry Against the clock! Evaluation of a written finals peer teaching programme**

*Rationale*

Becoming a clinical teacher and developing skills in medical education is integral to the Duties of a Doctor (1). Peer teaching is an exciting and beneficial practice for students, junior doctors and Hospital Trusts involved (2). FY1 doctors in Antrim Area Hospital led a two-day revision course for final year medical students sitting final MB. Six unique questions were prepared, following this succinct presentations were delivered outlining the answers, tips on exam technique and how to approach a paper.

*Methods*

Students were invited to attend via email. Number of responses n=60. Over two evenings, 3 groups circulated through stations, spending 30 minutes answering questions and 30 minutes discussing the answer. Examination was mirrored closely to QUB past papers. Using Likert scale questionnaires, we measured our primary outcome: pre- and post-course confidence levels in each core subject and course satisfaction. Primary outcome defined as confidence increase ≥1 on Likert scale. Qualitative feedback collected through free-text questions. Based on sign in sheets, 60 attended Day 1 and 30 on Day 2.

*Findings*

Included in results data are all fully completed questionnaires: Day 1, n=54, Day 2 n=24 by medical students from 4 different hospital trusts. Null hypothesis (H ,“there is no difference in confidence levels pre- and post-teaching intervention”. 100% of students across both days believed teaching sessions were of high quality (n=81 Strongly agree, n=2 Agree). There was an increase in confidence across all subjects, figures represent average score before and after teaching; Medicine: 6.75; 8.21 (p<0.01), Surgery: 6.81; 8.40 (p<0.01), Evidence based medicine: 3.88; 6.64 (p<0.01), Medicine day 2: 7.08;8.46 (p<0.01), Psychiatry: 5.95; 7.82 (p<0.01), General Practice: 6.10; 7.77 (p<0.01).

*Discussion/Conclusion*

Rejecting Hthere is an increase in confidence across all questions covered. We have demonstrated the effectiveness of timed exam questions and peer teaching as a key learning tool. Limiting factors include response bias from questionnaire. Similar programmes could be implemented throughout undergraduate training highlighting this unique learning opportunity helping close the gap between practical and written exam preparation.

**Institution**

RCSI

**Presenting Author Co Authors**

Dr Zeyad Sako Majd Protty, Orla O’Caroll, Cormac McCarthy, Emmet O’Brien

**An evaluation of intern preparedness in the transition from medical school to internship**

*Introduction*

The first year of medical practice is a critical time for junior doctors as it marks the transition from student to practising physician. Few studies assess this transition and there is limited understanding of which objective measures are required to assist intern development. This time period can be associated with an increased risk of medical error and so preparation is of paramount importance in order to assure correct delivery of patient safety.

*Rationale*

This study aims to assess the self-reported level of preparation for intern year among a group of medical students. We also hope to identify key areas where further training may be provided and determine attitudes towards educational experiences at a tertiary teaching hospital Methods

A survey-based observational cohort study was undertaken in a tertiary teaching hospital. Baseline characteristics were collected as well as information on perceived competence in clinical and communication skills, exposure to simulated teaching, and attitudes towards training opportunities.

*Findings*

Of the 59 interns who took part in this study, one third felt underprepared for internship with 84% suggesting that additional training would be useful. All participants had been involved in simulated teaching and the majority felt that this was a helpful experience to prepare them for the reality of medical practice.

*Discussion/Conclusion*

There is a perceived lack of preparation among interns commencing clinical practice and this finding emphasises the need for continued reform of the undergraduate curriculum.

**Institution**

TCD

**Presenting Author Co Authors**

Ms Noreen O'Shea

**Conference Report World Confederation for Physical Therapy Singapore 2015**

*Learning Objectives:*

1. Learn about Singapore home for 46 of my previous students.

2. Meet my Irish students now working in Singapore.

3. Presented my research as a poster: Why Teach? The factors which influence therapists to opt into/out of clinical education.

4. Lean in globally.

5. Develop new ways of thinking, teaching & practising. a. Preferential topics: Education & Global Health. b. Pre Conference Course: Designing on-line learning

6. Witness my classmate, Emma Stokes being crowned leader of the World Confederation of Physiotherapists.

7. Witness colleague Alice Waugh being presented with best poster in European Region.

*Learning Outcomes:*

1. Singapore: Hospitals are extremely well resourced & designed, community services under development. Elderly Singaporeans live with family in apartments, no stairs & often have maids. They are more passive in rehab than Irish elderly. Singaporeans use public transport which is not always disabled friendly. Taxis are difficult to hail.

2. Irish graduates are fit for purpose in Singapore.

3. My research is reproducible at PhD level (Mark Hall)

4. Interacted with Singaporean, French, Norwegian, Danish, Saudi, American & British. We are at the cutting edge.

5. Most learning in areas around Technology Enhanced Learning . Became more pessimistic about my ability to write for publication, probably confirmed I am never going to be a researcher. Most potent food for thought in area of evidence based practice & politics of why clinicians practice EBP only 25% of the time. Feel our practice is at cutting edge of clinical education & globalisation. Didn’t learn anything new in this area. 6&7 National Pride. Reflected glory.

*Conclusion*

Expensive location but worthwhile conference. One year later still reflecting on politics of Evidence Based Practice and Technology Enhanced Learning.

Conference Twitter hastag: #WCPT2015

Blog on #WCPT2015: @physiotutorium@blogspot.ie (posts from 2 to 7th May 2015)

**Institution**

RCSI

**Presenting Author Co Authors**

Dr Dara O'Keeffe Mr. Adam Roche, Dr. Angela O’Dea, Dr. Eva Doherty

**Electronic Course Evaluation: Data at Your Fingertips.**

*Rationale*

Paper based course evaluation is administratively burdensome, slow, error enducing and often not completed. An alternative method of obtaining evaluations is through electronic course evaluation tools. Evaluations using these tools are conducted via hand held electronic devices such as mobile phones or iPads immediately following course completion. We describe an electronic course evaluation process that provides instant analysis and feedback to faculty without the need for transcription and with minimum administrative support.

*Methods*

A free online survey platform was utilised to assess 54 courses with a total of 1,325 respondents. The survey platform allows for both closed and open format questions. Respondent anonymity is maintained.

*Findings*

Respondents reacted favourably to this format and no technical difficulties were encountered. The quality and quantity of information received from the electronic survey was equivalent to the paper based system. The completion rate was over 90%, time to complete the survey was under three minutes. The percentage of qualitative comments was equivalent to the paper based system. In all cases, feedback was circulated to faculty on the same day as the course.

*Discussion/Conclusion*

Electronic course evaluation is easy and convenient to use, requires little administration and provides high quality word-processed reports,that can be quickly and easily generated immediately following course completion.

**Institution**

TCD

**Presenting Author Co Authors**

Dr Laura Gleeson J. Conlon, School of Medicine, Trinity College Dublin, M. Hennessy, School of Medicine, Trinity College Dublin

**Experiences of Intern Tutors in a pilot Intern-led Bedside Teaching Programme for Undergraduate**

**Medical Students in a University Teaching Hospital.**

*Rationale*

Growing numbers of undergraduate medical students has resulted in several Irish and UK medical schools piloting near-peer led undergraduate teaching programmes (Field et al, 2004; Dunne et al, 2011; Woods et al, 2014). We sought to survey experiences of Intern Tutors participating in a pilot Intern-led bedside tutorial programme for undergraduate medical students in a university teaching hospital.

*Methods*

Interns working in a Dublin teaching hospital were given the opportunity to volunteer as formal bedside tutors for 3rd Year (1st Clinical Year) undergraduate students, the purpose of which was reinforcement of clinical examination skills taught during the preceding academic year. A list of common cases upon which to focus was circulated by email to Tutors. Weekly tutorials were delivered to groups of 5 students throughout the academic year, at the close of which Intern Tutors were surveyed.

*Findings*

17 of 26 Tutors returned a completed survey. Of these, 8 (47.1%) reported previous teaching experience, and 2 (11.8%) had received training in teaching skills during medical school. Enjoyment of teaching (n=11; 64.7%) and desire to “give back” (n=8; 47.1%) were the most frequently cited reasons for volunteering. 11 (64.7%) reported their experience with the pilot programme had increased their desire to teach in future. Most frequently cited barriers to teaching were lack of time due to clinical commitments (n=12; 70.6%) and unfamiliarity with learning goals (n=7; 41.2%). In terms of improving tutors’ experiences of the programme, protected time for teaching (n=10; 58.8%) and training in teaching skills (n=5; 29.4%) were the most frequent suggestions.

*Discussion/Conclusion*

Our results suggest a generally positive experience of the pilot programme amongst Intern Tutors surveyed, and indicate a desire amongst tutors to continue teaching in the future. Responses indicate that more detailed direction with regard to learning goals, as well as training in teaching skills, would be well-received by tutors. Given the increased use of near-peer teaching at undergraduate level across Ireland, incorporation of basic teaching skills into undergraduate curricula may be warranted.

**Institution**

UCC

**Presenting Author Co Authors**

Ms Anél Wiese Dr. C. Houghton

**Exploring allied health staff and students’ experiences and opportunities for using Interprofessional Education in clinical practice.**

*Rationale*

Interprofessional education (IPE) is an approach to education whereby students of two or more professions learn with, from and about each other (1). It is valuable because it facilitates improved collaboration between health care professionals and should be an integrated component of allied health curricula. There is little research exploring the integration of IPE in student clinical placements (2). From an Irish perspective, there is a paucity of literature to contextualize IPE in local healthcare and education settings. The aim of this study was to explore staff and students’ experiences of IPE in clinical practice, to identify existing opportunities for the advancement of IPE in clinical practice and to describe barriers and facilitators to the implementation of IPE in the local healthcare context.

*Methods*

A qualitative descriptive design was employed to describe participants’ perceptions and experiences of IPE. Semi-structured interviews were completed with 10 staff members responsible for coordinating or facilitating practice education for Occupational therapy (OT), Physiotherapy (PT) or Speech and Language Therapy (SLT). A student focus group was also conducted. The aim of content analysis was to describe the phenomenon as perceived by the participants and moderating interpretation by emphasizing participant commentaries.

*Findings*

This study revealed barriers to the implementation of IPE such as organizational obstacles and incompatibility of clinical placements. Suggestions were made by the participants on how to advance IPE in practice education of allied health professionals. Such as training for practice educators around IPE, enabling practice tutors and regional placement facilitators to make IPE on a larger scale possible, as well as to support individual clinical sites to integrate IPE.

*Discussion/Conclusion*

The long-term goal should be to habitualise students to interprofessional collaboration. Furthermore, a thorough assessment of the existing sites, used for clinical placement, is needed to determine their capacity for IPE in terms of accommodation, multidisciplinary teams, clientele, etc. The assessment forms used for grading practice education have to be made more sensitive to IPE. Assessment is a very important driver for learning (3), and therefore, interprofessional learning and collaboration need to be appropriately incorporated into assessment of clinical practice.

References:

Buring SM, Bhushan A, Broeseker A, Conway S, Duncan-hewitt W, Hansen L, et al. Interprofessional Education: Definitions, Student Competencies, and Guidelines for Implementation. Am J Pharm Educ. 2009;73(4).2. Morris, Ros Hilton J. Student placements - is there evidence supporting team skill development in clinical practice settings? J Interprof Care. 2001 Jan;15(2):171–83.3. Brown S. Assessment for learning. Learn Teach High Educ [Internet]. 2004;(1):81–9.

**Institution**

QUB

**Presenting Author Co Authors**

Dr Richard McCrory G Gormley, AP Maxwell, T Dornan

**Healthcare Professionals Learning Intravenous Fluid Therapy: A Scoping Literature Review**

*Rationale*

Intravenous (IV) fluid therapy is a frequently performed task shared amongst medical and nursing professions. Adverse events from inattention to water or electrolyte management are common and result in patient harm (NCEPOD 1999, NCEPOD 2009). Reasons for this include inadequate training of health professionals to carry out this task at undergraduate and postgraduate level. Our purpose was to map critically the literature describing how healthcare professionals learn to perform IV fluid therapy and what measures of this performance in practice exist.

*Methods*

A scoping review helps broadly and rapidly examine previous research activity in the larger literature landscape. It was conducted using methodology outlined by Arksey & O’Malley, and enhanced by Levac. After framing the review question, an electronic search strategy of academic databases and relevant grey literature sources yielded 1012 publications from 1994 to October 2015. After application of appropriate inclusion and exclusion criteria to titles and Abstracts, a total of 71 articles were selected. Extracted findings of these reports went into a data collection chart; from these, themes were analysed, developed and discussed.

*Findings*

While healthcare professionals regard IV fluid therapy as an integral part of patient management, they display wide variation in knowledge about fluid and electrolyte balance and the constituents of commonly used IV crystalloid solutions. Using tools such as fluid balance charts is hampered by competing ward activities, limitations in knowledge to use them and attitudes towards their completion. Prescribing performance by doctors varies by geography, specialty and clinical experience. Individually tailored prescriptions to relevant parameters such as patient weight in adults is rarely done. Educational interventions often focus on enhancing practitioner knowledge about fluid and electrolyte balance or adherence to a guideline, rather than learning to execute the task; changes in performance of IV fluid prescribing are variable, and there is no description of the wider impacts on patient outcomes.

*Conclusion*

IV fluid therapy is a complex task situated by locality, clinical context and historical patterns of practice. The firm emphasis on the acquisition of knowledge in current educational interventions appears insufficient to foster safe and effective practice.

**Institution**

UCD

**Presenting Author Co Authors**

Diarmuid Sugrue M. O’Connor C. Carberry, J. Last

**EXPLORING PERSPECTIVES ON THE INTRODUCTION OF A MENTORING PROGRAMME AT AN IRISH MEDICAL SCHOOL**

*RATIONALE*

In recent years, medical schools worldwide have established mentoring programmes (MPs) for their students. However, there is no ‘gold-standard’ for the implementation or operation MPs . In the UCD School of Medicine (UCDSM), formal mentoring is prioritised for students with unsatisfactory academic progress and academic scholars of the University. The aim of this study was to investigate if a mentoring programme (MP) would be valued by staff and students at UCDSM.

*METHODS*

A literature review, using PubMed, ERIC and Google Scholar, analysed best practice. A mixed-

Methods study was then designed. Quantitative data were collected from student (n=119) and staff (n=94) surveys. Data were analysed using SPSS. Qualitative data was gathered from staff and student focus-groups and thematically analysed.

*FINDINGS*

52% (n=62) of students agreed that UCDSM is supporting them academically. This differs by self-reported class rank; 71% of the top tertile versus 37% of the bottom tertile agreed (p=0.03, Chi-Square). 76% of students would avail of an MP. Most staff (69%) would like to mentor students. Students identified the transition to teaching hospitals as the most useful time for mentoring [Median (range): 2 (1-6)]. Academic staff proposed entry into UCDSM [Median (range) 2 (1-6)] whereas clinicians advocated postgraduate [Median (range) 1 (1-6)]. Poor communication and uncertain expectations were common focus-group themes; both groups identified mentoring as a means to improve these.

*CONCLUSIONS*

These findings support extending formal mentoring within UCDMS to all students. Staff and students have different outlooks and priorities. Therefore, further research is required to assimilate these perspectives.

Buddeberg-Fischer, Barbara, and Katja-Daniela Herta. "Formal mentoring programmes for medical students and doctors-a review of the Medline literature." Medical Teacher 28.3 (2006): 248-257

Frei, Esther, Martina Stamm, and Barbara Buddeberg-Fischer. "Mentoring programs for medical students-a review of the PubMed literature 2000-2008." BMC medical education 10.1 (2010): 32.

**Institution**

QUB

**Presenting Author Co Authors**

Dr Thomas Bourke C Hart, C Junk, A Thompson

**Parent opinion on Multi-disciplinary In-situ Simulation as Paediatric Emergencies Training**

*Rationale*

We have implemented a rolling programme of multidisciplinary in-situ high fidelity simulation throughout our tertiary referral children’s hospital. During the evaluation a senior member of the nursing staff questioned the impact that this programme might have on patients and families. This question is not currently addressed in the literature

*Methods*

We designed and piloted a questionnaire inviting parents to rate a series of statements about in-situ simulation. A nurse and doctor involved in simulation explained the concept to parents, provided an information sheet and invited them to complete the questionnaire

*Findings*

All 41 parents approached agreed to participate. 17% thought that in-situ simulation might be distressing to them or their child. Despite finding it potentially distressing, over 90%, agreed that practicing for emergencies on the ward should be done even if it caused disruption. 95% reported increased confidence in the team knowing this practice occurs. Review of the comments suggests that communication was a key parental concern. One parent stated that ‘to be aware they could happen at any time would be enough for me not to become distressed’. Parents suggested providing an information leaflet on admission to prepare them for possible in-situ simulations and to ‘have a quiet word in surrounding relatives ear’ to inform parents and reduce distress.

*Discussion/Conclusion*

This survey provides valuable insight for those developing an in-situ simulation programme. Parents appear positive regarding ward-based training in paediatric emergencies; ‘further training will only benefit my child’. Potential for distress/disruption could be mitigated by good communication strategies. We are incorporating the parent suggestions into our simulation programme and aim to prospectively gather parental opinion post-simulations.

**Institution**

RCSI

**Presenting Author Co Authors**

Dr Joy Ewenn Tan

**Listen to your stakeholders: 1 year study on Medical Students’ Reflections in Paediatric Rotation**

*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 2. 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. The MS were asked to answer questions related to quality of teaching from consultants, registrar, outpatient clinics, inpatient ward, paediatric surgery, online education material provided and group work . The MS responded to each question using 5 point Likert Scale.

*Findings*

Total 150 MS (91%) returned the questionnaire after end of each rotation. Head of department and clinical tutors teaching were graded as excellent by mist of MS (90%) followed by consultant doctors. (80%) Some MS (30%) suggested to spend more time in A&E and more bedside tutorials. MS complained about lack of engagement from surgical and nephrology rotation. Some of MS expressed disorganised teaching from teams in peripheral rotation.Overall ,MS found it tough to get a good grasp of paediatrics in such a short rotation. They expressed there is a need of a better undergaduate paediatric textbook.

*Discussion/Conclusion*

The department had made small changes after reviewing each group feedback from MS. The two week attachment in Tertiary Hospital (Children University Hospital) is titivated with highlighted core topic in paediatrics. All lectures, clinical skill 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 blended learning approach to enhance learning experience in peripheral rotation.

**Institution**

QUB

**Presenting Author Co Authors**

Dr Thomas Bourke S McVea, A Thompson, C Flannigan

**Simulation Based Training Bundle Significantly Reduces Time to Oxygen Delivery Via Needle Cricothyroidotomy in Airway Emergency**

*Rationale*

To evaluate if practical problems exist with needle cricothyroidotomy utilization and equipment assembly amongst Advanced Paediatric Life Support (APLS) providers and whether introduction of a simulation based needle cricothyroidotomy training bundle improves performance.

*Methods*

20 APLS providers in a tertiary Paediatric hospital took part in a simulated “can’t intubate, can’t ventilate” emergency. They were asked to oxygenate the patient with a needle cricothyroidotomy in situ before and after introduction of a simulation based training bundle.

*Findings*

Successful delivery of oxygen (O2) improved from 25% before to 100% after the introduction of the bundle (p<0.001). The time taken for the attempt improved from a median 232 seconds before to a median of 59.5 seconds (p<0.001).Candidate confidence rating increased from a median of 2.5/10 to 9/10 (p<0.001)

*Discussion/Conclusion*

Introduction of a simulation based training bundle generated clinically important improvements when utilizing a needle cricothyroidotomy cannula. Success rates dramatically improved and time taken until oxygen delivery significantly reduced during a time critical airway emergency simulation involving APLS providers.

# Oral Presentation Schedule

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Evaluation** | **Assessment, Learners & Learning** | **Clinical & Professional Education** |
| ***Venue*** | ***Brookfield Suite*** | ***Glenbank Suite*** | ***Broadway Suite*** |
| ***Facilitator*** | ***Dr Michael Williams*** | ***Dr Lisa Moran*** | ***Dr Deirdre Bennett*** |
|  | Implementation and Evaluation of a Sub-internship rotation in Final Year Medicine *Dr Elaine Burke(TCD)* | Communication skills comparison using a standardized instrument in OSCEs: the language effect.  *Dr Thomas Kropmans(NUIG)* | Learning and Working in Clinical Environments  *Ms Anél Wiese(UCC)* |
|  | Small Group Tutorials in Radiology: A Pilot Study  *Dr Helena A. Ferris(TCD)* | The relationship between the PSA and prescribing confidence in Internship  *Dr Anne Marie Liddy(TCD)* | Utility of Situation Background Assessment and Recommendation (SBAR) Amongst Undergraduates *Mr Ian Walsh(QUB)* |
|  | ‘Swotting-up’ on the application process – what role can medical students play?  *Ms Hannah Gillespie(QUB)* | OSCEs and the Fate of our Times. A critical review of published articles.  *Ms Sarah Duggan(QUB)* | Undergraduate education in intensive care medicine; a qualitative study of medical students’ experiences of clinical placements in the intensive care unit  *Enda O'Connor(TCD)* |
|  | Bespoke Radiology e-Learning  *Mr Ian Walsh(QUB)* | Growing pains moving from ‘knows how’ to ‘does’: Modification of Entrustable Professional Activities for the undergraduate Psychiatry curriculum.  *Dr Eileen Sweeney(TCD)* | “Throwing shapes”: the relationship between para language, mutual positioning and legitimacy in clinical teams.  *Prof Peter Cantillon(NUIG)* |
|  | “You can’t judge a man until you walk a mile in his shoes”: Experiential learning in diabetes self management increases empathy of undergraduate medical students  *Ms Mary Clare O'Hara(NUIG)* | Assessment – Now or on Demand?  *Mrs Clare Whelan(TCD)* | Building remote communities of practice: A novel approach to knowledge and confidence building for dermatology among GP Trainees using video-conferencing platform and the ECHO model  *Dr Nigel Hart(QUB)* |

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| --- | --- | --- | --- |
|  | **Evaluation** | **Assessment, Learners & Learning** | **Clinical & Professional Education** |
| ***Venue*** | ***Brookfield Suite*** | ***Glenbank Suite*** | ***Broadway Suite*** |
| ***Facilitator*** | ***Dr Michael Williams*** | ***Dr Lisa Moran*** | ***Dr Deirdre Bennett*** |
|  | Design & Implementation of small group workshops in a pre-clinical Psychiatry module  *Dr Mariel Campion(UCD)* | Assessment of Situational Awareness in Undergraduate Medical Education by Objective Structured Clinical Evaluation: A Literature Review –  *Markus Fischer(NUIG)* | Living with ‘melanoma’…for a day: a phenomenological analysis of medical students’ experiences  *Dr Gerard Gormley(QUB)* |
|  | Medical Student Perception of Clinical Audit  *Ms Nora Ellard(SVUH)* | Generation Y students. Who are they and what are their expectations of practice education  *Mrs Caroline Hills(NUIG)* | What does it mean to be caring? Phenomenological research using the novel Pictor technique.  *Ms Hannah Gillespie(QUB)* |
|  | @NESTSJH: A Community of Practice for Clinical Educators in a Large Teaching Hospital  *Ms Noreen O'Shea(SJH)* | Medical research awareness among non-consultant hospital doctors: A cross-sectional survey.  *Dr Kevin Kitt(UHG)* | Attitudes of Health Science Students Towards Sharing of Images/Information on Social Media  *Prof Jason Last(UCD)* |
|  | EWTD implementation in Ireland: Effects on Training & Quality of Life  *Dr Sinead O'Shaughnessy(CUH)* | Transitions in Health Professions Education: A Phenomenological Analysis of Acclimatisation to the First Year of Study  *Dr Martina Crehan(RCSI)* | Un-Blurring the Boundaries, Exploring Undergraduate Medical Student Perception of Acceptable Professional Behaviour Online  *Dr Aileen Patterson(TCD)* |
|  | The Introduction of Peer Teaching of Communication Skills into Irish Anaesthesia Training: A 2-Year Prospective Study  *Dr Sinead O'Shaughnessy(RCSI)* | Generation Y students. Who are they and what are their expectations of practice education  *Mrs Caroline Hills(NUIG)* | Medical Professionalism: the making of a definition *Dr Teresa Pawlikowska & Heinz Lechleiter(RCSI & DCU)* |

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| --- | --- | --- | --- |
|  | **Evaluation** | **Assessment, Learners & Learning** | **Clinical & Professional Education** |
| ***Venue*** | ***Brookfield Suite*** | ***Glenbank Suite*** | ***Broadway Suite*** |
| ***Facilitator*** | ***Dr Michael Williams*** | ***Dr Lisa Moran*** | ***Dr Deirdre Bennett*** |
|  | To Err Is Human: Preparing Healthcare Professionals to Cope With Adverse Events *Dr Rhea Snounou(QUB)* | Simulation Based Education: exploring the reality for postgraduate trainees  *Dr James Reid(Northern Ireland Medical and Dental Training Agency)* |  |
|  | Peer-Led Teaching Improves Student Perception of Clinical  Attachments at a District General Hospital  *Dr Phil McCaughey(QUB)* |  |  |
|  | Conference Report World Confederation for Physical Therapy Singapore 2015  *Ms Noreen O'Shea(SJH)* |  |  |

# INMED AGM Agenda

1. Minutes of the 2015 INMED AGM
2. Matters arising
3. Review of INMED annual report (Peter Cantillon)
4. Review of INMED research grant schemes (Deirdre Bennett)
5. The new INMED website (Deirdre McGrath)
6. INMED membership?
7. INMED ASM 2017 (Eva Doherty)
8. Any other business