



**Irish Network of Medical Educators
11th ANNUAL SCIENTIFIC MEETING**

7 – 9th February 2018

Clinical Supervision: What works, how and why?

**Brookfield Health Sciences Complex
University College Cork**



**Medical
Education
Unit**



Sponsors

INMED would like to thank the following for their sponsorship for the #INMED2018 conference:



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Welcome

Deirdre Bennett, Chair, Organising Committee.

On behalf of the local organising committee, I am delighted to welcome you to INMED 2018 at the College of Medicine and Health, UCC. We hope that you will enjoy the programme.

The theme of the conference is **Clinical Supervision. What works, how and why?** Learning through work, under the supervision of a more experienced practitioner, is an approach shared across the health professions. As clinical learning environments become ever more challenging places to work and learn, it is timely to consider the nature of Clinical Supervision. What does it mean? What supports and hinders it? How does it fit with current 'big ideas' such as Competency Based Education. Our keynote speakers, from the US, Netherlands and UK will share their perspectives on some of these questions and help us to consider how they apply in our own contexts.



The interprofessional character of INMED is reflected in the parallel sessions. We will have over one hundred oral and poster presentations from dietitians, dentists, doctors, pharmacists, physiotherapists, nurses, occupational therapists, speech and language therapists, educationalists and students. The student-led session will feature medical, pharmacy and dentistry students proposing a multidisciplinary, student centered, "Charter of Best Practice for Clinical Supervision". There will be pre-conference and in-conference workshops on a range of themes covering both research and educational practice.

I would like to thank the members of the UCC organising committee for giving their time so generously over the past six months. Particular thanks are due to the School of Medicine administration team; Colette Spicer, Anne Marie Wyper and Melissa Walsh who have played a key role in organising and running INMED 2018.

Peter Cantillon, INMED Chair

I would like to warmly welcome you to the INMED 2018 ASM on behalf of the INMED executive. The Irish Network of Medical Educators, (INMED) was established in 2008 as an all-Ireland organisation to facilitate greater scholarship and innovation in health professions education as well as support closer collaboration between educators in different institutional contexts. Each year the ASM moves between its various founding institutions and this year we are being very generously hosted at UCC. The organising group at UCC have been wonderfully autonomous under the excellent leadership of Dr Deirdre Bennett; so much so they have largely organised the conference themselves with only minimal need for input from the INMED organisation. This is a huge credit to the excellent team of educational academics and administrators in the UCC medical education unit and in the medical school. This year's theme, "*Clinical Supervision: what works, how and why?*" aligns very well with a strong programme of research on clinical supervision and postgraduate training led by the UCC Medical Education Unit. The organising team have invited three prestigious keynote speakers and have devised a programme with lots in it for everyone, regardless of educational role and background.



I sincerely hope that you enjoy INMED 2018 and all that Cork has to offer. Please make time to meet and talk with colleagues from other institutions and places as that is essentially what INMED is all about.

Professor Helen Whelton

Head, College of Medicine & Health, University College Cork

Chief Academic Officer to the South / South West Hospital Group

According to a giant of the motor car industry, Henry Ford “Anyone who stops learning is old whether at twenty or eighty. Anyone who keeps learning stays young”. Ford’s sentiment is uplifting for those of us involved in health care education, it is a privilege for us to nurture and develop successive cohorts of health care professionals and stay ‘young’ in the process. With that privilege comes the responsibility of maintaining the relevance and quality of our teaching. This is not such a simple task against the background of a rapidly evolving technoculture. Now more than ever we need to be agile and creative in our approach to enabling learners of all ages and we need to understand what works and why?



Engaging and effective clinical supervision is a cornerstone of teaching and learning in health care. It is of specific relevance to our community and it poses its own challenges which need to be addressed in the context of our Irish setting. It is very exciting to see that this year INMED is addressing these challenges with its focus on ‘Clinical Supervision, What Works, How and Why? I have no doubt but that this conference will make a substantial contribution to our understanding of effective clinical supervision and given the people involved will impact the quality of clinical supervision in our health care settings.

Our community at the College of Medicine & Health is delighted to welcome INMED to University College Cork (UCC) to address such important issues this year. UCC has a long tradition of fostering excellence in the lifelong goals of education, research and compassionate healthcare. The INMED event supports this mission, bringing together healthcare educators across Ireland to share their views, concerns and expertise to enhance the quality of healthcare education on the island of Ireland.

As teachers we aim to provide our professionals of the future with a world class, student-centred and evidence-based education, informed by societal needs, consequently improving the health and well-being of patients in Ireland. Collegiality among healthcare professionals is a key element to achieving this goal.

I look forward to welcoming you to Cork and I am confident that INMED 2018 will provide you with fresh perspectives and valuable networking opportunities.

Conference Information

Certificates of Attendance

This event has been approved for CPD points as follows:

Wednesday 7th February - 3 CPD points for half day, 6 CPD points for full day

Thursday 8th February - 6 CPD points for full day

Friday 9th February - 4 CPD points for half day

Delegates who wish to receive CPD points for attendance at this conference must sign in each day they attend. Certificates will be emailed to delegates after the event.

Registration Desk

The registration desk will be located in the Atrium of Brookfield Health Sciences Complex (BHSC) and will be open from 9:00-10am on Wednesday and from 8.00-10:00 am on both Thursday and Friday. An information desk will be available in the Jennings Gallery from 10am-5pm.

Luggage

A small luggage storage area is available in BHSC – please ask at the registration/information desk. Items left at owners' risk.

Coffee Breaks

During the coffee breaks refreshments will be provided in the Jennings Gallery and Room 102 (1st floor, BHSC)

Lunch

Wednesday: Lunch will be provided in the Atrium, Áras Watson.

Thursday: Lunch will be provided in the Aula Max, Main Campus

WIFI Internet

Access is available through your eduroam account, or via:

Network: UCC Guests

Username: inmed2018

Password: Welcome2UCC

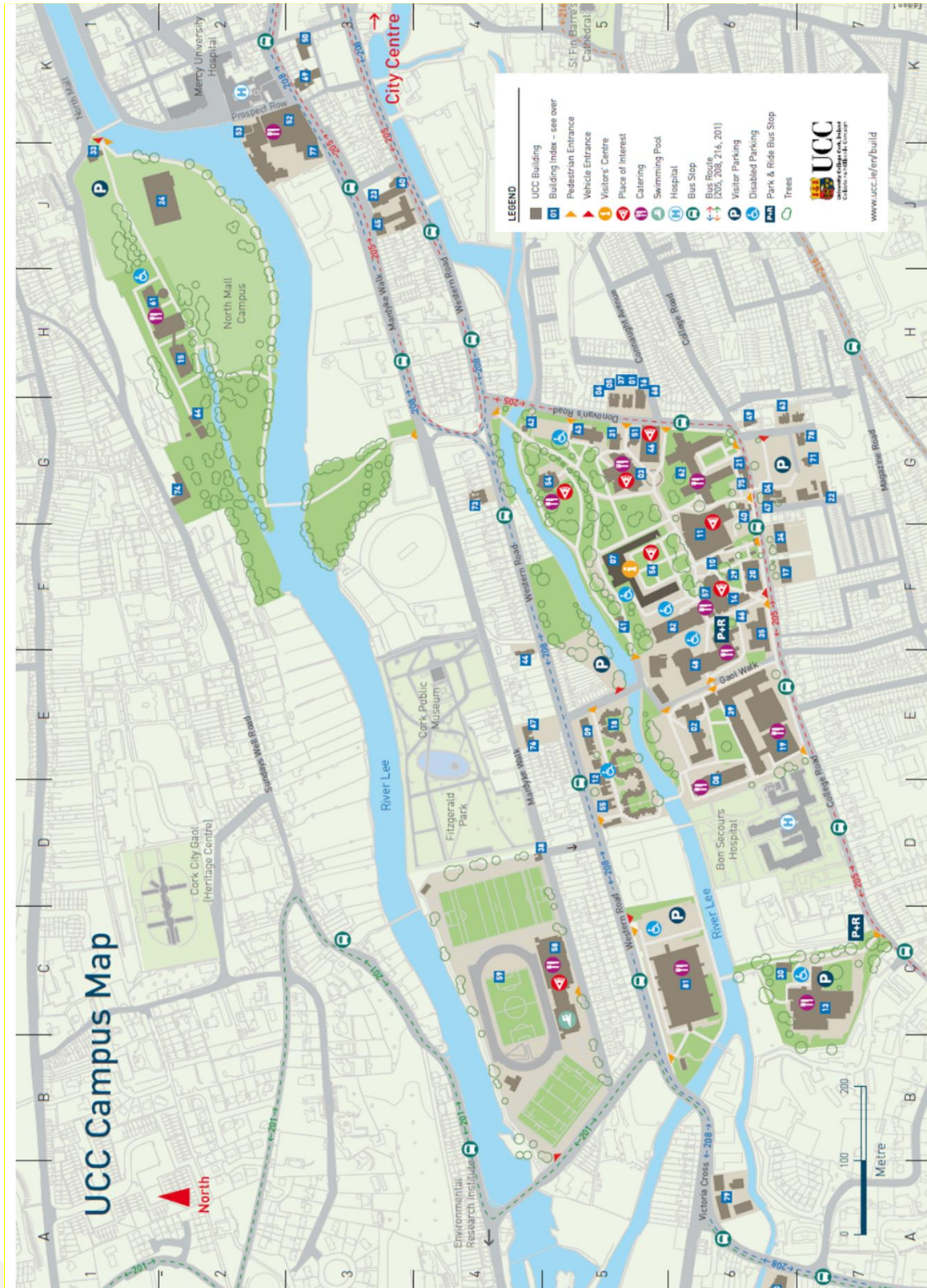
Please tweet along using [#INMED2018](https://twitter.com/inmed2018) on twitter

UCC Campus Map

See below – A copy of this map will be included in the Registration Pack.

Link to map:

https://www.ucc.ie/en/media/siteassets/contentassets/maps/UCC_CAMPUS_MAP_23_11.pdf.



Building Index:	No.	Grid
Aldworth / William Thompson House	01	H5
Áras na Laoi	02	E4
Áras na Mac Léinn / Student Centre	03	G5
Arbpatrick	04	G6
Ashford	05	H5
Askwe	06	H5
Aula Maxima	07	F5
BioSciences Research Institute	08	D6
Bloomfield Terrace	09	E5
Boole Lecture Theatres	10	F6
Boole Library	11	F6
Brighton Villas	12	D5
Brookfield Health Sciences Complex	13	C7
Buildings and Estates	14	F4
Butler Building	15	H2
Carrigbawn	16	H5
Carrigside	17	F6
Castlewhite Apartments	18	E5
Cavanagh Pharmacy Building	19	E6
Civil Engineering Building	20	F4
54 College Road / Students Union	21	G6
College View	22	G7
Connolly Building	23	J3
Cooperage	24	J2
Copley Street	25	map B
Cork Dental School & Hospital	26	map B
Cork University Hospital	27	map B
Cork University Maternity Hospital	28	map B
Crawford Observatory	29	F6
Crèche Cois Laoi	30	C6
Crossleigh	31	G5
Curraheen Sports Ground	32	map B
Distillery House	33	J1
Elderwood	34	F6
Electrical Engineering Building	35	F6
Environmental Research Institute	36	map B
Fernhurst	37	H5
Ferry Lodge	38	D4
Food Science and Technology Building	39	E6
Gate Lodge (College Road)	40	G6
Gate Lodge (Gael Bridge)	41	F5
Gate Lodge (Western Road)	42	G4
Geography Building	43	G5
Glénile	44	E4
Granary Theatre	45	J3
Honan Chapel	46	G5
Iona	47	G6
Kane Building	48	E6
Knocknacott	49	G6
Lancaster Hall	50	K3
Lee Holme	51	G5
Lee Maltings Complex	52	K2
Lee Mills House	53	J2
Lewis Gluckerman Gallery	54	G5
Lucan Place	55	D5
Main Quadrangle	56	F5
Main Restaurant	57	F6
Mardyke Arena	58	D5
Mardyke Sports Complex	59	C4
Muskerry Villas	60	J3
North Mall (Enterprise Centre)	61	H1
O'Rahilly Building	62	G6
Perrott Avenue	63	G6
Plant Sciences Glass Houses	64	G2
Poulauff	65	map B

Reception Centre / Security	66	F6
Roseleigh	67	E4
Salfari	68	H5
Shearson House	69	K3
Sheraton Court	70	map B
Silverdale	71	G7
South Bank, Crosses Green	72	map B
St. Kildas	73	G4
St. Vincents	74	G2
Students' Union Common Room	75	G6
The Laurels	76	E4
Tyndall National Institute	77	J3
Tyrconnell	78	G7
University Hall	79	A6
Victoria Lodge	80	A4
Western Gateway Building	81	C6
Windle Building	82	F6

Colleges:

Arts, Celtic Studies and Social Sciences	No.	Grid
Ground Floor, O'Rahilly Building	62	G6
T +353 (0)21 490 2361/2773		
CACSSS@ucc.ie		
School of Applied Psychology	61	H1
School of Social Studies	16	H5
School of Education	51	G5
School of English	62	G6
School of History	78	G7
School of Geography and Archaeology	43	G5
• The Human Environment	23	J3
Seoil Léinn na Gaeilge / School of Irish Learning	62	G6
School of Languages, Literatures and Cultures	62	G6
School of Music and Theatre	74-75	G2-J3
School of Sociology and Philosophy	68-74	H5-F6
School of Asian Studies	62	G6
Study of Religions	62	G6
Classics	62	G6
Politics	62	G6

Business and Law	No.	Grid
Room 3.02, O'Rahilly Building	62	G6
T +353 (0)21 420 5100		
businessandlaw@ucc.ie		
Accounting, Finance and Information Systems	62	G6
Centre for Policy Studies	09	E5
Economics	02	E6
Food Business and Development	62	G6
Government	02	E6
Law	02	E6
Management and Marketing	62	G6

Medicine and Health	No.	Grid
Brookfield Health Sciences Complex	13	C7
T +353 (0)21 490 1571/1576/1577		
med@ucc.ie		
Dental School and Hospital	26	map B
School of Medicine	13	C7
School of Nursing and Midwifery	13	C7
School of Pharmacy	19	E6
School of Clinical Therapies	13	C7
• Occupational Therapy		

School of Clinical Therapies	13	C7
• Speech & Hearing Sciences	82	F6
Anatomy	26	map B
Dental Surgery	13	C7
Epidemiology and Public Health	81	C6
General Practice	27	map B
Medicine (Department)	28	map B
Obstetrics and Gynaecology	26	map B
Oral Health and Development	27	map B
Oral Health Services Research Centre	27	map B
Paediatrics and Child Health	27	map B
Pathology	81	D6
Pharmacology and Therapeutics	27	map B
Physiology	27	map B
Psychiatry	27	map B
Radiology	27	map B
Restorative Dentistry and School of Dental Hygiene	27	map B
Surgery	26	map B

Science, Engineering and Food Science	No.	Grid
Block E Level 3 Food Science Building	39	E6
T +353 (0)21 490 3075		
collegescience@sefs.ucc.ie		
School of Life Sciences	08	D6
• Biochemistry	39	E6
• Microbiology		
School of Engineering	20	F6
• Civil and Environmental Engineering	35	F6
• Electrical & Electronic Engineering	39	E6
• Process & Chemical Engineering	35	F6
• Microelectronic Engineering	39	E6
School of Food & Nutritional Sciences	81	C6
School of Mathematical Sciences	81	C6
School of Computer Science & Information Technology	15	H2
School of Biological, Earth & Environmental Sciences	15	H2
• Zoology, Ecology & Plant Science	48	E6
Chemistry	48	E6
Physics	48	E6

Services	No.	Grid
Accommodation Office	17	F6
Admissions Office	56	F5
Assistive Technology Services	11	F6
Bank	03	G5
Book Shop	03	G5
Careers Service	12	D5
Chaplaincy	47	G6
Crèche	30	G6
Disability Support Services	40	G6
Fees	56	F5
Graduate Studies Office	56	F5
Grants	56	F5
Human Resources	39	E6
International Education Office	67	E4
Language Centre (English as a Foreign Language)	62	G6
Mature Student Office	12	D5
Reception Centre / Security	66	F6
Student Common Room	75	G6
Student Health, Counselling & Development	04	G6
Student IT Services	10	F6
• Boole Basement	48	E6
• 3rd Floor Kane Building	48	E6
• Block A Level 4 Food Science Building	39	E6

www.ucc.ie
Switch Board +353 (0)21 490 3000



Student Records & Examinations	56	F5
Students' Union	21	G6
UCC PLUS+	12	D5
Visitors' Centre	56	F5
Catering	No.	Grid
Áras na Mac Léinn / Student Centre	03	G5
Bio Café	08	D6
Brookfield Café	13	C7
Café Gluckerman	54	G5
Coffee Dock in O'Rahilly Building	62	G6
Kampus Kitchen	48	E6
Lee Maltings	52	K2
Mardyke Arena	58	D5
The Mini	57	F6
The Old College Bar	57	F6
Pharmacy Café	19	E6
Staff Dining Room	57	F6
The Still	61	H1
U.C. Central	57	F6
Western Gate Café	81	C6
Places of Interest	No.	Grid
The Main Quadrangle	56	F5
Stone Corridor and Ogham Stone Collection	56	F5
Aula Maxima	07	F5
Crawford Observatory	29	F6
Boole Library	11	F6
Honan Chapel	46	G5
Áras na Mac Léinn / Student Centre	03	G5
President's Garden (Adjacent to Main Quadrangle)	54	G5
Lewis Gluckerman Gallery	58	C5
Mardyke Arena	58	C5
Visitors' Centre	56	F5



Local Information

Accommodation

Accommodation Provider	Walking Distance from BHSC	Email	UCC Rates
Garnish House****	15 mins	info@garnish.ie	€68.00 B&B single €88.00 B&B double room
Kingsley Hotel****	10 mins	reservations@the Kingsley	€110.00 B&B single €125.00 B&B double/twin room
River Lee****	18 mins	riverlee@doylecollection	€130 for single €140 for double or twin
Hayfield Manor*****	10 mins	reservations@hayfieldmanor.ie	Rates available midweek €145 Single & €185 double
Killarney House***	15 mins	reception@killarneyhouse.com	€69.00 single €84.00 double

(To walk from the city centre to BHSC takes c25 minutes)

Directions to UCC

By Bus

Cork Bus Station is located at Parnell Place in the city centre. The bus station is served by all Bus Éireann local and intercity services. To get to UCC, use city buses No 205 ('CIT/Rossa Avenue'), or No 208 ('Bishopstown') from the bus station or at nearby St Patrick Street (outside Debenhams). The 205 stops at Brookfield Health Sciences Complex (BHSC) on College Road; the 208 stops at Western Gateway Building (WGB) on Western Road –use footbridge from WGB to BHSC.

By Train

Train services by Iarnród Éireann (Irish Rail) to Cork stop at Kent Station. Hourly intercity services to and from Dublin Heuston Station take between 2.5 and 3 hours. There are also frequent commuter services to/from Mallow, Midleton and Cobh. City bus No 205 services operate between Kent Station and UCC. For details, see www.irishrail.ie.
Taxis from the train station to UCC cost about €10.

By Car

For a route and map from where you are located visit The AA Route Planner.

Please note car parking facilities at UCC are limited especially during term time, so please consider using public transport. UCC visitor parking map available here

<https://www.ucc.ie/en/media/siteassets/contentassets/maps/Web2012VisitorParking.pdf>

Parking in the vicinity of Brookfield Health Sciences Complex is 1 hour disc parking only.

Detailed information on Getting to UCC available at the following link:

<https://www.ucc.ie/en/build/commuting/getting-here/>

Conference Secretariat

Chair, Organising Committee:

Dr Deirdre Bennett, Head, Medical Education Unit, UCC

Chair, INMED:

Prof Peter Cantillon

Discipline of General Practice, NUIG

Members, Organising Committee:

Dr Eileen Duggan

Lecturer, Medical Education Unit, School of Medicine, UCC

Dr. Catherine Gallagher

Lecturer, School of Dentistry, UCC

Dr Irene Hartigan

Lecturer, School of Nursing and Midwifery, UCC

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Dr Catherine Sweeney

Lecturer, Medical Education Unit, School of Medicine, UCC

Ms. Anel Wiese

Lecturer, Medical Education Unit, School of Medicine, UCC

Conference Programme – at a glance

INMED 2018		
Clinical Supervision: What works, how and why?		
Wednesday 7 February 2018		
09:30-10:00	Registration Tea & Coffee	Brookfield Atrium 1st Floor, Jennings Gallery
10:00-13:00	Pre conference workshop 1: <i>Practitioner Research. Supporting Learners' Learning and your Career Development.</i> Dr. Deirdre Bennett UCC & Prof. Tim Dornan QUB	2nd Floor, Room 263
	Pre conference workshop 2: <i>Teacher Development (full-day workshop)</i> Facilitated by faculty from the Masters in Health Professions Education / Clinical Education at UCC, UL & NUIG	Ground Floor, Room G11
13:00-14:00	Lunch	Áras Watson Atrium
14:00-17:00	Pre conference workshop 2 (contd): <i>Teacher Development (full-day workshop)</i> Facilitated by faculty from the Masters in Health Professions Education / Clinical Education at UCC, UL & NUIG	Ground Floor, Room G11
14:00-16:00	Pre conference workshop 3: <i>Delving into Qualitative Research: A Team-Based Learning Exploration</i> Dr. Dorene Balmer, The Children's Hospital Philadelphia & Perelman School of Medicine, University of Pennsylvania	2nd Floor, Room 263
Thursday 8 February 2018		
08:00-09:00	Registration Tea & Coffee	Brookfield Atrium 1st Floor, Jennings Gallery & 102
09:00-09:15	Conference opening: Prof. Helen Whelton, Head, College of Medicine and Health, UCC	Ground Floor, Room G02
09:15 - 11:00	Keynote address 1. <i>Understanding the Dance: Entrustment in Educational and Supervisory Relationships</i> Dr. Dorene Balmer, The Children's Hospital Philadelphia & Perelman School of Medicine, University of Pennsylvania	
	Keynote address 2. <i>Workplace Learning in the Era of Competency Based Medical Education</i> Prof. Pim Teunissen, Maastricht University	
11:00-11:30	Tea & Coffee	1st Floor, Jennings Gallery and 102
11:30-13:00	Workshop: <i>Preparing your INMED Funding Application</i> Dr. Aislinn Joy & Dr. Colm O'Tuathaigh, UCC	2nd Floor, Room 263
	Session 1. Posters: <i>Curriculum Evaluation and Assessment</i>	1st Floor, Room 122
	Session 2. Posters: <i>Workplace Learning, Post-Graduate Training and CPD</i>	Ground Floor, Room G11
	Session 3. Oral Presentations: <i>Interprofessional Education and Technology Enhanced Learning</i>	Ground Floor, Room G10
	Session 4. Oral Presentations: <i>Curriculum Design and Evaluation 1</i>	Áras Watson LG1.01
	Session 5. Oral Presentations: <i>Empathy and Professionalism</i>	2nd floor, Room 225

Thursday 8 February 2018 Ctd.		
13:00-14:30	Lunch	Aula Max, Main Campus
14:30-16:00	Workshop: <i>Stress Management and Resilience Training for Healthcare Students: Pearls and Pitfalls</i> Dr. Margaret O'Rourke, UCC	2nd Floor, Room 263
	Session 6. Posters: <i>Interprofessional Learning, Peer-Assisted Learning and Professional Identity</i>	1st Floor, Room 122
	Session 7. Oral Presentations: <i>Clinical Supervision, Workplace Learning and Transition to Practice</i>	Ground Floor, Room G11
	Session 8. Oral Presentations: <i>Assessment</i>	3rd Floor, Room 304
	Session 9. Oral Presentations: <i>Simulation</i>	Áras Watson LG1.01
	Session 10. Oral Presentations: <i>Curriculum Design and Evaluation 2</i>	2nd Floor Room 225
16:00-16:30	Tea & Coffee	1st Floor, Jennings Gallery and 102
16:30-17:30	Student Led Session: <i>A Multidisciplinary Approach to Clinical Supervision in Healthcare Education: The Student Voice</i>	Ground Floor, Room G06
17:30-18:30	INMED AGM	2nd Floor, Room 243
19:30	Conference Dinner	Sundays Well Boating & Tennis Club, Mardyke Walk
Friday 9 February 2018		
08:00-09:00	Registration Tea & Coffee	Brookfield Atrium 1 st Floor, Jennings Gallery & 102
09:00-11:00	Rapid Infusion Workshop 1: <i>Interprofessional Learning in (and for) the Workplace</i> Dr. Aislinn Joy UCC and Dr. Emer Guinan TCD	2nd Floor, Room 263
	Rapid Infusion Workshop 2: <i>Building an Effective Undergraduate Research Programme</i> Dr. Colm O'Tuathaigh UCC, Dr. Sarah O'Neill RCSI, Dr. Colum Dunne UL and Dr. Roisin Dwyer NUIG	Ground Floor, Room G11
	Rapid Infusion Workshop 3: <i>Getting Published</i> Prof. Peter Cantillon NUIG	Ground Floor, Room G18
	Rapid Infusion Workshop 4: <i>Communication Skills Education - What's New?</i> Prof. Nicole Muller UCC, Dr. Helen Kelly UCC, Dr. Pat Henn UCC, Dr. Simon Smith UCC and Dr. Eva Doherty RCSI	1st Floor, Room 156
11:00-11:30	Tea & Coffee	1st Floor, Jennings Gallery and 102
11:30-13:00	Keynote address: <i>"Bullying is endemic throughout the system" (Your Training Counts. Medical Council 2017.)</i> Prof. Jan Illing. School of Medical Education, Newcastle University	Ground Floor, Room G04
	Hot Topics Presentations	
	Announcement of 2018-19 INMED Research and Travel Awards. Prize-giving - Best Oral & Poster Presentations	
	Close	

Presentation Guidelines

Oral Presentations

All those selected for oral presentations will be allocated a total of 10 minutes. Presentations should not exceed 7 minutes allowing 3 minutes for Q&A. Times will be strictly kept by the session facilitator.

AV facilities will be available; if you have any additional requirements please notify the INMED Organising Team at info@inmed.ie by Wednesday, 31st January.

All presentations should also be emailed to info@inmed.ie by 4pm, Wednesday 7th February.

E- Poster Presentations

Poster presentations will be in e-format only. A0 size posters should not be brought to the conference as a display space will not be available.

For the electronic poster you have a number of options:

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

All electronic poster presentations or images should be emailed to info@inmed.ie by 9am on Monday, 5th February.

Keynote Speakers

Dorene Balmer



Dr. Dorene Balmer is the Director of Research on Pediatric Education at The Children’s Hospital Philadelphia, Associate Professor of Pediatrics at Perelman School of Medicine University of Pennsylvania, and Associate Fellow in the Center for Public Health Initiatives at the University of Pennsylvania.

Dr. Balmer started her professional career as a neonatal nutritionist at The Children’s Hospital of Philadelphia. Fascinated by the “clinical classroom” in which she worked, she pursued a doctoral degree at Temple University, a post-doctoral research fellowship at the University of Pennsylvania, and an education generalist position at Columbia University’s Center for Education Research and Evaluation in New York City.

In her current role at the University of Pennsylvania, she supports faculty and trainees in their pursuit of educational scholarship. She frequently consults on qualitative research methodology in health professions education. Dr. Balmer’s own research agenda focuses on implicit learning, professional identity construction, and clinical learning contexts. She increasingly integrates theory from the social sciences into her research. Dr. Balmer is a past recipient of the Academic Pediatrics Association (APA) Helfer Award for Innovation in Pediatric Education.

On a national level, Dr. Balmer leads large-scale program evaluation efforts such as the Association of American Medical Colleges’ *Education in Pediatrics Across the Continuum* (EPAC). She provides oversight for research teams (e.g., the I-PASS Institute’s PCORI grant) and direct consultation and mentorship for qualitative endeavors ranging from NIH-funded research, which uses narrative medicine to teach social and behavioral sciences, to single-site, department-funded studies, such as the systematic evaluation of a “boot-camp” for medical students.

Pim Teunissen

Professor of workplace learning in healthcare at the Faculty of Health Medicine & Life Sciences, Maastricht University,

and

Gynecologist, department of Obstetrics & Gynecology, VU University Medical Center, Amsterdam, both in the Netherlands



Email address:

p.teunissen@maastrichtuniversity.nl

Pim Teunissen, MD, PhD, combines a career as a clinician with research in medical education. He is a maternal-fetal-medicine specialist at the Department of Obstetrics and Gynecology at the VU University Medical Center in Amsterdam. He combines this with a position as professor of workplace learning in healthcare at the School of Health Professions Education (SHE) at Maastricht University. Dr. Teunissen uses his clinical experience to inform his research and vice versa. In his research, he focuses on how education supports learning from work. He does this by connecting concepts and methodologies from different scientific disciplines to pertinent issues within healthcare education. His research activities span the continuum from medical students to new consultants in a variety of specialties and he has published more than 75 scientific articles and book chapters related to workplace learning in healthcare.

Jan Illing



Jan Illing is Professor of Medical Education Research at Newcastle University in the School of Medical Education. She moved to Newcastle with her research team from Durham University in July 2015. During her five years at Durham University she set up The Centre for Medical Education Research, became the Director of Research for the School of Medicine, Pharmacy and Health and in her final role was leading the Wolfson Research Institute for Health and Wellbeing. Jan has sat on a number of National and International advisory boards and is currently a member of the GMC's Assessment Advisory Boards.

Jan has worked extensively in the field of medical education for over twenty years and has worked, in formally contracted arrangements with a range of UK organisations including: the Department of Health, the General Medical Council, the Health and Care Professions Council, the Economic and Social Research Council, and the National Institute for Health Research. Jan and her team have conducted research across a range of medical education themes including: medical transitions, professionalism, revalidation and workplace bullying in the NHS and has undertaken a range of studies that have influenced national policy including the 2009 edition of the GMC's Tomorrow's Doctors.

Pre-conference Workshops Schedule

Note – the following pre-conference workshops will take place on Wednesday, 7th February.

Wednesday, 7th February 2018

W01 BHSC Pre conference workshop: Practitioner Research. Supporting
10:00 to 13:00 2.63 Learners' Learning and your Career Development.

Dr. Deirdre Bennett UCC & Prof. Tim Dornan QUB

W02 BHSC Pre conference workshop: Teacher Development (full-day
10:00 to 17:00 G11 workshop).

Facilitated by faculty from the Masters in Health Professions Education/ Clinical Education at UCC, UL & NUIG

W03 BHSC Pre conference workshop: Delving into Qualitative Research: A
14:00 to 16:00 2.63 Team-Based Learning Exploration.

Dr. Dorene Balmer, The Children's Hospital Philadelphia & Perelman School of Medicine, University of Pennsylvania

Pre-Conference Workshop Abstracts

W01. Practitioner research. Supporting learners' learning and your career development

Deirdre Bennett¹ and Tim Dornan²

¹ Medical Education Unit, University College Cork, ²Queen's University Belfast

The place of research in medical educators' portfolios of responsibilities is uncertain. Workloads and job descriptions don't favour it. Yet promotion procedures demand it. Research, moreover, can add interest to 'the day job'. Current trends in research methodology – moving away from RCTs towards design-based, and implementation research – create new opportunities for scholarly educators. This workshop introduces participants to the concept of practitioner research, helps them think how they could conduct it in their practice settings, and introduces some methodological insights that could help them do so.

W02. Pre-conference Workshop: Teacher Development

Facilitated by faculty from the Masters in Health Professions Education/ Clinical Education at UCC, UL & NUIG

This full day workshop will be facilitated by faculty from the Masters programmes in Health Professions Education and Clinical Education at NUIG, UL and UCC. It will focus on the needs of clinical teachers. Topics covered will include teaching on the run in a clinical environment, questioning and answering strategies, teaching professionalism and teaching clinical skills in a simulated environment.

W03. Delving into Qualitative Research: A Team-Based Learning Exploration

Dr. Dorene Balmer, The Children's Hospital Philadelphia & Perelman School of Medicine, University of Pennsylvania

This workshop is aimed at interested and/or novice qualitative researchers (research experience is helpful but not necessary).

Qualitative research is increasingly recognized in health professions education as a rigorous way to answer important research questions. To gain an understanding of qualitative research, this workshop will employ team-based learning, an innovative teaching modality that, like qualitative research, emphasizes multiple perspectives and diverse approaches to real life issues. In this workshop, participants will be introduced to the philosophical roots of qualitative research but spend the majority of time delving into qualitative research methods - sampling, data collection, data analysis and criteria for 'validity'. Participants will work together in small groups, and as a whole, to solve problems taken from actual qualitative research in health professions education.

Oral Presentation Schedule

Thursday 8th February 2018– 11:30 – 13:00

Interprofessional Education & Technology Enhanced Learning

BHSC G10

- 11:30** OP18 Development and evaluation of an educational intervention for healthcare professionals in primary care supporting people with dementia
Aisling Jennings, UCC
- 11:40** OP19 Interprofessional learning for pharmacy students – an opportunity for enhanced student experiential learning
Aoife Fleming, UCC
- 11:50** OP20 Introducing the concept of palliative care – an analysis of student perceptions of the influence and utility of an interprofessional first year elective
Celine Marmion, RCSI
- 12:00** OP21 Creating digital learning scenarios to support feedback conversations: approach and impact within postgraduate medical training
Hadas Levy, RCPI
- 12:10** OP22 Undergraduate medical students’ usage and perceptions of small group and online anatomical case-based learning.
Jane Holland, RCSI
- 12.30** OP24 HealthFusion team challenge: Collaboration to facilitate an interdisciplinary learning opportunity for students
Michelle O’Donoghue, UL
- 12.40** OP25 Can inter-professional teaching be effective with large class sizes?
Niall Stevens, RCSI

Thursday 8th February 2018 – 11:30 – 13:00

Curriculum Design and Evaluation 1

Aras Watson
LG1.01

- 11:30** OP39 Transition into Graduate Entry Medicine: Student experiences and the impact of re-orientating orientation
Louise Crowley, UL
- 11:40** OP36 The development and application of a protocol evaluating the educational and safety environment of intern training posts in the Republic of Ireland
Emily O'Dowd, NUIG
- 11:50** OP37 Pharmacy competency mapping to UCC BPharm/MPharm. Curriculum themes through the medium of posters
J Keating, UCC
- 12:00** OP38 What makes for an effective leader in General Practice? A mixed methods exploratory study
Kate Meghan, NUIG
- 12:10** OP35 What is an integrated curriculum?
Aisling Kerr, RCSI
- 12:20** OP40 'What I wish I knew in final year' – The launch and development of a near peer teaching programme in two Irish university hospitals
Naomi Davey, UCD
- 12:30** OP41 Don't just think about the mouth, think about the patient' – students' perceptions of a new teaching and learning strategy in Clinical Medical Sciences in Dentistry
Richeal Ni Riordain, UCL & UCC
- 12:40** OP42 The candidate perspective: A mixed-methods evaluation of the clinical competency test (CCT) of the MICGP examination
Tony Foley, UCC
- 12:50** OP60 Experiential Learning to Prepare Final Year Medical Students for Clinical Practice
Bart Daly, UCC

Thursday 8th February 2018 – 11:30 – 13:00

Empathy and Professionalism

BHSC 2.25

11:30 OP46 Evaluation of an 8 weeks special study module on mindfulness – an educational intervention to increase empathy, compassion and resilience in fourth year medical students from National University of Ireland, Galway
Eva Flynn, NUIG

11:40 OP44 Assessing emotional intelligence in applicants to Higher Surgical Training
Brendan O'Connor, National Surgical Training Centre

11:50 OP45 The introduction of reflective practice in Temple Street Children's University Hospital: A pilot of Balint Groups
Catherine Diskin, NUIG

12:00 OP43 Un-blurring the boundaries, exploring undergraduate medical student perception of acceptable professional behaviour online
Aileen Patterson, TCD

12:10 OP47 An exploration of how a simulated adherence exercise may increase empathy in undergraduate pharmacy students
John Hayden, RCSI

12:20 OP48 Medical students' professionalism dilemmas, resistance and moral distress: a cross-cultural study
Marie T O'Shea, RCSI

12.30 OP49 Professional identity formation among undergraduate and graduate speech & language therapists (SLTs)
Noreen O'Leary, NUIG

12.40 OP50 Exploring attitudes towards mindfulness and self-care among Graduate Entry medical students
Sean Crowley, UCC

12.50

Thursday 8th February 2018 – 14:30 – 16:00

Assessment

BHSC 3.04

14:30 OP1 Decision making by examiner pairs in clinical assessments: An exploration of factors which may influence candidate ratings

Aileen Flaherty, NUIG

14:40 OP2 Stakeholders' perceived benefits of a dedicated educational role in the clinical learning environment

Anne O'Connor, UL

14:50 OP3 Exploring "behind the scenes" work: An institutional ethnography of the Objective Structured Clinical Examination

Grainne Kearney, QUB

15:00 OP4 Technology enhanced remote assessment

Marie Morris, TCD

15:10 OP5 Evaluation of consecutive guided training to improve interrater agreement in identifying elements of situation awareness in Objective Structured Clinical Examination assessments

Markus Fischer, NUIG

15:20 OP6 Evidence based practice during Physiotherapy clinical placement: The impact of the Fresno exam

Martine D'Arcy, UCD

15:30 OP7 Shaping up for success: Impact of using interactive radar graphs versus numbers only on competence appraisal practices for pharmacy interns

Michelle Flood, RCSI

15:40 OP8 A review of the psychometric and edumetric properties of instruments for assessing the undergraduate medical consultation

Teresa Pawlikowska, RCSI

15:50 OP9 Sharing reliable and valid OSCE stations so as to improve cross-institutional assessment strategies: Are we equipped for it?

Thomas Kropmans, NUIG

Thursday 8th February 2018 – 14:30 – 16:00

Curriculum Design and Evaluation 2

BHSC 2.25

- 14:30** OP51 UL – GEMS General Practice quality assurance initiative
Aidan Culhane, UL
- 14:40** OP52 Online Interprofessional Education in primary care: What do community healthcare professionals want?
Caoimhe Bennis, UCD
- 14:50** OP53 The views of occupational therapy practice educators and students what constitutes a good learning contract
Caroline Hills, NUIG
- 15:00** OP54 Integrated high fidelity simulation allows reverse engineering of performance and drives curriculum development
Claire Condron, RCSI
- 15:10** OP55 Learning climate in Irish anaesthesia training hospitals
Orsolya Solymos, NUIG
- 15:20** OP56 Digital badges: an interactive logbook equivalent to facilitate student engagement and motivation in a Psychiatry module
Edyta Truszkowska, UCD
- 15.30** OP57 Introduction of an academic track for medical internship in Ireland: Views of undergraduate medical students
Elaine Burke, TCD
- 15.40** OP58 Evaluating the impact of a 15-minute one-to-one feedback session on the quality of discharge summaries & the intern learning experience
Nicola Faichney, St. Vincent's University Hospital
- 15.50** OP59 Examining the Experiences of Tutors Facilitating Problem- Based Learning in a Graduate Entry Medical School
Sarah Harney, UL

Thursday 8th February 2018 – 14:30 – 16:00

Simulation

Aras Watson

LG1.01

- 14:30** OP10 ACTup – An interdisciplinary approach to preparing senior paediatric trainees for challenging clinical scenarios
Ben McNaughton, QUB
- 14:40** OP11 Investigating virtual patient simulations for learning and assessment of medical consultation skills
Catherine Bruen, RCSI
- 14:50** OP12 Simulation in Undergraduate Pharmacy Education: Closing the Gap Between Communication and Teamwork Theory and Practice
Michelle Flood, RCSI
- 15:00** OP13 Blended delivery of clinical and interpersonal skills teaching using Simulation
Dara O’Keeffe, RCSI
- 15:10** OP14 Pre-Transfusion Blood Sampling: Predicting Future Performance from Simulated Practice
Jun Marc Feng, UCC
- 15:20** OP15 Qualitative Evaluation of Retention of Procedural Skills learned in a Simulation Teaching
Lenin Patrick Ekpotu, RCSI
- 15:30** OP16 Teaching for transfer through simulation based training
Marie Morris, TCD
- 15:40** OP17 Exploring the lived experience of in situ simulation in an acute maternity setting
Mary Rowland, Our Lady of Lourdes Hospital
- 15:50** OP61 An evaluation of the impact of environmental priming on clinical outcomes in simulated paediatric emergencies
Ben McNaughten, Royal Belfast Hospital for Sick Children

Thursday 8th February 2018 – 14:30 – 16:00

Clinical Supervision, Workplace Learning & Transition to Practice

BHSC G11

- 14:30** OP27 Workplace and Specialty Related Culture and Practice of Clinical Supervision - A Multiple Case Study
Anel Wiese, UCC
- 14:40** OP28 Protocol for a scoping review of interventions supporting medical students' preparedness for clinical practice
Eileen Duggan, UCC
- 14:50** OP29 Transition to Clinical Practice- Expectations of Experience
Niamh Coakley, UCC
- 15:00** OP30 Transition to Clinical Practice- Experience of Transition
Niamh Coakley, UCC
- 15:10** OP31 Becoming a clinical teacher; identity formation in context: A scoping review
Peter Cantillon, NUIG
- 15:20** OP32 An exploration of the relationship between the education and clinical roles of dietitians while engaged in training undergraduate dietetic students
Siobhan Healy, NUIG & Tallaght Hospital
- 15:30** OP33 Current Issues Facing Trainees in Obstetrics and Gynaecology
Suzanne O'Sullivan, UCC & RCPI
- 15:40** OP34 Using metaphor in clinical supervision: An effective method of teaching the art of clinical practice
Tina McGrath, TCD & HSE
- 15:50** OP62 A Survey on Attrition from a National Surgical Training Programme over 11 years
Deirdre Nally, Irish Surgical Training Group

Oral Presentation Abstracts

HT01 A Realist Synthesis of Clinical Supervision in Postgraduate Medical Education

Anel Wiese (UCC)

Authors

Anél Wiese, Caroline Kilty, Colm Bergin, Patrick Flood, Na Fu, Bridget Maher, Grainne O’Kane, Lucia Prihodova, Dubhfeasa Slattery, Agnes Higgins, Mary Horgan, Deirdre Bennett

Rationale

Postgraduate medical education (PGME) is a complex social process which happens predominantly during the delivery of patient care. We chose a realist approach because it captured both the context and complexity of PGME, producing findings which are useful to policymakers and practitioners¹². This study aimed to develop a realist theory of clinical supervision specific to PGME derived from literature published on the topic.

Methods

Realist synthesis is an interpretative theory-driven narrative summary of the literature describing how, why, and in what circumstances complex social interventions work³. It involves the translation of the findings of empirical studies into context, mechanism and outcome (CMO) configurations, which state that in a certain context a particular mechanism generates a particular outcome. We systematically searched databases, employing both MeSH and free text terms relevant to the research questions. These searches were supplemented by hand searches of relevant journals and citation tracking. Following a process of appraisal and selection, 90 papers were included in the final synthesis.

Results

Synthesis of studies revealed three inter-related processes occurring between supervisors and trainees during patient care. These were; Supervised Participation in Practice, Mutual Observation of Practice and Dialogue about Practice. Contextual factors, which influence the processes underpinning supervision related to; trainees and supervisors, the availability and complexity of clinical work, competence and relationships within the clinical team, local culture and practice, and wider health system factors.

Conclusion

We have described a realist theory of workplace interaction between supervisors and trainees in PGME, with implications for practice and research.

References:

1. Rycroft-Malone, J. et al. Realist synthesis: illustrating the method for implementation research. *Implement. Sci.* 7, 33 (2012).
2. Wiese, A. et al. Protocol for a realist review of workplace learning in postgraduate medical education and training. *Syst. Rev.* 6, 10 (2017).
3. Wong, G., Westhorp, G., Pawson, R. & Greenhalgh, T. Realist Synthesis. RAMESES Training Materials. 55 (2013).

HT02 Engagement with Entrustable Professional Activities and Feedback Reports: the early experience of College of Anaesthetists of Ireland
Josephine Boland (College of Anaesthetists of Ireland)

Authors

J Boland, E Condon, R. Fanning, M Murray, C Power. College of Anaesthetists of Ireland

Rationale

Rationale Competency based medical education is dominating reform of specialist training internationally. The College of Anaesthetists of Ireland has adopted Entrustable Professional Activities (EPAs) as a means of reframing its specialist anaesthesia training programme. The need to clarify expectations, to provide evidence of competence and to address the putative dearth of feedback in postgraduate training represent significant driving forces.

Methods

A phased approach to implementation involved three EPA and four Feedback Report types with all Year 1 trainees in 25 hospitals, using a mobile App. Training was provided to EPA tutors and trainees. A Competency Framework Hub offered a range of resources to support the changes in practice. A proactive communications and engagement strategy included regular up-dates to all stakeholders and surveys, with targeted support and incentives. Weekly monitoring of App data enabled analysis of the level and nature of engagement with the process.

Findings/outcomes

Despite their enthusiastic response at the training and excellent up-take of the App, levels of engagement by trainees and tutors was slow to take off. Some logistical issues (e.g. associated with roistering) were identified as contributory factors. The range of domains of professional practice on which feedback was given was initially narrow. Engaging with consultants other than Tutors proved challenging, but improved with time and further support.

Conclusions

Implementation of CBME, EPAs and work based assessment represents a significant change management project. It requires a comprehensive, multi-faceted and responsive strategy which includes proactive communication and engagement with all stakeholders with appropriate monitoring and evaluation.

OP01 Decision making by Examiner pairs in Clinical Assessments: An Exploration of Factors which may influence Candidate Ratings
Aileen Faherty (NUIG)

Rationale

The reliability of clinical assessments is known to vary considerably and inter-examiner variability is a key contributor. An approach frequently adopted to avoid this variability is to pair examiners and ask them to come to an agreed score. Little is known however, about what occurs when these paired examiners interact to generate a score.

Methods

A mixed-methods research strategy was employed to investigate if candidate ratings given by examiner pairs vary significantly from ratings given by single examiners and to explore the factors that impact on that variance. Our quasi-experimental research design used candidate's observed scores in a mock clinical assessment as the dependent variable and a convenience sample of medical doctors who examine in our Final Medical examination. Demographic and personality data was collected by questionnaire. Examiner discussions were recorded and content analysis was carried out on the resultant transcripts. Quantitative data was analysed using SPSS 24.

Findings

Variability between scores given by examiner pairs was less than that in the assessment using 12 individual examiners but reliability statistics were comparable. Using paired examiners improved accuracy. Content analysis of examiner discussions identified three main processes at play when examiner pairs assessed candidates: observation, assimilation and devising of a mark.

Discussion/conclusion

Our findings support the opinion that the score of examiner pairs is a more accurate and robust score than individual examiners. This could have implications for the organisation and administration of clinical assessments. Further study with a larger number of participants might establish if personality testing before choosing examiner pairs is warranted.

OP02 Stakeholders' perceived benefits of a dedicated educational role in the clinical learning environment

Anne O'Connor (University of Limerick)

Authors

O'Connor, A1., Cantillon, P2. & McCurtin, A1.

Department of Clinical Therapies, University of Limerick, Limerick, Ireland.

Department of General Practice, NUI Galway, Galway, Ireland

Rationale

Stakeholders' perceptions of performance-based assessment (PBA) are poorly represented in the literature despite known concerns regarding the validity and reliability of PBA tools and the reliability of assessors. These challenges have implications for student progression as well as consequences for patient safety. A deeper knowledge of student and clinical educator opinion would inform optimisation of the PBA process. Thus we aimed to explore stakeholders' perceptions of PBA.

Methods

A qualitative, inductive, descriptive approach was employed. Focus group interviews were used for data collection. Stakeholders included physiotherapy students (n=33), practice educators (n=27) and practice tutors (n=19). Thematic analysis was used to explore the data.

Findings

Several themes were identified across groups, however the theme related to inconsistency was common across all stakeholders. Inconsistency was represented by a range of issues including variable interpretation of PBA tools, varying knowledge of assessment procedures and variable observation practices and feedback provided to students. This was mainly attributed to perceived differences between sites supported by a practice tutor and unsupported sites. It was perceived that supported sites provided a more transparent and standardised approach to PBA.

Discussion

Our findings raise legitimate concerns regarding higher education institution expectations of unsupported sites and their ability to meet the demands of a highly complex component of professional healthcare programmes. The practice tutor, a dedicated educationalist role, appears to provide evidence of greater transparency and standardisation of the PBA process. This warrants further exploration, particularly as our findings also link its benefits to the clinical learning experience.

OP03 Exploring “behind the scenes” work: An Institutional Ethnography of the Objective Structured Clinical Examination.
Grainne Kearney (QUB)

Rational

Objective Structured Clinical Examinations (OSCEs) have been a dominant force in health professional education (HPE) over the last forty years. There is an abundance of OSCE related literature but this focuses mainly on fine-tuning the psychometrics to provide defensible assessments. Separate critical research has expressed concern about some of the unintended but undesirable consequences of the OSCE such as “tick box” style questioning by students or decompartmentalising of skills. The research will concentrate on final year students, as the General Medical Council in the UK plan to implement for the first time, a Medical Licencing Assessment in 2022 – an important component of final examinations in all UK medical schools – of which the use of OSCEs to test Clinical and Professional Skills is being consulted on.

Method

Institutional Ethnography (IE) will be the approach to inquiry, looking at the work carried out by those responsible for running OSCEs on the ground throughout the year and how this work is organised within the institution. Data collection will involve observations, (shadowing) interviews and “texts” in an emergent design. IE is iterative in nature; data collection and analysis run in parallel and are informed by each other.

Results

Data collection has just begun and the intention would be to present some preliminary findings at the conference.

Conclusion

The intention will be to explicate the unspoken work, how it is organised within the institution and by texts to potentially produce a map to enable meaningful social change in the current unquestioning reliance on OSCEs.

OP04 Technology Enhanced Remote Assessment

Marie Morris (TCD)

Authors

Marie Morris 1, Amy Gillis², Donal O` Connor 1,2, Kevin C Conlon 1,2, Paul F Ridgway 1,2 1 Education Division, School of Medicine, Trinity College, Dublin 2. 2 Department of Surgery, Tallaght Hospital, Dublin 24, Ireland.

Background

Assessment of competence in clinical skills is a core requirement of medical training. Direct observation by a lone examiner is limited and open to 'Hawk and Dove' bias. Dual examiners may reduce bias but availability of experienced examiners is increasingly limited in the modern clinical work environment. A pioneering and innovative technology enhanced approach to dual examiner assessment using a remote tele-presence device was piloted. It was hypothesised that having one attending assessor and one assessing remotely would maintain the validity of two independent examiners yet remove the added stress of double assessor's presence.

Methodology

A pilot study was undertaken where assessment via a remote tele-presence device utilising a five-foot tall tablet computer on wheels linked up via Wi-Fi – Double Robotics TM. The remote assessor appeared on the screen and conducted a face-to-face interaction with the student. The student and patient could be seen up close, and the examiner assessed levels of competence in the students' performance using validated global rater scales. The remote assessor quickly travelled around the exam room and was controlled by the absent examiner, via their mobile phone.

Results

A pilot study identified a medium correlation between independent examiners. Examiners assessed history taking, physical examination, technical skills, data interpretation, diagnosis and management and communication skills. Limitations were with wi-fi access which will be addressed prior to commencing a bigger study.

Conclusion

The challenges facing training institutions with regards to assessment of course outcomes are many. These include reduced working hours of clinical staff in keeping with the European Working Times Directive (2003/88/EC), larger clinical loads limiting assessment time and ever increasing class sizes of new trainees. Promotion of non-traditional modes of assessment will embed 21st Century assessment modalities into the medical curriculum and facilitate the availability of high quality and consistent examiners. Remote assessment shows huge potential.

OP05 Evaluation of Consecutive Guided Training to Improve Interrater Agreement in Identifying Elements of Situation Awareness in Objective Structured Clinical Examination Assessments

Markus Fischer (NUIG)

Authors

Markus Fischer PhD Student Supervisor Dr Thomas Kropmans National University Ireland Galway

Introduction

Little is known about the medical student's cognitive ability in diagnostic and therapeutic accuracy. Literature does not suggest a methodology to quantify students' cognitive processing. Situation Awareness (SA) is described as having the proficiency to obtain awareness of the surrounding and to integrate this consciousness into the situational context and potential forthcoming development. OSCEs might be a suitable instrument to evaluate students' awareness of the situation.

Methods

Consecutive guided training was provided to obtain a consistent comprehension of the model of SA. 4 independent researchers consecutively examined 6 randomised OSCE forms in a qualitative and quantitative method. Final interrater agreement was expressed as Cohens kappa. Generalisability theory determined the impact of the main facets on the variation in disagreement.

Results

Evaluation of identifying and categorising elements of SA within OSCE forms demonstrated a moderate to very good interrater agreement. The G-Theory revealed key facets for variance: OSCE forms, Levels of SA, Items embedded in the Levels, Interaction between Forms and Levels and Forms and Items embedded within Levels.

Conclusion

Consecutive guided training improved the identification of elements of SA within OSCE assessments. Further research is necessary to improve the assessment of SA in undergraduate medical curricula.

OP06 Evidence Based Practice during Physiotherapy Clinical Placement: The Impact of the Fresno Exam
Martine D'Arcy (UCD)

Authors

Nessa Waters and Martine D'Arcy (UCD)

Rationale

Documentary evidence of EBP during clinical placement is a requirement for overseas registration with professional bodies. Formal assessment of application of best available evidence during clinical placement was carried out in stage 3 physiotherapy students before and after the introduction of the Fresno exam of EBP.

Methods

In 2012 and 2013, Stage 3 UCD physiotherapy students were asked to give written justification for their management of patients during clinical placement, by referring to best available evidence. Their responses were then compared with the best available evidence retrieved by the authors. Twenty nine percent (17/58) of students quoted best available evidence (as determined by the Centre for Evidence Based Medicine Table of Evidence). The Fresno exam then was introduced into the UCD BSc Physiotherapy Curriculum in 2016. This included formal teaching and assessment of clinically-oriented literature retrieval and appraisal. The 2016 and 2017 cohort of stage 3 students were then asked to give written justification of their management of patients on clinical placement.

Findings

Eighty percent (37/46) of the 2016 cohort and 83% of the 2017 cohort (40/48) quoted best available evidence to support practice during clinical placement.

Conclusion

The Fresno exam of EBP had a positive effect on students' ability to retrieve best available evidence during clinical placement. This exam has been validated for students of medicine, nursing, occupational therapy, pharmacy, speech therapy and dietetics.

OP07 Shaping up for success: Impact of using interactive radar graphs versus numbers only on competence appraisal practices for pharmacy interns.

Michelle Flood (RCSI)

Authors

Michelle Flood¹, Paul Gallagher¹, Natasa Lackovic² 1 School of Pharmacy, Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland. 2 Department of Educational Research, Lancaster University, UK

Rationale

Pharmacy workplace-based appraisals during clinical placement involves self- and tutor-assessment against the lengthy Core Competency Framework for Pharmacists (178 behaviours across 6 domains). As this generates 1068 ratings (data points), an interactive radar graph system for data visualisation was designed to aid competence assessment. This study considered how using the radar graph versus numbers only affected competence assessment in practice using qualitative methodology.

Methods

Using an activity theoretical basis, this study was comprised of two main elements. 1. 'In captivity': A Vygotskian double-stimulation experiment where interns and tutors (n=12) completed competence assessments using simulated data while following a think-aloud protocol. 2. 'In the wild': Interns and tutors (n=3 pairs) were videotaped completing one of their competence appraisals in their workplace to ascertain how the simulated practice reflected reality.

Findings

When interns and tutors used the radar graph rather than numbers in both conditions, they approached the task in qualitatively different ways. Instead of working through the competencies from top to bottom, they prioritised areas where the intern was visibly less competent, where there was discordance in the intern and tutor ratings, and focussed on 'bigger-picture' considerations at the domain level rather than at individual competencies, and positive feedback was provided.

Discussion / Conclusion

As we move towards increasingly complex workplace-based and clinical assessment programmes we need to find ways to present data in meaningful ways. Also, this study demonstrated that changing how the data is presented, can qualitatively change the discussion during appraisal and how the data is used in practice which is novel.

OP08 A review of the psychometric and edumetric properties of instruments for assessing the undergraduate medical consultation
Teresa Pawlikowska (RCSI)

Authors

Teresa Pawlikowska¹, Angeliq ue Timmerman², Katrien Bombeke³ Paul van Royen³ Kathleen van Royen³ , Michael Davies⁴ Paul de Cates⁴ Sam Johnson⁴
1 RCSI¹ 2 University of Maastricht² 3 Antwerp Medical School, 4 Warwick Medical School

Rationale

Competence-based education using clinical problems has become increasingly relevant in training. This requires an approach to learning and assessing integrated competencies in the consultation: communication and medical skills. The quality of assessment tools is crucial. This study aimed to extend the examination of psychometric characteristics of tools to the educational context of assessment in edumetric terms.

Methods

Inclusion criteria: articles must include undergraduate medical students, and that a tool/instrument must have been applied to evaluate communication skills assessment. We assessed study and tool characteristics, psychometric and edumetric features. Articles were reviewed independently by two reviewers, a third resolved disagreements to reach consensus.

Findings

Tools for undergraduates are mainly generic, with some examples of context - specificity e.g. delivering bad news, and OSCE checklists. Papers often focus on application of tools in an educational setting, and only a few are concerned with development and validation.

Discussion and Conclusion

Use the “best” existing tool for your context and don’t invent more tools. Train simulators and faculty in the use of specific tools. More evidence is needed on psychometrics and especially the edumetrics of tools, and compare them with other tools in educational research studies. Report pass/fail student consequences and also costs!

OP09 Sharing reliable and valid OSCE stations so as to improve cross-institutional assessment strategies: Are we equipped for it?

Thomas Kropmans (NUIG)

Authors

Kropmans T1,4, Hultin M2, Morrison J1, O Leary E3, Kennedy KM1 1College of Medicine, Nursing & Health Sciences, National University of Ireland Galway, School of Medicine. 2Umea University, Umea Sweden. 3University College Cork, Cork Ireland. CEO R&D Qpercom Ltd

Background

Sharing quality assured assessment outcomes and reliable and valid OSCE stations, in an integrated fashion throughout Europe, has the potential for considerable mutual benefit, but yet is rarely undertaken.

Method

Institutions in Europe that use an electronic OSCE Management Information System (OMIS) were invited to participate. Written informed consent was obtained from each institution, thereby respecting existing mutual non-disclosure agreements. Institutions that embraced the idea of sharing quality assured assessment results from OSCE stations were included in this study. Those who declined to participate were respectfully excluded. Mixed Methods were used to compare quantitative and qualitative assessment outcomes in terms of quality assurance outcomes, including pass mark/standard setting, internal consistency (Cronbach's Alpha, CA), generalizability coefficients, the Standard Error of Measurement (SEM) and station goals/names.

Results

Twelve out of twenty institutions participated in sharing their penultimate (pre-final) year clinical skills assessment results. Student numbers varied from 50 to 250 within the 8 EU institutions and pass marks ranged from 50% to 86%, with a median pass mark of 70%. Internal consistency (CA) of the assessments varied from 0.02 (single item) to 0.98, with a median CA of 0.65 and G-Coefficient varied from 0.42 to 0.87 within and between institutions. The SEM around the observed scores varied from 4% to 15% on a scale from 0 – 100%.

Discussion

Medical educators strive to develop the best possible assessment criteria. This comparison of EU clinical skills assessments hopefully opens the opportunity for widespread sharing of valid and reliable assessment stations, from reliable assessments, among participating institutions. Quality assured assessment outcomes vary widely within and across EU institutions. More emphasis on transparent outcome (big data) analysis is suggested in order to transform and open up mutual EU clinical skills assessment strategies.

OP10 ACTup – An interdisciplinary approach to preparing senior paediatric trainees for challenging clinical scenarios

Ben McNaughten (Royal Belfast Hospital for Sick Children)

Authors

Dr Ben McNaughten (ST5 Paediatrics, Royal Belfast Hospital for Sick Children) Dr Rory Sweeney (ST5 Paediatrics, Royal Belfast Hospital for Sick Children) Dr Paul Murphy (Head of Drama, Queen's University Belfast) Dr Lesley Storey (Psychologist, Queen's University Belfast) Carol Junk (Advanced Paediatric Nurse Practitioner, Royal Belfast Hospital for Sick Children) Dr Thomas Bourke (Clinical Academic Consultant Paediatrician, Centre for Medical Education QUB and Royal Belfast Hospital for Sick Children) Dr Andrew Thompson (Consultant Paediatrician, Royal Belfast Hospital for Sick Children)

Rationale

Strong communication and interpersonal skills are crucial to good clinical practice. These are of relevance when communicating with team members, parents and patients in challenging situations. Our aim was to devise an interdisciplinary training opportunity which would enable senior paediatric trainees to develop their communication skills by undertaking simulated scenarios based on challenging clinical situations.

Methods

Level 3 trainees were invited to attend the ACTup course. We recruited a diverse faculty consisting of paediatricians, paediatric nurses, social workers and psychologists. In a unique collaboration, we worked closely with drama students from our local university who acted in the role of parents for the simulations. The scenarios focused on challenging clinical encounters which may be seen in paediatric practice. These included safeguarding cases, sudden unexpected death of an infant and discussions around withdrawal of care. Feedback was collected through questionnaires and focus groups.

Findings

Feedback on the course was excellent. All participants found input from a diverse faculty particularly beneficial. Themes identified on analysis of the focus groups included the importance of the drama students in enhancing the fidelity of the simulations, the necessity of further non-technical skills training in paediatric training and the benefits of debrief following challenging clinical encounters. Conclusions: This course provided an opportunity for paediatric trainees to develop their communication skills in challenging situations. Initial feedback was excellent. The course has since been adopted as an essential component of the undergraduate drama module entitled 'Drama, Health and Social Care' now offered in our local university.

OP11 Investigating virtual patient simulations for learning and assessment of medical consultation skills.

Catherine Bruen (RCSI)

Authors

Catherine Bruen (RCSI), Clarence Kreiter (University of Iowa), Richard Arnett (RCSI), Vincent Wade (Trinity College Dublin), Keith Johnston (Trinity College Dublin), Teresa Pawlikowska (RCSI)

Rationale

Virtual patient simulations are a key feature of technology enhanced learning (TEL) innovation to support learning and assessment at international medical schools. The literature suggests that virtual patient simulation enhances medical student knowledge over traditional class room delivery methods and holds potential for supporting student learning of medical consultation skills. This study aimed to explore virtual patient simulations as a valid and reliable measure of undergraduate medical students' consultation skills.

Methods

The focus of the study was on clinically relevant variables of scoring the process of the clinical consultation narrative and communication skills. Data analytics for decision scores were collected at each section of a branched narrative to measure knowledge of the consultation process. A generalisability study using person-by-case was conducted on six virtual patient simulations (cases) to examine the variance components for validity and reliability.

Findings

A G study on the decision score produced a significant measure for the six cases to produce evidence of true score variance, for similarity with score variance obtained with expert raters.

Discussion and Conclusion

The final result illustrates variance in this scoring method that demonstrates a generalizability score proving that the automated scoring method for this study is generalizable across cases. The findings indicate that this approach for scoring simulations has potential as a teaching and assessment tool for the medical consultation.

OP12 Simulation in Undergraduate Pharmacy Education: Closing the Gap Between Communication and Teamwork Theory and Practice
Michelle Flood (RCSI)

Authors

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Rationale

The Core Competency Framework for Pharmacists identifies communication and teamwork skills as vital in the provision of safe and effective patient care. High-fidelity simulation training, using computerised manikins that closely mimic real-life scenarios, has been widely studied as an approach to teach these skills in medicine and nursing, but less commonly in pharmacy. The aim of this study was to establish how a SimMan[®]-based educational activity can contribute towards the development of second-year pharmacy students’ communication and teamwork skills.

Methods

Four SimMan[®] simulation scenarios were developed and a mixed methods approach was implemented to address three research questions: How do students self-assess their teamwork and communication skills after participation in the educational activity? How does a debriefing activity impact on this self-assessment? What teamwork and communication behaviours are evident from the videos of the educational activity? Validated survey instruments were utilised to gather student self-report data immediately after their SimMan[®] case and again after their debriefing. Qualitative analysis of video files identified instances of teamwork and communication skills.

Findings

Data have been collected and analysis of the survey and video data is ongoing.

Discussion / Conclusion

It is expected that this study will add to the limited literature on the role of SimMan[®]-based cases in pharmacy education. We predict that this learning experience will help students recognise their deficits in teamwork and patient skills and we will understand the impact of an appreciative-inquiry based debrief in helping students recognise areas for improvement at an early stage of their training.

OP13 Blended delivery of clinical and interpersonal skills teaching using Simulation.

Dara O’Keeffe (RCSI)

Authors

Dara O’Keeffe, Simulation lead in Postgraduate Surgical Education, RCSI Eva Doherty, Director of Human Factors in Patient Safety, RCSI

Rationale

We describe a method for blending the delivery of clinical and non-technical or interpersonal skills such as communication, teamwork, leadership and professionalism at the postgraduate level. This programme was developed in response to a recognition that clinical and interpersonal skills cannot be separated in healthcare, and that teaching them as separate subjects was modelling a false reality. To combat the culture in healthcare of rating clinical skills more highly than non-technical skills, we blended content from two existing courses using Simulation.

Methods

Basic clinical skills task simulation and case-based discussion was delivered alongside high fidelity simulation scenarios to postgraduate trainees in Surgery and Emergency medicine. The programme was based on combined learning objectives of initial trauma clinical management with interpersonal skills including resource allocation, communication, teamwork, leadership and professionalism.

Findings

Two distinct one-day programmes were delivered on 12 occasions in 2016/2017 academic year, to a total of 96 trainees. Electronic feedback was collated from all iterations of the programme. 85% of participants found the programme good or excellent. Qualitative comments favoured the use of simulation for delivery of this kind of content.

Discussion/conclusion

We describe a novel method for teaching interpersonal skills alongside clinical skills which is well received by postgraduate trainees. We feel this model is easily transferable across all levels and professions within healthcare education.

OP14 Pre-Transfusion Blood Sampling: Predicting Future Performance from Simulated Practice

Marc Feng (UCC)

Rationale

This study reviews the type and frequency of labelling errors, occurring when blood is ordered for Pre-transfusion sampling in simulated environments and compares it to reported data from real-world clinical settings.

Methods

Anonymized data was collected from standard teaching sessions delivered in Final Medical year: The Procedural Skills Laboratory and the Simulated Ward. In the Simulated Ward, students were asked to take blood for Group and Hold from a manikin arm attached to a role player who was “experiencing a miscarriage”. In the Procedures Laboratory, students were given full clinical / demographic details for a simulated case of post-partum haemorrhage and asked to take a sample for Group and Crossmatch of 4 units of blood from a manikin arm. Students were instructed to prepare the bottles and forms for the Blood Bank. These were examined by 2 researchers and coded for omissions and errors. A judgement was made on whether the samples would be processed based on current pre-transfusion sampling guidelines.¹

Findings

Of 223 samples, errors which would result in sample rejection, were detected in 67 (30%). The commonest errors were incomplete information on the tube / form; illegible data on the tube; missing signature on tube / form; and mismatched information. This was compared with national Irish data.²

Discussion/Conclusion

Errors in pre-transfusion sampling may result in fatal errors³ and mislabelled samples are 40 times more likely to contain blood from the wrong patient.⁴ More work is required to prepare our students for this common and important task. References: Milkins et al, Transfusion Medicine, 2013; 21(1):3-35 Cronin et al, National Haemovigilance Office Report, 2011 SHOT annual report 2016 Lumadue et al. 1997 Adherence to a strict labelling policy decreases the incidence of erroneous blood grouping of blood specimens. Transfusion 37(11-12):1169-72 Review of 71,314 samples taken throughout Ireland in July August 2011 found a 4.1% rejection rate.

Cause of Rejection:

Cause	Number	Percent (%)
Incomplete info on tube/form	1181	40
Mismatched info	437	15
Missing signature on tube/form	248	9
Sticker used	194	7
Bottle unlabelled	62	2
Illegible data on tube	6	<1
Other	746	26

OP15 Qualitative Evaluation of Retention of Procedural Skills learned in a Simulation Teaching
Lenin Patrick Ekpotu (RCSI)

Authors

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Introduction

Simulation is now a key component of medical education, particularly in the clinical years for procedural skills. (1) Despite its advancement, studies still identify the presence of gaps in the procedural experience and competency of medical graduates (1). This study aims to explore what aspects within taught competencies, exhibit decay or did students fail to improve on when looked at retrospectively.

Methodology

Stage 1 Retention level of procedural skills taught and assessed by SBE and re-training required to restore decayed performance were assessed in 51 students. Students had to show proficiency in 7 skills taught and assessed over 2 years, via an unannounced reassessment. Results showed that 45.1% of the students retained majority of the skills taught over the last two years, with 54.9% of the students' deficit in 3 or more skills and 3.92% not competent in 5 or more skills. Stage 2 - This stage aims to investigate what aspects, within individual procedural skills are subject to decay. This will provide an opportunity to explore ways through which these aspects can be fine-tuned to further facilitate high standard simulation teaching.

Study Design

We are taking a retrospective approach by reviewing in detail mark sheets of these skills done while students were in 3rd and 4th medical year. This would help ascertain what aspects of each skill students have consecutively failed to comprehend or showed no progression with. Conclusion We hope this study would provide further evidence to improve simulation teaching and

Works Cited

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OP16 Teaching for transfer through simulation based training.

Marie Morris (TCD)

Authors

Morris M, Gillis A, O`Connor D, Ridgway PF.

Background

It is well documented that medical students struggle to bridge the theory-practice gap and “join the dots” i.e. competently perform classroom taught skills in the realities of clinical practice. Student evaluations at the University of Dublin revealed that the approach to skills attainment was fragmented. This project will report the impact of simulation-based training on students’ confidences.

Material & Methods

On day one of the final year, medical students (n=129) completed a pre-test “Likert scale” to identify their perceived confidences in managing common surgical emergencies. Subsequently all students attended high fidelity simulation training (Sim-Man 3G TM) in small groups. Clinical cases were supplied by surgical staff based on real patient cases. An evidence based format was utilised as an integrative teaching method. All students completed a post-test.

Results

129 Year Five students participated in the simulation sessions. The post test results showed statistically significant improvement in student’s self-reported confidence in the management of critically ill surgical patients.

Scale 1-5	Beginning of course	End of course
Manag post op bleed	2 (1/2)	4* (3/4)
Manag breathless	2 (2/4)	3.5* (3/4)
Manag altered consc	2 (2/2)	3* (2/4)
Manag acute pain	2 (2/2)	4* (3/4)
Manag reduced uop	2 (2/2)	3* (2/4)
Manag critically ill pt	2 (1/2)	4* (3/5)

* Median changed with statistical significance of $p < 0.001$ – Fisher Exact Test

Conclusion

Utilisation of a high fidelity simulation based approach to teaching clinical skills had a positive effect on student confidence in their ability to undertake the Intern role. Students reported very positive attitudes to this new method of teaching specifically related to the integration of previously acquired knowledge and skills. The next stage of this research will explore the correlations between students reported confidences and actual clinical competencies.

OP17 Exploring the lived experience of in situ simulation in an acute maternity setting *Mary Rowland (Our Lady of Lourdes)*

Rationale

There is a growing interest in situating multi-professional obstetric emergency simulation into the clinical environment (in situ simulation, ISS). However, there is emerging evidence to suggest that ISS does not suit all participants as it engenders stress, performance anxiety and intimidation. ISS is well established for identifying latent safety issues yet it is undeveloped as an educational intervention.

Methods

An inductive exploratory approach was utilised as this study sought to explore the lived experience of participants who engage in ISS. Interpretative phenomenological analysis was utilised to analyse the data.

Findings

Ten healthcare professionals (2 doctors, 8 midwives) from one maternity unit participated in semi-structured interviews. The themes are illustrated by three narratives taken from the accounts of different participants' lived experiences. The narratives revealed that ISS can diminish participants' self-efficacy with the potential of causing significant emotional damage. Furthermore, as participants in ISS tend to focus more on individual performance than the team performance, maladapted behaviours are adopted. ISS exposes hidden tensions within groups which could potentially compromise patient safety.

Conclusion

This research has engendered several changes in the design and format of ISS in the researchers' workplace which could lead to a safer and effective learning intervention. Further research is warranted in this relatively new area of exploration and there is a need for clear guidelines on how to best facilitate ISS.

OP18 Development and evaluation of an educational intervention for healthcare professionals in primary care supporting people with dementia.
Aisling Jennings (UCC)

Authors

Kathleen Mc Loughlin, Aisling Jennings, Siobhán Boyle, Katherine Thackery, Anne Quinn, Trish O'Sullivan, Tony Foley

Rationale

International policy documents emphasize the need for development of inter-professional education to support collaborative dementia care in the community. The aim of this study is to describe the development, pilot testing and evaluation of an interdisciplinary dementia education workshop for primary care staff.

Methods

An educational needs analysis was conducted with a multidisciplinary expert reference group. A three-hour workshop was subsequently developed through consultation with this expert reference group and people with dementia. The workshop was piloted with a purposive sample of three primary care teams based in Cork and Tipperary in Ireland. Two workshops were facilitated by a Clinical Nurse Specialist in dementia and one by a GP, supported by a physiotherapist, all of whom were involved in designing the programme. A mixed method approach including post-workshop questionnaires for participants and a post-workshop focus group with the programme design team was used to evaluate the workshop

Findings

54 primary care based healthcare staff from thirteen different professional disciplines participated in the piloting of this workshop in three separate pilot locations. The findings from the evaluation of the pilot indicate that the workshop is considered useful and feasible by participants and the majority of participants agreed that the workshop improved their knowledge, understanding and confidence to support people with dementia and their families.

Conclusion

Future robust evaluations need to focus on the impact of such educational interventions on healthcare professional behaviour and outcomes for the person with dementia and their families, and include cost-benefit analysis.

OP19 Interprofessional Learning for Pharmacy students – an opportunity for enhanced student experiential learning.
Aoife Fleming (UCC)

Authors

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Rationale

It is important to continue to develop the experience of Pharmacy students during two hospital based Interprofessional Learning (IPL) sessions held with Medical students in the hospital setting. The aim of this study was to obtain Pharmacy student feedback and to evaluate the benefit of a tutorial to improve their preparedness for IPL.

Methods

Written feedback on their first IPL session was collected. Two focus groups were held to investigate further and discussions were audio-recorded, transcribed and analysed using content analysis. A tutorial was developed to cover topics relevant to IPL and hospital pharmacy practice. Written feedback from the second IPL session was collected to evaluate the impact of the tutorial. Ethical approval and students' written informed consent was obtained.

Findings

Students expressed mixed views of IPL but that it was an overall positive and shared learning opportunity for all involved. The tutorial material was well received and contributed to students enhanced learning during the second IPL session. More opportunities to work with medical students and interact with hospital patients were recommended. Students felt that in-depth hospital exposure during their degree would improve their confidence, both in their clinical knowledge and their performance in future pharmacy practice.

Conclusion

This study raises important issues to be considered for the development of the joint pharmacy and medical IPL programme. Consideration must be given to increase pharmacy students' hospital experience and collaboration with medical students and others during the degree.

OP20 Introducing the concept of palliative care – an analysis of student perceptions of the influence and utility of an interprofessional first year elective
Celine Marmion (RCSI)

Authors

Professor Celine Marmion; Mr Eric Clarke; Dr Martina Crehan (RCSI)
Ms Laura Rooney Ferris (Formerly Irish Hospice Foundation)

Rationale

Internationally, studies have focused on the learning experience of students encountering hospice based electives (Stecho et al 2012) or specific rotations. Less attention has been focused on the capacity for students in earlier stages of the curriculum to gain some cognisance of the concept of hospice care, and the implications of this for their developing understanding of patient care. RCSI runs a short elective for students (Medicine & Physiotherapy) in their first year which provides an insight into palliative care at a point in the curriculum where the subject is not taught in a structured manner. Using threshold concepts as a lens, the study aims to qualitatively explore the perceived impact of the elective.

Methods

One to one semi structured interviews and focus groups have been employed as the data collection method. Data collection has been framed around a critical incident approach. Students who have engaged with the elective in previous years have been included in the interview process. The inclusion of this cohort of students aims to capture some data on the longitudinal impact of the elective.

Findings

Data analysis is ongoing, but emergent themes centre on participant awareness of dimensions of palliative care, and changes in participant understanding of patient care.

Discussion/conclusion

The study will provide a narrative of student perceptions of the influence and utility of an introduction to the concept of hospice care at an early stage in the learning journey. Findings may have implications for considering the potential for more vertical integration of palliative care curricular themes.

Stecho Khalaf R, Prendergast P, Geerlinks A, Lingard L, Schulz V. Being a hospice volunteer influenced medical students' comfort with dying and death: a pilot study. *J Palliat Care*. 2012;28(3):149–156.

OP21 Creating Digital Learning Scenarios to Support Feedback Conversations: approach and impact within postgraduate medical training

Hadas Levy (RCPI)

Authors

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Digital Duddle

Rationale

Scenario based learning is a methodology which uses work situations to prompt reflective learning. While development of realistic and authentic video roleplays is challenging, following a proven protocol can greatly assist the production of scenarios that engage learners. A common approach to creating video scenarios has been rolled out at the College of Anaesthetists of Ireland, Royal College of Physicians and Faculty of Radiologists of Ireland with the aim of developing short, accessible, relevant resources to support CPD for busy consultant trainers

Methods

A team of consultants, recent trainees and medical educators followed a video learning scenario production process aimed at ensuring the realism and accuracy of the scenarios. The method involved 'Scenario Mapping' to identify learning objectives and map out the scene and character details, barriers and challenges, followed by scripting and supervising filming.

Findings/outcomes

A suite of learning video scenarios has been developed. The different approaches to the inclusion of digital video scenarios as part of blended learning is being piloted and the level of learner engagement is being assessed.

Conclusions

Many logistical, editorial and even ethical decisions crop up during the production of learning video scenarios. By following a process that engages the clinical team, impactful outcomes can be achieved. The findings are being compiled to prove the effectiveness of the piloted production protocol.

OP22 Undergraduate medical students' usage and perceptions of small group and online anatomical case-based learning.

Jane Holland (RCSI)

Authors

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Background

While case-based learning can empower students to apply their knowledge to contextual clinical situations, developing critical thinking skills, scheduling of activities to facilitate this is an increasing challenge. Adapting existing cases, originally designed for facilitated small group tutorials, into eLearning activities is an alternative, but requires appropriate instructional design and implementation, in order to ensure their effectiveness and student engagement.

Methods

Case-based eLearning activities, derived from existing cases discussed within our anatomy small group tutorials, were created incorporating instructional design principles such as interactivity, reinforcement and feedback. Following ethical approval (REC001085), we then examined students' usage of these activities, and their preferences and perceptions regarding both of these aligned case-based activities with regard to aspects such as enjoyment, usefulness and feedback.

Results

Students rated both of these case-based learning activities favourably, commenting specifically on aspects such as interactivity, integrated feedback and the clarity of the content and explanations provided. While students appeared to rate the eLearning activity higher than the small group tutorial discussions, more students participated in these small group tutorial discussions than completed the eLearning activities. In addition, our data suggest that many students who do complete these cases online tend to do so towards the end of the semester as a revision aide, instead of during the semester, while attending the aligned lectures and anatomy tutorials.

Discussion

Our data confirm that case-based learning is a useful adjunct in either small group discussions, or as eLearning activities. However, introducing these as optional activities does mean that some students will omit them from their study, and so consideration should be made from the outset as to whether the information contained within should be core, or complementary, to the existing curriculum.

OP24 HealthFusion Team Challenge: Collaboration to facilitate an interdisciplinary learning opportunity for students
Michelle O'Donoghue (UCC)

Authors

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Rationale

The HealthFusion Team Challenge (HFTC) is an interprofessional competition for healthcare students, designed to educate the nation's next generation of health care professionals in collaborative client care. Inspired by a programme at the University of British Columbia the challenge has developed in Australia where it is based at Queensland University of Technology. In 2017 the University of Limerick held the inaugural Irish HFTC.

Methods

The organising committee for the event is led by students and facilitated by staff. Students sign up and are assigned to an interprofessional team and provided with case information. Working together over several weeks, the teams develop a case management plan which reflects best practice. At the event each team presents their plan to a panel of judges before responding to a range of challenging theoretical, practical and ethical extension questions. The team that demonstrates a mastery of teamwork and communication is declared the winner.

Findings

Students who competed in the 2017 event reported that it provided them with opportunities to work with, and learn from, people from other professions. Building on this success, in 2018 the challenge has been opened up to students from other Higher Education Institutes (HEIs). Data will be gathered to evaluate the value both of taking part, and of attending, the HFTC.

Discussion/conclusion

This event aims to connect students across a wide variety of disciplines, providing an invaluable opportunity to contextualize their individual role, and to learn about the roles of other disciplines as a part of a multidisciplinary healthcare team.

OP25 Can inter-professional teaching be effective with large class sizes?

Niall Stevens (RCSI)

Authors

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Rationale

Our aim was to develop an efficient and effective format for small group inter-professional education (IPE) for large classes that promoted collaboration.

Methods

Year 2 medical students (n=345) and Year 2 pharmacy students (n=50) were divided into 50 small groups in a ratio of seven to one, respectively. Four IPE sessions were held over one day, each involving 12- 13 small groups and lasting 1 hour 30 minutes. The problem-orientated session covered a case of infective endocarditis. Each group received a work-book and all had access to antibiotic prescribing guidelines. Students were guided by a multidisciplinary team of facilitators and given time to work together e.g. to interpret clinical features or calculate antibiotic doses. Each student was asked to complete an evaluation form.

Results

Of the 379 students in attendance, 296 (78.1%) completed the evaluation. Of these, 268 (90.5%) agreed, or strongly agreed, that the learning outcomes were achieved and 240 (81.1%) agreed, or strongly agreed, that they now understood their role in this clinical scenario. Free text comments indicated that session promoted team-work, effective communication and professional identity.

Conclusions

This case-based and problem-orientated approach to IPE sessions can effectively and efficiently achieve learning outcomes and promote a sense of professional identity amongst large groups of undergraduate medical and pharmacy students. It is important to create the optimal conditions for IPE with large classes. We recommend adequate planning, an appropriate case, suitable venue, sufficient multidisciplinary expertise and prior preparation to ensure student engagement.

OP27 Workplace and Specialty Related Culture and Practice of Clinical Supervision - A Multiple Case Study
Anel Wiese (UCC)

Authors

Anél Wiese, Caroline Kilty, Bridget Maher, Mary Horgan, Colm Bergin, Dubhfeasa Slattery, Deirdre Bennett

Rationale

Trainee learning is embedded in the clinical environment and occurs through participation in the work of a doctor^{1,2}. Supervisors are central to many work-related activities of trainees, and trainees learn while working alongside more experienced doctors³. Clinical workplaces provide trainees the experiences needed to become specialised in medical practice but don't always readily invite trainees in or afford equal opportunities to all⁴. This multiple case study aimed 1) to explore local culture and practice of supervision across organisations and specialties and 2) to test a realist theory of clinical supervision.

Methods

Four medical departments were purposefully chosen to investigate clinical supervision in different organisations and specialties. We interviewed 50 consultant and trainee participants representing various disciplines and training levels. Pattern-matching and cross-case analyses of data were done, within the case and across cases. A realist theory of clinical supervision, developed in a previous study, was used as an analytical lens to investigate if patterns similar to that theory were emerging from the data.

Findings

Clinical supervision, across all four cases, occurred in a way which was consistent with the realist theory. Analysis revealed case-specific characteristics which shape the way clinical supervision function and how local working arrangements impact on trainee supervision.

Conclusion

The starting point of this study was a realist theory of clinical supervision, and subsequent case research confirmed and refined this theory. The findings have left us with an enriched, more nuanced understanding of the conditions relating to specific workplaces and medical specialties that shape the development of doctors-in-training.

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OP28 Protocol for a scoping review of interventions supporting medical students' preparedness for clinical practice
Eileen Duggan (UCC)

Authors

E. Duggan, H. Hynes, A. Joy, F. Quinn, A. Wiese & D. Bennett.

Introduction

Transitioning from undergraduate medical education to clinical practice is known to be particularly challenging for patient care, healthcare delivery, and for the overall intern experience. Therefore, many multi-modal interventions have been designed to support this transition, to maximise the quality of patient care received, enhance the intern experience and promote the ongoing smooth running of the healthcare system.

Aim & Rationale

This scoping review aims to systematically search the literature regarding interventions which are designed to prepare medical students for clinical practice. It will map out the existing literature, synthesize interventions types and delivery into themes and highlight gaps in the research. Conclusions drawn will support the design of preparatory programmes for senior medical students and interns as they transition into clinical practice.

Methods

The literature pertaining to interventions to support medical students' and interns' preparedness for clinical practice will be systematically searched in electronic databases such as MEDLINE and EMBASE, using PRISMA guidelines. Data regarding study aims, location, design will be collected. Details regarding interventions, implementation and outcomes will be mapped. Themes will be generated regarding interventions to support preparedness and conclusions will be made regarding potential gaps in the research. Ethical approval will not be sought.

Conclusion

The readiness of medical graduates to perform their duties as a doctor both competently and confidently is fundamental to patient safety and is central to undergraduate medical education. Our findings will be published in peer reviewed journals and presented at medical education conferences.

OP29 Transition to Clinical Practice-Expectations of Experience

Niamh Coakley (UCC)

Authors

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Rationale

According to extensive international research, medical graduates continue to face significant challenges as they transition to clinical practice. Contributory factors include issues regarding preparedness, support, workplace interactions and challenges to health and wellbeing. This study is part of a broader longitudinal qualitative study exploring the lived experience of transition from medical school to clinical practice over the first 12 months of being a doctor. Here, our focus is on the expectations of the recent graduates about to commence clinical practice, regarding the experience of transitioning.

Methods

This is a qualitative study using an interpretive phenomenological approach. Fourteen medical graduates about to commence practice in July 2015 were interviewed in respect of their expectations of the experience of transitioning to clinical practice. All data was transcribed and template analysis was undertaken to identify common themes in respect of the research question.

Findings

To describe the experience of medical graduates waiting to commence practice we drew on the metaphor of the actor waiting in the wings. The experience was characterised by an expectation of an abrupt transition, mixed feelings regarding commencing clinical practice and strategic planning in anticipation of the challenges ahead.

Discussion

Curricular design may be informed by this study and appropriate supportive measures implemented to mitigate the challenges described.

OP30 Transition to Clinical Practice- Experience of Transition

Niamh Coakley (UCC)

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Rationale

According to extensive international research, medical graduates continue to face significant challenges as they transition to clinical practice. Contributory factors include issues regarding preparedness, support, workplace interactions and challenges to health and wellbeing.

This study aims to describe the lived experience of transition from medical school to clinical practice over the first 12 months of being a doctor.

Methods

This is a longitudinal qualitative study using an interpretive phenomenological approach. Fourteen medical graduates about to commence practice in July 2015 were interviewed in respect of their expectations of the experience of transitioning to clinical practice. A second interview was held at the end of the first year of practice. Participants recorded audio-diaries relating to his or her experiences over a 12-month period. All data was transcribed and template analysis was undertaken to identify common themes in respect of the research question. Analysis of the end of year interviews will be the focus here.

Findings

The experience of the first year in clinical practice was characterised by an initial period of adjustment followed by adaptation. Themes explored include their evolving relationships with colleagues, experience of workplace interactions, support and challenges to health and wellbeing.

Discussion

The transition to clinical practice continues to be difficult for medical graduates. This study may inform curricular design and appropriate supportive measures implemented to mitigate the challenges described.

OP31 Becoming a clinical teacher; identity formation in context: A scoping review

Peter Cantillon (NUIG)

Authors

Prof Peter Cantillon: NUI Galway

Prof Tim Dornan: Queens University Belfast

Dr Willem De Grave: Maastricht University

Introduction

Clinical education is often criticised for being haphazard and inefficient. Most clinical teachers have not been trained to teach and faculty development for clinical educators is undermined by poor attendance, inadequate knowledge transfer, and unsustainability. A crucial question for faculty developers to consider is how clinicians become teachers in the absence of formal training. Such knowledge is likely to be immensely important in the design of future faculty development initiatives. We therefore carried out a scoping review of what is known about the relationship between becoming a clinical teacher and the workplace environments that teachers inhabit.

Method

Using the scoping review design described by Levac et al 2010, we searched twelve bibliographic and doctoral databases. We subjected the resultant dataset to four phases of screening using iteratively developed inclusion/exclusion criteria. We charted the final dataset in detail and used thematic analysis to achieve data synthesis.

Results

Thirty-four of 4863 research reports met the inclusion criteria. Most (24/34) took an individualist stance towards identity, focusing on how teachers individually construct their teacher identity in tension, particularly, with the identity of clinical practitioner. Only 10/34 studies conceptualised clinical teacher identity formation as a primarily interpersonal phenomenon, negotiated within hierarchical social structures. Most of the included studies, (29/34) made limited or no use of explicit theoretical frameworks thus limiting their rigour and transferability.

Conclusions

Clinicians reconciled their identities as teachers with their identities as clinicians by juggling the two, finding mutuality between them, or forging merged identities that minimised tensions between education and clinical practice. They did so in hierarchical social settings, where teaching was often a lower priority than patient care. Research on clinical teacher identity formation was generally under-theorised, which limited the coherence and clarity of current knowledge.

OP32 An exploration of the relationship between the education and clinical roles of dietitians while engaged in training undergraduate dietetic students.
Siobhán Healy (NUIG)

Authors

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Rationale

With no practice tutors to support undergraduate dietetic training in Ireland, dietitians take the lead in training and assessing students on placement. This research aimed to ascertain the implications of engaging in student training on dietitian, exploring their general experiences and the impact of student training on activities undertaken by them.

Methods

A case study representing a single final placement of two undergraduate dietetic students was undertaken. Semi structured 1:1 interviews with 14 dietitian educators (DEs) explored their experiences. DEs also recorded their activity over two separate time periods, and coordinators recorded time spent in placement related activities (PRA). NVivo software was used to code interview data prior to thematic analysis, while the contents of documents were categorised and descriptively analysed.

Findings

It was found that DEs time spent on department service management activities, CPD, project work, and staff supervision reduced with a corresponding increase in time spent on PRA while engaged in student training. Until week 10 of student training DEs generally saw less patients when engaged in student training in comparison to when not engaged. Pooled, coordinators (n=2) spent almost 2weeks on PRA. While DEs acknowledged the significant personal and professional benefits of student training, they also highlighted numerous challenges in facilitating placements.

Discussion/Conclusion

This study highlights the positive implications of engaging in student training but also emphasises the challenges in terms of time demands on DEs and coordinators with growing student numbers, a desire from educators for more training and a need to better integrate the academic programme with the placement.

OP32 Current Issues Facing Trainees in Obstetrics and Gynaecology *Suzanne O'Sullivan (RCPI and UCC)*

Authors

Dr. Suzanne O'Sullivan, Dr. Fadi Salameh, Dr. Deirdre Bennett, Prof Mary Horgan

Rationale

Failures in maternity services in Ireland have put our specialty in the spotlight over the past decade. Multiple reports, and now the National Maternity Strategy, have recommended a significant expansion in consultant numbers. Conversely, recruitment and retention to this specialty is becoming more difficult and must be addressed urgently.

Methods & Findings

A survey of our trainees asked about factors influencing their experience and morale at work. 75% BSTs responded and 100% HSTs responded. 80% of our trainees are female and 81% are Irish, with 86% from the EU. 35% of trainees are parents. Overall enjoyment of working in the specialty was very good, however the negative impact of the media and the medico-legal climate on our trainees is significant.

53% of trainees have been named in a patient complaint and 36% have been involved in a medicolegal case. 91% of trainees have suffered abusive behaviour from a patient and 89% have suffered abusive behaviour from a patient's family member or friend. 74% have regrets about choosing OBGYN as a career and 71% have considered leaving the specialty. Only 30% of trainees have never considered leaving medicine as a career. Only 3% would strongly recommend OBGYN as a career to a family member or child and 23% would moderately recommend it.

EWTD has had a positive impact on the professional life of 48% of trainees, but 24% would consider opting out if they could.

Conclusion

Understanding the problems facing our trainees is crucial to addressing their future in our specialty.

OP34 Using metaphor in clinical supervision: An effective method of teaching the art of clinical practice

Tina McGrath (HSE/TCD)

Rationale

Clinical supervision is a vital teaching and learning process that supports students in the transition of theory into applied clinical knowledge in the healthcare setting. A particularly challenging aspect of clinical supervision is supporting students to apply abstract theoretical concepts to clinical practice. The use of metaphor as a teaching strategy has a long history in clinical education and continues to be an effective method of making complex information accessible, thus, enhancing student learning.

Methods

Drawing upon educational philosophy and theory applied to clinical education, the use of metaphor in clinical supervision to support student learning of abstract concepts is examined.

Findings

Metaphor is a useful and effective teaching method to explain the unfamiliar, the complex or the difficult aspects of clinical learning experiences. Metaphor enables interpretative processing that offers new ways of seeing phenomena which can bridge theory and practice. This is achieved by co-creating imagery that makes connections between the target concept and pre-existing knowledge.

Discussion

The process of clinical supervision is challenging, requiring innovative and creative teaching and learning strategies. The application of metaphor to complex teaching scenarios is an effective technique to support student learning of important elusive concepts in a variety of disciplines. Participants will be introduced to potential metaphoric activities and further invited to consider how working with metaphors could be integrated into their clinical supervision practices.

OP35 What is an Integrated Curriculum?

Aisling Kerr (RCSI)

Authors

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Rationale

Schools of Pharmacy in the Republic of Ireland have introduced 5-year integrated pharmacy programmes. The rationale was that an integrated model is currently regarded as the optimum way of achieving a clearly defined set of educational outcomes to ensure the competence that underpins public and patient safety¹. Integration may be viewed as a creation of wholeness², however, it is challenging to define. It may be described as horizontal or vertical, and is more than a sum of parts³. Harden's ladder describes integration as a complex continuum of 11 points with teaching unlikely to all occur at the same point on the ladder⁴. This scoping review asks: what is meant by integration in curriculum design for pharmacy education? We draw on the wider healthcare professions education literature to inform the perspective in pharmacy.

Methods

Keyword searching was carried out in Ovid MEDLINE, EMBASE, Scopus, Web of Science and ERIC. Titles and abstracts were screened independently in duplicate by 2 authors. Research papers were eligible for inclusion if they contained details on curriculum integration in any healthcare professions education.

Findings

5594 titles and abstracts, following duplicate removal, were screened for relevance. 682 papers proceeded to the full text screening phase and all studies included after this stage proceeded to data extraction.

Discussion

We intend to provide a summary of the various types of curricular integration and highlight any patterns in interpretations or definitions of integration and how these apply to pharmacy.

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OP36 The development and application of a protocol evaluating the educational and safety environment of intern training posts in the Republic of Ireland.
Emily O'Dowd (NUIG)

Rationale

The intern year is a key milestone in the education of a physician. Providing trainees with educational opportunities and exposure to acceptable patient safety standards is vital at this stage in their professional development. However, there is substantial variation in the experience of interns depending on their post. The study had two key aims: 1) To evaluate the intern training posts in the West Northwest intern training network according to their clinical learning environment and patient safety climate; 2) To utilise data collected from interns to target weak intern posts for improvement.

Method

The project had two stages. First, at the conclusion of each of the first three rotations, all interns completed a questionnaire consisting of the “Postgraduate Hospital Educational Environment Measure” and the “Junior Doctor Patient Safety Attitudes and Climate Questionnaire”. Second, a representative sample of 69 interns were interviewed and asked to discuss their posts in terms of educational opportunities, patient safety, and other elements of their experience.

Findings

Qualitative data revealed substantial variability in posts according to education, patient safety, and teamwork. Quantitative data was also highly variable suggesting differences in the experiences of interns.

Discussion/Conclusion

This study offers a methodology that could be implemented nationally across intern training networks to identify intern posts to be targeted for improvement and to ensure the intern year constitutes a formative educational experience for all interns.

OP37 Pharmacy Competency Mapping to UCC BPharm/MPharm Curriculum Themes Through the Medium of Posters
J.J. Keating (School of Pharmacy, UCC)

Authors

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Rationale

The Pharmaceutical Society of Ireland (PSI) Core Competency Framework (CCF) is the cornerstone of the PSI's programme to reform/inform training and education of undergraduate and practising pharmacists in Ireland. The design, content and pedagogical approach of the UCC 5-year BPharm/MPharm programme has been heavily influenced and extensively mapped to all CCF behaviours.

BPharm/MPharm students encounter challenges in recognising where pharmacy-relevant themes such as patient safety and diabetes are located/taught across the curriculum and how they link to CCF behaviours.

This project addresses this student knowledge gap by developing visually appealing, informative posters which map UCC BPharm/MPharm curriculum themes to academic years, modules, tasks and, ultimately, the CCF.

Methods

Information on curriculum components relevant to three BPharm/MPharm themes – patient safety, antimicrobials and diabetes – was collected by interviewing module coordinators and analysing Blackboard VLE modular content. Three A0 posters, one poster per theme, were subsequently designed to demonstrate how each theme maps to the CCF via associated tasks within modules. Posters were critiqued on their design, content and usefulness through five focus groups composed of BPharm1-4 students and pharmacy faculty. Thematic analysis of focus group data is ongoing.

Findings

Preliminary findings suggest that theme-mapped posters are intuitively straightforward to navigate, are user-friendly and aid students understanding of theme mapping to the CCF.

Discussion / Conclusion

Early analysis of focus group data has further indicated that the poster designs are adaptable to map other aspects of BPharm/MPharm modules, themes, curriculum content and pedagogical approaches to the CCF for Pharmacists.

OP38 What makes for an effective leader in General Practice? A mixed methods exploratory study
Kate Meghan (NUIG)

Rationale

What is already known on this topic? Leadership education for healthcare professionals has been shown to benefit patients, healthcare workers, and healthcare organisations. Leadership courses and training for health professionals have become prevalent worldwide. The UK and Canada have published guidelines that outline clear domains for leadership education. In Ireland leadership education has been established for nursing and for hospital based medical specialities but there are no such programmes for general practitioners (GPs).

Objective

This study explores what general practitioners in Ireland believe should be taught and learned in relation to leadership in primary care.

Methods

We employed a mixed methods approach that included a) a quantitative survey of a random sample of GPs in Ireland to explore perspectives on leadership education b) a qualitative survey exploring leadership education needs in more detail with a purposive sample of current GP leaders.

Results

Leadership education should, in the views of the general practitioners surveyed, emphasise the importance of ensuring the maintenance of professional standards, professional development and a patient centred orientation. Leadership education should enable future general practitioners to engage in meaningful innovation, implementation of change and to be accountable to patients and colleagues. Learning about leadership should also encompass learning how to be resilient in the face of the many challenges of clinical practice. Lastly, the qualitative survey in particular emphasised the importance of leadership in effective team working.

Conclusion

It is interesting that general practitioners in Ireland emphasise features such as professionalism resilience and innovation in their recommendations for future leadership courses and curriculums. We believe that the findings of this study should be used to inform future leadership education programs.

OP39 Transition into Graduate Entry Medicine: Student experiences and the impact of re-orientating Orientation.

Louise Crowley (Graduate Entry Medical School University of Limerick)

Authors

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Graduate Entry Medical School (GEMS), University of Limerick.

Rationale

This research aims to explore student experiences of the transition into a Graduate Entry Medicine (GEM) Program and to evaluate the impact of making their orientation process more student-centred. Evidence emerging from other disciplines suggests that many students find the transition from undergraduate to postgraduate studies difficult. Establishing what factors affect this transition for medical students will help inform content of orientation programmes and ensure appropriate supports are in place to ease their transition.

Methods

A mixed methods approach with two phases. Phase 1: Introduction of a pre-arrival online activity for incoming first years, which included a brief demographic survey and access to videos of GEM graduates describing their experiences. In addition, small group discussion sessions were incorporated into their orientation. Evaluation of these interventions will be via online survey.

Phase 2 involves qualitative methods, using focus groups to explore students' experiences of their transition and factors that affected it. Focus group discussions will be recorded, transcribed and thematic analysis carried out on transcripts to look for emergent themes.

Preliminary Findings

Fifty-four percent of students offered a place in the programme accessed the online activity. Demographic survey- notable findings: 54% of respondents had never been to Limerick city before and 29% had never been to Ireland before. Twenty-eight percent were returning to study after some years in employment and 23% intended to work part-time while studying. Results from the evaluation survey and Phase 2 are pending.

Discussion/ Conclusion

Preliminary analysis of common concerns raised in small group discussions suggests that expanding the content of the online activity may help to address many of these.

OP40 'What I Wish I Knew In Final Year' – The launch and development of a near peer teaching programme in two Irish University Hospitals
Naomi Davey (St Michael's Hospital/University College Dublin)

Authors

Davey, N., Carey, S., Faichney, N., O'Mara, N., Offiah, G., Watson A., McKenna M.

Rationale

A formalised intern led teaching (ILT) programme was launched in St Vincent's University Hospital (SVUH) in August 2016. This programme aimed to increase teaching opportunities available to medical interns and supplement the bedside teaching received by Final Year Medical students from University College Dublin (UCD). Perceived value of ILT to both medical interns and medical students was formally assessed and on the basis of feedback received, a pilot programme was launched in St Michael's Hospital (SMH), a UCD affiliated teaching hospital in August 2017.

Methods

Over the course of the academic year, weekly ILT bedside tutorials focusing on core clinical examination skills were delivered by medical interns to final year medical students. All interns were asked to reflect upon their experience of ILT using minute papers and a focus group to identify challenges and benefits of ILT in SMH. Medical students and clinical ward managers were also surveyed.

Findings

A cohort of interns conducted weekly ILT sessions in SMH over the course of two intern rotations; all interns participated in both the SVUH and SMH programme. All interns had the opportunity to opt out at any stage with none doing so. Reflective feedback from interns demonstrated that ILT provides high yield teaching opportunities relevant to their clinical progression and professional identity. Interns valued the opportunity to conduct more frequent teaching sessions in SMH.

Conclusion

ILT is considered by interns to be a valuable resource that provides an effective and novel modality to learn and hone teaching skills within a safe environment.

OP41 'Don't just think about the mouth, think about the patient' – students' perceptions of a new teaching and learning strategy in Clinical Medical Sciences in Dentistry
Richeal Ni Riordain (UCL Eastman Dental Institute/Cork University Dental School)

Authors

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Rationale

Clinical Medical Sciences in Dentistry (CMSD) is a unique module in the dental curriculum providing an overview of the impact of general ill health on dentistry. This is critical in the safe management of patients. Students often struggle to see the importance of this module or apply its theory to practice. We explored a new teaching and learning strategy in CMSD, namely the incorporation of periodic Review Sessions (RSs), focused on Case-Based Learning with content based on Universal Design for Learning.

Methods

These RSs regularly punctuated the 16-lecture module. Each RS was based upon the previous 5-6 medical or surgical lectures and composed of a series of cases. These fictitious case based discussions were presented with the principles of UDL in mind representing the data with photographs, diagrams, text and where appropriate audio/video clips. A classroom assessment technique (CAT) was used to explore student learning and a student led focus group (FG) was conducted at the conclusion of the module.

Findings

CAT findings included the early development of a sense of the importance of the impact of general health on dental care. FG themes included clinical application of theoretical knowledge and integrated learning.

Conclusion

Periodic review sessions are a useful educational strategy for promoting integrated learning and developing critical thinking skills in dental students in the teaching of Clinical Medical Sciences in Dentistry.

OP42 The candidate perspective: A mixed-methods evaluation of the clinical competency test (CCT) of the MICGP examination

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Background

The clinical competency test (CCT) was introduced by the Irish College of General Practitioners in 2015, representing a significant change in assessment modality for their exiting exam, the MICGP. Similar to the clinical skills assessment of the MRCGP, the CCT is a modified objective structured clinical examination. The aim of this study was to evaluate the MICGP CCT from the candidates' perspective, in order to gain an insight into their views of its fairness, relevance and acceptability.

Method

Using a mixed method approach, the study was conducted in two phases. Firstly, focus groups were conducted with GP trainees who had previously undertaken the CCT in order to explore their experience of preparing for and completing the CCT. Secondly, findings from the focus groups informed the development of an online questionnaire, which was sent to all GP trainees who undertook the CCT in the 2017 summer sitting.

Results

Two focus groups were held with a total of 9 GP trainees. Following this, a link to an online questionnaire was e-mailed to 134 trainees. Trainees reported that the CCT is a fair exam, relevant to daily general practice. They considered the exam to be a comprehensive assessment that has a positive educational impact. However, they are challenged by perceived case complexity and time restrictions and found it financially and emotionally stressful.

Conclusions

The CCT is generally well-regarded by trainees. Efforts to minimize unnecessary stress need to be considered, by making the structure and process of the exam as clear as possible.

OP43 Social Media and Professionalism – Medical Student and Faculty Perceptions of Acceptable Behaviours
Aileen Patterson (TCD)

Authors

Aileen Patterson, Martina Hennessy, Barry Lyons and Orla Sheils Trinity College Dublin

Rationale

This study examines student and faculty perception of acceptable online behaviour for medical students.

Methods

Students completed a student-generated survey regarding the appropriateness of behaviours and a follow up survey addressing their current online practice. A purposeful sample of students and faculty were interviewed to record their understanding of professional behaviour, the standards required from medical students, suitable guidance mechanisms and appropriate remediation methods.

Results & Discussion

Results showed that 99% of students have an online profile, with the majority using social media several times per day. Most students judge breach of confidentiality, venting, friending patients and substance abuse as inappropriate. There were gaps in understanding of discriminatory language and consequences. Students online behaviour changes as they progress through the programme with students identifying less often as a medical student, posting less often and changing content to reflect fewer personal and/or political views. Student perception of appropriate behaviours also changes over time. Students express concerns about the level of professional behaviour expected in comparison to their peer group. Senior faculty usage varied depending on clinical practice, with clinically active users more likely to be observers. Academic clinicians and students describe professional and digital socialisation gaps where behaviour cannot be discretely remediated. Faculty agreed students had a right to privacy and reported concerns regarding perfectionism, and the ability of future professionals to inform health policy debates. Students and faculty agreed that inappropriate behaviour should be considered on an individual case basis where action and stage of education are important considerations.

OP44 Assessing Emotional Intelligence in Applicants to Higher Surgical Training
Brendan O'Connor (National Surgical Training Centre)

Authors

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Rationale

The importance of emotional intelligence (EI) is being increasingly recognised and possessing high levels of EI may be at least as important as a surgeon's clinical knowledge and technical skill for achieving the best outcomes for patients. Our aim was to assess the use of two measures of EI; the Bar-On EQ-i and the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) in predicting success of entry to higher surgical training programmes. We also wanted to study whether there were differences in self-reported and performance EI scores, differences in EI scores over time, or gender differences in EI.

Methods

Two hundred and five surgical trainees who were applying for higher surgical training programmes (HST) completed EI assessments. As not all candidates were successful in gaining entry to a HST upon first attempt, 56 candidates repeated the measures a second time and nine on a third occasion. Data were analysed using SPSS version 20.0.

Findings

Males scored higher than females on the MSCEIT in terms of managing emotions, and success in gaining entry to HST was associated with higher levels of stress tolerance but was not predicted by higher total scores on performance or self-report measures of EI. EI measures were not stable over time and varied depending on the measure on repeat assessments.

Conclusion

Candidates with higher levels of stress tolerance are more likely to progress in surgical training. Our findings support the development of EI and human factors skills from the earliest stages of a surgical career.

OP45 THE INTRODUCTION OF REFLECTIVE PRACTICE IN TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL : A PILOT OF BALINT GROUPS

Catherine Diskin (Department of Paediatrics, University Hospital Galway, Galway)

Authors

R.Russell, C.Diskin, E.Barrett

Rationale

Reflective practice is an established part of the curriculum of Psychiatric / General Practice trainees in Ireland but has not yet come to play a mandatory part of Paediatric Training Programmes. Balint Groups, a commonly used method of reflective practice, involve groups of professionals sharing their non-clinical experience of work within a confidential safe space. Our aim was to introduce and evaluate a pilot Balint Group within the NCHD cohort at Temple Street Children's University Hospital (TSCUH).

Method

A steering group was established including a consultant trained in the facilitation of Balint. NCHDs were provided with information on Balint and an initial group was formed which sat for four months in 2017. After completion, we conducted in-depth anonymous surveys to gain feedback; both in broad terms in relation to reflective practise and more specifically to Balint groups.

Findings

There was broad support for the Balint group concept from inception and across all areas subsequently surveyed. A large majority of NCHDs rated Balint Groups as a useful exercise and one that should be compulsory in training. NCHDs were unanimous in their support for reflective practice and in their willingness to recommend Balint groups to their peers.

Conclusion

Having successfully introduced reflective practice at TSCUH, with overwhelmingly positive feedback, there may be room to expand on this experience and consider the benefit of the introduction of Balint groups on a larger scale across the hospital. We hope to feedback to management at TSCUH and the Royal College of Physicians, Ireland (RCPI).

OP46 Evaluation of an 8 weeks special study module on mindfulness – an educational intervention to increase empathy, compassion and resilience in fourth year medical students from National University of Ireland, Galway.
Eva Flynn (Discipline of General Practice, National University of Ireland, Galway.)

Authors

Dr. Eva Flynn, Dr. Sarah Brennan, Gelong Thubten, Tibetan. Discipline of General Practice, National University of Ireland, Galway.

Rationale

Integration of the teaching of mindfulness within a medical curriculum has now been embraced by world leading medical schools. The practice of mindfulness has been shown to improve performance, reduce error, build resilience, prevent burnout and in turn improve overall wellbeing. Both medical students and trainee doctors are now recognised to often suffer from the effects of stress, including low mood and burnout. In turn the effects of unmanaged stress reduce clinical performance and increase the rate of clinical error. The Irish Medical Council recognise the growing need to address this concern within the Irish Medical Schools.

Aims and objectives

Having established the need for this educational intervention, the objective of this presentation is to describe the evaluation of this mindfulness module, introduced as a special study module to fourth year medical students in 2017 at the National University of Ireland, Galway. We propose to describe evaluation of this novel module as an effective educational intervention for teaching and delivering mindfulness to this group of medical students.

Methods

The method of evaluation we chose to use was qualitative data collection through the use of questionnaires from this student group.

Findings

Evaluation of this module showed that this special study module on Mindfulness for fourth year medical students to be an effective educational intervention for teaching and delivering mindfulness to this group of students. Feedback showed the beneficial impact of this module for nurturing values of empathy and compassion and also revealed that the students reported an improved value for themselves, colleagues and patients after completing this module.

Conclusion

This module is an effective educational intervention in addressing a growing need to address stress, resilience, performance and burnout among medical students and trainee doctors. This will be offered again as a self-selecting module in fourth year medicine in 2018. Also following this and from guidance from leading medical schools internationally we now plan to develop a Student Wellbeing Programme incorporating Mindfulness to be an integral part of training for all in the School of Medicine at the National University of Ireland, Galway.

OP47 An exploration of how a simulated adherence exercise may increase empathy in undergraduate pharmacy students

John Hayden (RCSI)

Authors

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Rationale

Empathy, while considered a core necessity for effective healthcare provider-patient relationships remains a somewhat vague concept, and therefore challenging to 'teach'. One helpful theoretical conceptualisation suggests it is composed of affective, cognitive, moral, and behavioural domains. This study seeks to explore attitudes towards a simulated adherence task using placebo medicines and how the learning activity supports the development of elements of empathy.

Methods

First-year pharmacy students (n=61) were dispensed a labelled container with a month's supply of jelly-beans and instructed to take one daily 30 minutes before food. After four weeks a debrief session was held with a mixed-methods evaluation comprising of a survey and facilitated debrief.

Finding

56/61(92%) students completed the evaluation. Self-reported adherence rate was 79% (75-83% 95% CI). Students found the simulation a valuable learning experience (69% agree), felt they understood better the challenges for patients taking long-term medications (81% agree), and better understood the role of pharmacists in managing adherence (75% agree). Initial analysis of free-text responses and flipcharts from the facilitated debrief suggest impact on all four conceptualised domains of empathy. However, students struggled with describing the demonstrations and manifestations of moral and emotional components compared with cognitive and behavioural components.

Discussion/conclusion

First year undergraduate pharmacy students had positive affective and cognitive attitudes to a simulated adherence exercise. Mixed-method evaluation suggests enhancement of affective, cognitive, moral and behavioural components of empathy though students struggled to describe how to demonstrate their appreciation of these components for some domains.

OP48 Medical students professionalism dilemmas', resistance and moral distress: a cross-cultural study

Marie T O'Shea (RCSI)

Authors

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Rationale

There is worldwide interest in the area of medical students' experiences of dilemmas concerning professionalism and the resulting implications for students, doctors and their patients. Based on a 10-year programme of work (1,2,3,4) this research aims to explore healthcare students' professionalism dilemmas experienced during workplace learning. By examining the complex relationships between medical students' experiences of a range of oft-cited professionalism dilemmas, resistance/compliance behaviours, emotional distress and differing cultural dimensions, this study will address the current gaps in the literature. RCSI HPEC are leading the Irish cohort of this large scale 23 country international study, in collaboration with teams from NUIG and Queens University Belfast.

Methods

A cross-sectional online questionnaire has been designed, based on the original UK study, within which medical undergraduate medical students with at least six months exposure to the healthcare setting will record their experiences of professionalism dilemmas/lapses quantitatively and qualitatively (through open ended questions). Postgraduate medical students and GP trainees will also be invited to participate.

Findings What were the research outcomes; evaluative findings?

To the best of our knowledge, no large-scale, systematic research, examining the various individual, cultural and situational factors at play in topic area has been undertaken to date. Data collection is currently underway in Ireland.

Discussion/conclusion

This work, undertaken across multiple country cultures, will enable health professions educators to consider professional dilemma issues explicitly within their learning environment, to act to mitigate the long-term effects of students witnessing and participating in professionalism lapses

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OP49 Professional identity formation among undergraduate and graduate speech & language therapists (SLTs)
Noreen O'Leary (NUIG)

Rationale

Healthcare graduates are ill-prepared for the world of work. Historically, research on preparedness for work has focused on graduates' clinical knowledge and skills. This ignores the role of professional identity formation. The limited scholarship exploring identity formation at the transition from undergraduate to graduate is characterised by an individual (cognitive learning) rather than a relational (social learning) perspective. The aim of this research was to explore professional identity formation among undergraduate and graduate speech & language therapists (SLTs). Findings will help clinical supervisors better understand the needs of undergraduates.

Methods

One-to-one semi-structured interviews were conducted to gather data in relation to professional identity and features of social context. In keeping with a qualitative descriptive methodology, thematic analysis was used to elucidate patterns in the data. Emergent patterns were subsequently subjected to interpretation informed by the constructs of Figured Worlds.

Outcomes

Data analysis revealed an undergraduate SLT student identity characterised by limited agency, student-centredness and a clearly demarcated SLT role. Graduate identity on the other hand involves a sense of overwhelming agency, patient-centredness and a more nuanced perception of the SLT role.

Conclusions

There are significant differences between undergraduate and graduate professional identities. Students' ill-preparedness for clinical roles is influenced by undergraduate SLT placements that provide students with little agency in clinical workplaces and focus on assessment rather than professional development. Supervisors should enable undergraduates to exercise greater agency in clinical workplaces and be positioned in more patient-centred roles, e.g. involvement in the patient decision-making process.

OP50 Exploring Attitudes towards Mindfulness and Self-care among Graduate Entry Medical Students.
Sean Crowley (UCC)

Introduction

Medical students increasingly report a low sense of wellbeing which evidence suggests is associated with burnout and depression in future doctors. Mindfulness Based Stress Reduction (MBSR) is an intervention demonstrated to improve medical students' wellbeing.

Aims

This study aims to compare attitudes towards mindfulness training among two cohorts of medical students. One cohort of students who have MBSR as part of their core curriculum (University A) versus those who receive no MBSR in their medical education - although many practice mindfulness independently (University B).

Methods

This study used a newly-formulated questionnaire to compare Likert scores of students in two Irish medical schools University A (n=89, 21.19%) and University B (n=82, 34.17%) regarding their attitudes towards mindfulness in medical education.

Results

Students in both universities use physical activity and socializing more often than mindfulness to reduce stress. In both cohorts, most students engaged well with and enjoyed mindfulness training. The main reported benefits were an improved ability to pay attention to the present moment and stress reduction. Positivity towards mindfulness training was greater when engaged with voluntarily (University B, n=30 12.5%) as opposed to as a compulsory curricular component (University A, n=73 17.38%). The majority of students found mindfulness training helpful, but some suggested that it should be elective (76%, n=25).

Conclusions

This study provides evidence to support the inclusion of MBSR in undergraduate medical education, whether as a mandatory or voluntary component needs further examination.

OP51 UL – GEMS General Practice Quality Assurance Initiative.

Aidan Culhane (UL_GEMS)

Context

This project describes a quality assurance initiative of general practices that participate in the education of medical students. There are a number of reasons why it is important to access quality assurance of general practices that teach medical students, chief amongst these would include the following:

- To ensure a similar standard of teaching and educational activity occurs across all UL – GEMS general practice teaching sites.
- To provide evidence to the UL – GEMS and other external agencies that the educational standards in UL – GEMS teaching practices are sufficient and appropriate to meet current education criteria for teaching medical students.
- To help GP tutors to maintain and enhance their teaching skills.
- To safeguard patients, students, mentors and the practice
- To enable medical students who learn medicine in teaching general practices become good doctors.

The longer the clinical placement the greater the imperative to see that these practices achieve satisfactory educational standards and to see that they are maintained. At eighteen weeks duration, UL-GEMS has the longest general practice clinical attachment for medical students in Ireland and fulfils the educational criteria for a Longitudinal Integrated Clerkship (LIC).

Methods

A literature review of previous quality assurance initiatives in relation to general practices that teach medical students was performed. Reports and guidelines in relation to general practices that teach medical students were also examined for quality assurance initiatives. Information gained from this process was then compared with UL-GEMS own criteria for teaching general practices and a set of criteria by which teaching general practices would be assessed was devised. A process to carry out the quality assurance initiative using these criteria was then formulated which included a combination of self-assessment by the GP tutors and practice visits by the UL-GEMS teaching staff.

Results

Nearly 100% of teaching practices had the correct teaching facilities e.g. own room for the student, own computer, internet access etc. Suggested teaching methods e.g. parallel consulting, as advised by the Department of General Practice were carried by 100% of practices. Use of the two way feedback form and the GP/Student manual was poor. GP tutors requested more regular visits from the GP teaching staff as well as more guidance on content for formal tutorials so that a consistency teaching approach could be achieved.

Conclusion

To our knowledge this was the first quality assurance initiative on an extended clinical placement i.e. greater than 12 weeks, in a general practice. The knowledge gained will lead to a more inclusive standard setting process for teaching medical students in general practice settings.

OP52 Online Interprofessional Education in Primary Care: What do community healthcare professionals want?
Caoimhe Bennis (UCD)

Rationale

The ideal Primary Care Team (PCT) provides patient centred care through collaboration of a mixed group of professionals. This research examined the user needs for an online Interprofessional Education (IPE) Module. IPE occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of patient care.

Methods

Semi-structured interviews took place with members of PCTs across Ireland in order to understand their needs relating to collaborative care, IPE and online education. Interviews were conducted across urban and rural primary care teams. The interviews were transcribed verbatim, thematic analysis was conducted and the main themes were identified.

Findings

Key themes identified include: Opportunities for collaborative engagement were limited to monthly multi-disciplinary team meetings or “chance” encounters. Professionals liked the idea of being part of a team but many felt isolated within the team. Education was often limited to minimum requirements imposed by the Health Service Executive or their professional body. Barriers to engaging in education included lack of time, opportunity, heavy workload and no cover. Online education was accepted based on previous experience of engaging in online courses and forums. Professionals liked the flexibility of doing an online course in their own time while engaging with other professionals. Technical barriers exist in some cases such as local firewalls and access to a computer console.

Conclusion

An online IPE module may provide a flexible and accessible approach for professionals to understand each other’s roles and responsibilities for a collaborative approach to patient centred care.

OP53 The views of occupational therapy practice educators and students what constitutes a good learning contract
Caroline Hills (NUIG)

Background

A learning contract is a negotiated agreement between the student and their educators that aims give the student greater responsibility for their own learning (Whitcombe, 2001). This approach promotes self-directed learning as the student can individualise their learning with cognisance of previous experience and their strength and weaknesses. The learning contract is based on Malcolm Knowles (1980, 2005) adult learning theory as the contract serves to focus on the learners needs, and encourages autonomy. Learning contracts are applied to all practice placements in the NUI Galway occupational therapy program. This is a requirement of CORU who state that “Supervision will be provided to students by the practice education team and practice educators, who will guide their learning using a collaboratively agreed learning contract. The outcomes of the supervision must be documented” (CORU, p.22). Two dated UK studies have investigated the learning contract from occupational therapy student and practice educator perspectives, reporting challenges in both the creation and implementation of the contract in practice settings (Whitecombe, 2001; Matheson, 2003).

Aim

This research therefore aims to investigate the value and use of the learning contract from stakeholder’s perspectives.

Method

After ethical approval, and using a qualitative, phenomenological approach, data was gathered from two student and four practice educator focus groups. These were transcribed and analysed using thematic analysis (Braun and Clarke, 2006).

Results

The analysis is currently being completed. The full results will be presented. The findings will inform best practice in practice education regarding the use of learning contracts.

OP54 Integrated High Fidelity Simulation allows reverse engineering of performance and drives curriculum development.

Claire Condron (RCSI)

Authors

Claire Condron¹, A.D.K. Hill¹ Fred Jackson².

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²School of Medicine , Education and Research Centre (ERC), RCSI, Dublin, Ireland

Rationale

To ensure rigour and relevance an evidenced based approach to curriculum reform is essential. Simulation allows the standardized assessment of learner performance and thus facilitates specific evaluation of a curriculum by collecting evidence to determine if acceptable standards have been met. The student body becomes an element in the curriculum reform process as participation provides understanding of the learning that drives the performance.

Methods

9 post-operative Intern call scenarios were developed using high fidelity simulation in consultation with surgical interns. The critical actions required in each scenario were blue printed to the curriculum, and aligned with the National Intern Training Program 1. Over 4 years, 1200 students participated in one and witnessed 3 other scenarios followed by a 15 min debrief session for each scenario. The session employs reflective practice that encourages students to engage in a gap analysis of their performance.

Findings

Observation on student performance in simulation has led to a better understanding of how students use course materials and integrate syllabuses to build competence and performance. This has fed forward to curriculum development and resulted in

- Significant alterations in the surgical course hand book
- An additional lecture
- On-line course material
- An evaluation of skills retention.

Discussion / Conclusion

Simulation can be used to reverse engineer student performance, evaluate performance gaps, identify knowledge errors and skills deficiencies. Appropriate evaluation of simulation outcomes can close the loop for curriculum development and can facilitate continuous improvement in the educational experience and contribute to curriculum development .

OP55 Learning climate in Irish anaesthesia training hospitals **Orsolya Solymos (NUIG)**

Rationale

Learning climate (LC) is defined as the learners' perception of their environment. This mixed methods study aims to evaluate learning climate in Irish hospitals.

Methods

Learning climate was measured using a validated tool among anaesthesia trainees. Questionnaire informed the interview protocol for two focus groups. Framework analysis was used to derive qualitative interpretations.

Findings

Completed questionnaires were obtained from 118 participants from 8 training hospitals. Mean LC score was 116(+/-15.7) (maximum score 160). Multiple regression was used to assess the ability of predictor variables to predict learning climate. Older participants scored LC higher ($\beta = 0.32$, $p = .04$) as did those not on the SAT scheme ($\beta = -0.27$, $p = .02$). Three key themes were identified from focus groups. The impact of lack of resources, the transient nature of the role of the trainee, and a sense of a gap between consultants and trainees.

Discussion

Quantitative analysis demonstrated an overall acceptable measure of the learning climate in Irish training hospitals. Off SAT trainees, and older trainees had higher learning climate scores.

Deeper analysis through focus group interview highlighted several areas of concern among trainees which otherwise would not have become apparent from the quantitative research and warrant further exploration.

OP56 Digital Badges: an interactive logbook equivalent to facilitate student engagement and motivation in a Psychiatry module.
Edyta Truskowska (UCD)

Authors

Edyta Truskowska, Yvonne Emmett, Allys Guerandel

Rationale

Digital Badges have emerged as an alternative credentialing mechanism in higher education. They have data embedded in them and can be displayed online. Research in education suggests that they can facilitate student motivation and engagement but there is little in the literature regarding their use in medical education. We introduced digital badges in Psychiatry in University College Dublin in Spring 2017 as an alternative to a logbook/portfolio for continuous assessment. We hoped to show that badges enhance students engagement and motivation, and help them to structure their work.

Methods

The badges Gold, Silver or Bronze are acquired on completion of specific clinical tasks and an MCQ. This is all done online and student progress can be monitored remotely. Data was collected from the students at the end of the module using a questionnaire adapted from validated questionnaires used in education research.

Findings

75.6% of students completed the questionnaire. 66% found badges helpful in understanding the content of the module. 74% reported that they helped them achieve learning outcomes. 64% were in favour of the continuing use of badges. Comments suggested that badges should contribute to higher proportion of summative mark, and identified that badges helped students to structure their work.

Conclusions

Our findings are in keeping with the literature in that engagement and motivation have been facilitated . Further evaluation is required but the use of badges as an educational tool is promising.

OP57 Introduction of an Academic Track for Medical Internship in Ireland: Views of Undergraduate Medical Students
Elaine Burke (TCD)

Authors

Burke E, Teeling M, Hennessy M

Introduction

A combined academic and clinical training programme for junior doctors in Ireland, the academic track for internship, has recently been launched. The academic track offers newly graduated doctors protected time within the working week to undertake a research project in addition to funding, an academic supervisor, and additional training in research skills. This study seeks to investigate the views of undergraduate medical students.

Methods

The study population were undergraduate medical students at Trinity College Dublin in their penultimate year of study. An online questionnaire was designed and disseminated via a gatekeeper. Descriptive statistics were used to carry out data analysis on students' responses.

Results

The response rate was 50/203 (24.6%). All respondents indicated that protected time would be "very important" or "important". The most frequently cited reason for participating in the academic track was "To progress my career in a particular specialty" (28/42). The most frequently cited anticipated achievement was research publication (39/42). The most common response when asked what concerns (if any) students had about participating in the programme was "I am not sure I could achieve all the clinical competencies of an intern in addition to research" (58%).

Discussion

There was significant interest in the academic track for internship, and it is perceived by students as being of benefit to their careers. The value of protected time and an academic supervisor were recognised, and a research publication was the most frequently cited anticipated outcome. There are no studies identified in the literature to date investigating undergraduate students' views on a combined clinical and academic training programme for internship. The data gathered in this questionnaire will help inform curriculum development and the identification of suitable learning outcomes.

OP58 Evaluating the impact of a 15-minute one-to-one feedback session on the quality of discharge summaries & the intern learning experience.
Nicola Faichney (St Vincent's University Hospital)

Authors

Kelly E, Faichney N, 2017.

Rationale

Discharge summaries are essential so that timely and relevant information is relayed to the GP. This ensures safe and continuous care for patients. This task is typically performed by interns, in their first post-graduate year. In this study we aim to investigate if delivery of a fifteen minute teaching session providing feedback on discharge summaries will:

1. Impact on the quality and content of discharge summaries;
2. Provide a positive learning experience for the interns.

Methods

Twenty-two interns participated in the study. We developed a grading system based on HIQA guidelines for discharge summaries.

Findings

An average grade of 70% was achieved [min 50% - max 89%]; overall a high standard. The most frequently absent content was medications on discharge, functional status and co - morbidities.

Just 13% of interns had received education prior to this study. From the evaluation responses, 100% of the interns felt this teaching session was of benefit to them, 77% 'to a great extent' and 23% 'somewhat'. 85% felt that session would change how they approach writing discharge summaries.

In January 2018, a set of sample summaries shall be evaluated three months post intervention.

Discussion/Conclusion

Interns are the predominant authors of discharge summaries which are a vital part of the patient care pathway. This important clinical task is a lost opportunity for learning and provision of feedback in the intern year.

OP59 Examining the Experiences of Tutors Facilitating Problem- Based Learning in a Graduate Entry Medical School

Sarah Harney (Graduate Entry Medical School, University of Limerick)

Authors

Diane O Doherty, Dr. Helena Mc Keague, Dr. Sarah Harney, Dr. Gerard Browne , Professor Deirdre McGrath. Graduate Entry Medical School, University of Limerick, Limerick, Ireland¹, School of Medicine, University of Central Lancashire, Preston, United Kingdom².

Background

The integrated curriculum for years 1 and 2 at the Graduate Entry Medical School at the University of Limerick is delivered through problem-based learning (PBL). This programme requires collaborative teamwork between students and the tutors who facilitate small-group tutorial sessions. All PBL tutors at GEMS are medically qualified, with the majority (68%) currently in working in clinical practice. This study aimed to explore GEMS PBL tutors' experiences of engaging with students within the graduate entry medical environment and to examine how these experiences may influence them as educators and as clinicians.

Methods

A mixed-methods approach was adopted, utilising two surveys and follow-up focus groups to fully understand the tutor experience. Thirty-three tutors took part in two online surveys with a response rate of 89%. Thirteen tutors participated in two focus groups. Descriptive analysis was completed on survey data and thematic analysis on focus group discussions which highlighted five main themes.

Results

PBL tutors reported challenges with managing group dynamics, the development of confidence in tutoring with experience and a willingness to learn from peers to improve practice. These findings are in keeping with previously published work. The results of this study also identified several less commonly discussed issues impacting student engagement in PBL including the use of mobile device technology, unauthorised access to learning objectives and PBL cases, and how engagement can vary with different milestones of the academic year and between Years 1 and 2 of the course. Tutors also reported the novel finding that facilitating PBL in the basic biomedical sciences has a beneficial effect on their clinical practice.

Conclusions

Understanding PBL from the tutor's perspective reveals valuable insights which can inform ongoing tutor development and support. While experience with practice is integral to effective PBL process, the findings of this study highlight the value of shared tutor experiences as a resource that can be capitalised on to benefit both novice and experienced tutors and enhance the experience of PBL for students and tutors.

Keywords: problem-based learning, tutor experience, small group learning, graduate entry medicine.

OP60 Experiential Learning to Prepare Final Year Medical Students for Clinical Practice ***Bart Daly (Cork University Hospital – Geriatrics)***

Authors

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Background and Aims

Practicing doctors face an unpredictable and highly varied work environment. This paper explores the benefits of a novel near peer experiential learning model designed to help final year medical students transition to working doctors.

Methods

40% of the final year medical class in University College Cork (UCC), which involved 49 students completing intern shadow in their second semester, was allocated into groups of three or four students who attended ward based teaching sessions under the direction of a Senior House Officer (SHO). The sessions were based around performing on-call tasks expected of intern doctors under direct supervision. Participating students and SHOs provided feedback after each session on the strengths and weaknesses of the intervention. Students were then surveyed during their intern year to assess the course retrospectively and to rate the impact of the intern shadow module.

Results

Student feedback suggests that the sessions were beneficial in preparing students for internship and in gaining familiarity with the wards. They did, however, list relevance to final examinations and lack of formal assessment as weaknesses. They rated SHOs highly as teachers, comparable to more senior doctors. All students and supervisors felt that the sessions should become part of the existing intern shadow curriculum.

Conclusion

Near peer ward based teaching is an effective way to prepare students for the transition to working life. It is of particular importance in preparing students for the practical work expected of intern doctors and in gaining familiarity with the working environment. This can be effectively delivered by near peer level doctors who are, to date, not used in an organized fashion for delivering undergraduate teaching in UCC. The unanimous support of supervisors and students alike for the integration of this model into the existing curriculum adds to the body of evidence supporting use of experiential learning in this area.

OP61 An evaluation of the impact of environmental priming on clinical outcomes in simulated paediatric emergencies

Ben McNaughten (Royal Belfast Hospital for Sick Children)

Authors

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Ms Doris Corkin (School of Nursing, Queen's University Belfast)

Ms Pauline Cardwell (School of Nursing, Queen's University Belfast)

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Dr Thomas Bourke (Consultant Paediatrician, Centre for Medical Education QUB and Royal Belfast Hospital for Sick Children)

Dr Dara O'Donoghue (Consultant Paediatrician, Centre for Medical Education QUB and Royal Belfast Hospital for Sick Children)

Rationale

Time delays in the delivery of treatment in a resuscitation can be detrimental to patient care.¹ Multiple factors have been implicated as causes of such delays. These include patient factors but also hospital related factors including the time taken to access emergency equipment.² Recommendations have previously been made regarding standardisation of resuscitation trolleys³. This study aimed to evaluate the effects of environmental priming on student performance and confidence in a simulated paediatric emergency.

Methods

SimBaby is an inter-professional education module undertaken by nursing students and medical students. We randomised students participating in SimBaby into primed or un-primed groups. Those in the primed arm received a tour of the simsuite in advance and had access to an online video tour of the simsuite. Students then undertook a simulated scenario based on a child with meningococcal septicaemia. The time taken to achieve the six key clinical interventions outlined in the Paediatric Sepsis Six protocol were recorded. Some groups were then randomly selected to undertake focus groups with a psychologist.

Findings

Primed students were quicker to all clinical interventions and significantly faster to achieve IV access and administer antibiotics. However, focus groups revealed that students don't feel that they have gained any specific advantage from being primed suggesting a degree of cognitive dissonance. Unprimed students did not feel disadvantaged by not being primed.

Conclusions

Results suggest that environmental priming may improve student clinical performance in paediatric resuscitation scenarios but that students are unaware of having derived any benefit from being primed.

OP62 A Survey on Attrition from a National Surgical Training Programme over 11 years.
Deirdre Nally (Irish Surgical Training Group)

Authors

Fleming AC., Nally D., Fenelon C., Nugent M., Mohan H., Francis E., Rogers AC on behalf of the Irish Surgical Training Group (ISTG).

Background

Surgical training is time consuming and demanding for trainees both professionally and personally. It is also resource-intensive for training bodies. However, not all trainees who commence training complete the programme. This comes with an individual cost and generates inefficiency within the training and health care systems. Quantifying the rate of attrition and identifying underlying causes are important to inform interventions to address this issue.

Methods

Doctors newly appointed to Basic or Core Surgical training from 2007-2016 were invited to participate in an online survey. The survey was designed using internationally validated questions assessing workplace satisfaction and attrition questions.

Results

The response rate was 67% (202/304). 62% of respondents were male. 34 respondents have left surgery and switched to another speciality (radiology 52%, general practice 19%). A further 10 are pursuing a surgical career outside of Ireland. Training related factors were most common reasons given for leaving surgical training: Instability in the training scheme and uncertainty regarding career progression were cited by 86 and 84% respectively. Lack of support or encouragement was a factor for 64%. Contributory career related factors included work/ life balance (61%); workplace bullying/ harassment (48%) and lack of enjoyment of surgery 57%.

Conclusions

Factors related to training are the predominant concerns of those who leave. Surgical training programmes must address the above modifiable factors to improve the experience of all trainees and hence facilitate retention.

ePoster Presentation Schedule

Thursday 8th February 2018 – 11:30 – 13:00

Curriculum Evaluation & Assessment

BHSC 1.22

11:30	eP01	Pathology undergraduate curriculum in University College Cork: An audit <i>Adeline Chelliah, UCC</i>
11:35	eP02	“The joy of them working it out between them, I find that exhilarating” : The impact of group education training on educators’ perspectives of delivering education: a qualitative study based on the DESMOND structured education programme <i>Ciara Heverin, HSE West</i>
11:40	eP03	Attitude of medical students studying in Ireland to the Prescribing Safety Assessment <i>David Reidy UCC</i>
11:45	eP04	FAST (Fast Access Student-led Teaching) clinic is a useful and valued teaching-led service <i>Eadaoin O’Donovan, UCC</i>
11:50	eP05	Improving undergraduate medical education through student-led outpatient clinics <i>Eileen McMahon, Mater Misericordiae Hospital</i>
11:55	eP06	The use of a novel online phenomenon to disseminate public health messages to University students <i>Gary O’Brien, UCC</i>
12:00	eP07	Where do you want to learn geriatric medicine? A survey of medical students <i>Hannah Smyth, UCD</i>
12:05	eP08	The Relationship between Medical Student Logbook and Clinical Examination Performance <i>Jennifer Conlon, TCD</i>
12:10	eP09	Pilot study on self-assessment tool used for taking history and physical exam during paediatric undergraduate programme <i>Joy Ewan Tan, RCSI</i>
12:15	eP10	Using group reflective practice to enhance Occupational Therapy students learning on placement <i>Julie Flanagan, National Rehabilitation Hospital</i>
12:20	eP11	Sharing the learning of using video podcasts as an assessment of clinical competence <i>Laura Loftus, NUIG</i>
12:25	eP12	Undergraduate research in medicine <i>Niamh Lang, NUIG</i>
12:30	eP13	Enhancing educational experience in NI Paediatric trainees: Targeted technical skills simulated teaching programme for College core procedures <i>Peter Mallett, Royal Belfast Hospital for Sick Children</i>
12:35	eP14	Design and Evaluation of Worked Example Video Podcasts as Feedback on a Calculations Skills Assessment <i>Sam Maher, RCSI</i>
12:40	eP15	Evaluation of a Special Study Module on Infant Feeding- an educational intervention to increase medical student knowledge on optimal infant feeding with a view to the improved Promotion, Protection and Support of Breastfeeding <i>Sarah Brennan, NUIG</i>

Tuesday 8th February 2018 – 11:30 – 13:00

Workplace Learning, Post-Graduate Training & CPD

BHSC G11 Chair:

- 11:30** eP17 A pilot study: implementing a structured amplitude integrated electroencephalography (aEEG) education programme in an Irish neonatal intensive care unit (NICU) setting
Allan Jenkinson, RCPI
- 11:35** eP18 Peer Groups amongst consultant psychiatrists in Ireland: Opportunities and barriers
Miriam Kennedy, College of Psychiatrists of Ireland
- 11:40** eP21 NCHD Approaches to Childhood Development
Catherine Diskin, University Hospital Galway
- 11:45** eP22 Surgical trainee experience of adopting an IT platform for assessment of training progress
Christina Fleming, RCSI
- 11:50** eP24 Surgical Trainees perceptions of the Annual Review of Competence Assessment (ARCP)
Deirdre Nally, Association of Surgeons in Training
- 11:55** eP25 Irish GP Trainers' experiences of the GP trainer-trainee one-to-one tutorial; a qualitative semi-structured interview study
Elaine Lee Murphy, University of Edinburgh
- 12:00** eP31 The role of clinical peer supervision groups in implementing clinical Interventions effectively: a report from the National Clinical Programme For Eating Disorders
Sarah McDevitt, UCC
- 12:05** eP27 A blended learning strategy in the ICU; a lesson in the law of unintended consequences
Enda O'Connor, TCD
- 12:10** eP28 The effect of students' gender on the clinical clerkship learning experience in a multicultural setting. Students' perceptions in UAE
Ghada Mohammad, NUIG
- 12:15** eP29 Priming a training community for workplace based assessments through consultation on design
Karena Hanley, ICGP
- 12:20** eP30 Neonatology as perceived by medical students: word cloud analysis of reflective single word summarisation (SWS)
Roy K Philip, Graduate Entry Medical School, University of Limerick
- 12:25** Ep26 An assessment of the paediatric internship at University Hospital Limerick over a 30 month period
Emma Kavanagh, University Hospital Limerick

Thursday 8th February 2018 – 14:30 – 16:00

Interprofessional Learning, Peer-Assisted Learning & Professional Identity

BHSC 1.22

Chair:

14:30 eP32 Undergraduate student communication with patients – can trainees demonstrate empathy?
Anne-Maria Scanlon, Tallaght Hospital & TCD

14:35 eP34 An observational study of clinician’s gaze behaviour in simulated emergencies
Ben McNaughton, QUB

14:40 eP35 The future direction of inter-professional education in Ireland: insights from focus groups with key stakeholders
Cathal Cadogan, RCSI

14:45 eP36 Professional identify and barriers towards pursuing academic careers as educators by healthcare professionals
Claire Condron, RCSI

14:50 eP37 Lessons learned from using Skype to engage students in authentic case based learning
Caroline Hills, NUIG

14:55 eP38 Empathy, perspective taking and clinical communication
Colm O’Tuathaigh, UCC

15:00 eP39 Students’ perceptions of a PAL program, Doctorials, at the Graduate Entry Medical School, University of Limerick
Emily Curley, UL

15:05 eP40 AHP Students’ Experiences of Interprofessional Learning opportunities at a Neurorehabilitation Facility
Fiona Haughey, National Rehabilitation Hospital

15:15 eP42 Audit of Patient Database for teaching and assessment
Hannah Gogarty, RCSI

15:20 eP43 Student attitudes to inter-professional education
Hannah Gogarty, RCSI

15:25 eP44 A single centre study of peer-peer teaching in emergency obstetrics
Oisín Friel, UCD

15:30 eP45 Experience of interprofessional peer clinical supervision groups: a thematic analysis of a pilot project
Sara McDevitt/ Leo Yoshida, UCC

E-Poster Presentation Abstracts

EP01 Pathology Undergraduate Curriculum in University College Cork: An Audit *Adeline Chelliah University College Cork)*

Background

Pathology bridges basic science and clinical medicine, making an understanding of pathological processes essential for good evidence-based medical practice. Undergraduate pathology curriculum must remain integral and relevant in this era of changing medical education.

Objective

To audit the 2016-2017 academic year pathology teaching content for direct-entry medical undergraduate students (DEMUS) in University College Cork (UCC) against guidelines recommended by the Royal College of Pathologist (RCPath), UK, to ensure an optimum curriculum is being delivered and to assist in course planning.

Design

All pathology teaching resources (2016-2017) for DEMUS were identified using the academic website UCC Blackboard. Number of hours and method of pathology teaching were determined. Content of each lecture, CPC tutorial and practical was reviewed and compared against recommendations in the RCPath guideline document 'Pathology Undergraduate Curriculum'.

Results

Main method of teaching was lectures supplemented by practicals, CPCs, online clinical cases and on-site laboratory sessions. Overall rate of curriculum criteria fulfilment was good across the different categories analysed (89.4% to 100%). The only major deficiency was laryngeal cancer. A minor deficiency was pericardial disease. The remaining absent topics overlapped with other disciplines, particularly paediatrics and medicine.

Conclusion

We obtained good concordance with the recommended curriculum criteria. Any relevant deficiencies discovered were included in the curriculum of the forthcoming year. Integration of these findings with student feedback is important to ensure pathology teaching meets its aims. This study highlights the importance of audit in ensuring an optimal curriculum is delivered.

EP02 “The joy of them working it out between them, I find that exhilarating” : the impact of group education training on educators’ perspectives of delivering education: a qualitative study based on the DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed Diabetes) structured education programme

Ciara Heverin (HSE West)

Authors

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4 Discipline of Paediatrics, School of Medicine, Clinical Science Institute, NUI Galway, Galway, Ireland

Background

DESMOND is underpinned by the principles of the adult learner which advocates that the learner is actively involved in their own learning and applies the knowledge, skills and problem-solving, as they learn.

Objective

To explore educators’ and DESMOND attendees’ perspectives on the impact of DESMOND educator training on educators approach to all education sessions, including one to one sessions.

Method

Semi-structured interviews with 12 DESMOND educators also involved in delivering one-to-one education and 2 focus groups with 14 DESMOND attendees

Results

Prior to DESMOND training, educators used didactic teaching methods. Following training they adopted a more patient-centered approach using open questions, listening, and reflecting back in all educational contexts. Educators found this facilitatory educational style more satisfying as it was more relevant to the patients’ educational needs. A change in the educators’ belief system emerged where the centre of the best care is the interaction with the patient and what is of importance to them. The DESMOND attendees corroborated these findings. Patients found the DESMOND experience allowed them to be in partnership with the group, with information sharing and they felt valued for their contributions. Patients felt that prior to attending DESMOND they struggled with self-management. Following DESMOND they felt they had a better understanding, more confidence and the skill set to manage their diabetes.

Conclusion

Although many health care professionals ‘educate’ as part of their role they do not always receive formal pedagogic training. When this is provided educators adopt a more patient-centred approach, to all educational contexts.

EP03 Attitude of medical students studying in Ireland to the Prescribing Safety Assessment
David Reidy (University College Cork)

Rationale

This study seeks to discover the attitude of medical students studying in Ireland to the Prescribing Safety Assessment. It also seeks to find any issues with the PSA as currently examined today.

Methods

This will be a cross sectional study. A quantitative survey of clinical medical students studying in University College Cork will be carried out to ascertain their opinion of the prescribing safety assessment. This survey will be handed out in hard copy and collected after completion. This survey will be multiple choice, short (20 questions maximum), and convenient to complete to ensure high completion rates and minimise non-response. There will be four sections with up to five questions in each section. As well as a demographics section, there will also be sections examining: the students' awareness of the PSA; the importance that the students attach to the PSA; and the perceived difficulty of the assessment.

Results

This research project is in progress.

Discussion

The five categories of questions chosen for this study play a key role in understanding the issues surrounding the PSA in Ireland. How medical students perceive the assessment affects their prioritisation and preparation for the exam. The relative importance of this assessment for their future medical career may also affect numbers willing to repeat the examination after failing it the first time. Finally, it is anticipated that the timing of the assessment combined with the nonessential nature of the PSA in Ireland may cause students to focus on other examinations and neglect the PSA.

EP04 FAST (FAST ACCESS STUDENT-LED TEACHING) CLINIC IS A USEFUL AND VALUED TEACHING-LED SERVICE
Eadaoin O'Donovan (Cork University Hospital - Paediatric Department)

Authors

Dr Eadaoin O'Donovan, Dr Jackelina Pando Kelly, Dr Irina Korotchikova, Dr Ioana Maris, Professor Jonathon Hourihane, Dr Louise Gibson. Paediatric Department, Cork University Hospital

Rationale

Student-led clinics have the potential to improve patient flow within the healthcare system while providing valuable clinical experience for undergraduate medical students. This study aimed to assess benefits of FAST (fast access student-led teaching) clinic for students and service users. FAST clinic ran from September 2016 to April 2017, a student-performed, staff-supervised rapid access clinic for non-complex paediatric outpatients. Cases were chosen from General Paediatric clinics waiting lists (n=6).

Methods

A retrospective chart review was performed. Details were collected regarding number of patients seen, diagnoses, intervention and final management of patients (followed up in general paediatric clinic, referred to another speciality or discharged). Thematic analysis was conducted on the feedback questionnaires distributed to students and parents at the time.

Findings

168 patients attended the 51 FAST clinics. The majority of patients (61%) were discharged with no follow up. Respondents to the parental survey were extremely satisfied with waiting times (80%), provision of high quality care (98%) and expressed willingness to participate in future student-led clinics (93%). 107 students were surveyed and the overall response revealed positive perceptions of the experience. Benefits included interactive experiences with paediatric patients, enhanced clinical skills and valuable supervisor feedback. Many suggested continuation of such clinics as well as expansion to other specialities.

Conclusions

The FAST clinic demonstrated a dual mission for education and patient care with clear benefits for students and service users. Implementation in other specialities in Cork University Hospital and other university teaching hospitals in Ireland may show similar benefits.

Keywords: student-led; clinic; paediatric; medical education

EP05 Improving undergraduate medical education through student-led outpatient clinics
Eileen McMahon (Mater Misericordiae University Hospital)

Authors

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Rationale

Creating space for medical students to acquire and develop essential clinical skills with responsibility for patient care while on clinical hospital-based rotations poses significant challenges. Here we describe a novel pilot project whereby medical students have an opportunity to lead out-patient medical oncology clinics in a supportive learning environment, empowering them to develop their skills of history-taking, communication and clinical examination in a realistic hospital setting.

Methods

Medical students attached to the oncology service for purpose of their clinical rotation are assigned patients at weekly medical oncology out-patient clinics. Students' responsibilities include the following: 1) Clinical assessment including adverse event grading and 2) Developing a basic investigation and management plan in consultation with the registrar/consultant. Validated evaluative tools including questionnaires are used to provide feedback to the students on their performance and aligned to the learning objectives identified by the group at the start of the pilot project.

Findings

The project is ongoing. N=4 of an intended 12 (33%) students have enrolled on the pilot programme with a plan to increase numbers to all students rotating through medical oncology. Full data will be presented regarding operator and student satisfaction.

Discussion/Conclusion

This ongoing pilot project aims to evaluate the learning experience of medical students in medical oncology out-patient clinics in addition to providing the opportunity for student-led, supervised patient care in a realistic hospital setting.

EP06 The use of a novel online phenomenon to disseminate public health messages to University students
Gary O'Brien (School of Pharmacy, University College Cork (UCC))

Authors

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Rationale

With an increase in the use of technology in the field of teaching and learning, a relatively new online medium entitled "Facebook Live" was investigated to disseminate a public health message to University students. The UCC School of Pharmacy operate a Facebook page called "HealthVine" to spread public health messages to all UCC students. At a time where students can become increasingly sexually active, females can be overwhelmed by the excessive choices of contraception available.

Methods

"HealthVine" acquired a Pharmacist to explain the different type of contraceptive options through the phenomenon of "Facebook Live" in the hope of reaching the University audience. Given its previous popularity status, "HealthVine" has approximately 1,000 student online followers. The Pharmacist provided explanations on the different type of contraceptive options over a 15-minute period via the medium of "Facebook Live" on the "Healthvine" Facebook page. All 1,000 followers received immediate notifications on their Facebook app which states the topic of the video and that the video tutorial was live to watch in real-time.

Findings & Discussion

The success of this initiative was measured through the vast responses by "HealthVine" followers: 4,100 views, 190 likes, 45 comments and 20 shares on the live video. Students posted questions under the live video and messaged the "HealthVine" team through Facebook. The novel use of this online medium "Facebook Live" has proven successful in disseminating public health messages to the University audience. Further research is required to elucidate how it can be extrapolated into the teaching and learning of healthcare students.

EP07 Where do you want to learn geriatric medicine? A survey of medical students
Hannah Smyth (UCD/ Mater Misericordiae University Hospital)

Authors

Hannah Smyth, Helen Tobin, Lorraine Kyne

Introduction

UCD medical students complete a community medicine module run by geriatric medicine and general practice during which they rotate through off-site geriatric rehabilitation hospitals. Students' opinions on teaching in these sites were recorded.

Methods

A survey was distributed to students following placements. They were asked to rate the usefulness of different aspects of their placements to identify differences between rehabilitation and acute hospitals rotations.

Results

69 students responded. 52(75%) students rated rotating through a rehabilitation hospital as useful or very useful. 57(82%) found having a clinical tutor on-site and 54 (78.8%) found small group tutorials on "geriatric giants" very useful. 32(46%) and 40(58%) students respectively rated tutorials by MDT members and attendances at MDT meetings as borderline or not useful. 40(58%) found attendance at day hospital useful or very useful. In terms of access to patients, 22(32%) students found it easier in an acute hospital, 22(32%) in rehabilitation and 24(35%) found access the same. 34(49%) students found it easier to access medical staff in rehabilitation compared to 16(23%) in an acute hospital. 59(85.5%) students found small group teaching with a tutor the most valuable part of their placement.

Conclusion

The majority of students benefited from rotating through a rehabilitation hospital with similar access to patients compared to acute hospitals. The presence of a specialist geriatric clinical tutor on-site contributed most to students' learning. Exposure to the role of the MDT was ranked as least useful highlighting the need to further educate students on the crucial role of the MDT.

EP08 The Relationship between Medical Student Logbook and Clinical Examination Performance
Jennifer Conlan (TCD)

Authors

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Rationale

Logbooks are widely used to evaluate the objectives of the undergraduate medical curriculum on clinical placements, however studies have shown that logbook performance does not always correlate with clinical examination performance. The aim of this study was to examine the relationship between the grades achieved in the logbooks of a third year class and the results they achieved in their clinical examinations.

Methods

The third year class size was 172; analysis was performed on 164 logbooks returned at the end of the academic year. The study calculated an unweighted mean grade for each of the logbooks. These grades were correlated with the corresponding examination results of the “Principles of Medical and Surgical Practice” module which includes a written examination, short case assessment, logbook assessment and Objective Structured Clinical Examination (OSCE) and also correlated with the OSCE results alone. Statistical analysis was carried out using SPSSv24. Ethical approval was granted.

Findings

The logbook results were compared to the “Principles of Medical and Surgical Practice” overall results and indicated there is a statistically significant correlation (0.01) with a Pearson Correlation Coefficient of 0.451. A statistically significant correlation (0.01) was also found between the logbook results and the result of the OSCE examination with a Pearson Coefficient of 0.361.

Discussion/conclusion

The results of the study indicate that the logbooks could provide an indication of how a student will perform in clinical examinations.

EP09 Pilot study on self-assessment tool used for taking history and physical exam during paediatric undergraduate programme.

Joy Ewan Tan (RCSI)

Rationale

A self-assessment tool is designed for undergraduate students in history taking and physical exam during their clinical attachment. This tool de-emphasizes on grading and encourages student to increase self-awareness about their own progress using the traffic light system.

Method

This is a pilot study that was carried out in November 2017. The students of Royal college of Surgeon Ireland are encouraged to use this tool during their clinical rotation in Temple street, Children University Hospital.

The traffic light system allows student to choose if they are “competent”, “not there yet” or “require additional support”. If they feel they need additional support, they can approach a tutor for support. The form also has two “action” sections. One of them is to allow them to reflect on the areas to improve. The second “action” box allows student to repeat the self-assessment in their own time.

Result

34 student participated in the study. 15 students filled in the history component and 19 filled in the physical examination component. Details of result are as below.

Conclusion

In the future, we hope this tool will provide a clear pathway for students to acknowledge their weakness and strength. We envision this tool will encourage passive learner to take charge of their learning activity. Overall, this tool aims to allow students to gain more in-depth understanding of their learning development as part of their lifelong learning process.

EP10 Using group reflective practice to enhance Occupational Therapy students learning on placement.

Julie Flanagan (National Rehabilitation Hospital)

Authors

Julie Flanagan and Fiona Haughey, Occupational Therapy Clinical Practice Tutors, National Rehabilitation Hospital, Dublin

Rationale

Group reflective practice is an important method of peer supervision, and allows an opportunity for colleagues to develop their practice (McDonald, R 2002).

A study by Wimpenny et al (2006) suggests that group reflective sessions in Occupational Therapy offer a valuable framework for exploring professional practice issues, whilst offering the potential for individual expression and participation.

Group reflective sessions were commenced as part of OT student education in a neurorehabilitation facility, as they have the potential to not only allow the students the opportunity to learn from each other, but also provides the group facilitator an insight into the students' knowledge, clinical reasoning and competence in the clinical setting.

Methods

OT students on clinical placement at the National Rehabilitation Hospital Dublin attended weekly group reflective sessions, named 'Student rounds', and were given the opportunity to discuss complex cases which they were working on; to voice any difficulties or barriers they were faced with; to identify possible solutions, and to seek advice from their peers. The groups were facilitated by a Practice Tutor, who interjected with probing questions to stimulate discussion, and offer advice when required.

Findings

At the end of placement students will complete a self-report questionnaire providing feedback on the benefits of group reflective sessions for their learning (questionnaires to be completed in December 2017).

Discussion/Conclusion

Group reflective sessions offer students an opportunity to engage in reflective practice, and to share and seek knowledge and advice from their student peers regarding their clinical work, in a supportive environment. They also provide the facilitator with a valuable insight into the students' learning, and could therefore be used as a useful adjunct to regular clinical supervision of students.

EP11 Sharing the learning of using video podcasts as an assessment of clinical competence

Laura Loftus (NUIG)

Rationale

This paper focuses on sharing the learning of using video podcasts as an assessment of clinical competence. Students' are assessed on their ability to develop service user friendly material.

The assessment engages students to demonstrate knowledge and skills that will be expected of them as working therapists. In particular their ability to engage service users. Benefits of using video podcasts as an assessment tool include improved learning, more control of learning and some limited evidence regarding improved grades (Kay, 2012). Some of the challenges identified in the literature lie with the use of technology and a student preference for attending lectures (Kay 2012). Powell and Robson (2015) reported on transferable skills gained from such an assessment such as improved practice in the work place and increased efficiencies using video podcasts.

Methods

This is a group assignment with the benefits of group work learning. Students choose a topic and produce a video podcast that is between 3-5 minutes in length that they would use to teach or share knowledge with service users. Students are also encouraged to consider ways in which video podcasts can be used in their future practice to improve efficiencies and service delivery. Students in addition submit a 1,000 word document outlining the evidence base to support the content of the video podcast.

Results

Informally, students report high degrees of satisfaction and improved confidence using technology and have identified ways in which this learning could benefit service users of the future.

EP12 Undergraduate research in medicine ***Niamh Lang (NUIG)***

Authors

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Introduction

Undergraduate research(UR) is recognised as a way of enhancing medical students' skills and cultivating perspectives necessary for future professional practice¹. This study aimed to evaluate the NUI Galway School of Medicine summer research programme and determine how to optimise it for future participants.

Methods

Following literature review, a survey was developed asking students(n=71) about demographics, funding source, motivation for participation, skills gained, positive and negative experiences, and suggestions for improvement. Surveys were circulated at UR workshops, and emailed to those unable to attend. Data were analysed using Excel. Group interviews were performed, discussing similar topics to the survey but in greater depth. Content analysis was used to identify recurring themes in interview transcripts.

Results

38 students completed the survey, representing a 54% response rate. Students cited professional development and interest in research as motivating factors. Gaining knowledge of the research topic, familiarity with research processes, and positive team relationships were noted as positive aspects of the programme. Lack of supervision and time constraints were highlighted as negative aspects. A fourteen-student subgroup participated in group interviews. Suggested improvements included establishing social media groups and regular meetings to reduce the isolation experienced by some students. 36/38 students would recommend UR to their peers.

Conclusion

Overall the programme feedback was very positive, with changes made based on previous feedback positively received. The important role that students play in shaping the UR programme will continue to be encouraged, and study of past participants is ongoing to better understand the longer-term impact of UR.

1. Imafuku R, Saiki T, Kawakami C, Suzuki Y. How do students' perceptions of research and approaches to learning change in undergraduate research? *International journal of medical education*. 2015;6:47.

EP13 Enhancing educational experience in NI Paediatric trainees: Targeted technical skills simulated teaching programme for College core procedures.

Peter Mallett (Department of Paediatric Simulation & Education, Royal Belfast Hospital for Sick Children, Belfast Trust)

Authors

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Rationale

Paediatrics is a challenging training programme. In Level 1 Training (ST1-3), there are numerous core practical procedures trainees are expected to perform before progression to Level 2. These mandatory skills include Neonatal Intubation, Lumbar Puncture (LP) and Intraosseous (IO) Access.¹ Often it may be difficult for trainees to gain significant experience in these skills for reasons including lack of exposure and low procedural confidence. This can potentially impact on progression in training.

Methods

A simulated core procedure training day was designed for Level 1 Regional Training targeted at 3 core procedures. Paediatric ST1-3 trainees were surveyed about prior experience, previous teaching and confidence levels with these skills.

Findings

24 ST1-3 trainees were surveyed. Beforehand, 2 (8%) trainees felt their intubation skills were adequate, 12 (50%) described their LP skills as satisfactory and 4 (16%) trainees labelled their IO access skills as acceptable. Subsequently, 23 of the 24 trainees (96%) felt significantly more confident in approaching all 3 of the core practical skills. All 24 Trainees (100%) felt that simulated practice helped improve their technical skills and all (100%) felt it would be useful in their daily job.

Conclusion

Simulation-based training for procedural skills has been shown to be effective for trainees and has been widely used in many training programs.² By integrating this into the Deanery's regional teaching programme, we have offered junior trainees the opportunity to gain vital hands on experience on high-fidelity models, which has improved procedural exposure, enhanced user-confidence and may potentially develop procedural competence.

Curriculum for Paediatric Training. General Paediatrics. Level 1,2 and 3 Training. August 2016.

<http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/general-paediatrics-training/ge#curriculum>.

Barsuk JH, Cohen ER et al. Simulation-based education with mastery learning improves residents' lumbar puncture skills. *Neurology*. 2012; 79(2):132–7.

EP14 Design and Evaluation of Worked Example Video Podcasts as Feedback on a Calculations Skills Assessment
Sam Maher (RCSI)

Rationale

The ability of healthcare professionals to accurately perform drug calculations is a prerequisite to safe and effective medicines use. Worked example video podcasts are short web-based videos that provide explanations of how to solve procedural problems. This study evaluated the use of worked example video podcasts as feedback on a calculations skills assessment to undergraduate pharmacy students.

Methods

A series of 30 video podcasts and typed solutions were prepared as online feedback on a 30 item MCQ. Instructional design of podcasts was informed by the cognitive theory of multimedia learning. Podcast were prepared in digital talk-chalk using a stylus pen/tablet. Participants were first year pharmacy students taking part in a professional skills module. A mixed methods evaluation was used to assess cognitive and affective attitudes towards podcasts.

Findings

70% (37/53) students completed part or all of the mixed methods evaluation. The majority of students liked video podcasts 28/37 (76%) and considered them helpful for learning (79%). A comparable number of students felt positively about standard typed solutions, and 19/37 (51%) of students preferred to receive both types of feedback rather than podcasts (9/37 - 24%) or typed solutions (3/37 - 8%) alone. Students highlighted clear explanation, step-by-step approach and control of pace as features that impacted their attitude towards podcasts.

Conclusion

Multimedia learning principles can be used in design of video podcasts that assist learning of calculation skills in undergraduate healthcare students. The majority of students considered worked example video podcasts a useful resource for calculations skills feedback.

EP15 Evaluation of a Special Study Module on Infant Feeding- an educational intervention to increase medical student knowledge on optimal infant feeding with a view to the improved Promotion, Protection and Support of Breastfeeding.
Sarah Brennan (NUIG)

Authors

Dr. Sarah Brennan, Dr. Kathy Murray, Donegal Medical Academy, Letterkenny University Hospital and Discipline of General Practice, National University of Ireland, Galway.

Rationale

Ireland has among the Lowest Breastfeeding rates in the world, with less than 1% breastfeeding at age 1. Research frequently identifies deficiencies in physicians' breastfeeding knowledge. This Study Module in Infant Feeding was designed to address this deficiency by optimally training medical students in the neurobiology of Skin to Skin Contact and optimal support, promotion and protection of breastfeeding.

Methods

Evaluation methods were analysis of qualitative and quantitative data collected using survey who those students completed the SSM [n=19] in the past 4 years. A description of the module and research output while undertaking the module will also be presented.

Findings

Students have become ardent breastfeeding advocates and are engaging in activities as physicians to improve breastfeeding rates. One cohort undertook a survey of medical students' breastfeeding attitudes, belief and knowledge which recommended structured and embedded infant nutrition module. Other students surveyed pregnant moms and found that despite a culture of formula feeding in Ireland that with support, promotion and protection of breastfeeding the intergenerational adoption of breastfeeding would help increase rates trans-generationally. Ongoing pieces of research will also be discussed.

Conclusion

Our current breastfeeding strategy recommends Breastfeeding education for all health professionals. This research recommends national Inter-professional Undergraduate Health Care education in Breastfeeding. This educational module would be novel and equitable with the potential to improve biopsychosocial outcomes and health for all, especially those in the lower SEGs as identified in the 2016 Lancet Breastfeeding Series. Such an educational intervention has the impact to significantly improve Global Health.

EP17 A pilot study: implementing a structured amplitude integrated electroencephalography (aEEG) education programme in an Irish neonatal intensive care unit (NICU) setting

Allan Jenkinson (Royal College of Physicians Ireland)

Authors

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Rationale

Use of aEEG to monitor brain function is standard of care for infants with suspected neurology in tertiary NICUs internationally. Duration and severity of abnormalities of aEEG tracings are highly predictive of subsequent neurologic outcome. Neonatal trainees have responsibility for the aEEG set-up, monitoring and interpretation with minimal formal training.

Methods

Participants completed a pre-intervention questionnaire which collected demographic details and baseline knowledge of aEEG use, indications and interpretation. A structured education programme was established involving a didactic lecture, a training workbook, bedside teaching and an aEEG protocol session. An identical questionnaire was used to re evaluate the trainees' knowledge post intervention.

Findings

The pre-intervention response rate was 63% (12/19). An assessment of aEEG indications and set-up showed a mean (+/-SD) score of 4.4/8 (+/-1.9) and 4.5/7 (+/-1.8) respectively. The mean score for aEEG interpretation was 7.5/20 (+/-3.7). Post intervention, the response rate was 58% (10/17). The mean scores for aEEG indications and set-up increased to 7.9 (+/-0.8) and 5.5 (+/-0.3) respectively. The mean score for aEEG interpretation increased to 16.2 (+/-0.9). The improvement in scores for aEEG indications and interpretation was statistically significant (p value <0.05).

Discussion/Conclusion

Our project demonstrated poor baseline knowledge of aEEG use, indications and interpretation amongst neonatal trainees. After enrolment in a structured educational programme, there was an increase in mean scores across all measured domains. Providing a structured educational programme resulted in significant improvements in aEEG knowledge and experience amongst neonatal trainees.

EP18 Peer Groups amongst Consultant Psychiatrists in Ireland: Opportunities and Barriers

Miriam Kennedy, College of Psychiatrists of Ireland

Authors

A Lynch, L O'Callaghan, G Swanwick, M Kennedy, The College of Psychiatrists of Ireland.

Rationale

In Ireland, the Medical Council recommends that doctors join a peer review process but this is not mandatory. In the College of Psychiatrists of Ireland (CPsychI) approximately 250 psychiatrists enrolled in our Professional Competence Scheme (PCS), are members of a peer group. It is not clear why some members participate in peer groups and some do not. This study aims to elucidate the experience, both positive and negative, of Irish consultants using the peer group structure.

Methods

Using themes which emerged from previous focus group research, a questionnaire was developed and piloted. Ethical approval was obtained from RCPI Research Ethics Committee. All consultant psychiatrists registered for PCS were invited to complete the online questionnaire. 10 Consultants who were not involved in a peer group were also invited to participate in a semi-structured interview.

Findings

712 eligible members were invited to complete the online questionnaire. 175 responses were received (24.5%). The professional characteristics of responders are described. Peer group members described peer group characteristics and structure; use of educational material; planning and administration; educational content and functions; negative aspects. Non- peer group members described their past experience of peer groups; reasons for not currently being a member; their interest in joining peer groups in future.

Discussion

The study elucidates how consultants find the existing peer group structure to be useful but also what barriers or difficulties face consultants in participating in peer groups. This is helpful to CPsychI in planning how to develop and support this PCS structure.

EP21 NCHD Approaches to Childhood Development

Catherine Diskin (Department of Paediatrics, University Hospital Galway, Galway)

Authors

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Introduction

Between 1-3% of children are affected by global developmental delay. Early recognition and referral improves outcomes. We considered whether development was included within paediatric history taking of admitted patients in Galway University Hospital. We explored non-consultant hospital doctor (NCHDs) attitudes and knowledge towards development to inform postgraduate teaching and next steps.

Aims

We aimed to evaluate documentation of development before and after a focus group discussion. The focus group aims were to explore knowledge, attitudes, challenges and potential solutions.

Methods

An audit tool was developed and revised following review of two charts. Thirty (30) charts of children aged three years or less were reviewed. A focus group rooted in front-line ownership employing liberating structures techniques including the TRIZ model was facilitated with 10 NCHDs with a dual purpose of exploring attitudes to and raising the profile of development. A re-audit of 30 charts was undertaken 2 weeks later.

Results

Development was documented in 4/30 (13%) and not documented in 16/30 (53%) of charts. "No Concerns" was documented in 10/30 (33%). The interpretation of this phrase was uncertain. If not documented at admission, development was never documented. Employment of the TRIZ methodology explored attitudes to development. The following themes were identified:

- Lack of awareness and avoidance of development
- Knowledge deficit of milestones and onward referral
- Timing i.e. unwell child
- Re-audit demonstrated some changes in behaviour. "No concerns" was noted less often with greater frequency of milestone documentation. Development was not documented in 11/30 (37%).

Conclusions

Development is an important and neglected area in paediatrics. Peer group discussion highlights potential areas to effect change with limited behavioural changes. We are addressing challenges raised e.g. clarity of referral pathways. We have co-designed with patients, parents, and a multidisciplinary team a new booklet for NCHDs. Reflecting feedback, it contains practical tips regarding development. This intervention will be evaluated.

EP22 Surgical trainee experience of adopting an IT platform for assessment of training progress

Christina Fleming (Irish Surgical Training Group, RCSI)

Authors

Fleming CA, Clancy C, Nally D, Mohan H, Nugent M, Francis E, Rogers AC, on behalf of the Irish Surgical Training Group

Rationale

The Intercollegiate Surgical Curriculum Programme (ISCP) is an online assessment portfolio that provides the approved UK framework for surgical training from completion of internship through to consultant level through a web-based syllabus that lays down the standards of specialty-based knowledge, clinical judgement, technical, operative and professional skills which must be acquired at each stage in order to progress. In 2015, RCSI introduced ISCP for newly appointed ST3 trainees in Ireland. We sought trainee opinions and experience of this method of assessment.

Methods

Surgical trainees from ST3, ST4 and ST5 who initiated training assessment recording using the ISCP platform were invited to complete an online survey following one-year of experience with ISCP.

Findings

A 79% response rate was obtained (31/39) of which 28 (72%) were fully completed. Prior to commencing the ISCP system 74% (n=23) of trainees had never heard of ISCP and 86% (n=24) reported inadequate instructions on how to use it. Only 7% (n=2) felt their designated trainer had received adequate information and training on using the ISCP platform appropriately. 96% of assessments were retrospective and 71% of trainees reported their trainer had not satisfactorily engaged with the assessments. Only 46% (n=13) of trainees felt they fully understood the online assessment tools and only 43% (n=12) formally discussed their assessments with their consultant trainer. Two (7%) trainees believed this new assessment structure adds to their surgical training.

Conclusion

The transition to new methods of training assessment require buy in from both the trainer and trainee for maximum success. Clear communication, guidance and prior training is crucial to avoid many issues outlined in our findings.

EP24 Surgical Trainees perceptions of the Annual Review of Competence Assessment (ARCP)

Deirdre Nally (Irish Surgical Training Group)

Authors

Nally D., Eley E., Mohan H on behalf of the Association of Surgeons in Training

Background

The Annual Review of Competence Progression (ARCP) assesses trainees' performance during each training year and determines progression to the next year of training. Dissatisfaction with the process with respect to bureaucracy, inconsistency and the decision-making process have been expressed. This study was designed to assess surgical trainees' experiences of and attitudes to ARCP.

Methods

Members of the Association of Surgeons in Training (ASiT) in the UK and the Republic of Ireland were encouraged to complete a 57 point online survey. Questions examined the specifics of one ARCP cycle and attitudes to the process in general. The survey is still open and interim results are provided.

Results

An interim analysis of results was conducted after the survey was open for 42 days. 356 responses were received. All deaneries, grades and specialities are represented; the majority of respondents are general surgery and orthopaedic trainees (42% and 13%) respectively. In preparing for ARCP, 22% found that requirements were not clearly communicated, 24% reported insufficient notice and 40% report difficulties with supervisors completing assessments. 88% of trainees think that the ARCP should involve a face to face consultation. Trainees agreed or strongly agreed that the ARCP meeting provides a means of raising concerns about training posts (28%), bullying (19%) or patient safety (18%) that they may feel unable to do in writing.

Conclusions

The findings of this study have the potential to inform improvements to and hence maximize the educational value of the ARCP process for surgical trainees.

EP25 Irish GP Trainers' experiences of the GP trainer-trainee one-to-one tutorial; a qualitative semi-structured interview study
Elaine Lee Murphy (University of Edinburgh)

Authors

Dr. Elaine Lee Murphy, Professor Anthea Lints, Ms. Gill Aitken

Background

The objective of this study was to explore via qualitative research GP Trainer experiences of the formal one-to-one tutorial within Irish Postgraduate GP Training. Irish trainers are contracted to provide weekly protected one-to-one Trainee tutorials. Little information exists regarding GP trainers' perspectives of the one-to-one tutorial in an Irish context.

Methods

Ethical approval was granted from the ICGP Research Ethics Committee. Recruitment occurred from one Irish training program, enabling results to reflect the experiences of a specific trainer group. Two pilot interviews and eight face-to-face semi-structured interviews were conducted from November 2015 to April 2016, allowing in-depth qualitative thematic data analysis.

Results

GP Trainers viewed their clinical experience as their main teaching asset. Protected time and preparation were deemed necessary for positive one-to-one learning experiences. Patients were considered essential for tutorial topic inspiration and reflection on workplace experiences. GP Trainers were divided on their opinions of receiving trainee feedback; some GP Trainers feared negative appraisals from their trainees.

Discussion

This study resonates with existing literature. One-to-one tutorials address the intangible elements of being a GP, facilitating trainee immersion in the ethos of general practice and the acquisition of skills deemed necessary to survive as a GP. GP Trainers' were concerned about the integrity of trainee feedback on their teaching.

Conclusion

Protected time is essential to provide successful one-to-one teaching. GP Trainers need to feel supported in receiving feedback from Trainees on their teaching. This study may help inform those responsible for Postgraduate GP training in Ireland of GP Trainer experiences with one-to-one tutorials. This may help support GP Trainers in delivering one-to-one teaching. One-to-one tutorials in GP Training extend beyond their academic functions. GP Trainers view them as essential tools in supporting GP Trainees' transition from the hospital to the community environment, and aiding holistic preparation for independent GP practice.

EP26 AN ASSESSMENT OF THE PAEDIATRIC INTERNSHIP AT UNIVERSITY HOSPITAL LIMERICK OVER A 30 MONTH PERIOD

Emma Kavanagh (University Hospital Limerick)

Authors

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Rationale

To review the literature evaluating Irish paediatric training programmes. To evaluate the experiences of the paediatric internship program at UHL.

Methods

A systematic review was conducted to identify studies of Irish paediatric training. A retrospective audit of paediatric internship training at UHL was completed. Data collected included overall experience, merits and deficiencies in training and research outputs. The population comprised all doctors who participated in paediatric internship training at UHL since July 2015 (N=20).

Findings

283 studies were retrieved, predefined exclusion criteria were applied and 7 studies were reviewed. No studies referred to training of paediatric interns in Ireland. The results of this review include 78% satisfaction rate with the Irish paediatric HST scheme¹. Negative experiences included: failure to protect time for research^{3,1}, excessive clinical service and poor monitoring of trainers³. Data collected on the population indicate that 80% describe excellent paediatric internship experience. 65% described the other paediatric NCHDs as excellent mentors and 80% felt well-supported in decision making. Deficiencies in training included: a lack of responsibility (50%) and wanting on-call shifts (100%). Most interns participated in clinical audit (60%) or research (60%). 90% remain interested in pursuing paediatrics. Of the 10 respondents on the paediatric BST, 100% believed their paediatric internship assisted their career progression.

Conclusion

This is the first study of its kind in Ireland. To optimise paediatric internship training standards, ongoing quality improvements are required. More paediatrics internship opportunities at UHL should be explored, due to high demand and excellent experiences of interns at UHL.

EP27 A blended learning strategy in the ICU; a lesson in the law of unintended consequences
Enda O'Connor (TCD)

Rationale

Patients in the intensive care unit(ICU) are drawn from a wide spectrum of surgical and medical disciplines. We designed a blended learning framework to facilitate multidisciplinary evidence-based(EB) learning for time-poor ICU doctors.

Methods

The project was grounded in adult learning theory. Over an 8-week period, ICU trainees volunteered to (a) self-select a ICU microbiology topic, (b) design a EB question, (c) perform a literature search, (d) attend in-person group discussions to refine their topics and (e) post their EB answer on a bespoke chat room (at www.elearnicu.com). Online discussion, moderated by an ICU consultant, helped learners structure their questions (using a PICO format: patient-intervention-control-outcome) and search and grade the literature (using the GRADE Working Group), as well as providing guidance on IMRaD structure for their summary and links to useful learning resources.

Findings

Seven (from a total of 11) ICU trainees volunteered and completed the exercise. Intended learning outcomes were achieved; broad literature reading occurred [85.7%(30/35) of summary references were from non-ICU journals]; and all participants reported a consequent improvement in their knowledge and management of patients with sepsis. Unintended learning of transferable skills was reported and demonstrated, in particular constructing evidence-based questions, performing a literature search and writing a structured abstract. Unintended consequences were seen in the preferential use of instant messaging applications instead of the bespoke learning website.

Conclusion

Our blended learning strategy was an effective tool for achieving intended learning outcomes. Unintended benefits were apparent for learners' transferable skills and on teachers' insight into instructional design.

EP28 The Effect of Students' Gender on the Clinical Clerkship Learning Experience in a Multicultural Setting. Students' Perceptions in UAE
Ghada Mohammed (NUIG)

Rationale

This is an exploratory qualitative study that is focused on the perception of the students regarding effect of students' gender on the clinical clerkship learning experience in a multicultural setting where gender is obviously an issue.

Methods

This qualitative study used purposeful sampling medical students of final year that had clerkship experience. Semi-structured face-to face interviews (n=16) were conducted and the interviews continued until data saturation was obtained with no new emerging ideas. Framework analysis was done and NVIVO software (QSR NVivo 11) was used for thematic analysis of data and the results presented different aspects of learning that are affected by gender.

Findings

The outcomes obtained from this research study demonstrated that clinical experience of students are affected by gender as most of female patients reject treatment from male students. The student experience is affected by the supervisions' style irrespective of the gender. However, mixed outcomes were obtained regarding influence of gender on supervision. This study has also evaluated that the perception of the students regarding effect of students' gender in terms of the future choices for specialisation. The students believed that their own culture, religion and personal beliefs had no influence on their relationship with patients except for few female students who would be more conservative in terms of physical contact.

Conclusion

The study demonstrated the impact of students' gender on their learning experience with more negative effect on male students. Efforts should be made to address this problem and provide solutions and further studies in this area required.

EP29 Priming a training community for workplace based assessments through consultation on design.

Dr. Karena Hanley, (National Director GP Training, ICGP)

Aim

Through maximum user input into their design, to achieve widespread use of nationally agreed workplace based assessments.

Introduction

General Practice training programmes elsewhere are building agreed competency frameworks, using recognised achievements documented in portfolios(1–3). At the highest level of Millar’s pyramid, workplace based assessments are a foundation of the evidence of competence(4).

Experience with WBAs consistently expresses disappointment with the level of engagement by trainees and trainers(5,6). There are “three dominant problems with WBA implementation: poor understanding as to the purpose; insufficient time for undertaking these assessments; and inadequate training of trainers.” (7) There is a need for user involvement in the design and development of WBAs(5–7). Assessments should be designed primarily to enable learning and improve feedback(8–12). This project maximises input into the design of agreed workplace based assessments by all stakeholders.

Methods

1. On appointment of a National Assessment Fellow, there will be extensive consultation with the GP Training community through surveys, workshops and focus groups.
3. Adaption and adoption of WBAs will be encouraged at all training sites, with monitoring of their utility. (Van der Vleutens utility index for assessment with Chandratilake’s modifications(13), also Health Professional Assessment Consultancy).
4. A draft national policy on the use of WBAs in June 2018 with a second round of consultation in July and August. The final policy will be ratified in September.

Outcome Measures

National policy on the use of WBAs.

A minimum of three nationally agreed standard WBAs will be in widespread use by trainees by January 2019.

EP30 Neonatology as perceived by medical students: word cloud analysis of reflective single word summarisation (SWS).

Roy K Philip (Graduate Entry Medical School, University of Limerick)

Rationale

Word cloud (WC) is a visual representation of a collection of text documents that uses various font sizes, colours, and spaces to arrange and depict significant words. WC generated from spontaneously articulated views by medical students as a single word summarisation (SWS) could assist in medical teaching.

Methods

A descriptive study was conducted in the neonatal intensive care unit (NICU) of University Maternity Hospital Limerick (UMHL) for five years from October 2012 to September 2017. One faculty member prospectively recorded the SWS of neonatology by medical students. Hospital audit committee approved study as a quality improvement project (QIP) in clinical teaching. Online WC generator under an open source license was used to compute the WC.

Findings

Total of 268 SWS were generated from 268 graduate entry medical students who had neonatal rotations over five years. Words reflecting 'abstract' concepts predominated (182/268) compared to 'concrete' concepts (86/268) with $p < 0.005$. Feedback data showed SWS and WC generation as unique 152/268 (56.7%), stimulating 142/268 (55.2%) and creative 130/268 (48.5%). Interestingly 72/268 (26.8%) found it as a fun. A relatively small proportion found it not interesting 20 /268 (7.4%), boring 8/268 (3%) and waste 4 /268 (1.5%). Power point slides of WC aided students to reflect on visual impact of their chosen words.

Discussion/Conclusion

Visualization of medical student-generated SWS could stimulate reflection and clinical discussion. SWS could assist teaching faculty to foster better student engagement. This narrative teaching methodology with computer aided WC enhancement has the potential transferability to other clinical disciplines.

EP31 The role of clinical peer supervision groups in implementing clinical Interventions effectively: a report from the National Clinical Programme For Eating Disorders
Sara McDevitt (HSE/ UCC)

Authors

Dr Sara McDevitt, Aileen Whyte, Rhona Jennings

Rationale

Clinician fidelity to psychosocial treatment model is an important predictor of treatment reliability, and therefore to clinical effectiveness and patient outcomes. This has particularly been found for eating disorder services, where therapist drift has been found in 66-85% of cases (Waller, 2009). Even accounting for personalised care, key elements of treatment models are regularly not implemented. The aim of the National Clinical Programme for Eating Disorders is to implement high quality care for service users

Methods

All multidisciplinary clinicians nationally who had received training in FBT or CBT-E were invited to provide self report feedback via an anonymised electronic questionnaire at 3 time intervals over a 24 month period. The semi structured questionnaire included items on fidelity, clinical peer group supervision, and implementation factors.

Findings

73 FBT and 60 CBT clinicians were invited to participate, and 72% participated at time 1 (6 months) and 50% at time 2 (18 months). 85% (26) of CBT- E clinicians and 75% (27) FBT clinicians attended one of 11 clinical supervision groups nationally, amounting to 54 clinicians. Regular attendance at supervision group was found to be protective in terms of knowledge translation, self reported model fidelity (71.5% v 23.5%), clinical confidence (74.3 v 25.7%) and caseload size. Recommendations for effectiveness were also made.

Discussion/conclusion

Attendance at peer supervision is a protective factor in the implementation of care quality improvement initiatives in eating disorder services across healthcare disciplines. This has implications in terms of manager and team support and leadership around attendance.

EP32 Undergraduate Student Communication with Patients – can trainees demonstrate empathy?

Anne-Maria Scanlon (Tallaght Hospital/TCD)

Objectives

Tallaght Physiotherapy Dept previously investigated patient perceptions of empathy displayed by qualified physiotherapists. The main objective of this survey was to assess patient perceptions of empathy displayed by student physiotherapists towards patients in their care. A secondary objective was to compare students' empathy with that demonstrated by qualified Physiotherapists in Tallaght Hospital in 2013.

Methods

Measure: The Consultation And Relational Empathy (CARE) measure (Mercer et al, 2004) is a validated person-centred consultation process measure, completed after the consultation.

The CARE measure

1. Assesses the patient's perception of communication during clinical encounter
2. Looks at the "human aspect" versus assessing technical skills
3. Reflects empathy & engagement for the user in their clinical encounter
4. Measures 10 items; each item is scored from 1-5 (poor – excellent)
5. Questionnaires with >2 missing values are removed from the analysis

Participants: A convenience sample of 51 inpatients was used. There were 27 third year students (n=14 P2, n=13 P3), and 20 fourth years (n=6 P5, n=14 P6) involved in the study. Four questionnaires did not identify the students' year of study. Students' identity was blinded. Inclusion criteria:

1. Inpatients – medical, surgical & orthopaedic wards
2. Patients seen by student physiotherapists in their third (P2, P3) and fourth year placements (P5, P6)
3. Exclusion criteria
4. Non-English speaking patients
5. Patients with communication deficits e.g. dementia, aphasia
6. Paediatrics
7. Out-patients
8. Patients seen by students on their first placement (P1)

Procedure: Measure distributed and collected by the student after the physiotherapy consultation.

Data analysis

Data inputted and report generated via www.caremeasure.org,. Report compared results with data collected from other physiotherapists in the UK.

Results

Forty-nine valid CARE Measures were analysed via www.caremeasure.org, and an automatic report was generated. The overall CARE score for Irish undergraduate students was 47.0000, which is between the 25th and 50th percentiles. This score compares favourably with the average score of 47.7702 for qualified UK Physiotherapists. However, these percentiles indicate that 50% of qualified physiotherapists displayed higher levels of empathy. Of note, Irish undergraduate students scored between the 10th and 25th percentile in the domains of 'Letting you tell your story', 'Being Positive', 'Helping you take control' and 'Making a plan of action with you'. However, they scored between the 50th and 75th percentile for 'Showing care and compassion'. Although numbers were small for each year of study, a trend towards higher scores was noted in the later years of study (Averages: third years 43.55, fourth years 48.43). A survey of in and out-patient consultations for the Tallaght physiotherapy department in 2013 achieved a mean score of 45.4 for all patients. Qualified physiotherapists working with in-patients scored 43.4 on average at that time.

Conclusion

Student physiotherapists are perceived by patients to demonstrate similar levels of empathy to their qualified counterparts. This survey highlights the need to maintain a supported learning environment as students gain experience in the acute hospital setting. Limitations to this study are that patient responses were not blinded to the student collectors. Future studies should consider the differences between students in early and late placements.

EP34 An observational study of clinician's gaze behaviour in simulated emergencies
Ben McNaughten (Royal Belfast Hospital for Sick Children)

Authors

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Dr Caroline Hart (ST7 Paediatrics, Royal Belfast Hospital for Sick Children)
Dr Stephen Gallagher (Behavioural Psychologist, Ulster University)
Carol Junk (Advanced Paediatric Nurse Practitioner, Royal Belfast Hospital for Sick Children)
Patricia Coulter (Paediatric Research Nurse, Royal Belfast Hospital for Sick Children)
Dr Andrew Thompson (Consultant Paediatrician, Royal Belfast Hospital for Sick Children)
Dr Thomas Bourke (Clinical Academic Consultant Paediatrician, Centre for Medical Education QUB and Royal Belfast Hospital for Sick Children)

Rationale

During a resuscitation clinicians are required to absorb and process large volumes of complex visual information in a time critical manner. Eye tracking technology has been used in aviation and surgery to describe differences in the gaze behaviour between experts and novices. The aim of this study was to describe the gaze behaviour of clinicians from different training backgrounds during a simulated paediatric emergency.

Methods

Twenty-seven clinicians from different clinical areas within a tertiary children's hospital undertook a standardised, simulated paediatric emergency. Participants wore SMI Eye Tracking Glasses®. We measured the number of times participants looked at predefined key areas (fixation count) and the duration of time spent looking at each of these areas (dwell time). The time taken to key clinical interventions was also recorded.

Findings

The Paediatric Intensive Care Unit (PICU) consultants were quickest to perform all key clinical interventions, defining them as experts. They focused longer on the chest and airway than any other groups. The gaze behaviour of paediatric consultants and trainees was similar. Both groups spent longer looking at the defibrillator and algorithm (51,180ms and 50,551ms respectively) than the PICU consultants and consultants in paediatric emergency medicine (19,804ms and 28,095ms respectively).

Conclusions

This study is the first to describe differences in the gaze behaviour between clinicians during a simulated paediatric emergency. Differences observed between experts and novices are similar to those described in aviation and surgery. Further research is needed to evaluate the potential use as an educational tool in the resuscitation setting.

EP35 The future direction of inter-professional education in Ireland: insights from focus groups with key stakeholders

Cathal Cadogan (Royal College of Surgeons in Ireland)

Authors

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Rationale

An inter-professional education (IPE) masterclass symposium titled, 'The journey to team-based healthcare', was jointly hosted by the School of Pharmacy, Royal College of Surgeons in Ireland (RCSI), the Irish Institute of Pharmacy and the Bill Gatton College of Pharmacy in East Tennessee State University in May 2017. The masterclass provided a comprehensive overview of IPE initiatives based on the extensive experience of senior academics from the host institutions, which included staff from pharmacy, nursing and medicine. The masterclass was attended by healthcare professionals, policy makers and educationalists working in Ireland. As part of the symposium, focus groups were conducted with a sample of symposium attendees to determine their opinions and perceptions, as key stakeholders, regarding the development, implementation and future direction of IPE in Ireland.

Methods

Focus groups were conducted with symposium attendees using a topic guide that was developed based on previous literature. Questions explored participants' views and experiences on a range of topics including development and implementation of IPE activities, and key priorities for developing future IPE initiatives. Thematic analysis was conducted to identify key themes.

Findings

Three focus groups were conducted each involving five to six participants (total 16 participants: nine female). Preliminary themes have been identified and further analysis is ongoing.

Discussion/conclusion

The research findings will help to inform the future development and direction of IPE initiatives at both undergraduate and postgraduate level within the host institutions and could help in the development of an IPE strategy for undergraduate and post-graduate teaching across Ireland.

EP36 Professional identify and barriers towards pursuing academic careers as educators by healthcare professionals

Claire Condron (RCSI)

Authors

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Prof ADK Hill, Head of Medical School, RCSI

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Prof Richard Arnett, Director of Psychometrics, Quality Enhancement Office, RCSI

Dr Claire Condron, Senior Lecturer Simulation Department of Surgery, RCSI

Rationale

The processes of social construction for the medical educationalist's professional identity, the influence of role models and the common narrative are critical to understand and to further develop a community of practice. This work investigates the formation of professional identify within the RCSI clinical lecturers with focus on tensions identified by the participants and the barriers to pursuing a career as an educator.

Methods

Following ethical approval an on-line survey was sent to each clinical lecturer in the 2017 cohort. The instrument contained 13 questions subdivided into 41 items. 38 responses represented a response rate of 47.5% The survey will be followed up with semi- structured interviews and work is on-going.

Preliminary Results

Questions in terms of POSITIVE ratings (Strongly Agree / Agree)	
Item	%
Overall, I felt confident teaching / training students	97
Overall, I enjoyed my time in the role of Clinical Educator	97
I took this role because I was interested in teaching	91
Questions in terms of NEGATIVE ratings (Strongly Disagree / Disagree)	
Item	%
Clinical Educators have 'parity of esteem' with purely clinical colleagues	52
Clinical Education is an established field of practice in Ireland	48
I would consider a career as a Clinical Educator	19
I was able to identify a role-model during my time as a Clinical Educator	18

Discussion

This work will add to our understanding of medical education as a profession in Ireland to better inform the development of resources and supports for the people who choose medical education as a career.

EP37 Lessons learned from using Skype to engage students in authentic case based learning.
Caroline Hills (NUIG)

Rationale

Interprofessional learning is promoted within health care professional programmes. Although many ways exist to deliver inter-professional education, the common aim is to prepare students for future collaborative working. Two educators from one university were keen to promote student engagement through interprofessional learning within their undergraduate OT and SLT programmes. One area of collaborative practice for both professions is the assessment and provision of assistive technology including assistive or augmentative communication technologies. The aim of this presentation is to share lessons learnt when applying the principles of authentic learning combined with case based learning and a learning technology, in particular the use of Skype.

Method

Four interprofessional learning sessions were developed and these built on the foundation of a previous online IPL unit at the beginning of the semester. Design features included: collaborative timetabling, use of flipped classroom, connecting with a client expert via Skype and a workshop on devices and software.

Findings

This presentation will share what worked well, what didn't work well and suggestions for improvement from the perspectives of the both the educators, the students, and the client expert.

Conclusions

The collaboration of educators from different disciplines and areas of expertise, in supporting students to learn in an integrated way, has the potential to support them in their future collaborative practice. The use of Skype to create authentic case based learning is both innovative but key pedagogical and organisational processes need to be considered in both the planning, delivery and evaluation of a course using these approaches.

EP38 Empathy, perspective taking and clinical communication **Colm O'Tuathaigh (University College Cork)**

Authors

Nor Faizaah Ahmad Kamal 1, Patrick Henn 1, Simon Smith 1, Gabriella Rizzo 2, Henryk Bukowski 3, Colm MP O'Tuathaigh 1

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Rationale

The ability to empathise is one of the most important physician competencies and is widely considered an important focus of medical education. Metacognitive empathy, which includes the ability to place oneself in the perspective of another person, is likely to be an important aspect of clinical empathy. It is also hypothesised to be an important contributor to clinical communication performance. However, this issue has not been addressed in the literature.

Methods

Students enrolled on both the 4- and 5-year undergraduate medicine degree programmes completed the following (a) the Jefferson Scale of Physician Empathy (Hojat et al., 2001); (b) The Samson Perspective Taking Task (Samson et al., 2010); (c) Empathy Quotient (EQ; Lawrence et al., 2004). Clinical communication skills were assessed using the 'Breaking Bad News' task (scoring based on the SPIKES protocol for breaking bad news).

Findings

Performance in the 'Breaking Bad News' assessment was correlated with the 'social skills' subscale of the EQ questionnaire. The results of the Samson task demonstrated that a general performance advantage for other person's perspective over self-perspective was associated with an improved 'Breaking Bad News' score.

Discussion/Conclusions

Allocentric orientation bias was associated with improved clinical communication skills performance. Comparison of scores on both self-report empathy measures revealed that only specific EQ subscale scores were associated with communication skills performance.

EP39 Students' perceptions of a PAL program, Doctorials, at the Graduate Entry Medical School, University of Limerick
Emily Curley (UL GEMS)

Background

Peer-assisted learning (PAL) initiatives are well established within the informal medical curriculum. They are increasingly recognized as an effective educational adjunct, and are associated with improved student outcomes. To date, no studies have assessed the effectiveness of a PAL program in a graduate-entry medical school in Ireland. This study investigated students' perceptions of a PAL program, Doctorials, at the Graduate Entry Medical School, University of Limerick.

Methods

Doctorials is a voluntary, near peer-led review tutorial series designed to help students consolidate their knowledge in preparation for clinical placements and medical board examinations. Twelve student-prepared PowerPoint presentations were delivered by a Year 3 student to Year 2 students in 2016/ 2017. Attendance at all sessions was recorded and a survey, based on Kirkpatrick's model for evaluation, was used to assess students' perceptions of the program at the final session.

Results

Of a total of 151 second-year students, the numbers attending the Doctorials sessions ranged from 19 to 68, with a median of 33. Twenty-six students attended the final session and all completed the survey. The most popular reason for attending was preparation for the USMLE Step 1 examination (34.6%), followed by addressing gaps in knowledge (26.9%). Overall satisfaction was rated 5/5 by 23 (88.5%) students with 20 (76.9%) strongly agreeing that they would recommend the program to other students.

Conclusion

Overall, the program was very positively received by those that attended. Further research on the Doctorials program is needed, with extension to other years and evaluation of outcomes.

EP40 AHP Students' Experiences of Interprofessional Learning opportunities at a Neurorehabilitation Facility
Fiona Haughey (National Rehabilitation Hospital)

Authors

NRH Clinical Tutor Team
Marie Cox (Speech and Language Therapist)
Kate Curtin (Physiotherapist)
Julie Flanagan (Occupational Therapist)
Fiona Haughey (Occupational Therapist)

Rationale

A collaborative approach from the different healthcare professionals working with patients is required to ensure the care provided is safe, effective and person-centred. Barwell et al (2013) have noted that students from different health disciplines often have little idea of what each other's roles entail. Interprofessional learning (IPL) has been shown to create teams that work together better and improve patient experience. IPL can promote this collaborative ethos at student level by increasing knowledge of other's roles within a team, as well as giving students an understanding of the interpersonal skills needed for liaison and communication. The NRH facilitates clinical placements for a variety of health care professions. The opportunities for IPL working is promoted and is facilitated by the clinical tutors on-site.

Methods

AHP students on clinical placement at the National Rehabilitation Hospital Dublin attend interdisciplinary tutorials on a weekly basis covering a range of topics including:

- Safer Mealtimes
- Assistive Technology
- Interdisciplinary Roles
- Professionalism
- Return to Work
- Interdisciplinary Case Studies
- Giving Patients Feedback

At the end of placement students complete a self-report questionnaire providing feedback on their experiences of IPL learning opportunities.

Findings

Feedback was provided by the students regarding the effectiveness of IPL in enhancing understanding of their professional roles and the roles of other team members, interprofessional communication and collaboration.

Discussion/Conclusion

IPL is an effective way of teaching in a clinical environment and is valued by the students.

EP42 Audit of Patient Database for teaching and assessment
Hannah Gogarty (Royal College of Surgeons in Ireland)

Authors

Hannah Gogarty, Muirne Spooner, NG McElvaney
Department of Medicine, Royal College of Surgeons in Ireland

Rationale

Clinical examinations for undergraduate medical students require the participation of multiple patient volunteers. Examination integrity is highly dependent on the availability of a large number and wide range of patients. We audited our patient database to ensure that all patients on the database were suitable for use in examinations, and to determine the number and category of each patient type currently available for examinations.

Methods

Patients currently on the database were verified via hospital computer record system and RIP.ie to be either living or deceased. All other patients were classified according to system, suitability and consent to OSCE or long case. Patients were either contacted or their records reviewed in order to update file details.

Findings

211 patients were listed on the database. Of these, 29 were found to be deceased. The cardiology category had the highest number of suitable patients, followed by respiratory. Categories with lower numbers of patients than desirable included rheumatology and gastroenterology.

Discussion/conclusion

The patient database requires ongoing regular review in order to ensure accurate, up-to-date information is available for patient selection for assessments. Availability of patients is imperative to the appropriate running of high-quality examinations that conform to WFME standards. Previously, patient recruitment was conducted in an unstructured, opportunistic manner. A change in practice has been implemented in an effort to optimise and focus patient recruitment efforts on less prevalent patient types to ensure appropriate representation in assessment. A re-audit of the database is planned at the end of this academic year.

EP43 Student attitudes to inter-professional education
Hannah Gogarty (Royal College of Surgeons in Ireland)

Authors

Hannah Gogarty, Nur Nadia Syamila Binti Nasari

Rationale

To evaluate RCSI students' perceptions of and attitudes to inter-professional education (IPE).

Methods

A modified Readiness for Inter-professional Learning Scale (RIPLS) questionnaire was administered to 96 undergraduate medical, physiotherapy and pharmacy students before and after participation in an IPE session.

Findings

Most students expressed overall positive attitudes to IPE both before and after the session. Some changes in attitudes to IPE were seen – prior to the session, 88.2% of students either agreed or strongly agreed that learning with other students would help them become a more effective member of a healthcare team, in comparison to 95.5% after the session. 90.2% pre- and 100% post-session agreed or strongly agreed that patients would benefit from students working together to solve patient problems. 56.9% pre- and 73.3% and post-session agreed or strongly agreed that they had a good understanding of the roles of the multidisciplinary team –, 66.7% pre- and 80% post-session agreed or strongly agreed that they could communicate effectively with other healthcare team members. 71.1% of students agreed or strongly agreed that they were confident of their professional role post-session, compared to 47.1% before the session. Free text comments indicated that students felt the session was a good learning opportunity, and recognised the importance of learning about the roles of other healthcare team members.

Discussion

Overall, this study suggests positive student attitudes to IPE. Some improvements in attitudes were seen following participating in IPE, suggesting that IPE can be effective in contributing to preparing students for future collaborative practice.

EP44 A SINGLE CENTRE STUDY OF PEER-PEER TEACHING IN EMERGENCY OBSTETRICS
Oisín Friel (University College Dublin School of Medicine)

Authors

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1University College Dublin, School of Medicine

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Introduction

Peer-peer teaching is a well-established method, but one seldom applied to everyday teaching of medical students. Studies have shown it to be of significant academic benefit, increasing student confidence in clinical practice, while augmenting learning in the psychomotor and cognitive domains¹. The same studies note, however, that students can suffer due to less individualised time being spent with a more senior clinical instructor¹.

Methods

We therefore conducted our own research into the benefits/deficits of peer-peer teaching in clinical practice. EMMSI hosted an obstetrics emergencies skills evening, with the participants (tutors [UCD final-year medical students] and students) providing the cohort for our study. Surveying involved tutors (before and after the event) and students (only after). Our analysis yielded numerous interesting results.

Findings and Discussion

Primary reasons for participation of tutors included an interest in obstetrics and a view to advance their learning. 73% of tutors felt unequipped to teach students prior to an obligatory preparation evening, however following the EMMSI event, 100% of participants felt competent in their teaching ability. Teaching experience and enhanced knowledge of obstetrics were the primary benefits for tutors, with all stating a desire to participate in similar future events. From a student perspective, tutors were overall highly-rated (79% giving 10/10 rating), with 71% being content with this teaching method over consultant-led teaching.

Conclusion

In conclusion, the experience was highly beneficial for tutors and students alike and, based on our findings, peer-peer teaching is a practice which warrants further utilisation in the future.

(1)

Secomb, J. 2008, March. "A systematic review of peer teaching and learning in clinical education". *Journal of Clinical Nursing* 17(6):703-16.

<https://www.ncbi.nlm.nih.gov/pubmed/18047577>

EP45 Experience of interprofessional peer clinical supervision groups: a thematic analysis of a pilot project.

Sara McDevitt/Leo Yoshida (HSE/ UCC Department of Psychiatry)

Authors

Dr Sara McDevitt¹, Dr Vimmi Passi² 1. Department of Psychiatry UCC and HSE Clinical Programmes and Strategy Division 2. Department of Medical Education, Warwick Medical School, University of Warwick

Rationale

In 2010, the WHO endorsed interprofessional education (IPE) as being the cornerstone of collaborative care and in the context of greater clinical demand on healthcare in the face of recruitment challenges, patient errors and cost (WHO, 2010). IPE has been found to enhance the implementation of evidence based healthcare, reduce patient errors, and reduce interprofessional rivalry and tribalism (Ferie, 2005). Research within postgraduate mental health settings is limited however, with no robust studies in eating disorder services to date, despite these conditions requiring high levels of collaborative care.

Methods

This pilot project investigated the experience of 25 clinicians attending monthly IPE peer group supervision as part of the National Clinical Programme for Eating Disorders. They completed a RIPLS (Readiness for Interprofessional Learning Scale) at baseline, regular learner reaction questionnaires, and a final semi-structured evaluation at three months. Local ethical approval was obtained. Thematic analysis of the final evaluation was completed using established methodology (Braun and Clark, 2006).

Findings

23/25 clinicians participated, representing 5 different clinical specialties and adult and child services. All were positively inclined towards IPE. Six themes emerged from the thematic analysis: interpersonal relationships, patient centred practicality, reflection in process, interactive learning, role and identity, balancing demands. In particular, the use of others reflectivity as a learning tool was highly valued and associated with increased clinical collaboration outside of the education setting.

Discussion/conclusion

Interprofessional group supervision is an effective gateway to enhanced clinical learning, with a second hidden curriculum around improving peer support, coworking and role understanding.

In-Conference Workshops Schedule

Thursday, 8th February 2018

W04 BHSC 2.63 Workshop: Preparing your INMED Funding Application
11:30 to 13:00

Dr. Aislinn Joy & Dr. Colm O'Tuathaigh, UCC

W05 BHSC 2.63 Workshop: Stress Management and Resilience Training
14:30 to 16:00 for Healthcare Students: Pearls and Pitfalls

Dr. Margaret O'Rourke, UCC

Student-led
Session
16:30 to 17:30 *"A multidisciplinary approach to clinical supervision in healthcare education: the student voice"*

Students will present their views on clinical supervision in healthcare education settings. They will then present a multidisciplinary student centered "Charter of Best Practice for Clinical Supervision".

Friday, 9th February 2018

W06 BHSC 2.63 Rapid Infusion Workshop: Interprofessional learning in
09:00 to 11:00 (and for) the workplace.

Dr. Aislinn Joy UCC & Dr. Emer Guinan TCD

W07 BHSC G11 Rapid Infusion Workshop: Building an Effective
09:00 to 11:00 Undergraduate Research Programme.

Dr. Colm O'Tuathaigh UCC, Dr. Sarah O'Neill RCSI, Dr. Colum Dunne UL & Dr. Roisin Dwyer NUIG

W08 BHSC G18 Rapid Infusion Workshop: Getting Published.
09:00 to 11:00

Prof. Peter Cantillon, NUIG

W09 BHSC 1.56 Rapid Infusion Workshop: Communication Skills
09:00 to 11:00 Education - What's New?

Prof. Nicole Muller UCC, Dr. Helen Kelly UCC, Dr Pat. Henn UCC, Dr. Simon Smith UCC and Dr. Eva Doherty RSCI

In-Conference Workshops Outlines

W04. Preparing your INMED Funding Application

[Dr. Aislinn Joy & Dr. Colm O'Tuathaigh. Medical Education Unit, School of Medicine, University College Cork, Cork.](#)

This workshop is for health professions education researchers who may be considering submitting a funding proposal under one of INMED's current grant programmes. The aim of this workshop is to familiarise workshop participants with the strategies for writing successful grant applications to INMED. Specifically, the workshop will focus on the process for preparing and submitting an application under each of the INMED funding streams (Small Education Research Grant, Research in Medical Education [RIME], Travel Grant) and will highlight important differences across each of these programmes. Strategies for preparing a successful INMED funding application will be discussed with reference to previously funded applications, as well as how common application omissions can be avoided.

W05. Stress Management and Resilience Training for Healthcare Students: Pearls and Pitfalls

[Dr. Margaret O'Rourke, UCC. Medical Education Unit, School of Medicine, University College Cork,.](#)

Increased stress has been identified as a key aspect of poor student health in medical school, interacting with maladaptive health behaviours to negatively impact on students' health and wellbeing. It is generally acknowledged that students need to be provided with the resources and support to develop better stress management and resilience strategies. Developed at University College Cork in 2008, SAFEMED is an evidence based health and well-being programme which uses a cognitive behavioural therapy (CBT)-based coaching approach to promote more adaptive approaches to managing stress while working in healthcare and during life in general. This workshop provides participants with a brief history of the research and development of SAFEMED, a summary of current INMED-funded RIME research data, an outline of the framework and tools and a practical "taster" of the programme itself. The workshop will include a presentation on the pearls and pitfalls of incorporating stress management into medical training.

W06. Rapid Infusion Workshop: Interprofessional learning in (and for) the workplace.

Dr. Aislinn Joy UCC & Dr. Emer Guinan TCD

1. Medical Education Unit, School of Medicine, University College Cork.

2. Faculty of Health Sciences, Trinity College Dublin, the University of Dublin.

Interprofessional education is advocated to help prepare healthcare professional students for future professional practice, in particular for interprofessional collaboration in multidisciplinary healthcare teams. Interventions can include case studies, workshops, simulations and workplace experiences, aiming to examine the benefits of interprofessional collaboration to optimise the quality of patient care. In the development of interprofessional education interventions in the workplace, it has been noted that clinician factors, organisational factors and interprofessional education factors should be considered from the planning stages to maximise the chance of success and sustainability. This workshop will explore factors that can arise when orchestrating interprofessional education interventions in (and for) the workplace to prepare healthcare professional students for future professional practice.

W07. Rapid Infusion Workshop: Building an Effective Undergraduate Research Programme.

Colm O'Tuathaigh¹, Sarah O'Neill², Colum Dunne³, Roisin Dwyer⁴

¹ Medical Education Unit, School of Medicine, University College Cork, Cork; ² Molecular and Cellular Therapeutics, Royal College of Surgeons in Ireland, Dublin; ³ University of Limerick Graduate Entry Medical School, Limerick; ⁴ Lambe Institute for Translational Research, NUI Galway, Galway.

Encouraging research and fostering the development of core skills in evidence-based medicine are recognised as high priority competencies by the World Federation of Medical Education (WFME). Medical schools now provide opportunities for students to participate in compulsory or optional clinical, translational, or health service-related research during their undergraduate degree programme. This workshop will provide an introduction to the approaches employed by Irish medical schools to improve undergraduate medical student research skills, and will encourage participants to consider how they might facilitate opportunities for medical students to both participate in research and learn how research findings are translated into the clinical arena.

W08. Rapid Infusion Workshop: Getting Published.

Prof. Peter Cantillon, NUIG

Department of General Practice, Clinical Science Institute, NUI Galway, Galway.

This is a workshop for early career health professions education researchers who want to publish their work. The workshop was designed by people who have worked both as educational researchers and as journal editors. The workshop will cover issues such as how to present your academic paper in the best possible form for publication, how to select journals appropriate for publishing your work, how the editorial process works and how to respond to reviewer and editorial critique in a timely and structured manner. The workshop will also examine some of the major challenges faced by authors in seeking to publish their work and will endeavour to provide practicable solutions.

W09. Rapid Infusion Workshop: Communication Skills Education - What's New?

Prof. Nicole Muller UCC, Dr. Helen Kelly UCC, Dr Pat. Henn UCC, Dr. Simon Smith UCC and Dr. Eva Doherty RSCI

1 Speech and Hearing Sciences, University College Cork, Cork; 2 Medical Education Unit, School of Medicine, University College Cork; 3 Royal College of Surgeons in Ireland, Dublin.

Contemporary health professions degree programmes prepare students to provide patient-centred care, and to employ effective patient –healthcare provider (HCP) communication. Effective communication have been shown to be crucial for safe patient care, and educators have a responsibility to provide healthcare students and trainees with the proper tools and skills to improve communication with patients. This mini-symposium, consisting of a combination of three invited talks and a panel discussion, will explore current issues related to teaching of communication skills to healthcare students.

Professor Nicole Müller and Dr Helen Kelly (UCC) will discuss communication skills training in the context of the management of patients with communication disorders.

Drs Patrick Henn and Simon Smith (UCC) will summarise research data describing barriers to effective clinical communication involving older adults with age-related hearing impairment, and they will discuss their implications for communication skills training in the undergraduate medical curriculum.

Dr Eva Doherty (RCSI) will discuss some of the results from the recently published National Patient Experience Survey report, highlighting their implications for communication skills training.