



Irish Network of Medical Educators 12th ANNUAL SCIENTIFIC MEETING

6 – 8th February 2019

Health Professions Education: Developing the Whole Person

**The Institute for Lifecourse and
Society (ILAS) Building, NUI Galway**



**NUI Galway
OÉ Gaillimh**



Sponsors

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The logo for the UCC Medical Education Unit features the UCC logo and the text "Medical Education Unit" in a blue, sans-serif font.The logo for NUI Galway features the text "NUI Galway" and "OÉ Gaillimh" in a blue, sans-serif font.

**Masters in Clinical Education
(via distance learning)**

Postgraduate Diploma in Clinical Education
Postgraduate Certificate in Clinical Education

The logo for the College of Medicine, Nursing, and Health Sciences features the text "College of Medicine, Nursing, and Health Sciences" in a blue, sans-serif font.

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Welcome

*Peter Cantillon,
INMED Chair, Chair of NUIG Organising Committee.*



I would like to welcome you all to INMED 2019. This is our 12th annual conference; quite an achievement for a small organisation that began as a conversation between a few Irish delegates at AMEE 2008 in Genoa. This year's conference is focused on how we can support the development of the whole person, not just the health professional in our undergraduate and postgraduate training programs. We have invited 3

excellent external speakers who bring different perspectives to this issue. We also offer an array of workshops that are related to the conference theme in our preconference and conference programs. As usual, INMED 2019 offers opportunities for delegates to present research and education developments to interested audiences and for delegates to meet with each other through our various social and interactive events.

In this, our 12th the year of existence, INMED has made a major decision in terms of its future ethos. Following an extensive consultation with stakeholders, former members, supporters and the INMED executive we have decided to change from being an exclusively medical education organisation to being a health professions education organisation. For years, our conference has been enriched by inputs from educators from many different health professional disciplines and we would now like our organisational title, our executive, our board and our constitution to reflect our de facto interdisciplinary nature. After considerable to-ing and fro-ing, we have renamed INMED as INHED. INHED will stand for the Irish Network of Healthcare Educators. We have also begun to reconstitute and expand our INMED/INHED executive to deliberately include health professional educators from a range of different disciplines. The work on reconstituting our executive and our INMED board continues as does an extensive redrafting of our constitution. We hope that by changing to a title that reflects our new ethos along with essential changes to our governance and our constitution will make INHED a natural home for all health professional educators on the island of Ireland. In time, we expect that INHED will be led by disciplines other than the founding discipline of medicine and that it will gradually evolve into a seamless collaboration between all of the healthcare disciplines in Ireland.

I do hope that you enjoy and gain benefit from INMED 2019. Please be sure to download and use the conference app as well as tweet using our conference hashtag #inmed19. By the time we are gathering for our next conference next year we will be advertising the conference as INHED 2020.

Peter Cantillon
Chair of INMED/INHED

#inmed2019

Conference Information

Certificates of Attendance

This event has been approved for CPD points as follows:

Wednesday 6th February	3 CPD points for half day, 6 CPD points for full day
Thursday 7th February	6 CPD points for full day
Friday 8th 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 foyer of the ILAS building and will be open from 9:00am on Wednesday and from 8.00am on both Thursday and Friday.

An information desk will be available in the same location throughout the conference.

Luggage

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

Coffee Breaks

During the coffee breaks refreshments will be provided in the ground floor atrium of the ILAS building.

Lunch

Wednesday: Lunch will be provided in ILAS foyer area

Thursday: Lunch will be provided in ILAS and the adjacent Biomedical Sciences Building

WIFI Internet

You have access to our guest network, domain name: **NUIG WiFi**, your login details are:

User: 9876001T

Password: rbhzi7872

Please tweet along using **#INMED2019** on twitter.

Confidentiality and Media Policy

This is a closed scientific meeting and all abstracts have been submitted on the understanding that they remain confidential to the meeting participants. Any party in receipt of abstracts should note that the content of the abstracts or presentations made at the conference may only be quoted with the explicit permission of the authors. This also refers to social media, including twitter.

#inmed2019

Local Information

Accommodation

Accommodation Provider	Conference Rates
Glenlo Abbey Hotel*	€114 B&B single €134 B&B double/twin room
Ardilaun Hotel*	€80 B&B single €100 B&B double/twin room
Galmont Hotel*	€110 B&B single €120 B&B double/twin room <i>Parking is charged at €9 per night</i>

* Rates do not apply to weekends and will only be valid for 6th & 7th February 2019. Quote INMED2019 when booking

Directions to NUIG

By Bus

A number of bus services operate daily between Galway and Dublin/ Dublin Airport. Current timetables and fares are available at the following links;

www.buseireann.ie

www.citylink.ie

www.gobus.ie

Other inter-city services are also provided by the providers detailed above.

By Train

Galway (Ceannt) station is served by a number of daily departures from Dublin Heuston. The most up-to-date timetables and fares are available here. <http://www.irishrail.ie/>

There are limited rail services between Galway and other inter-city destinations.

For advice on how to plan your journey using public transport please see www.journeyplanner.transportforireland.ie

By Car

Access via the national motorway and toll roads network is relatively straightforward, as Galway is the 'last stop' on the M6 from Dublin, and the central hub on the M17/M18.

Approximate journey times from national airports are as follows;

- Dublin airport; 2hrs 20mins
- Shannon airport; 1hr 5mins
- Ireland West (Knock) airport; 1hr 10mins

Directions to the ILAS Building

NUIG Campus Map

See below – A copy of this map is also available via the conference app.

Link to map:

https://www.nuigalway.ie/media/buildingsoffice/files/maps/M12122_General_CampusMapWEBpdf220217.pdf

The conference will be conducted in the Institute for Lifecourse and Society (ILAS) building, marked as number 25 on the University campus map.

If driving to the venue, entrance to the campus is via the Corrib Village entrance off the N59.

The google map co-ordinates for this entrance are <https://goo.gl/maps/PZrLppjAZ7y>

Parking will be available on a first-come, first-served basis in the adjacent car park when displaying the parking permit enclosed in your registration confirmation. Please ensure to **print this permit in advance** and display it clearly.

Alternatively, you may wish to make your way to the NUIG campus on foot or by public transport and avail of the free on-campus shuttle service, which departs from the Orbsen building (number 15 on campus map) and terminates adjacent to the ILAS building.

Peak Morning Service from Park & Ride Carpark (every 15 minutes)												
8.00	8.15	8.30	8.45	9.00	9.15	9.30	9.45	10.00	10.15	10.30	10.45	11.00
Peak Morning (return) Service from Orbsen Building (every 15 minutes)												
08:07	08:22	08:37	08:52	09:07	09:22	09:37	09:52	10:07	10:22	10:37	10:52	11:07

Peak Evening Service from Park & Ride Carpark (every 15 minutes)												
15:50	16:07	16:22	16:37	16:52	17:07	17:22	17:37	17:52	18:07	18:22	18:37	18:52
Peak Evening (return) Service from Orbsen Building (every 15 minutes)												
16.00	16.15	16.30	16.45	17.00	17.15	17.30	17.45	18.00	18.15	18.30	18.45	19.00

The campus is served by a number of Galway city bus routes which facilitate access from both the city centre and it's hinterland. Route maps and relevant fares are available here.

http://www.buseireann.ie/pdf/1512146573-Galway_Leap_Card_A4_Map.pdf

Conference Secretariat

Chair, Organising Committee/ Chair, INMED:

Prof. Peter Cantillon
Discipline of General Practice, NUIG

Members, Organising Committee:

Staff of the College of Medicine, Nursing and Health Sciences, NUI Galway

Ms. Eimear Bourke
Dr. Catherine Anne Field
Dr. Yvonne Finn
Prof. Gerard Flaherty
Dr. Eva Flynn
Dr. Rosemary Geoghegan
Dr. Carol Hills
Dr. Aoife Jackson
Dr. Maureen Kelly
Dr. Marian O'Regan
Dr. Louise Rabbitt
Ms. Una St John
Ms. Eileen Walsh
Dr. Sinead Walsh

INMED Administrative Co-ordinator

Ms. Carol Lynch

Conference Programme – at a glance

Wednesday 6th February 2019		
09:00-10:00	Registration	ILAS Foyer
10:00-13:00 <i>Pre-conference Workshops</i>	1; Teacher development (full-day workshop) Faculty from the Masters in Clinical Education/ Health Professions Education at NUIG, UCC & UL	LCI – G009
	2; Humanities in Health-Professions Education (half-day workshop) Faculty from the School of Humanities and School of Medicine at NUIG	LCI - G006
13:00-14:00	Lunch	ILAS Foyer
14:00-17:00 <i>Pre-conference Workshops</i>	1; Teacher development (full-day workshop) Faculty from the Masters in Clinical Education/ Health Professions Education at NUIG, UCC & UL	LCI – G009
	3; 'Schwartz Rounds in Action: improving patient care through staff care (half-day workshop) Barbara Wren, Royal Free London NHS Foundation Trust & Catherine Anne Field, NUIG	LCI - G006
	4; Identifying and Responding to Students in Distress and at Risk (half-day workshop) James McCormack, Student Counselling Service, NUIG	LCI - G008
Thursday 7th February 2019		
08:00-09:00	Registration	ILAS Foyer
09:00-09:15	Conference opening Ciarán Ó hÓgartaigh, President NUIG	LCI-G018
09:15-10:45 Keynote Addresses	Healthcare and Compassion; Can the capacity for compassion be trained? David Shlim, Past President of International Society of Travel Medicine	
	Anecdotes and Human Flourishing Brian Hurwitz, Professor of Medicine and the Arts, King's College London	
10.45-11.00	Open floor Q & A	
11.00-11.10	Opening of Anatomy Art Exhibition Peter Dockery	
11:10-11:30	Tea / Coffee	ILAS Foyer
11:30-13:00 Parallel Sessions SB: Sound Bytes OP: Oral Presentations WS: Workshop	SB (i) Simulation, (ii) Workplace Learning	LCI-2015
	SB (i) Technology-enhanced learning, (ii) Assessment, (iii) Humanities	LCI-G008
	OP Humanities and Engagement	LCI-G006
	OP Educating the Educators	LCI-G018
	OP Postgraduate Teaching & Learning	LCI-G007
	OP Learner Well-being and Interprofessional Education	LCI-G009
	WS Supporting the health and wellbeing of students studying for healthcare careers	BMS-G020
13:00-14:15	Lunch	ILAS Foyer

Thursday 7th February 2019		
14:15-14:30	Making Every Contact Count & Self-Management Support	LCI-G018
14.30-16.00 Parallel Sessions SB: Sound Bytes OP: Oral Presentations WS: Workshop	SB (i) Teaching, Learning and Curriculum Development, (ii) Interprofessional Education	LCI-G006
	WS Out of the Silos! Learning how to learn together	BMS-G020
	SB (i) Postgraduate Teaching and Learning, (ii) Patient-centred Learning and Communication, (iii) Learner well-being	LCI-G007
	OP Workplace Learning	LCI-G008
	OP Simulation-based, Technology-enhanced, and Patient-centred Teaching and Learning	LCI-G009
	OP Curriculum Development and Assessment	LCI-2015
16:00-16:30	<i>Tea / Coffee</i>	<i>ILAS Foyer</i>
16:30-17:30	Student-Led Session; 'What being a health care professional means to me'	LCI-G018
17:30-18:30	INMED AGM	LCI-2015
19:00	<i>Conference Dinner</i>	<i>Aula Maxima, Quadrangle</i>
Friday 8th February 2019		
09:00-11:00 Rapid Infusion Workshops	1; Training in Compassion- is it possible and how would you do it? David Shlim, Past President International Society for Travel Medicine	LCI-G006
	2: Mentoring undergraduate students in the health sciences Yvonne Finn (School of Medicine), Carol Hills (School of Health Sciences) & Siobhan Smyth (School of Nursing) NUIG	LCI-G008
	3: Getting Published Peter Cantillon, NUI Galway	LCI-2015
	4: EXQUISITE Qualitative research Facilitated by Deirdre Bennett (UCC), Jenny Johnstone (QUB) and Aileen Barrett (ICGP)	LCI-G007
	5: Supporting medical students workplace-learning Facilitated by (Tim Dornan - in spirit), Grainne Kearney, Richard Conn (QUB)	LCI-G009
11:00-11:30	<i>Tea /Coffee</i>	<i>ILAS Foyer</i>
11.30-12.15 Keynote Address	Linking organisational storytelling to clinical and organisational realities: the success of Schwartz Rounds Barbara Wren, Consultant Psychologist and Schwartz Round Lead for Royal Free London NHS Foundation Trust	LCI - G018
12.15-12.25	Open floor Q & A	LCI - G018
12.25-12.55	Hot Topics Presentations	LCI - G018
13.00	Announcement of 2019 INMED Research and Travel Awards, Prize-giving and Conference Closing	LCI - G018

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, 30th January.

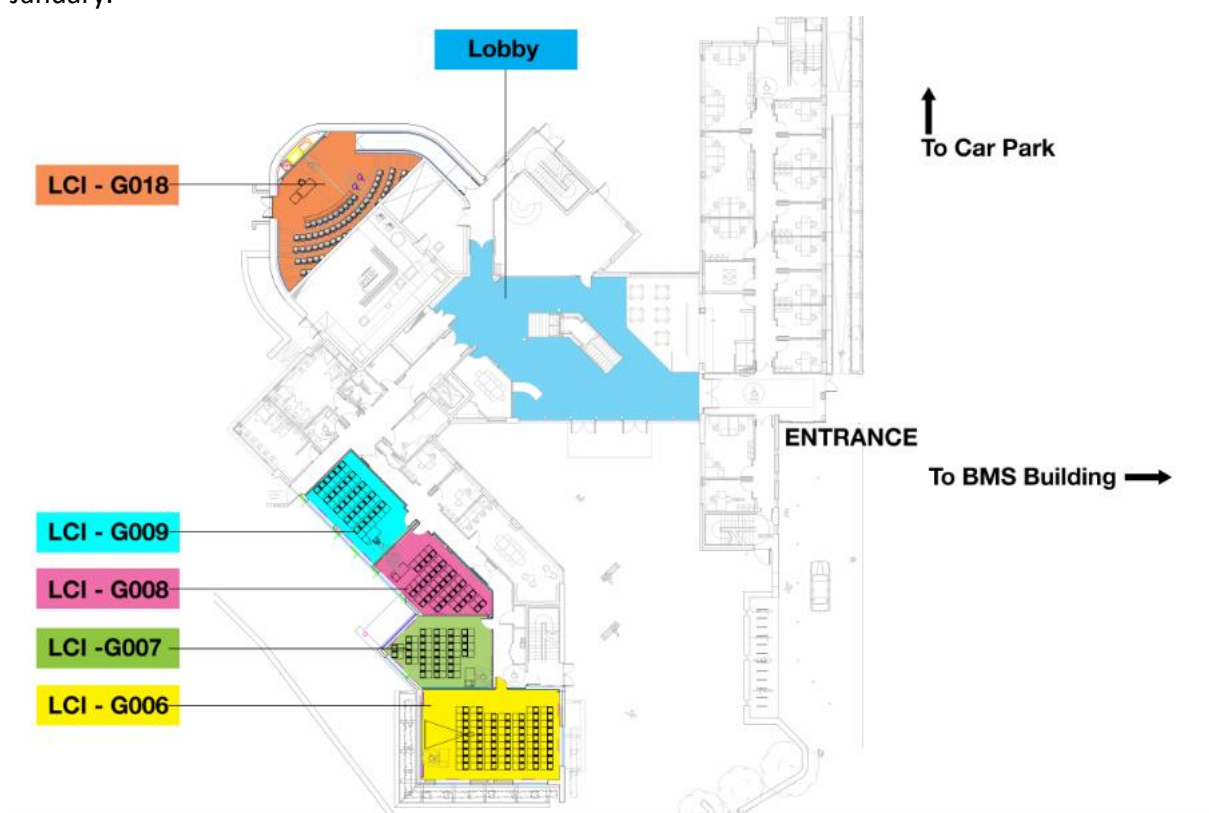
All presentations should also be emailed to info@inmed.ie by 5pm, Wednesday 30th January.

Sound Byte Presentations

Sound Byte presentations should appear as no more than three slides. Hard copy posters or similar should not be brought to the conference as a display space will not be available.

The three-slide presentation should outline the rationale for your research or educational design, how you completed it and highlight your findings and what they mean. The time allotted for sound byte presentations will be 3 minutes presentation, 2 minutes Q&A (5 total)

All sound byte presentations should also be emailed to info@inmed.ie by 5pm, Wednesday 30th January.



Keynote Speakers

Brian Hurwitz

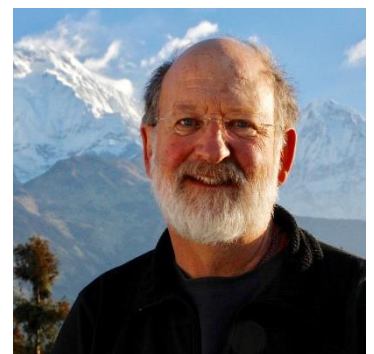


Brian Hurwitz trained and worked in general practice in central London for over 30 years (27 years as a GP-partner). Since 2002, he has been Professor of Medicine and the Arts at King's College London where he co-directs the Centre for the Humanities and Health, a multidisciplinary unit offering research training at masters, PhD and postdoctoral levels for humanities and clinically trained professionals (<https://humanitiesandhealth.wordpress.com/>).

Based in the English Department at King's Brian's research interests include narrative studies in relation to medical practice, ethics, law, and the logic and literary form of clinical case reports. Prior to his current position he was Professor and Head of Department of Primary Care and General Practice at Imperial College London

David Shlim

David R. Shlim, M.D. served as the Medical Director of the CIWEC Clinic Travel Medicine Center in Kathmandu from 1983 to 1998. He is the author of more than forty-five original research papers, numerous chapters in textbooks, is an editor of the Center for Disease Control's Yellow Book and is a recent past-president of the International Society of Travel Medicine. He is the co-author, with Chokyi Nyima Rinpoche, of *Medicine and Compassion: An American Doctor and a Tibetan Lama on How to Provide Care with Compassion and Wisdom*. He resides in Jackson Hole, Wyoming, where he practices travel medicine and teaches Tibetan Buddhism.



Barbara Wren

- Consultant Health and Work Psychologist
- Organisational Consultant
- C. Psychol., CSci., AFBPsS
- Director, Wren Psychology Associates
- Consultant Psychologist Royal Free London NHS Foundation Trust and South London and Maudsley NHS Foundation Trust
- Visiting Lecturer, City University London



Barbara Wren is a Chartered Psychologist and an organisational consultant with 25 years experience of developing interventions to improve individual, team and organisational effectiveness in healthcare settings. She is Director of Wren Psychology Associates, which provides therapy, coaching, training, supervision and organisational culture assessments, for healthcare organisations, charities and hospices in the UK and Ireland. Previous to this she worked for 12 years at the Royal Free Hospital in London developing in-house psychology services for staff. She also led on the successful piloting and implementation of Schwartz Rounds at the Royal Free –the first of the 2 pilot Schwartz Rounds in the UK. She continues to develop and facilitate the Rounds there, and was the Lead Psychologist for the UK national implementation of Schwartz Rounds.

Barbara was a founder member and long-time chair of the UK National Network of Occupational Health Psychology Practitioners. Current NHS commitments include ongoing Rounds development at the Royal Free, and psychological consultation to the staff support service at South London and Maudsley NHS Trust. Meanwhile Wren Psychology Associates works in the UK and Ireland developing innovative interventions for healthcare staff using narrative and systemic approaches. Her recent book “True Tales of Organisational Life” (Karnac 2016) considers the unique challenges and rewards of working in healthcare and draws on real life stories of using psychology to manage the impact of healthcare work, and to build staff and system resilience.

Pre-conference Workshops Schedule

Note – the following pre-conference workshops will take place on Wednesday, 6th February.

Wednesday, 6 th February 2019		
W01 10:00 to 17:00	<i>ILAS</i> <i>LCI-</i> <i>G009</i>	Teacher Development (full-day workshop) Facilitated by Faculty from the Masters in Health Professions Education/ Clinical Education at UCC, UL & NUIG Catherine Sweeney (UCC), Sarah Harney (UL), Peter Cantillon (NUIG)
W02 10:00 to 13:00	<i>ILAS</i> <i>LCI-</i> <i>G006</i>	Humanities in Health-Professions Education (half-day workshop) Facilitated by Faculty from the School of Humanities and School of Medicine NUIG Seán Crosson, Gerard Flaherty, Conn Holohan, Ian Walsh Mary McPartlan, Felix Ó Murchadha, Orla Richardson
W03 14:00 to 17:00	<i>ILAS</i> <i>LCI-</i> <i>G006</i>	Schwartz Rounds in Action: improving patient care through staff care (half-day workshop) Facilitated by Barbara Wren, Royal Free London NHS Foundation Trust & Catherine Anne Field, NUIG
W04 14:00 to 17:00	<i>ILAS</i> <i>LCI-</i> <i>G008</i>	Identifying and Responding to Students in Distress and at Risk (half-day workshop) Facilitated by James McCormack, Student Counselling Services, NUIG

Pre-Conference Workshop Abstracts

W01; Teacher development (full-day workshop)

Facilitated by Faculty from the Masters in Clinical Education/ Health Professions Education at NUIG, UCC & UL; Peter Cantillon (NUIG), Catherine Sweeney (UCC), Sarah Harney (UL)

We are blessed! There are now three Masters in medical/health professions education programs in Ireland. The three programs collaborate each year to offer an integrated and coherent teacher development day as part of the INMED preconference workshop series. This year, the University of Limerick will offer a two hour workshop entitled “small group teaching – lessons learned from students and tutors”. A UCC team will lead a workshop looking at how to provide safe and effective feedback. The teacher development day will end with a workshop led by NUI Galway demonstrating evidence-based techniques for making the most of teaching opportunities when you are busy.

W02; Humanities in Health-Professions Education (half-day workshop)

Facilitated by Faculty from the School of Humanities and School of Medicine at NUIG
Workshop Facilitators: Seán Crosson, Gerard Flaherty, Conn Holohan, Mary McPartlan, Felix Ó Murchadha, Orla Richardson, Ian Walsh

This 3-hour workshop will be led by NUI Galway academics from the School of Humanities, in collaboration with the School of Medicine. The aim of the workshop will be to increase participants’ appreciation of the potential for a deeper engagement between health professions educators and local experts in the humanities. University Schools of Humanities provide a rich but largely untapped resource for innovative health professional curricular design and assessment. Local academics representing the disciplines of drama and theatre studies, film and digital media, philosophy and music will introduce key concepts to the participants and encourage them to be creative in integrating the humanities into mainstream health professions education. This interactive workshop will be framed by opening and closing remarks from an experienced medical educator who will share the experiences of the NUI Galway undergraduate medical programme and challenge the participants to forge stronger collaborations with the Arts community in humanising their own healthcare curricula.

W03; 'Schwartz Rounds in Action: improving patient care through staff care (half-day workshop)

Facilitated by Barbara Wren, Royal Free London NHS Foundation Trust & Catherine Anne Field, Discipline of Health Promotion, NUIG

Background and rationale: Health care professionals and allied health care staff and students work in often complex, challenging and potentially distressing situations when caring for patients. They work in environments with high levels of organisational change and uncertainty and regular turnover of staff. Working in health care carries the risk of burnout among staff, it can also lead to increased boundaries and defences when dealing with patients. Evidence has shown that withdrawal from feelings / emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The Schwartz Rounds which are structured monthly meetings provide a forum for staff from all disciplines to reflect on the emotional aspects of their work. Galway University Hospital is one of two clinical sites in Ireland piloting this intervention.

Short description of workshop: This workshop will outline the background of the development and implementation of Schwartz Rounds which originated in the United States and have been implemented throughout the United Kingdom and are now being rolled out in Ireland. Participants will have the opportunity to observe a real life Schwartz Round in action.

W04; Identifying and Responding to Students in Distress and at Risk (half-day workshop)

Facilitated by James McCormack, Student Counselling Services, NUIG

The aim of this workshop is to provide staff who have daily contact with students with some knowledge and skills to identify and respond to distressed and at risk students. This will facilitate early intervention and increase the likelihood of students being linked with support services which is crucial to their mental health. This is abridged version of the full day training. The delivery method is a mix of slides, small/large group activities and exercises with James incorporating vignettes from clinical practice and personal experience to keep the material alive (and the audience awake!).

Topics covered:

- How to recognise signs of distress.
- My World Survey – a glimpse at the stressors for students
- Identifying at risk Students: risk factors, protective factors, warning signs
- The range of resources and support services within colleges and in the community with which students may be linked with depending on their needs.
- Clarifying the scope and limits of staff members' role when responding to vulnerable students.
- Confidentiality and its limits
- Communication skills for responding effectively to students in distress or at risk.
- Self-Care for staff.

Oral Presentation Schedule

Thursday 7th February 2019, 11:30 – 13:00

Humanities and Engagement

ILAS LCI-G006

Session Chairs; Gerard Flaherty & Siobhán Smyth

11.30	OP64	Through the prism of narrative medicine, would medical humanities benefit from a rebalancing of its influences and drivers. <i>Muiris Houston (TCD)</i>
11.40	OP70	An initiative to enhance entrepreneurial skills among undergraduate pharmacy students. <i>Suzanne McCarthy (UCC)</i>
11.50	OP77	Creativity in Medical Students: Themes, Preferences and Chosen Media in a Compulsory Humanities–Arts Module <i>James O'Hare (UL GEMS)</i>
12.00	OP81	Design, delivery and evaluation of a pilot medical humanities programme for postgraduate paediatric trainees. <i>Jacqueline Driscoll (Homerton University Hospital NHS Foundation Trust)</i>
12.10	OP96	Whither Medical Humanities? <i>Shaun McCann (TCD)</i>
12.20	OP119	Toward Understanding and Defining Civic Engagement in Health Professions' Education: Perspectives of Students; Academics; and Community Members <i>Nor Haryanti Hashim (NUIG)</i>
12.30	OP115	Empathy in training: Applied Drama and Communicating Bereavement in the Maternity Services <i>Aisling Smith (RCPI)</i>
12.40	OP41	The journey towards wise practice in Health Professions Education: Critical reflections on the phenomenon of Practice Wisdom in clinical education and its potential to support the holistic development of wise student practitioners <i>Tina McGrath (HSE Dublin North City Mental Health and Discipline of Occupational Therapy TCD)</i>
12.50	OP97	Thinking and Looking outside the Box: Visual Art as a Tool in Medical Education <i>Brenda Moore McCann (TCD)</i>

Thursday 7th February 2019, 11:30 – 13:00

Educating the Educators

ILAS LCI-G018

Session Chairs; Maureen Kelly & Martin Power

11.30 OP28 What do we know about uncertainty, and teaching around uncertainty, in health professions education? A scoping review

Jenny Moffett (RCSI)

11.40 OP45 Academic Clinician: A Concept Analysis

Elaine Burke (TCD)

11.50 OP60 GP STAT: A General Practice Standardised Teaching Assessment Tool for Small Group Learning

Rory Stewart (QUB)

12.00 OP67 Honouring Medicine's Social Contract: a Scoping Review of Critical Consciousness in Medical Education

Annalisa Manca (QUB)

12.10 OP116 Health Educators' experiences of using service learning as a pedagogical tool: A qualitative participatory research study.

Ruth Mc Menamin (NUIG)

12.20 OP120 A picture speaks a thousand words: Using Run Charts to Improve the Quality of Clinical Teaching

Mairead Boohan (QUB)

12.30 OP122 A systematic review protocol of job analyses in medicine.

Ruairi Connolly (NUIG)

12.40 OP112 International Professionalism Dilemmas Questionnaire Study (IPDQS): an Irish perspective on lessons learnt.

Teresa Pawlikowska (RCSI)

12.50 OP88 An Insight into the Medical Deanery: Significant benefits for trainees

Gillian V Blayney (Northern Ireland Medical and Dental Training Agency)

Thursday 7th February 2019, 11:30 – 13:00

Postgraduate Teaching and Learning

ILAS LCI-G007

Session Chairs; Peter Cantillon & Pauline May

11.30 OP50 Shortlisting for interviews: Comparison of the Cambridge Personal Styles Questionnaire (CPSQ) with personal statements in a case-study of nursing applicants.

Sarah McElwee (Cambridge Assessment Admissions Testing)

11.40 OP61 Human Factors checklist protocol use within anaesthesia & intensive care in Beaumont Hospital

Ruth Little (RCSI)

11.50 OP94 Promoting the quality of medical training placements in Northern Ireland

Gillian V Blayney (Northern Ireland Medical and Dental Training Agency)

12.00 OP44 Doctors' attitudes to, beliefs about, experiences of, and suggested improvements for regulation of professional competence in Ireland.

Emer Galvin (UCC)

12.10 OP43 Mapping the literature on doctors' and stakeholders' experiences, attitudes and beliefs about the regulation of professional competence: a scoping review

Anel Wiese (UCC)

12.20 OP104 Identification, early intervention and management of trainees in Difficulty

Hadas Levy (RCPI)

12.30 OP73 Interns Break the Rules to Improve Their Wellbeing

Áine de Bhulbh (The Irish Centre for Applied Patient Safety and Simulation)

12.40 OP121 Exploring the impact of trainee transitions on clinical supervision in postgraduate medical education

Anel Wiese (UCC)

12.50

Thursday 7th February 2019, 11:30 – 13:00

Learner well-being and Inter-professional education

ILAS LCI-G009

Session Chairs; Judith Strawbridge & Colm Ó'Tuathaigh

- | | | |
|--------------|-------|--|
| 11.30 | OP56 | Learning to Get Along: A Student Interdisciplinary Model

<i>Kathleen Vannelli (Irish Interdisciplinary Forum for Healthcare)</i> |
| 11.40 | OP84 | Graduates' perceptions of a problem-based learning curriculum: Developing an integrated, holistic approach to medicine that is independent of prior academic background.

<i>Sarah Harney (GEMS, UL)</i> |
| 11.50 | OP100 | A medical student in a nursing elective – promoting the development of the whole person

<i>Nora McCarthy (UCC)</i> |
| 12.00 | OP113 | Trainee doctor well-being and its importance to healthcare delivery in Ireland.

<i>Janet O'Farrell (Medical Council of Ireland)</i> |
| 12.10 | OP54 | Measuring Resilience and Wellness in medical students

<i>Margaret O'Rourke (UCC)</i> |
| 12.20 | OP63 | Facilitating student's emotional intelligence in practice education: A literature review

<i>Caroline Hills (NUIG)</i> |
| 12.30 | OP111 | Evaluation of adherence to mindfulness practice in medical students with the use of the Mindfulness Adherence Questionnaire following completion of an 8 weeks special study module on mindfulness.

<i>Eva Flynn (NUIG)</i> |
| 12.40 | OP30 | Play/Decide Teamwork: Development of an educational game for junior doctors to address workplace conflicts

<i>Elaine Burke (TCD)</i> |
| 12.50 | OP123 | A Federation Model for the future of Healthcare Professions Education

<i>John Jenkins/Julie Browne (Medical Council of Ireland/University of Cardiff)</i> |

Thursday 7th February 2019, 14:30 – 16:00

Workplace Learning

ILAS LCI-G008

Session Chairs; Deirdre Bennett & Claire Poole

14.30 OP31 Understanding medical educators' approach to curiosity in medical education; a qualitative interpretive study

Jennifer Yates (UCD)

14.40 OP65 Preparation for Internship

Sarah Hyde (UL)

14.50 OP34 Learning Together.

Laura Loftus (NUIG)

15.00 OP109 Pre-Hospital Grand Rounds – A collaborative education forum

Andrew Patton (St. Vincent's University Hospital)

15.10 OP59 "The Student Experience on Clinical Placement: How can staff and student work as partners to enhance the overall quality of education?"

Dale Whelehan (TCD and TCD Students' Union)

15.20 OP58 Physicians are from Venus and Surgeons are from Mars: divergent teaching practices in Irish hospital settings.

Peter Cantillon (NUIG)

15.30 OP52 The affordances of General Practice placements for learning procedural skills in undergraduate medicine.

Deirdre O'Grady (UCC)

15.40 OP78 Evaluating and improving readiness for practice. The case of insulin prescribing

Tim Dorman (QUB)

15.50

Thursday 7th February 2019, 14:30 – 16:00

Simulation-based, Technology-enhanced, and Patient-Centred Teaching and Learning

ILAS LCI-G009 *Session Chairs; Deirdre Fitzgerald & Aileen Patterson*

14.30 OP83 Achieving Competency in Core Skills - Improving the Performance of Peripheral Blood Cultures using Simulation Based Education and Precision Teaching to Train to Fluency.

Bronwyn Reid-McDermott (Irish Centre for Applied Patient Safety and Simulation)

14.40 OP62 Simulated Patients Perspectives of their Role and Contribution to Health Professions Education at RCSI

Clare Sullivan (RCSI)

14.50 OP21 Educational Input into the redesign and implementation of a new ePortfolio logging system for Postgraduate Trainee Doctors

Keith Farrington (RCPI)

15.00 OP108 Virtual patient simulations in Undergraduate Medical Consultation Skills: A Scoping Review

Catherine Bruen (RCSI)

15.10 OP89 Engaging a multi-disciplinary team in a large-scale simulation event to test cardiac arrest response systems.

Michael Creed (ICAPSS, NUIG, University Hospital Galway)

15.20 OP117 A Best Evidence in Medical Education Systematic Review to determine the most effective teaching methods that develop reflection in medical students

Jane Uygur (RCSI)

15.30 OP91 An evaluation of the efficacy of a SAFMEDS intervention to train dermatology diagnostic skills.

Orla Mongan (NUIG)

15.40

Thursday 7th February 2019, 14:30 – 16:00

Curriculum Development and Assessment

ILAS LCI-2015

Session Chairs; Helena McKeague & Yvonne Finn

14.30 OP107 A mixed methods research project exploring the implementation of the Prescribing Safety Assessment in pharmacy education in Ireland

Judith Strawbridge (RCSI)

14.40 OP47 What forms of assessment are the best predictors of overall performance in a longitudinal integrated clerkship-based General Practice undergraduate programme?

Patrick O'Dwyer (GEMS, UL)

14.50 OP102 An Evaluation of a Cascade Model of Training in the Implementation of Work based assessment

Lindi Snyman (College of Anaesthesiologists of Ireland)

15.00 OP35 Entrustment issues regarding beloved family (red flags) in modular OSCE assessment; 'True' decisions on Global Rating and Pass/Fail scores?

Thomas JB Kropmans (NUIG)

15.10 OP114 Six months in: An evaluation of an outcome based medical education pilot in basic specialist training for Paediatrics

Aisling Smith (RCPI)

15.20 OP57 Developing an Evidence-based Core-Competency Profile for Paramedic Students

Claire Armstrong (GEMS, UL)

15.30 OP106 Implementing innovation in competency based medical education: the significance of national context

Josephine Boland (Independent Medical Education Consultant)

15.40 OP82 Experience-Based Learning (ExBL)

Helen Monaghan (QUB)

15.50 OP98 Embedding LEGO® Serious Play® into Medical Education

Clare Thomson (QUB)

Oral Presentation Abstracts

Theme Simulation-based, Technology-enhanced, and Patient-centred Teaching and Learning

OP21 Educational Input into the redesign and implementation of a new ePortfolio logging system for Postgraduate Trainee Doctors

Rationale

RCPI is in the process of implementing Outcome Based Education (OBE) for its Training programmes. A significant part of this process involves updating how the activities of Trainee doctors are recorded. Trainees record their activities *e.g.* clinics attended, or procedures performed, on specifically designed forms. As party of OBE, these forms were redesigned with the aim of better reflecting and streamlining modern training practices and facilitate more effective feedback from Trainers. As part of this work, the recording forms were reviewed and redesigned by a clinical lead supported by RCPI Educationalists.

Methods

1. Paediatrics at Basic Specialist Training level was selected as a pilot for implementation of OBE
2. Knowledge and Skills expected to be demonstrated by Trainees at specific time points were identified
3. The mechanism by which Trainees recorded activities was changes from a logging system to an estimation of exposure – this was reflected in the forms
4. Forms were further redesigned to facilitate specific Trainer feedback on activities.

Findings

Original forms used by Trainees were unsuitable for OBE and did not capture breadth of Trainees activities.

Recording forms for assessments

OP28 What do we know about uncertainty, and teaching around uncertainty, in health professions education? A scoping review

Author

Jenny Moffett (RCSI)

Rationale

A health professional's ability to cope with or "tolerate" uncertainty may influence important outcomes within the clinical setting. For example, recent studies^{1,2} suggest that medical professionals with a low tolerance for uncertainty experience increased work-related stress. In addition, there can be poorer outcomes for patients under their care³. Several authors⁴⁻⁵ have called for greater attention to uncertainty within health professions' education, and although attempts have been made to investigate teaching around uncertainty, studies can lack generalisability. This scoping review aims to map out the topic of uncertainty within the context of health professions' education, and the research question is: "What is known from existing publications about uncertainty, and teaching around uncertainty, that is of relevance and interest to health professions educators?"

Methods

Following the standard Joanna Briggs Institute methodology⁶ we have used a structured search strategy to capture relevant studies from the databases MEDLINE, Embase, ISI Web of Science, PsycINFO, and CINAHL. Following scrutiny, we will chart the data, and then collate, summarise and report the results.

Findings

From a core of 3,146 retrieved articles, screened preliminary findings reveal a variety of strategies, including reflection, simulation, and role play, which can be used to situate learning around uncertainty. In addition, uncertainty plays an important role in aspects of student trajectory, including career choice. Further findings will be presented.

Discussion / Conclusion

This scoping review aims to clarify what educational research has been carried out in the healthcare professions in relation to uncertainty, and to highlight concepts, tools and strategies which may be useful to educators who support healthcare professions students.

References

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2. Iannello P, Mottini A, Tirelli S, Riva S, Antonietti A. Ambiguity and uncertainty tolerance, need for cognition, and their association with stress. A study among Italian practicing physicians. *Medical education online*. 2017 Jan 1;22(1):1270009.
3. Bovier PA, Perneger TV. Stress from uncertainty from graduation to retirement—a population-based study of Swiss physicians. *Journal of general internal medicine*. 2007 May 1;22(5):632-8.
4. Simpkin AL, Schwartzstein RM. Tolerating uncertainty—the next medical revolution?. *New England Journal of Medicine*. 2016 Nov 3;375(18):1713-5.
5. Ofri, D. (2017). Medical Humanities: The Rx for Uncertainty?. *Academic Medicine*, 92(12), 1657-1658.
6. Peters M, Godfrey C, Khalil H, McInerney P, Soares C, Parker D. 2017 Guidance for the Conduct of JBI Scoping Reviews 2017.

OP30 Play/Decide Teamwork: Development of an educational game for junior doctors to address workplace conflicts

Author

Elaine Burke (TCD)

Background

It is known that conflict in the workplace is a common issue encountered by junior doctors. Interns are particularly vulnerable, and one survey found workplace bullying to be reported at a rate of almost 50% amongst interns, yet only ~30% report this to someone in authority. Play/Decide is a validated educational tool which is available online. It is a card game for simple, respectful and fact-based group discussion.

Objectives

1. To develop a validated educational board game to facilitate discussion around workplace bullying and harassment
2. To obtain feedback from interns on the utility of the board game
3. To identify the strengths and weaknesses of the tool and areas for further development

Research approach

A multidisciplinary team will create the content for the Play/Decide game using literature and anecdotal experience. Once developed and approved by the team, the game will be piloted with a group of SHOs and amended, it will then be played with a group of interns (up to 30) during an intern teaching session in St James's Hospital (December 2018). Feedback will be sought via an online survey.

Findings

Results of the online survey will provide insight into the usefulness of the board game as an approach to education on the topic of bullying and harassment.

OP31 Understanding medical educators' approach to curiosity in medical education; a qualitative interpretive study

Authors

J Yates Dept. Of paediatrics, University college Dublin

Sinead Murphy Dept of paediatrics, University college Dublin

Aislinn Joy, Dept of medical education, University college Cork

Rationale

Current students are digital natives and educators are advised to adapt their teaching methods to harness these skills. E-learning is a rapidly evolving area within medical education and when used as an adjunct to traditional teaching methods is known as 'blended learning'. We developed reusable e-learning resources (ReLR) using a case-based learning (CBL) approach. CBL helps promote deeper learning.

Methods

We developed 6 emergency paediatric presentations (e.g. status asthmatics, DKA) using a CBL approach. Each case took 6-8 hours to create and was reviewed by a consultant prior to launch. They were launched in April 2017 to students via Blackboard. Their use was discretionary and monitored via Blackboard. Students completed a questionnaire at the end of their rotation. Initially we have assessed students' engagement and opinion of the resource within the module.

Results

86% of our current students completed our questionnaire.

98% used the ReLRs' at least once during their rotation. 80% used the ReLRs' on multiple occasions. The table below highlights reasons the students liked using the resources and what they used the resources for.

Reason for liking the resource (%)*	
Relevant to rotation	92%
Enjoy working through a case	74%
Easy to use	68%
Enjoy using eLearning resources	62%
Reason to use resource (%)*	
Supplement their learning	72%
Check their knowledge	46%
In place of book learning	4%

90% of students would recommend the resources to students in future rotations.

Discussion/Conclusion

These findings show that overall our students have engaged with the new resources, enjoy using them and find them relevant to their study.

Moving forward we aim to assess this resource to see if/how it affects overall exam performance and students' confidence in approaching emergencies.

OP34 Learning Together

Author

Laura Loftus (NUIG)

Rationale

Speech and Language Therapy (SLT) is a health and social care profession with expertise in prevention, assessment, diagnosis and the management of clients who have communication and/or swallowing impairments (RCSLT, 2006). SLT students engage in taught and placement modules as part of their training. Securing quality placements continues to be a challenge within the department's limited staffing resources.

A collaborative project was established in 2017 between NUI Galway SLT Department and a Galway primary school in order that students in a safe supportive environment could learn skills, knowledge and attitudes necessary to become SLTs while also benefitting and impacting the lives of the children and teachers for whom they worked with.

Methods

Using station teaching Year 1 students working in pairs taught the new primary oral language curriculum to children from Junior Infants to Second class. 100 children, 10 teachers and 30 students benefited from the project.

On completion of the project students and teachers wrote a reflection on their experiences and with permission these reflections were thematically analysed.

Findings

Outcomes included

1. Oral language learning for the primary school pupils.
2. Understanding and appreciation of professional identities.
3. Development of self, teamwork, knowledge and skills.

Discussion / Conclusion

This collaborative project demonstrated gains in students' knowledge, skills and attitudes alongside gains for the children and teachers. This project lends itself to being replicated in other settings and has scope for replication with modifications for other professions.

OP35 Entrustment issues regarding beloved family (red flags) in modular OSCE assessment; 'True' decisions on Global Rating and Pass/Fail scores?

Authors

Rosemary Geoghegan¹; John Morrison¹, Brian Hallahan¹, Andrew Murphy¹; Jose Jaferson Monteiro Silva². **Thomas Kropmans^{1,2}**; ¹College of Medicine, Nursing & Health Sciences; School of Medicine, National University of Ireland Galway; ² Qpercom Ltd Galway Ireland

Background

Recent data demonstrate reluctance of examiners to fail students in clinical examinations (EBMA2017). This was demonstrated in Objective Structured Clinical Examinations (OSCE) where blinded marks have been associated with higher failure rates compared to an overall global rating that examiners provide. Consequently, in this study, we wanted to ascertain if the utilisation of a criterion that forces examiners into a more accurate "judgement" that corresponds with the blinded scores. An "entrustment question" was thus added to the 4th year clinical OSCEs at NUI Galway in 2018 OSCE station score sheets.

Summary of Work

Global assessment check box items (blinded) and an overall Global Rating Score were utilised electronically to mark student's performance and examiners professional opinion of the candidate. A separate 'entrustment' question was added asking whether the examiner entrusted the candidate to perform the tasks required at that station on their closest family member (red flag=NO). Qpercom Observe was used to retrieve, store and analyse the scores (www.qpercom.ie). The cut-score for both modules is 50% + 1 SEM or the average student score minus 1 SEM (pass/fail >49.45).

Summary of Results

Both penultimate year 4 OSCEs in 2018 (n=194/193), the outcome endures reliable G-coefficients > 0.70 with an SEM of 4 respectively 3% on a 0 – 100% final mark. In PCMH 194 students went through 7 stations leading to 1358 educational judgements 132 (10%) received a 'Red flag mean (SD) score ' 49 (6) and an average of 29 doubtful decisions per stations. WCH had 8 stations for 193 students leading to 1444 judgements and 145 (9%) flags with mean (SD) scores of 48(8) leading to 27 doubtful scores per station.

	PCMH n/%	WCH n/%
Stations	7	8
Students	194	193
Judgements	1358	1544
'Red flags'	10%	9%
Mean (sd) 'Red flag' scores	49 (6)	48(8)
Doubtful scores/station	29	27

Discussion & Conclusion

Adding the 'entrustment question' to an OSCE score sheet and reconsider 'doubtful scores' might add to a more reliable judgement regarding pass/fail decisions. **Take-home Message:** Further analysis in terms of whether 'flags' fit into the 95% CI around the observed score has to be considered to achieve more reliable and robust decisions on pass or fail performance.

OP41 The journey towards wise practice in Health Professions Education: Critical reflections on the phenomenon of Practice Wisdom in clinical education and its potential to support the holistic development of wise student practitioners

Author

Tina McGrath (HSE Dublin North City Mental Health and Discipline of Occupational Therapy TCD)

Rationale

Practice wisdom is increasingly recognised as a vital component of high quality healthcare delivery. The elusive nature of clinical practice wisdom creates challenges for both teaching and learning, yet it is vital to incorporate a working understanding of wise practice into clinical education activities.

The journey towards wise practice begins with clinical education which must support the development of the student as a whole person who can then competently integrate the empirical and objective elements of practice with the phenomenological and subjective components of the practice context.

Methods

The extant literature was reviewed in order to clarify the concept of Practice Wisdom and explore its properties, with a view to identifying clinical learning engagement processes that can nurture the development of wise student practitioners.

Findings

Practice wisdom is a developmental professional learning process requiring thoughtful actions that are informed by three underpinning types of knowledge: propositional, professional and personal. These may be tacitly embedded in the clinical practice or the practitioner and can be taught and appraised through supporting critical reflection skills.

Discussion / Conclusion

The ultimate goal of clinical education is to nurture the development of wise practice in our students. This objective requires progressive and cumulative teaching and learning opportunities that support the development of each student as both a person and professional who can successfully navigate both the universals and particulars of each clinical encounter. Exploration of and reflection on the phenomenon of Practice Wisdom can enrich working understandings of the concept in health professionals education.

OP43 Mapping the literature on doctors' and stakeholders' experiences, attitudes and beliefs about the regulation of professional competence: a scoping review

Authors

Dr Anél Wiese, Ms Emer Galvin¹, Dr Irina Korotchikova¹, Dr Deirdre Bennett¹

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Rationale

Regulation of professional competence (RPC) of doctors operates internationally, but remains a highly contested area. Confusion about the purpose of RPC and its relevance to practice are among many objections raised. If doctors are to engage enthusiastically with RPC its processes must continually evolve to meet the needs of doctors, patients and healthcare employers. This scoping review aims to map the literature related to doctors' and stakeholders' experiences, attitudes and beliefs about RPC.

Methods

Scoping review is a method used to comprehensively map the literature available on a topic and involves identifying key concepts, sources of evidence and gaps in the research. We systematically searched electronic databases, RPC policy documents and reports, and backward and forward reference searching. Papers for final review were selected based on our inclusion criteria. A data extraction tool was developed to record relevant information.

Findings

The scoping review is still in progress and we will report the final results at the meeting. The results will involve a descriptive summary and thematic analysis of the extracted data. The descriptive summary will include characteristics of the selected publications, types of study design, years of publication and countries related to the publications. The thematic analysis will identify themes and gaps in the literature and will be reported as a narrative description of themes, a framework and tables summarising pertinent information.

Discussion / Conclusion

The results of this scoping review will offer essential information regarding doctors' and other key stakeholders' experiences, beliefs and attitudes of RPC that can inform best practice in this area and identify future areas of research.

OP44 Doctors' attitudes to, beliefs about, experiences of, and suggested improvements for regulation of professional competence in Ireland.

Authors

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

² Medical Council, Dublin, Ireland

Rationale

Following the introduction of regulation of professional competence(RPC) in Ireland in 2011, full engagement of doctors in the process remains challenging. Understanding the attitudes, beliefs, and experiences of doctors in Ireland in regards to RPC is essential for those who oversee and operationalise the process. Hence, the aim of the study was to explore doctors' attitudes to, beliefs about, experiences of, and suggested improvements of RPC in Ireland.

Methods

The survey comprised of Likert-type items and free-text questions that aimed to capture participants' attitudes and beliefs about RPC in Ireland. The survey was piloted, edited, and subsequently distributed by email by the Medical Council to all registered medical practitioners (N = 13,093) during the 2018 annual retention process. The data was analysed using SPSS.

Findings

A sample of 5379 doctors responded to the survey. Analysis of the survey items revealed some discrepancies between doctors' beliefs about the value of RPC in Ireland and their compliance with the process. Data from free-text questions revealed barriers to engagement including issues with documentation, expense, and accessibility. Suggested improvements to the process included providing protected time and introducing flexibility to the yearly requirements.

Discussion / Conclusion

Findings from this study demonstrate that whilst compliance with RPC in Ireland is high among doctors, there are a number of issues that may influence doctors' satisfaction and engagement with the process.

OP45 Academic Clinician: A Concept Analysis

Authors

Dr Elaine Burke, Professor Martina Hennessy
School of Medicine, Trinity College Dublin

Rationale

Academic clinicians occupy a crucial role within healthcare. Remaining in active clinical practice while simultaneously carrying out research allows academic clinicians identify important and emerging questions and retain an invaluable connection to the end users of the products of their discoveries¹. However the term academic clinician, while widely used, is ill-defined and can mean different things to different people and vary across institutions. Other similar terms such as medical academic and clinical educator add to the confusion. It is important to seek a clear definition of the term academic clinician. In doing so, we will highlight the particular roles and attributes of the academic clinician, providing a greater understanding of the role and demonstrating the importance of the academic clinician to the practice of Medicine².

Methods

The Walker and Avant method (1994) will be used as the basis to analyse the core concept of academic clinician. This is an eight step method requiring a thorough review of the literature and identification of the defining attributes of the concept. Cases are then constructed to illustrate how the concept is used. Antecedents and consequences are identified through literature review and finally empirical referents, or ways to measure the concept, are identified³.

Findings

Defining the concept academic clinician will provide clarity when discussing the term. Identifying antecedents and consequences of the term academic clinician will strengthen the case to allocate resources to the training of future academic clinicians.

References

1. Defining the Key Roles and Competencies of the Clinician-Educator of the 21st Century: A National Mixed Methods Study. Sherbino et al, **Academic Medicine**, Vol 89, No 5/May 2014
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3. Nursing Concept Analysis: Applications to Research and Practice. Fitzpatrick J, McCarthy G. Springer Publications 2016.

OP47 What forms of assessment are the best predictors of overall performance in a longitudinal integrated clerkship-based General Practice undergraduate programme?

Author

Patrick O'Dywer (GEMS, UL)

Rationale

The importance of valid and reliable assessment of medical students is well recognised. However, there is debate in the medical education literature about the validity of different assessment methods in undergraduate medical education and particularly as part of longitudinal integrated clerkship (LIC) programmes which are a more recent development. General Practice is a key component of the four-year curriculum at the Graduate Entry Medical School (GEMS) at the University of Limerick. The focus of the General Practice programme is an 18-week longitudinal integrated clerkship in Year 3 which accounts for 25% of all clinical training. Assessment of the General Practice programme has four separate components: In-training assessment; Short Essay Question paper; Multiple choice question paper; and a Long Case Clinical examination. The aim of this study is to examine which component(s) of the assessment correlate most closely with the overall performance of medical students within the General Practice programme (Year 3) and their overall performance in final year exams (Year 4).

Methods

The performance of 5 separate cohorts (2013-2018) of Year 3 students (n=750) is currently being analysed. Each of the four components of the assessment programme is being compared to overall performance of medical students within the General Practice programme and their overall performance in final year exams. Data is being analysed with SPSS version 20.0. Clustering around latent variables analysis is being used to examine the patterns of association between different components of the assessment.

Findings

Results will be presented at INMED 2019.

OP50 Shortlisting for interviews: Comparison of the Cambridge Personal Styles Questionnaire (CPSQ) with personal statements in a case-study of nursing applicants.

Authors

Sarah McElwee (Cambridge Assessment Admissions Testing)

Rationale

Selection for undergraduate healthcare study is competitive and courses tend to be oversubscribed. Selection tools available to admissions tutors vary in the resource and time commitment required to implement them; this is particularly important for methods used to screen out initial applications before interview. One way to reduce this burden would be to replace resource intensive screening methods, such as personal statements (PSs), with one easier to implement, such as computer-based personality testing. This study examined these measures in nursing selection to prompt discussion in the medical admissions context.

Methods

An evaluation study was conducted with shortlisted applicants to adult nursing at a UK university (n=316), by administering a computer-based personality assessment based on the Five Factor Model (Costa & McCrae, 1992) alongside the normal selection process. PS ratings and interview scores were linked to personality scores and correlated with each other.

Findings

PS scores did not correlate significantly with interview scores, or suggest a positive trend. Conversely, personality dimensions, including aspects of conscientiousness, emotional stability, agreeableness and extraversion correlated significantly with performance at interview.

Discussion / Conclusion

PS scores have been shown to have poor predictive validity using course performance as a criterion. It is arguably more important they predict interview performance, as PSs are used as screening tools before interviews. The findings of the present study suggest that scoring personal statements is unlikely to select candidates who will perform well at interview, whereas personality measures could potentially contribute to this task.

OP52 The affordances of General Practice placements for learning procedural skills in undergraduate medicine.

Author

Deirdre O'Grady (Dept of Medicine, UCC)

Rationale

Graduating medical students are expected to be competent in a range of basic procedural skills. How, and where, these skills are best learned and practiced has been debated, with primary care proposed as an alternative solution to increasingly pressurised hospital environments. This study explored the affordances of general practice in Ireland for teaching and learning procedural skills.

Methods

The study was conducted at a single Irish medical school, using a mixed methods survey, utilising a convergent parallel design. The survey which was distributed electronically to third and fifth year medical students after their placement in general practice, and to the GP tutors on those placements. Data relating to skills performed, relevance of skills, barriers to skill teaching and performance, and attitudes to GP as a clinical environment for procedural skills learning were collected. Descriptive and inferential tests were performed using SPSS. Qualitative data was analysed using thematic analysis.

Findings

The majority of students and GPs viewed general practice as a good environment for procedural skills training. Practice profile (urban/mixed, single-handed/group) influenced opportunities to learn skills. Several barriers to learning skills were identified, including time, resources and concerns about patient safety and indemnity.

Discussion / Conclusion

General Practice in Ireland, as a clinical learning environment, affords opportunities for undergraduate medical students in the current stressed hospital environment. However, barriers need to be addressed for these affordances to be realised.

OP54 Measuring Resilience and Wellness in medical students

Authors

O'Rourke M; Crowley F; Hammond S; O'Tuathaigh C and Duggan E

Introduction

Unmanaged elevated stress has been identified as a core contributor to poor student health in medical school. Specially, high levels of stress correspond with increased alcohol consumption, increasing fatigue and decreased exercise and socialisation to negatively impact on students' health and wellbeing. There is evidence to suggest that unless appropriate resilience skills are developed, such maladaptive behaviours can persist into post-graduate training, with important potential implications for medical practice and patient safety.

In recognition of this, intervention programmes for building coping and resilience skills are being developed in many medical schools. A full and reliable profiling of students is a necessary part of developing relevant and appropriate interventions and support pathways.

Objectives

Assess health, wellbeing and resilience in medical students

- Identify bio, psycho, lifestyle and social factors that impact on student stress, coping and resilience.
- Describe stress management strategies employed by medical students
- Identify which strategies are identified by students as amenable to inclusion in a coping and resilience training programme

Methods

Two cohorts of medical students (undergraduate and graduate) in all years of training in a single medical school in Ireland were assessed in 2017, using an updated version of the Medical Student Stress Profile (MSSP) developed by the first and third authors. To maximise accessibility and inclusion both hardcopy and On-line versions were available. Data was analysed using Statistical Packages for the Social Sciences (SPSS) and bespoke programmes developed by the third author.

Results

489 students participated in the survey. Analysis indicates that our measures are reliable. Stress levels have increased among students, with females being significantly more stressed than males and fourth and final year students being the highest stressed. Resilience levels are as follows: Low 19%, N=91; Medium 68%, N=327; High 13%, N=61. No significant gender or program/cohort differences were observed in levels of resilience.

Conclusions

Information, data and lessons learned are consequently being integrated into SAFEMED Programme and student support pathways. We continue to monitor stress, coping, and provide some pearls and pitfalls regarding resilience training as part of the medical curriculum

OP56 Learning to Get Along: A Student Interdisciplinary Model

Authors

Nicholas Conradi, Sonya Ramondini and Kathleen Vannelli (*Irish Interdisciplinary Forum for Healthcare*)

Training future healthcare professionals to work collaboratively within interdisciplinary teams, strengthens and improves health outcomes. Previously, there has been limited opportunity for students across Ireland's health-related disciplines to engage locally and nationally. The Irish Interdisciplinary Forum for Healthcare (IreIFH) is a platform created for students by students, which seeks to address the need for increased interprofessional experience to help learners acquire the skills required for collaboration in the health workforce. IreIFH facilitates this mission on a national level by connecting students across healthcare's various disciplines and fostering engagement in innovative initiatives, research opportunities and shared learning.

- IreIFH is promoting and supporting the development of college-based interdisciplinary groups in Ireland, to more effectively engage with students. Facilitation materials based on the framework of the University of Limerick Interdisciplinary Forum for Healthcare (ULIFH), outlines a suggested structure and initiatives.
- In August 2018, The University of Limerick hosted the Towards Unity For Health Conference (TUFH) where IreIFH helped to establish the World Interdisciplinary Forum for Healthcare (WIFH). WIFH will connect interprofessional students globally and encourage a broader forum for engagement.
- In February 2019, IreIFH will host Ireland's largest interdisciplinary student healthcare conference, to engage students in teamwork and competency-based approaches to interprofessional education.

In conclusion, IreIFH promotes a collaborative approach to interdisciplinary education, to help foster future interprofessional team members with better communication skills, ultimately leading to improved healthcare delivery. This presentation will outline the journey in establishing Ireland's first interdisciplinary student network, barriers and facilitators, achievements to date and future plans.

OP57 Developing an Evidence-based Core-Competency Profile for Paramedic Students

Authors

Claire Armstrong (Graduate Entry Medical School, University of Limerick)

Rationale

As a profession, paramedicine is in its infancy. This and the transition from a post-employment to pre-employment educational model has resulted in an ill-defined set of role-related clinical core-competencies. The Graduate Entry Medical School at the University of Limerick, offering the only undergraduate-entry Paramedic Studies course in Ireland, is in a unique position to produce an evidence-based clinical competency profile to ensure that the competencies students develop during their studies are appropriate.

Methods

During the academic year 2017/2018, UL students were on active EMS placement with the North-Western Ambulance Service NHS Trust, UK. The students undertook a skills recording exercise via a HTML5 compatible application on a mobile phone platform. Every clinical skill encountered by the students was recorded for every patient producing a total patient database in excess of 6,300 subjects, for which over 62,500 clinical skills were recorded.

Findings

AVPU assessment is the most commonly performed skill, followed by blood glucose measurement and CGS examinations. The top ten skills performed equate to 74 percent of all skills used, as demonstrated in Table 1.

Discussion / Conclusion

With further analysis, this unique, very large database will allow us to develop an evidence-based competency profile for paramedic students, thus potentially influencing the future of paramedic education in Ireland and further afield.

Rank	Skill	Proportion of skill usage
1	AVPU	10%
2	Blood glucose	9%
3	GCS	9%
4	Blood pressure	9%
5	Radial pulse	8%
6	3-lead ECG	7%
7	Airway assessments	7%
8	Breath auscultation	6%
9	Pain-score	5%
10	12-lead ECG	3%

OP58 Physicians are from Venus and Surgeons are from Mars: divergent teaching practices in Irish hospital settings.

Author

Peter Cantillon (NUI Galway)

Rationale

Traditional faculty development for clinical teachers is largely ineffective. Participants find it difficult to transfer new teaching concepts into their complex workplace environments. It has been suggested that there may be features of workplace culture and practice that inhibit change in teaching practice. Little is known about the structuring effect of workplace context on the development of clinical teacher identity and practice. We therefore set out to explore the relationship between features of clinical context and clinical teacher identity/practice. This study reports findings from an ethnography of clinical teaching in medical and surgical teams.

Methods

We used a video ethnographic approach involving marginal participant observation of clinical teaching in two medical and two surgical teams in two different hospitals in Ireland. Data included observational field notes, participant interviews, photographic images and video of clinical teaching interactions. Thematic analysis informed by Goffman's dramaturgical theory, was used to identify categories, themes and signature narratives that revealed the relationship between medical/surgical contexts and clinical teacher identity/practice.

Findings

We found that medical and surgical teacher identity / practice differ markedly from each other. Using rituals common to both medicine and surgery, (e.g. case conferences, ward round presentations, corridor discussions) we were able to elucidate features of clinical teacher practice and disposition particular to medicine and surgery. Key determinants of clinical teacher practice included disciplinary gaze, (e.g. a surgical focus on the body), the discipline's sacred objects and the implicit choreography of surgical versus medical practice.

Discussion / Conclusion

Physicians and surgeons may share the same physical space in hospitals, yet their teacher roles and practices differ markedly from one another. We believe that by highlighting structuring features of medical and surgical culture, we can inform future customised workplace-based faculty development designs.

OP59 “The Student Experience on Clinical Placement: How can staff and student work as partners to enhance the overall quality of education?”

Authors

Dale Whelehan (Trinity College Dublin and Trinity College Dublin Students' Union)

Rationale

Many students and researchers have boasted about the benefit of placement as a means of applying theory to practice and bridging. Student engagement in their learning has been shown to be a driving factor to educational success. However, given the dynamic of the hospital setting, and based on a culture of passiveness which has been encouraged from a 2nd level education, some students face barriers to student engagement. ‘Students as partners’ has been a growing concept in the Higher Education sector. I believe this scope of research helps us to understand the different barriers to a positive learning experience.

Methods

- Initial survey n= 322 students, followed by a second survey n=280 students across Health Science courses looking at the placement issues and possible solutions.
- A series of focus groups consisting of staff and students met to discuss the concerns raised in the surveys throughout the Academic Year 2016-17
- Signing of a Student Partnership Agreement between the Students’ Union and the University

Findings

Issues arose from a combination of factors including:

- Financial
- Power differentials in the hospital setting
- The role of quality assurance
- Preparation for clinical placement
- Time management
- Mismatched expectations and perceptions

Discussion / Conclusion

This study helps us to understand the different barriers to a positive learning experience, and how students and staff can work together as equal partners in addressing these issues, and enhancing both the teaching for the educator, and the learning for the student.

OP60 GP STAT: A General Practice Standardised Teaching Assessment Tool for Small Group Learning

Authors

Rory Stewart (QUB)

Rationale

Good teaching requires teachers to reflect and receive feedback. This is fundamental to teaching improvement, while helping teachers adapt their teaching style in a manner that is suitable to the group. This study set out to develop a teaching assessment tool for small group work in general practice teaching – GP STAT (the General Practice Standardised Teaching Assessment Tool).

Methods

1) A search was conducted to establish criteria for small group teaching. 2) A modified Delphi process was carried out using GP teachers with expertise in small group teaching. Over three rounds of discussion they identified core criteria necessary to evaluate small group teaching in general practice training. Decisions were made by consensus. 3) The tool was constructed and piloted amongst GP trainees.

Findings

Following the literature search, 129 suitable criteria were found. The panel reached consensus, using a Modified Delphi Technique, that 25 of these were necessary for a comprehensive small group teaching evaluation instrument. The pilot process found the tool to be accessible, relevant, and practical for use in small group teaching.

Discussion / Conclusion

This tool may prove invaluable for GP training schemes seeking to evaluate their teaching practices. The tool could be applied in other jurisdictions which use small group teaching.

OP61 Human Factors checklist protocol use within anaesthesia & intensive care in Beaumont Hospital

Authors

Ruth Little (RCSI)

Rationale

Human Factors is the study of human behaviour and performance within a dynamic, high-risk environment¹.

Quality Human Factors training provides an opportunity to deliver ergonomic, evidence-based procedures that improve patient outcomes², mitigate medico-legal risk and standardises patient care, whilst maintaining the doctor at the core of the MDT (Multidisciplinary team) decision-making process.

This study aimed to audit one aspect of Human Factors: the use and attitudes towards existing checklist-protocols, whilst assessing any scope for improvement.

Methods

An anonymous audit of 23/42 (55%) anaesthesia and intensive care physicians was conducted, identifying 26 checklist-protocols, ranging from the formal WHO safe surgical checklist³ to informal mnemonics.

Findings

Whilst 87% of respondents indicated checklists were useful, feedback suggested considerable desire for improvement, particularly with respect to their relevance and timing. Concerning communication barriers, survey results support a need for Multi-level Human Factors training, including administration and management.

Discussion / Conclusion

This study forms a framework for future RCSI research within the area of Human Factors and QI (Quality Improvement). Future QI may contribute to improving patient outcomes, by supporting a cohesive MDT and improved well-being amongst doctors. Central to these goals, is the development of a true just culture within a system that acknowledges the ubiquitous nature of error.

OP62 Simulated Patients Perspectives of their Role and Contribution to Health Professions Education at RCSI

Authors

Clare Sullivan (RCSI)

Rationale

RCSI's expanded simulation facilities have brought an increase in the demand for simulated patients. Studies have shown the effectiveness of simulated patient encounters for developing consultations skills. Few studies address the perspectives of simulated patients in regard to their role, therefore, this study aimed to explore the perspectives of simulated patients themselves.

Methods

A mixed method study was carried out. Quantitative data was collected via a survey. Data was analysed using SPSS. Four focus groups were run which involved fifteen simulated patients and seven professional actors. Inductive thematic analysis was carried out on qualitative data.

Findings

Quantitative results showed that those involved were confident in their role, were eager to expand their role, were happy with the rate of pay however they desired more training in delivering feedback. Some of the themes emerging from the qualitative results include "Value of Life Experience", "Better Understanding of the Healthcare System", "Boundaries" and "Contribution".

Discussion / Conclusion

Simulated Patients believe they have an important role to play in healthcare education, are eager to further develop their role and learn about the healthcare system from being involved.

OP63 Facilitating student's emotional intelligence in practice education: A literature review

Authors

Caroline Hills (NUIG)

Rationale

Emotional intelligence is the ability to understand, be aware and regulate one's emotions according to the demands of a situation. Emotions in health care practice have been reported to include fear, compassion and injustice (Healy, 2017). Emotional intelligence is essential for health care professionals as it is a requirement for working with patients (Lewis et al., 2017), the management of team conflict (McCloughen & Foster, 2017), and in response criticism of clinical educators (Gribble, et al., 2017). The aim of this review is to investigate what methods have been reported by students in health and social care professions that facilitate student's emotional intelligence on placement?

Methods

The Johanna Briggs scoping review method will be applied as this examines emerging evidence on a broad topic to inform practice. The key words of emotional intelligence and student, and practice education or clinical placement will be applied to the following databases: CINAHL, PubMed and ERIC followed by a hand search. Inclusion criteria will be studies published in English from 2000 to current that report on student views of emotional intelligence management on placement from any health and social care profession.

Findings

All studies will be charted on a table and then amalgamated into a map of the data in a tabular form with an explanatory narrative. These will then be amalgamated into a diagrammatic representation of the findings.

Discussion / Conclusion

The method and findings of this literature review will be presented. This will be informative to those educating students in work settings.

OP64 Through the prism of narrative medicine, would medical humanities benefit from a rebalancing of its influences and drivers*

*Please note this abstract is an opinion piece and not original research

Author

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This paper argues, through the prism of narrative medicine, how the medical humanities would benefit from a rebalancing of its influences and drivers.

There is a need to bring the humanities to a more central position within medical education. Why do so many medical humanities modules languish on the periphery in elective and special study modules? Is there an over-reliance on humanities departments and not enough involvement from medical schools?

If we are serious about developing the whole person when we educate future health professionals, then we must balance the teaching of technical skills with exposure to more humanities education.

For this to happen would require a much greater involvement in, and commitment to, the medical humanities by mainstream medical educators. Without prioritisation of resources and a restructuring of medical school curricula, there is a not insubstantial risk of medical humanities continuing to be a “Cinderella” discipline, languishing on the periphery of medical education.

The paper discusses the evidence for the benefits of narrative medicine teaching in producing more rounded, empathetic and patient-centred doctors. It concludes by posing a number of challenges that must be met by medical educators if we are to see these benefits, and those offered by other disciplines in the medical humanities, positively impact on patient care.

OP65 Preparation for Internship

Authors

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Professor Deirdre McGrath, Graduate Entry Medical School, University of Limerick

Rationale

Studies have shown that new doctors feel inadequately prepared for practice (1), and in particular feel unprepared for specific aspects including emergency management, multidisciplinary team working, and clinical reasoning (2). New doctors appear to feel prepared for other aspects such as history taking, physical examination and some clinical skills (2). A survey of Irish interns in 2003 reported that only 32% of interns felt well prepared for their intern year (3). A survey of the 2011 Graduates of a new Graduate entry medical school showed that 93% of interns felt well prepared for their internship.

Methods

A survey was sent to Graduates of 2017 in July 2018 after they had completed their first postgraduate year in practice. The survey questions covered undergraduate for internship relating to knowledge, clinical skills, procedural skills and other important areas.

Findings

Contact details were available for 100 of 133 graduates. The response rate was 32%. 89% of respondents reported that they had a good understanding of their role as an intern, however only 53% reported that their undergraduate education prepared them well for internship. Procedural skills were felt to be adequate by only 53% of respondents, but every other aspect including factual knowledge, communication skills, and ability to deal with ethical issues were reported as adequate. Qualitative comments focussed on the role of the medical student in Irish Medical Schools.

Discussion / Conclusion

The result of only 53% of students feeling adequately prepared for internship represents a reduction compared to graduates of 2015 (87% felt prepared), and 2012 (76% felt prepared). The reason for this change remains unclear but may relate to increased demands placed on interns in their intern year. Further discussion and study in particular is warranted around the role of the medical student in Irish Medical Schools.

OP67 Honouring Medicine's Social Contract: a Scoping Review of Critical Consciousness in Medical Education

Author

Annalisa Manca (QUB)

Rationale

The purpose of this scoping review was to explore how the construct of critical consciousness has been taken up within the medical education literature, with the intent of identifying its main aspects, and to provide elements to inform educational strategies aimed at fostering socially conscious physicians.

Methods

We conducted a literature search of four databases and Google Scholar, seeking articles discussing critical consciousness in medical education. We screened studies for eligibility, transcribed data on a data extraction sheet and identified preliminary emerging themes, which were then discussed among the research team to ensure agreement.

Findings

Of the initial 806 articles identified, 17 met study inclusion criteria. The publication of academic papers around critical consciousness in medical education has expanded substantially since 2017. Critical consciousness has been conceptualized in the medical education literature through four overlapping elements: (1) social awareness, (2) cultural awareness, (3) political awareness, and (4) awareness of educational dynamics.

Discussion / Conclusion

Critical consciousness has been adopted in medical education as an intellectual construct to foster a reflexive awareness of professional power in healthcare, to unearth the values and biases legitimizing medicine as currently practiced, and to foster transformation and social accountability. Scholars highlighted its potential to improve socio-cultural responsibility and to foster compassionate doctors. Embedding a critical pedagogy approach in medical education can help uphold its social accountability through an intrinsic orientation to action, but this enterprise must acknowledge and challenge the current structure and culture of medical education itself.

OP70 An initiative to enhance entrepreneurial skills among undergraduate pharmacy students.

Author

Suzanne McCarthy (UCC)

Rationale

Entrepreneurial skills are important for the holistic development of undergraduate students, especially as our future pharmacists face an ever changing and challenging healthcare environment. An initiative, implemented for the first time with 3rd year pharmacy students, seeks to develop their entrepreneurial skills.

Methods

A 1-day programme was developed by the multidisciplinary research team. Students received talks from established entrepreneurs; the purpose to inspire and provide the opportunity to gain insight into how to create an entrepreneurial idea. Students were guided through the process of idea generation considering design thinking, problem identification, solution development and market research. At the end of the programme, students pitched their business idea to an evaluation panel. A pretest–post-test questionnaire design was implemented; the questionnaires were based on previous research in the area.

Findings

41 (65%) and 35 (58%) students completed the pre- and post-questionnaires respectively. Data comparing entrepreneurial attitudes and intention pre- and post-workshop will be presented. Twelve students (37.5%) responded that the programme drastically changed their ‘heart and mind’ and made them consider becoming an entrepreneur. Student comments included *“I enjoyed the overall creative aspect of the workshop. I sometimes question if pharmacy closes me off from exploring this side of my personality which i used to enjoy more”, “It put me way outside of my comfort zone, forcing me to think in ways I routinely do not”*.

Discussion / Conclusion

Preliminary results suggest that this was a successful initiative. Further research should examine extending the initiative and investigate the potential for interprofessional entrepreneurial education.

OP73 Interns Break the Rules to Improve Their Wellbeing

Author

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Rationale

Despite research demonstrating physician burnout and stress to be pathological and prevalent, the impact of the organisation and working environment on intern wellbeing has received little attention. 'Interns Break the Rules' is a study of interns' perspectives on perceived and existing 'rules' in the healthcare system which impact their wellbeing and effective practice. The study was inspired by the 'Breaking the Rules for Better Care' project initiated by the Institute for Healthcare Improvement, which has succeeded in achieving better quality patient care. The purpose of this study, is to identify the specific 'rules' in the system, organisation and team, that are perceived to have a negative impact on intern wellbeing or ability to do their job.

Methods

Focus groups were conducted with interns in University Hospital, Galway, to explore their experiences of 'rules' that have or are perceived to have a negative impact on wellbeing or performance. Thematic analysis identified common themes and possible solutions for each factor (i.e. system, organisation, team). Analysis of the data included consideration of the impact of the 'rules' and potential solutions offered or discussed.

Findings

Interns identified a range of 'rules' at team, system and organisational level which impact on their wellbeing.

Discussion / Conclusion

Interns are well placed to identify team, systems and organisational barriers to efficient healthcare delivery and factors that impact on their wellbeing. These may be real or perceived 'rules' that can be 'broken' with often simple solutions and support their wellbeing.

OP77 Creativity in Medical Students: Themes, Preferences and Chosen Media in a Compulsory Humanities–Arts Module

Authors

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Rationale

Humanities and the Arts may have a role in Medical Education and taught modules are a commonly employed approach. Few studies report what medical students wish to explore in Humanities and Arts. Our objective is to determine how Graduate Entry Medical Students (GEMS) respond to a compulsory self directed Humanities/Arts Module (HAM)

Methods

We reviewed 430 works from a compulsory student directed HAM (accompanied by a written reflection) based on a student selected topic in medicine with the option of either an original work or a critique. We documented the media chosen and dominant themes from the reflection using grounded theory. We related these to gender and primary degree.

Findings

99% of students chose an original work rather than a critique, 85% were visual, 10% written and 5% performance. We identified 6 dominant themes: *Biological, Mental Health, Life of the Student, Life of the Doctor, Patient Experience* and *Culture and Society*. Female students chose *Patient Experience* and *Culture and Society* (*chi square* $P < 0.001$) and were more likely to choose their theme based on personal experience ($p < 0.01$). Female students had a similar primary degree background as males. Neither gender or degree was associated with medium chosen.

Discussion / Conclusion

GEMS chose a creative project over a critique, despite limited experience in such an enterprise suggesting a willingness to take risks as well as a desire for creative expression in their educational experience. Gender rather than educational background predicted theme selection.

OP78 Evaluating and improving readiness for practice. The case of insulin prescribing

Author

Professor Tim Dornan, Queens University Belfast

Rationale

Foundation trainees (FTs) write 70% of hospital prescriptions, usually unsupervised. 8-10% of these contain errors. Trial and error can teach FTs to perpetuate their own and others' mistakes. FTs, moreover, are 'second victims' of their own errors. The INMED-supported 'Making Insulin Treatment Safer' (MITS) project developed an evaluation instrument to explore and quality improve residents' insulin prescribing education.

Methods

MITS assumes: 1) readiness is a process, not an endpoint; 2) education for readiness must be work-based; 3) individuals' capability and the quality of their practice environments are inextricably linked. Implementation science, behaviour change, and safety theories provided items for a 20-item, Likert-rated, mixed methods 'Readiness to Prescribe Questionnaire' (RTPQ). We iteratively developed this and 255 FTs completed it. Principal components analysis confirmed RTPQ's reliability and thematic analysis explored its validity.

Findings

Four latent constructs - capability to learn, capability to prescribe, support, and tensions - accounted for 57% of the variance. Cronbach's alpha for each of these was ≥ 0.73 . All but one item increased the subscale reliabilities. Participants rated their capability to prescribe higher (Median 79%) than their capability to learn (69%) whilst they rated support lowest (43%). Workplace tensions impaired the capability of 50% of participants. Qualitative analysis showed how FTs tended to 'get by', sometimes learning by unreflectively copying others.

Discussion / Conclusion

RTPQ provides proof-of-concept for 'readiness' and a means of evaluating this. It has shown how participants' learning environments and habits could become safer. RTPQ is not specific to insulin and could be adapted to other tasks.

OP81 Design, delivery and evaluation of a pilot medical humanities programme for postgraduate paediatric trainees.

Rationale

To demonstrate the interest in, and benefit of the pilot programme with a view to permanent integration of medical humanities into postgraduate paediatric training.

Methods

A 12 lesson programme was delivered as part of postgraduate teaching schedule at a district general hospital between August 2018 and January 2019. All trainees on rotation at the DGH during that time took part. Thematically, the programme focused on patient and clinician journeys. This was explored through a variety of resources drawn from multiple medical humanities disciplines including that of narrative medicine, visual material culture, graphical resilience and film.

Evaluation is ongoing. Both quantitative and qualitative methodologies have been employed to capture evidence at Level 1 and Level 2 of Kirkpatrick's Model. Level 1 is assessed via guided reflection at the end of each session which is then subject to thematic analysis. Level 2 is assessed through a pre and post course questionnaire (measured via Likert scales) capturing the change in knowledge, skills and attitudes towards humanities amongst trainees.

Findings

The qualitative and quantitative results are still being collated at the time of submission of this abstract.

Discussion / Conclusion

There are early indicators of both interest and benefit being demonstrated. The team have visited a medical museum, started a medical humanities interest board and diversified the hospital library's resources to include memoirs, graphical novels etc. These have arisen due to trainee request rather than faculty instigation. This is suggestive of a behavioural change in trainees regarding their view on the place of medical humanities in their training.

OP82 Experience-Based Learning (ExBL)

Author

Helen Monaghan (QUB)

Introduction

Research shows that medical students can be taught without learning and learn without being taught. To remedy this, the Experience-Based Learning (ExBL) **pedagogy** was developed to strengthen students' real patient learning. This facilitates the students' learning by **participating** in the delivery of patient care. This requires **supportive learning environments** characterised by formative feedback, supervision and a culture of inclusiveness. Students develop their **capabilities** within triadic relationships between themselves, patients, and doctors. These include practical capability (knowledge and skills) and affective capability (the emotional components of identity development). This study aimed to strengthen the ExBL pedagogy by synthesising recent evidence.

Methods

We asked thirty leading educators in many different countries across the world to explain how their students learn in practice. We used words they suggested to provide search terms, which we applied to EMBASE, Medline, Scopus and Web of Science.

Results

Internationally, students' involvement in practice ranges from having no responsibility before qualification to being supervised providers of healthcare. 6224 articles identified by the search yielded 80 informative articles from which we derived 326 **support-participation-capability** configurations to guide curriculum development.

Discussion

This research highlights the variability that exists in clinical education. It has provided evidence to validate and refine ExBL and to help curriculum leaders and teachers improve their practices.

OP83 Achieving Competency in Core Skills - Improving the Performance of Peripheral Blood Cultures using Simulation Based Education and Precision Teaching to Train to Fluency.

Authors

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Rationale

Peripheral Blood Culture(PBC) is a core skill. Contaminated PBC results lead to inappropriate diagnosis and cost implications. Using Simulation Based Education(SBE) and Precision Teaching(PT) to achieve fluency improves performance with better patient outcomes. Fluent behaviour is: accurate and rapid; retained over time; applied in novel situations; and stable during distraction.

Methods

A RCT was conducted with interns in University Hospital Galway(UHG): the intervention group(n=20) received fluency training and 2 control groups received a task analysis only, a detailed breakdown of the necessary steps to perform the skill, only(n=20) or training-as-usual(n=19). The performance of these groups was compared. Analysis of PBC contamination rates will compare performance in the clinical setting.

Findings

To date, 13 of the intervention group have reached fluency(mean of 7.08 trials) and accuracy at final trial is greater than that of both control groups(mean accuracy=48.44% and 34.03%). Clinical PBC data will be analysed for contamination rates for a 2 month period in UHG.

Discussion / Conclusion

The study's current findings support previous research demonstrating the effectiveness of SBE with PT to train core procedural skills to fluency and will examine the impact of this type of education on patient outcomes and safety.

OP84 Graduates' perceptions of a problem-based learning curriculum: Developing an integrated, holistic approach to medicine that is independent of prior academic background.

Author

Sarah C. Harney, Diane O Doherty, Deirdre McGrath, Dervla Kelly and Helena McKeague
(University of Limerick)

Rationale

Students at the Graduate Entry Medical School (GEMS) at the University of Limerick are a diverse population with variation in age, ethnicity and academic background. The curriculum for years 1 and 2 is fully-integrated and delivered through a hybrid problem-based learning (PBL) programme. Most graduates completed primary degrees in biological and health science subjects (BHS) with a minority coming from non-biological or health science backgrounds (NBHS). This study addressed graduate perceptions of learning through a PBL-based curriculum and the influence of prior academic background.

Methods

All GEMS graduates (6 cohorts, n = 615) were invited to complete an anonymous online survey. Quantitative data was collected using Likert-type items and qualitative data was from a thematic analysis of free text comments.

Findings

Graduates described studying an integrated, PBL curriculum as challenging but the effort required was rewarded with positive effects on lifelong learning, knowledge retention and critical thinking. Successful learning was associated with the development of metacognitive skills that benefitted graduates in their postgraduate studies and clinical practice. Most graduates from both academic backgrounds (69% BHS, 73% NBHS) would choose a PBL curriculum if starting again and would recommend it to prospective graduate entry medical students.

Discussion / Conclusion

Academic background had little effect on graduates' experiences, with a majority of both BHS and NBHS graduates reporting positive attitudes to learning through PBL. Many of the perceived benefits of a PBL curriculum were in the affective domain such as improved communication and teamwork skills and having a patient-centred, holistic approach to practice.

OP88 An Insight into the Medical Deanery: Significant benefits for trainees

Authors

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Rationale

The ADEPT (Achieve, Develop and Explore Programme for Trainees) Academic Clinical Fellowship is now in its 4th year in Northern Ireland. The competitive-entry programme creates a unique opportunity for senior medical trainees to enhance their learning and understanding of leadership. The fellowship includes insight visits to host organisations to promote understanding of the organisation's structure and role and create networks to foster potential future communications and engagement.

Methods

An insight visit to NIMDTA (Northern Ireland Medical and Dental Training Agency) was organised and hosted by two ADEPT clinical fellows. The day included presentations by leaders including the postgraduate dean, a panel discussion with senior leaders and an interactive quiz to enhance learning. A post-visit survey was then completed to provide feedback.

Findings

Survey response rate was 100%. (8 respondents). All respondents felt their understanding of role and structure of the organisation had improved and that the insight visit could positively impact potential future interactions with the deanery. A valuable insight into the role of a medical leader was also gained. All respondents felt insight visits were a very enjoyable and advantageous part of their fellowship.

Discussion / Conclusion

Insight visits have shown to be a highly effective method of developing understanding by ADEPT fellows. Such visits help trainees gain a deeper understanding of the depth and breadth of the wider healthcare system and have potential to improve future interactions. They also enhance fellows' understanding of the role of a leader within healthcare.

OP89 Engaging a multi-disciplinary team in a large-scale simulation event to test cardiac arrest response systems.

Authors

Michael Creed (ICAPSSS, NUI Galway; University Hospital Galway)

Rationale

A new Acute Adult Mental Health Unit (AAMHU) recently opened in University Hospital Galway, remote from the main hospital building. Due to infrequency of on-site medical emergencies, and the lack of familiarity of the cardiac arrest team with the unit, concerns were raised with regard response to and management of medical emergencies on-site. In light of this, a multi-disciplinary team, including medical (Psychiatry, Internal Medicine and Anaesthetics), nursing, ambulance and security staff implemented a large-scale simulation event to test the cardiac arrest response system to improve patient safety and quality of care.

Methods

The multi-disciplinary team collaborated to plan the exercise. Two mock cardiac arrests were simulated in the AAMHU using high-fidelity simulation. During each code, confederates positioned throughout the AAMHU took field notes on the response of each discipline. The exercise was digitally recorded using audio and video and a multidisciplinary debrief was conducted. Participants were later interviewed to assess the impact of the exercise. All data was analysed using a thematic analysis and a patient safety framework.

Findings

Ongoing analysis has identified strengths and weaknesses in core patient safety themes (communication, decision making and leadership). Additional areas for improvement included ergonomics, familiarity with and suitability of equipment, and access to the building.

Discussion / Conclusion

Large-scale multidisciplinary simulation is an acceptable method for testing emergency response systems in new hospital facilities. It supports a culture of patient safety and quality improvement and is well received. Multidisciplinary involvement is essential to assess all aspects of such systems.

OP91 An evaluation of the efficacy of a SAFMEDS intervention to train dermatology diagnostic skills.

Authors

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Rationale

Skin disease is one of the most common human illnesses. Accurate diagnosis requires that the clinician is able to classify the skin lesion characteristics. Developing this skill requires clinical exposure, over a long period of time, to patients with skin conditions. Fluency training is a behavioural teaching strategy focused on producing fluent or expert performance.

This aim of this study was to evaluate the efficacy of a fluency training intervention for teaching dermatology diagnostic skills (i.e. visually identifying skin diseases) to interns using the Say All Fast Minute Each Day Shuffle (SAFMEDS) fluency building technique.

Methods

Following recruitment, all participants performed a baseline test and received a dermatology lecture. Participants were subsequently randomised to control group and intervention group. The intervention group followed the SAFMEDS technique using dermatology flash cards in their own time until they reached a pre-determined benchmark at which stage they were deemed fluent. After achieving fluency, the intervention group completed a second post-fluency test and these results were compared with a second test administered to the control group. Retention of skill in the intervention group was assessed by performing a third test 6-8 weeks after achieving fluency.

Findings

Test scores improved significantly in the intervention group after fluency training and this improvement was sustained 6 weeks after achieving fluency. The intervention group scored significantly higher post-fluency when compared with the control group.

Discussion / Conclusion

Fluency training using the SAFMEDS technique was found to be an effective method for enhancing dermatology diagnostic skills amongst interns.

OP94 Promoting the quality of medical training placements in Northern Ireland

Authors

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Rationale

August 2018 saw development of the innovative work stream of Placement Quality Indicators within NIMDTA. Its central aim is to optimise patient-centred care through quality improvement of medical training posts by rigorous review of current placements, active engagement with trainees, trainers and providers and the development and implementation of strategies to improve current practice.

Methods

An initial scoping exercise reviewed current placement quality work throughout the UK to identify potential strategies which would be relevant and reproducible within Northern Ireland's unique training context. Following this, Obstetrics and Gynaecology (O&G) training was identified as an initial pilot specialty. Background research into O&G training from a local and curriculum perspective was completed. An online trainee survey complimented by a trainee focus group ascertained key areas for improvement.

Findings

Survey response rate by O&G trainees was 56% (n=42) and 6 trainees participated in the focus group. Numerous areas of good practice including clinical supervision and training opportunities within clinical commitments were identified and are now being communicated across training units. Some areas for improvement were identified, including the need for more information about training unit placements prior to placement selection. This has led to the development of a unit prospectus to enhance understanding of the training opportunities within a training unit and aid trainees in decision making around placement preferences.

Discussion / Conclusion

The Placement Quality Indicators work stream aims to enhance postgraduate medical training through a quality improvement approach. Initial investigations have provided a valuable insight into O&G training and improvement strategies have the potential to significantly improve training quality.

OP96 Whither Medical Humanities?

Authors

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As Professor of Academic Medicine in TCD I introduced Humanities modules in the first Medical year. The term 'Medical Humanities' was first coined in the 1940s by George Sarton in the USA. Since then it has become a popular subject in Medical Schools. Difficulties arise in agreeing a definition of 'Medical Humanities'. A major impetus to the development of 'Humanities' modules in Medical Schools was the 'Flexner report' and his words in 1925: *'Scientific medicine in America...young, vigorous and positivistic...is today sadly deficient in cultural and philosophic background'*. As Ousager J and Johannsen H (Denmark) in the *Journal Academic Medicine* in 2010 said: *'As of now few if any aspects of medical education are able to produce empirically based evidence of the indispensability in the course of the education of a physician. The humanities generally have an antireductionist approach and quest for measurable outcomes may NOT be relevant'*. J Shapiro and colleagues writing in the journal *'Medical Education'* went further and said: *'Conducting research into the effect of any curricular invention is complicated by a number of almost insurmountable methodological obstacles...and it may be impossible to demonstrate any specific outcome ...because of the vast plurality of possible confounders'*. There is no doubt that Medical students enjoy the 'Medical Humanities' modules but answering the question: *'does it make a difference'* requires long-term research.

OP97 Thinking and Looking outside the Box: Visual Art as a Tool in Medical Education

Author

Brenda Moore-McCann (TCD)

This module, devised over ten years, aims to demonstrate unrecognised overlaps in the early stages of learning the disciplines of medicine and art. Beginning with observation of both medical and art imagery, the intricacies of perception are probed in terms of knowledge, culture, individual perspective, memory and attention. The interrelationship of all the senses with these factors is highlighted through classroom exercises, selected films and videos, and visits to galleries. In certain sessions, students become temporarily deprived of sight learning to 'see' through interpretation of Braille-like drawings using touch alone; in others they become art students learning to see the human body through artist-led drawing exercises. Throughout the module emphasis is placed on approaching an unknown artwork as one would a patient. Students learn to navigate a picture as one would a human patient progressing from description of visible signs to the construction of a possible diagnosis/narrative. They learn, as with a patient's illness, that what is 'happening' outside of the picture may be as important as what is available to the eye. Medicine, like art at this early stage of learning, is also compared to the activities of the detective or the magician that similarly rely heavily on an understanding of perception. Overall, this multifaceted module aims to encourage students to see the world and their patients from broader perspectives.

OP98 Embedding LEGO® Serious Play® into Medical Education

Authors

Clare Thomson (QUB)

Rationale

UK Medical students are expected to begin a journey of reflective practice in first year which continues throughout their careers, required by their higher education institution and the General Medical Council (GMC). Evidence suggests that both medical students and doctors find reflective practice challenging and unfamiliar, with a risk of it becoming simply a box ticking exercise.

Methods

Building on the successful implementation LEGO® SERIOUS PLAY® (LSP) methodology in other fields, where LEGO® is used as a mediator, allowing complex conceptual ideas to be built, we established workshops within the first year undergraduate medical curriculum.

Findings

Following implementation of over twenty-seven workshops, across three years we observed the students not only embraced this unconventional teaching approach but the level and depth of their reflective storytelling was beyond expectations. In addition, the workshops succeeded as an introduction exercise as well as being effective team working vehicles.

Discussion / Conclusion

Creative pedagogy, such as LSP, has potential to disrupt the traditional biomedical-centric medical education model. In addition, this approach encourages learners to think outside the box and is likely to have multiple applications, across wider education settings.

OP100 A medical student in a nursing elective – promoting the development of the whole person

Authors

Nora McCarthy, Cedric Chua, David Kerins, Grace Morey, Margaret McKiernan (UCC)

Rationale

While medical students regularly undergo medical electives, an elective by a medical student with nursing is not routine.

A student approached the medical school with a view to undergoing a two-week attachment with nurses, in order to gain a better understanding of other disciplines and, in the student's words, to "be a better and more understanding professional in future."

Methods

With the support of medical and nursing directors in the Mercy University Hospital Cork this was facilitated, with the student spending 2 weeks with nursing staff. The CNM in the assigned ward allowed the student to undergo full immersion where possible in nursing duties, with observation occurring at other times.

The student kept a reflective log and following the attachment the student submitted a one-page reflection; both student and CNM were then interviewed.

Findings

Both spoke quite highly of the experience.

As an example the student highlighted-

....."Another thing I realised was that the 10 minutes that a doctor sees a patient during rounds is so different compared to the 12 hours that a nurse spends with the patients. "

....."I saw first-hand how some patients seemed to be completely different around doctors compared to nurses."

...."There was a greater understanding about how these forms were filled up and also how important they were in the care of the patient. Something which I have severely underestimated myself."

Discussion / Conclusion

The development of the whole person medical student is facilitated by exploring and experiencing first-hand the contributions of other disciplines to a patient's care.

OP102 An Evaluation of a Cascade Model of Training in the Implementation of Work based assessment

Authors

Dr Lindi Snyman; Dr Orsolya Solymos; Dr Josephine Boland; Dr Eilis Condon; Dr Camillus Power

Rationale

Four new work based assessments (WBA) tools were designed and piloted alongside Entrustable Professional Activities (EPAs) by the College of Anaesthesiologists of Ireland (CAI) between 2011 and 2018. The cascade model of training was utilised as an effective and cost-efficient tool to ensure the wide dissemination of new knowledge and skills in how to use WBA

Methods

Two tutor training days highlighted the drivers for change for the EPA process, and provided tutors with digital resources to support the introduction of WBA. 21 Consultants served as EPA tutors to fellow consultants in hospitals nationwide. A two phase survey of consultant tutor, consultants, and trainees was conducted. This aimed, inter alia, to gain insight into the effectiveness of the cascade model, and to evaluate levels of understanding and actual practice with regard to the EPAs and WBAs.

Findings

The surveys revealed a difference in both knowledge and engagement of the EPA process between EPA tutors and their consultant colleagues. Many consultants were not persuaded of the rationale for adopting new practices. They were not as familiar with the technological tools for recording WBAs and were less well prepared to adopt new practices.

Discussion / Conclusion

A Cascade model of training can disseminate new knowledge and skills but has limitations when attempting to bring about significant and widespread changes in practice. Limitations to the flow of information, confident use of technology, and perceived pressures of workload need to be addressed and overcome to ensure engagement of the non-EPA trained consultant, and successful implementation of the project.

OP104 Identification, early intervention and management of Trainees in Difficulty

Author

Hadas Levy (RCPI)

Rationale

Sharing best-practice and learning around the identification, early intervention, management and follow-up of a trainee in difficulties is important. Issues in training, if not dealt with in a timely and professional manner, have the potential of causing stress and further escalation.

Difficulties present themselves in different ways. In our experience, onset is traced back to undergraduate or prior. Trainees may fail to progress with clinical skills or exhibit behaviours or attitudes related to their interpersonal relationships or professional standards.

Methods

RCPIs health and wellbeing department will share experience of identifying and managing trainees in difficulty, covering mental health, poor interpersonal skills/insight. Also shared are key insights into what is most effective in complex training system.

Findings

Early interventions are key to managing these issues. However, trainers might find these issues difficult to address without proper support from their Training Body. Trainers often choose to ignore the signs and if becomes more difficult to manage and resolve.

Discussion / Conclusion

A system of early identification with is paramount to the process. It must be developed by working with Trainers. An MDT approach whereby liaising with key stakeholders including hospital HR, Medical Council, Trainers, NSDs and Deans is essential. Development a varied network of referral pathways and interventions is another fundamental aspect of this programme.

OP106 Implementing innovation in competency based medical education: the significance of national context

Authors

Josephine Boland (presenter)	Independent medical education consultant (Ireland)
Ellis Condon	College of Anaesthesiologists of Ireland
Janice Chisholm	Dalhousie University, Halifax, Canada
Gersten Jonker	University Medical Center, Utrecht, Netherlands
Jennifer Weller	Australia New Zealand College of Anaesthetists

Rationale

Entrustable Professional Activities (EPAs) have been adopted as a curriculum framework for implementing competency based medical education (CBME) across the continuum of education by a range of specialties. In an era of ever greater workforce mobility, EPAs have also been advocated as a potential ‘common currency’ to facilitate international comparisons of programmes and even as a driver for achieving greater comparability of outcomes, in the interest of patient care.

Methods

This paper reports on the outcomes of an international collaboration which involved establishing comparability of core EPAs in specialist training in anaesthesia in Ireland, Canada, Netherlands, and draft EPAs for Australia/New Zealand. Lists of EPAs were shared and compared. Using an online platform for collaboration, details of a core EPA for anaesthesia were examined, including use of work based assessment. The process involved analysing national contexts and relevant drivers.

Findings

There is evidence of an inevitable process of ‘localisation’ as EPAs are implemented in different national contexts. While the competencies associated with a core EPA were broadly comparable internationally, differences were observed in terms of scope, specificity and variations in approach to assessment which reflect cultural practices and norms.

Discussion/conclusion

EPAs offer a valuable framework for setting standards and developing curricula at a national level. To realise their potential as a ‘common currency’ to facilitate recognition, the significance of context needs to be recognised. Nonetheless international collaboration in EPA development offers the potential to lead to mutual recognition and greater comparability of outcomes in the longer term.

OP107 A mixed methods research project exploring the implementation of the Prescribing Safety Assessment in pharmacy education in Ireland

Authors

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^f Clinical Pharmacology Unit, Clinical Research Centre, Western General Hospital, University of Edinburgh, Edinburgh

Rationale

The Prescribing Safety Assessment (PSA) was introduced to assess the prescribing skills and competencies of final year medical students prior to prescribing in practice. It has been piloted with pharmacist prescribers, undergraduate pharmacy students and pharmacy graduates in the United Kingdom. The aim of this study was to explore the utility of this assessment to inform the possibility of implementing the PSA into pharmacy education in Ireland.

Methods

A mixed methods design, consisting of three phases was adopted. Phase 1 involved semi-structured interviews with key clinicians and academics associated with the PSA, recruited via purposive and snowball sampling, to inform Phase 2. In Phase 2, a mock-PSA was undertaken by volunteer 3rd and 4th year undergraduate pharmacy students and pharmacy interns. Phase 3 involved undertaking focus groups with undergraduate pharmacy students exploring their experiences of the mock-PSA.

Findings

Insights from the nine key individuals who were interviewed informed recruitment strategies and compilation of the mock-PSA. Thirty students (30% of the available undergraduate population) and 63 (45%) pharmacy interns volunteered to sit the mock-PSA. Focus groups revealed mixed views, with some expressing concerns that the PSA was not relevant as pharmacists do not prescribe in Ireland. Views that there should be pharmacist prescribing in the future and that the assessment has intrinsic value were also expressed.

Discussion / Conclusion

Exploring clinicians', academics' and students' perspectives on the PSA provides valuable data which can inform the vision for pharmacist prescribing and develop prescribing education, incorporating the PSA, within the Irish pharmacy context.

OP108 Virtual patient simulations in Undergraduate Medical Consultation Skills: A Scoping Review

Author

Catherine Bruen (RCSI)

Rationale

Virtual Patient simulations are Interactive Patient Scenarios that can support experiential learning as part of an integrated curriculum. This review aimed to explore virtual patient simulations for supporting undergraduate medical students' consultation skills. To ensure comprehensive coverage, the focus was on the intersection between three domains of knowledge; Medical Education, Technology and Consultation skills.

Methods

This scoping review followed the methodology outlined by Arksey and O'Malley (2005) and further refined by the Joanna Briggs Institute. Databases - MEDLINE, PsycINFO, Web of Science, Cochrane Library and ERIC were searched to find articles (2008 to 2018) related specifically to 'virtual patient' / 'virtual simulation'.

Findings

After de-duplication, 512 articles met our inclusion criteria. Supplementing the search strategy with variants (student learning/knowledge/cognition/decision making/communication) to refine relevance had little impact. Screening most recent MEDLINE articles (200) helped to clarify core material.

Discussion / Conclusion

Assessing full text articles eligibility for inclusion, prompted closer examination of 'virtual patient design'. More variants on search strategy mapped conceptual boundaries at the intersection of the three domains of knowledge and underpin an extended understanding of how virtual patient simulations are associated with improved consultation skills.

OP109 Pre-Hospital Grand Rounds – A collaborative education forum

Authors

Andrew Patton (St. Vincent's University Hospital)

Rationale

Over the past decade, pre-hospital care in Ireland has progressed dramatically. Paramedics are now providing care which would have previously only been available in a hospital setting. Despite this, pre-hospital practitioners and hospital staff are still educated separately. We aimed to create a collaborative education forum for ambulance and hospital staff to enable pre-hospital practitioners to present cases, and to facilitate joint discussion and reflection on these cases.

Methods

Based on the traditional “grand rounds” format we introduced *Pre-Hospital Grand Rounds (PHGR)*.

Pre-Hospital Practitioners were invited to present a case, with Emergency Medicine (EM) doctors presenting the patient’s hospital management and clinical outcome. A discussion was then facilitated with the audience, which comprised of paramedics, EM doctors and nurses.

An on-line feedback survey was circulated to attendees after each event.

Findings

Our first four *PHGR* had an average attendance of 84.5, (range 66-112).

A 50% (170 responses) survey response rate over 4 sessions demonstrated that 99% of respondents rated the overall event as excellent (81%) or very good (18%). The majority (98%) of respondents found the event to be of educational value, and 98.8% reported they would attend a subsequent *PHGR*.

Discussion / Conclusion

Integration between pre-hospital and in-hospital staff is required for Pre-Hospital Emergency Medicine to continue to develop as a speciality. *PHGR* as a collaborative educational forum facilitates this integration through open discussion and reflection on cases. *PHGR* is the first initiative of its kind described in the literature and has received very positive feedback from participants.

OP111 Evaluation of adherence to mindfulness practice in medical students with the use of the Mindfulness Adherence Questionnaire following completion of an 8 weeks special study module on mindfulness.

Author

Dr. Eva Flynn, Discipline of General Practice, National University of Ireland, Galway.

Title

Evaluation of adherence to mindfulness practice in medical students with the use of the Mindfulness Adherence Questionnaire following completion of an 8 weeks special study module on mindfulness.

Rationale

The Mindfulness Adherence Questionnaire MAQ has been developed by researchers at Monash University, Melbourne as a valid and reliable measure of mindfulness adherence. An 8 weeks special study module SSM on mindfulness has been developed for fourth year medical students at the National University of Ireland, Galway, having established the need for this educational intervention. Both medical students and trainee doctors are now recognised to often suffer from the effects of stress, including low mood, burnout, reduced clinical performance and increase the rate of clinical error. The practice of mindfulness has been shown to reduce stress, improve performance, reduce error, build resilience, prevent burnout and in turn improve overall wellbeing. For this reason integration of the teaching of mindfulness within a medical curriculum has now been embraced by world leading medical schools. We propose to evaluate the adherence to mindfulness practice by the medical student following completion of the mindfulness SSM with the use of the MAQ.

Methods

The proposed method is to use the MAQ, a valid and reliable measure of mindfulness adherence. This is a self reporting tool to measure the quantity, quality and subtype of mindfulness practice (formal and informal practice). The medical students of the Mindfulness SSM are the subject group. This self-selecting SSM has been in operation for three years.

Findings

Evaluation of the completed MAQ is now ongoing, as the third year of the Mindfulness SSM will be completed in 2019.

Conclusion

The Mindfulness SSM at NUIG addresses the growing need to address stress, resilience, performance and burnout among medical students and trainee doctors. Use of the MAQ can show the adherence to mindfulness practice in terms of quantity, quality and subtype of practice. This may allow further inquiry to support the Student Wellbeing Programme, which will place mindfulness as an integral part of training for all medical students at the National University of Ireland, Galway.

OP112 International Professionalism Dilemmas Questionnaire Study (IPDQS): an Irish perspective on lessons learnt.

Authors

Teresa Pawlikowska, Louise Campbell, Eimear Spain, Erica Smyth and the IPDQS study group (see QR code)

International Professionalism Dilemmas Questionnaire Study (IPDQS)

PI Lynn Monrouxe and see QR code



Rationale

One quarter of scientific work in 2014 was undertaken in collaboration across different countries. Working collaboratively within an international research team can be rewarding: providing an opportunity for gathering skills and knowledge, for understanding different cultures and building future research collaborations. However, large scale multi-jurisdictional research can pose challenges. We explore some of these challenges using the lens of a research study set up to explore professional dilemmas with an international lens in a multi-national, multi-cultural environment.

Methods

Eight versions of an online questionnaire were developed in 7 languages. Each study site obtained ethical approval and recruitment for the study was undertaken according to local requirements. The online questionnaire was completed voluntarily and anonymously by undergraduate medical students & post-graduate trainees. The intention was to involve 27 countries, 64 institutions and 86 collaborators.

Findings

15 countries, 35 institutions and 49 collaborators participated in the study-including three Irish institutions. During the development and implementation stages, many lessons were learnt about the challenges faced by multiple sites, each with its own unique requirements in relation to culture, language, ethics, timing, interpersonal communication, feedback etc. Additionally, following data collection, issues around presenting the research and authorship in publishing came to the fore.

Discussion / Conclusion

Ultimately, the trials and tribulations we encountered took us from the vision to the reality. The Irish participants will reflect on the experiences and lessons learnt in order to assist others who are considering developing international (and intercultural) collaborative studies to anticipate, and potentially avoid, many of the issues that were faced.

OP113 Trainee doctor well-being and its importance to healthcare delivery in Ireland.

Authors

Janet O'Farrell (Irish Medical Council)

Rationale

Your Training Counts (YTC) is a survey for trainee doctors that allows the Medical Council to identify opportunities to safeguard and strengthen standards in medical education and training. This research examines trainee's views on well-being issues in order to explore the most prevalent well-being issues for trainee doctors in Ireland.

Methods

The responses of 759 trainee doctors to the YTC survey in 2017 were analysed. Trainees responded to eleven questions concerning health and wellbeing. Descriptive and multiple regression analyses were performed using SPSS (version: IBM SPSS for Windows, V.25.0).

Findings

The percentage of respondents experiencing bullying has risen since 2014 (2014: 33.6%, 2017: 40.9%). Poor self-rated quality of life and self-rated general health were significant predictors of trainee's having a potentially clinically relevant mental health issue. Over one-third of respondents (33.5%) reported typically working more than sixty hours a week. Trainee's gender, whether their survey answers were indicative of a potentially clinically relevant mental health issue, the frequency with which they experienced bullying and hours worked weekly were significant predictors of their involvement in an adverse event. 79.6% of respondents were considering leaving Ireland because they felt they could achieve a better work-life balance abroad.

Discussion / Conclusion

Well-being issues are contributory factors to the healthcare retention crisis and trainee involvement in adverse events, and improving well-being supports for Irish trainee doctors may therefore positively impact the quality of the healthcare system. Equipping trainees with the mental health training necessary to provide support to their peers may be one key aspect of such supports.

OP114 Six months in: An evaluation of an outcome based medical education pilot in basic specialist training for Paediatrics

Authors

Aisling Smith (RCPI)

Rationale

As medical education moves towards demonstrable measures of progress RCPI reviewed all programmes against international standards. Outcome Based Education (OBE) was identified as the best fit in an Irish context and Paediatrics at Basic Specialist Training was selected as the pilot programme. Six months after the launch we are evaluating effectiveness in the workplace.

Methods

1. The methodology to draft the curriculum: A systematic review was performed. Trainers were surveyed on the importance and frequency of tasks and focus groups were held before faculty approval.
2. Effectiveness of the curriculum in the workplace was evaluated with a multipronged approach. Feedback calls and drop in sessions took place in August 2018. ePortfolio data was reviewed.
3. December 2018 will provide more data from a trainee survey focused on clarity of the curriculum and effectiveness in facilitating trainer feedback. Feedback from the end of post evaluation will be analysed.

Findings

Findings so far suggest that OBE is facilitating a more qualitative review of trainee performance. Data on interactions with ePortfolio demonstrates positive trends. Feedback has been positive so far and the December evaluation of the pilot is expected to yield significant results.

Discussion / Conclusion

Early data indicates that using OBE is an effective method of facilitating better workplace feedback and evaluation in post graduate training. The methodology of developing the curriculum appears to have been appropriate. Lessons learned from the pilot will be applied to other programmes moving forward.

OP115 Empathy in training: Applied Drama and Communicating Bereavement in the Maternity Services

Authors

Aisling Smith (RCPI)

Rationale

Obstetricians have received negative media attention recently. Additional scrutiny adds pressure to an already stressed service. The national Maternity Strategy highlighted the importance of empathy and compassion in bereavement. This was identified as a training deficit. RCPI and the Institute of Obstetricians and Gynaecologists collaborated with the Community and Education Department of the Abbey Theatre, *Féileacáin* and *Patient Focus* to develop an educational intervention for Obstetrics Trainees using applied drama.

Methods

5. Clinicians and bereaved parents were invited to interviews to discuss their experience of stillbirth
 6. Interviews were analysed and learning outcomes outlined
 7. We developed applied drama workshops for Trainees in which the emotional experience of stillbirth is explored
- The trainees evaluated the experience and debriefs took place with faculty

Findings

key themes to emerge were

- the concept of a shared human experience,
- the importance of allowing people to react and
- the acknowledgement of the effect traumatic experiences have on the doctor.

Workshops focused on demonstrating a sense of presence, choosing appropriate language, stance and gesture, active listening and responding with compassion. Reconciling being authentic and caring repeatedly.

Discussion / Conclusion

The aim of this intervention is to facilitate an empathic understanding and more compassionate response to stillbirth and pregnancy loss and to provide clinicians with tools for greater insight into their own emotional responses when faced with the personal consequences of this trauma. Feedback and initial evaluation of the workshops indicates that this methodology is effective.

OP116 Health Educators' experiences of using service learning as a pedagogical tool: A qualitative participatory research study.

Authors

Ruth Mc Menamin (NUIG)

Rationale

Healthcare systems depend on healthcare professionals to be socially responsive and willing to act as 'enlightened change agents' in diverse contexts and communities. Educators have explored a variety of innovative pedagogies to teach the social aspects of health. Service Learning (SL) is increasingly being used internationally to develop socially responsive health graduates. However the effectiveness of SL as a pedagogical tool is not established. This study explored SL from the emic perspective of health educators implementing this pedagogical tool.

Methods

Following the interpretive paradigm the generation and analysis of qualitative data involved a Participatory Learning and Action (PLA) approach. Using purposeful sampling participants included 5 educators implementing SL as a pedagogical tool. Participants' perspectives were captured across data co-generation episodes using co-selected PLA techniques (PLA Flexible Brainstorm; PLA Card Sort; PLA Direct Ranking). Research questions were co-designed and thematic analysis guided the co-analysis of data.

Findings

Co-researchers identified and prioritised 10 features of SL and 8 impacts. Impacts included: 1) Networking; 2) Impacts for academics; 3) Potential impacts for wider society; 4) Outcomes for students; 5) Impact for community; 6) Benefits for University; 7) School/Discipline Impacts; 8) Influence on higher education. Overall SL experiences are highly-valued and appear to contribute to the development of the 'whole person'.

Discussion / Conclusion

SL is a complex educational approach involving communities, students and institutions. It is different from other forms of experiential learning because it explicitly aims to establish reciprocity between all partners and increase students' social responsiveness. Further research is warranted to explore the potential and effectiveness of SL.

OP117 A Best Evidence in Medical Education Systematic Review to determine the most effective teaching methods that develop reflection in medical students

Authors

Jane Uygur (RCSI)

Rationale

Reflection is thought to be an essential skill for physicians. Although much has been written about it, there is little concurrence about how to best teach reflection in medical education. The aim of this review was to determine: i) which educational interventions are being used to develop reflection, ii) how is reflection being assessed, and iii) what are the most effective interventions.

Methods

Inclusion criteria comprised: i) undergraduate medical students, ii) a teaching intervention to develop reflection, and iii) assessment of the intervention. A review protocol was developed and nine databases were searched. Screening, data extraction and analysis procedures were performed in duplicate. Due to the heterogeneity of studies a narrative synthesis approach was performed for the study analysis.

Findings

Twenty-eight studies met the inclusion criteria. The interventions in these studies had at least of two of the following components related to reflection: i) introduction, ii) trigger, iii) writing, iv) guidelines, v) small group discussion, vi) tutor and vii) feedback. Three validated rubrics were used to assess reflective writing in these studies.

Discussion / Conclusion

It became evident during the review that there was lack of consensus among educators regarding both the definition of reflection and the concept of reflection as an acquired skill. This and contextual factors contributed to the heterogeneity of studies, however, it was possible to identify seven teaching intervention components. The components that provided the strongest evidence for improving student reflection in this review were guidelines for, and feedback on, reflective writing.

OP119 Toward Understanding and Defining Civic Engagement in Health Professions' Education: Perspectives of Students; Academics; and Community Members

Authors

Nor Haryanti Hashim (NUIG)

Rationale

Producing socially accountable graduates is a recognised aim of modern health professions education. This has led to increased emphasis on 'civic engagement (CE)'. Despite its popularity, CE is an ambiguous concept, poorly understood by its stakeholders. Defining CE presents formidable challenges. The study aims to explore key stakeholders' perception of CE across the College of Medicines, Nursing and Health Sciences, NUI, Galway.

Methods

This participatory study follows the interpretivist paradigm. Purposeful and snowball sampling were employed. Three separate World Cafés were held with students; staff and the public to explore participants' understanding of the meaning, practice, principles and future possibilities of CE. Data were encoded with subsequent development of themes describing participants' understanding of CE and its reality in practice.

Findings

Participants differed in their understanding of CE. CE was viewed as an expression of personal values; evident across a range of activities including personal and collective; formal and informal. Perceived institutional barriers to CE included lack of awareness, encouragement, and incentives. Leadership and role modelling were viewed as enablers. With reciprocity as its pillar, participants viewed that CE should be the core function of the institution.

Discussion / Conclusion

Despite the lack of consensus of what it means, CE was held with great value by all the stakeholders. Although goodwill is huge, success and sustainability of the CE agenda require encouragement and support from the leaders and the institution.

OP120 A picture speaks a thousand words: Using Run Charts to Improve the Quality of Clinical Teaching

Authors

Mairead Boohan¹, Neil Kennedy¹, Pascal McKeown¹, Niall Leonard²

¹QUB, ²South Eastern Health and Social Care Trust.

Rationale

Student evaluation of teaching is an important component of quality assurance processes in higher education. Medical schools regularly disseminate student evaluation of teaching data to clinical placement providers. This data measures student satisfaction, identifies areas of concern and highlights good practice. Educators use this data to improve teaching. This paper describes a project designed to enhance the quality of data disseminated to educators. Run charts were used to summarise student evaluation of teaching data. A run chart is a line graph of univariate data plotted over time. Run charts are integral to Quality Improvement and identify variations in data over time and highlight outliers.

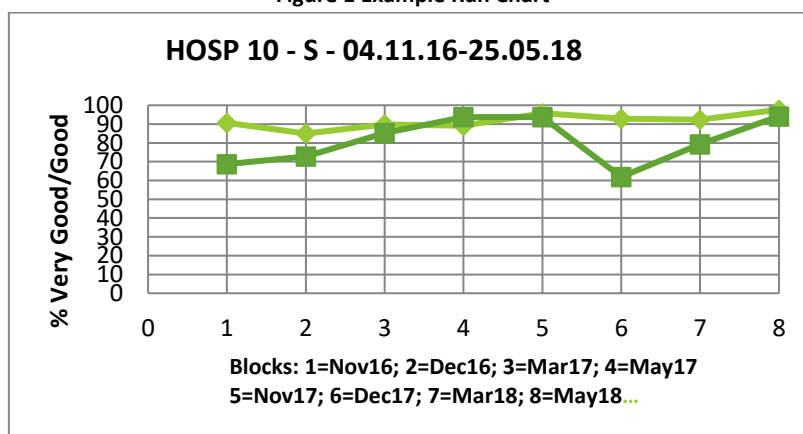
Methods

During the 2017/18 academic year run charts were generated for two clinical specialties: general surgery and obstetrics and gynaecology. Each placement provider received a run chart summarising their performance as well as anonymised data about the performance of other units. This data was provided on 4 occasions for general surgery and on 6 occasions for obstetrics and gynaecology throughout the academic year.

Findings

While most teaching units maintained a consistent level of performance throughout the academic year the run charts did highlight some variations. One unit with consistently poor student satisfaction scores over several years undertook a major re-structuring of their teaching programme in advance of the new academic year.

Figure 1 Example Run Chart



Discussion / Conclusion

This tool provided educators with timely and informative comparative data aligned with the format of other data sets used routinely in the clinical workplace. Importantly on this occasion it motivated an outlier to change practice.

OP122 A systematic review protocol of job analyses in medicine.

Authors

Ruairi Connolly (NUIG)

Rationale

Job analysis is a method of identifying key activities and attributes required to perform well in a profession. Relatively few medical job analyses have been conducted. Medical core competencies have often been devised by consensus as opposed to direct observation of performance. This has significant implications for the development of selection tools for medical school applicants, as best practice recommends basing selection tools on job analyses. This paper will describe a systematic review protocol that will synthesise current evidence of job performance analysis in medicine and how this is utilised in the development of medical student selection tools.

Methods

The systematic review will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guidelines. Relevant electronic databases will be searched using selected search terms (including synonyms) for job analyses of the medical profession. The reference lists of papers included will be hand searched for additional relevant publications and additional grey literature searching will be performed. The Campbell collaboration systematic review protocol framework will guide paper inclusion/exclusion criteria, data analysis and synthesis. Study quality of will be assessed and the evidence will be synthesised in a narrative review.

Findings

I intend to present the systematic review protocol and preliminary findings of a pilot run of the search strategy at INMED 2019.

Discussion / Conclusion

A rigorous systematic review protocol is essential in order to conduct thorough systematic review. There is a lack of job analyses that specifically look at the medical field. This systematic review protocol will provide a solid foundation on which to build further research into this domain.

OP123 A Federation Model for the future of Healthcare Professions Education

Authors

Browne J, Bullock AD, Gallen D, Jenkins J

Good team work is essential to safe and effective patient care. While each healthcare profession has its own distinctive body of clinical knowledge and expertise, in educational terms they share much common ground. Healthcare education also needs a more united voice if it is to have the necessary influence at national and international level.

In 2017 a consultation was held in which 127 healthcare professions educators gave their views on possibilities for the development of closer collaboration between healthcare professions organisations. The response was overwhelmingly positive with three quarters of respondents supporting the idea of a multiprofessional organisation to promote partnership working between healthcare education organisations based on shared understandings of what all healthcare educators, regardless of professional area of practice, know, do and believe.

Following on from this, an extensive three-phase consensus study and consultation commenced in May 2018 and is now underway with the following aims:

- To identify and establish shared key values regarding the purpose and practice of healthcare education.
- To identify and establish practice guidance for the demonstration and recognition of excellence in a number of key areas of educational activity that would be relevant/acceptable/useful to a broad range of healthcare educators.
- To develop an agreed policy statement for support by healthcare professions organisations affirming key values and shared areas of activity in the practice of healthcare education.

This presentation will outline the current UK and Ireland project taking this work forward: initial findings and conclusions from the first two phases will be discussed.

OP121 Exploring the impact of trainee transitions on clinical supervision in postgraduate medical education

Authors

Authors: Dr Anél Wiese, Ms Emer Galvin¹, Dr Irina Korotchikova¹, Dr Deirdre Bennett¹

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Rationale

Regulation of professional competence (RPC) of doctors operates internationally, but remains a highly contested area. Confusion about the purpose of RPC and its relevance to practice are among many objections raised. If doctors are to engage enthusiastically with RPC its processes must continually evolve to meet the needs of doctors, patients and healthcare employers. This scoping review aims to map the literature related to doctors' and stakeholders' experiences, attitudes and beliefs about RPC.

Methods

Scoping review is a method used to comprehensively map the literature available on a topic and involves identifying key concepts, sources of evidence and gaps in the research. We systematically searched electronic databases, RPC policy documents and reports, and backward and forward reference searching. Papers for final review were selected based on our inclusion criteria. A data extraction tool was developed to record relevant information.

Findings

The scoping review is still in progress and we will report the final results at the meeting. The results will involve a descriptive summary and thematic analysis of the extracted data. The descriptive summary will include characteristics of the selected publications, types of study design, years of publication and countries related to the publications. The thematic analysis will identify themes and gaps in the literature and will be reported as a narrative description of themes, a framework and tables summarising pertinent information.

Discussion / Conclusion

The results of this scoping review will offer essential information regarding doctors' and other key stakeholders' experiences, beliefs and attitudes of RPC that can inform best practice in this area and identify future areas of research.

Sound Byte Presentation Schedule

Thursday 7 th February 2019, 11:30 – 12:00		
Simulation		
<i>ILAS LCI-2015</i>	<i>Session Chairs; Dara Byrne & Orla Mongan</i>	
11.30	SB9	Use of Communication Assessment Tool to Improve Final Year Medical Student Communication and Patient Safety Outcomes in Ward-based Simulation Setting at University College Cork <i>Tom Hinchy (UCC)</i>
11.35	SB48	Are surgical simulators the answer to our training needs? <i>Leonie Heskin (RCSI)</i>
11.40	SB79	Low Fidelity Paediatric Simulation Training in a Mixed ED <i>Peter Tormey (UHG)</i>
11.45	SB80	Development of a Simulation medicine programme for Non Consultant Hospital Doctors in UL Hospital Group <i>Maria Costello (UL Hospital Group)</i>
11.50	SB105	Undergraduate Surgical Basecamp: Simulation and high fidelity immersion alongside cognitive and virtual reality experience <i>Hilary Hurley (MMUH, UCD)</i>

Tuesday 7th February 2019 – 12:00– 13:00

Workplace Learning

ILAS LCI-2015

Session Chairs; Dara Byrne & Orla Mongan

12.00 SB40 Focus on Feedback

Orsolya Solymos (The College of Anaesthesiologists of Ireland)

12.05 SB46 A scoping review exploring how learners use, seek and respond to feedback

Muirne Spooner (RCSI)

12.10 SB72 Physical activity counselling and physical activity prescribing habits among junior medical doctors as preventive healthcare or therapeutic treatment.

Grace Harkin (NUIG)

12.15 SB18 A Preliminary Review of Medical Student's experience of the Clinical Environment

Aoibhin Bardon, Andrew Duncan, Michelle Mohan, Peter Watters and Aileen Patterson (TCD)

12.20 SB85 A Scoping Review of Interventions to Support the Transition from Medical Student to Doctor.

Niamh Coakley (UCC)

12.30 SB1 Medical Students' perceptions of a Chinese International Medical Elective

Yvonne Finn (NUIG)

12.35 SB92 Preparation for Clinical Practice: Survey of Interns and Radiologists

Thabisile Simelane (UCC)

12.40 SB4 "The sum of its parts" - A strategic and structured Practice Education Team (PET) approach to the delivery of an holistic student-centred practice education Occupational Therapy Programme at Trinity College Dublin

OT Practice Education Team, Trinity College Dublin (TCD)

12.45 SB2 Delivering Feedback through Entrustable Professional Activities (EPAs) Management System and accompanying Android and iOS Work Based Assessment App.

Thomas JB Kropmans (NUIG)

Thursday 7th February 2019, 11:30 – 12:00

Technology-enhanced learning

ILAS LCI-G008

Session Chairs; Eileen Walsh & Rosemary Geoghegan

11.30 SB55 Redesigning speech and language therapy students' pre placement preparation by incorporating independent learning and aligning student and practice educator training.

Mairead Cronin (UCC)

11.35 SB27 COMPUTER-ASSISTED INTERACTIVE CASE-BASED LEARNING IN PAEDIATRICS

Sarah Lewis (UL)

11.40 SB99 SLIDR: A NOVEL INTERACTIVE DIGITAL RESOURCE FOR HISTOLOGY.

Peter Holloway (UCD)

11.45 SB5 Using YouTube for learning cardiac embryology – what quality of videos are there to view?

Jane Holland (RCSI)

11.50 SB32 Into the blender; Integrating Case Based Learning (CBL) E-learning into a traditionally taught paediatric rotation

Jennifer Yates (UCD)

11.55 SB6 Use of the e-portfolio Pebblepad to Assess Core Competency Achievement in Pharmacy

Maria Donovan (UCC)

Thursday 7th February 2019, 12.00 – 12.30

Assessment

ILAS LCI-G008

Session Chairs; Eileen Walsh & Rosemary Geoghegan

12.00 SB51 Science education at scale: MCQ quality in MOOCs

Jane Holland (RCSI)

12.05 SB24 Written assessment and the cognition levels addressed: a review of published studies

Mei Yee Ng (TCD)

12.15 SB87 A Typology of education and training pathways for GPs

Janice Hoang (University of Exeter)

12.15 SB12 Mental Health Detention in the Primary Care Setting

Paula Houton (QUB)

12.20 SB49 Ensuring the validity and positive impact of the BioMedical Admissions Test (BMAT) in international contexts: A case study of the revision of BMAT's Scientific Knowledge and Applications section.

Sarah McElwee (Cambridge Assessment Admissions Testing, University of Cambridge)

Thursday 7th February 2019, 12:30 – 13:00

Humanities

ILAS LCI-G008

Session Chairs; Eileen Walsh & Rosemary Geoghegan

12.30 SB26 Creative writing as a method of reflective practice for the development of the healthcare professional and educator

Roshni Beeharry (University College London Medical School)

12.35 SB76 Creativity vs Conformity: How does Aptitude in a Humanities /Arts Module relate to a Clinical Audit Module?

James O'Hare (UL GEMS)

12.40 SB93 Humanities in Medicine: A qualitative study of graduate and student experiences of completing a Student Selected Component

Diane O Doherty (UL GEMS)

12.45 SB74 Wikipedia in healthcare education- the case for open access to structured knowledge

Niall O'Mara (National Doctors Training and Planning)

12.50 SB11 Future Primary Health Care Challenge: How does Education and Training for General Practitioners need to adapt?

Janice Hoang (University of Exeter)

12.55 SB121 Curriculum development in the Medical Humanities: what are the arts, culture and leisure activities of medical students?

Desmond O'Neill (TCD)

Thursday 7th February 2019, 14:30 – 15.25

Teaching, Learning and Curriculum Development

ILAS LCI-G006

Session Chairs; Martin Power & Louise Rabbitt

14.30 SB101 Design of a Curriculum for the College of Anaesthesiologists of Ireland

Orsolya Solymos (College of Anaesthesiologists of Ireland)

14.35 SB16 Does Engagement In Research Have an Impact On Medical Students' Attitudes To The Value And Relevance Of Basic Biomedical Science?

Ryan Leon (RCSI)

14.40 SB42 Consultants perceived anatomy knowledge versus actual knowledge in final year medical students and interns.

Roisin Tully (RCSI)

14.45 SB66 The influence of lecture handouts on medical student note taking

Suraj Kohli (University of Bristol)

14.50 SB86 Action Learning sets: a vital player in problem solving.

Michael Doris (NIMDTA)

15.00 SB8 A retrospective review of online lecture note viewing across four years of a first year medical curriculum.

Dr Dervla Kelly (Medical Education, GEMS UL)

15.05 SB20 Online module to enhance medical students' ability to reflect critically

Clare Whelan (TCD)

15.10 SB69 Withdrawn for publication on web

15.15 SB23 A scoping review exploring how prescribing is taught in health professions education

Hannah Gogarty (RCSI)

15.20 SB124 Evaluation of Public Health Medicine Departmental Teaching Sessions for Graduate Entry Medical Students 2018

Helena Ferris (Department of Public Health, HSE South)

Thursday 7th February 2019, 15.25 – 15.50

Interprofessional Education

ILAS LCI-G006

Session Chairs; Martin Power & Louise Rabbitt

15.25 SB22 An exploration of students' perceptions of engaging in interprofessional education in preparation for practice placements

Aoife Carroll (UCC)

15.30 SB13 All for one and one for all! A high-fidelity simulation programme for interprofessional learning in undergraduates.

Orla Mongan (NUIG)

15.35 SB29 Professionalism across the professions

Erica Smyth (RCSI)

15.40 SB75 Transition into Graduate Entry Medicine: Student experiences and the impact of re-orientating Orientation.

Louise Crowley (GEMS, UL)

15.45

Thursday 7th February 2019, 14:30 – 14.55

Postgraduate Teaching and Learning

ILAS LCI-G007

Session Chairs; Catherine Anne Field & Ruth McMenamin

14.30	SB53	Demystifying medical career advice: Prospective insights into <i>Paul Rushe (UCD/St Vincents University Hospital, Dublin)</i>
14.35	SB19	Building capacity and capability in Quality Improvement in the Irish Health System through collaborative learning <i>Victoria Taylor (RCPI)</i>
14.40	SB36	Perceived Barriers to Engaging with Professional Competence Schemes for Doctors in Ireland: A Qualitative Study <i>Lucia Prihodova (RCPI)</i>
14.45	SB37	Future doctors – Continuing professional development educational needs and preferences: A mixed method study <i>Lucia Prihodova (RCPI)</i>
14.50	SB14	Gender in Surgery: Is there an issue? <i>Gozie Offiah (RCSI)</i>

Thursday 7th February 2019, 15.00 – 15.25

Patient-Centred learning and communication

ILAS LCI-G007

Session Chairs; Catherine Anne Field & Ruth McMenamin

15.00 SB71 “When your patient is dying”; A workshop on end of life care.

Orla Mongan (NUIG)

15.05 SB7 Key stakeholders’ views, experiences and expectations of public and patient involvement and engagement in the education of healthcare professionals: a systematic scoping review protocol

Megan Cullen (RCSI)

15.10 SB10 Medical students’ engagement with immediate feedback during a communication skills assessment.

Celia Fernandez (RCSI)

15.15 SB25 How can pharmacists develop patient-pharmacist communication skills? A realist review

Aisling Kerr (RCSI)

15.20 SB103 Partnering with patients in the creation of online resources for interprofessional education

John Hayden (RCSI)

Thursday 7th February 2019, 15.25 – 15.50

Learner Well-being

ILAS LCI-G007

Session Chairs; Catherine Anne Field & Ruth McMenamin

15.25 SB15 Strategies for enhancing medical student resilience: a group concept mapping study

Colm O'Tuathaigh (UCC)

15.30 SB17 Why and how teach mindfulness in a medical curriculum?

Eva Flynn (NUIG)

15.35 SB68 Emotional Labour of Medical Students on clinical placement.

Sharon Nolan (UL GEMS)

15.40 SB110 Teaching Mindfulness – the use of mindfulness to help students deal with clinical uncertainty

Eva Flynn (NUIG)

Sound Byte Presentation Abstracts

Theme *Workplace Learning*

SB1 Medical Students' perceptions of a Chinese International Medical Elective

Author

Yvonne Finn (NUIG)

Rationale

China is a relatively new destination for International medical electives (IMEs) and there is a paucity of knowledge on the quality of the educational experience. Our medical school arranged for 15 final year medical student to participate in a 4 week IME in Hebei Medical University in China. This study aimed to determine the quality of the educational experience and the medical school support during the IME.

Methods

A cross sectional quantitative study was conducted. All 15 students participating in the Chinese medical elective were invited to participate. A questionnaire was created, containing learning objectives of international medical electives and intra-elective recommendations according to the UK Medical Schools Council Electives Committee consensus statement. Data was collated and analyzed using SPSS vs 24.0.

Findings

Thirteen students completed the questionnaire, of which 4 were male (31%). Students completed electives in cardiac surgery (5 students) and cardiology (8 students). Four students (80%), who completed a surgical elective, agreed they gained surgical experience. Other learning objectives, such as taking histories and reviewing clinical data, were met by less than 50% of participants. However, when clinical activities were supplemented with other educational activities, the majority of students (62%) agreed they enhanced their clinical skills. Eleven students agreed they increased their knowledge of local disease processes and all students gained understanding of cultural awareness. Students agreed they were informed on communication in the event of an emergency (n=10) but less agreed that a protocol was in place in the event of an emergency (n=7).

Discussion / Conclusion

China should be considered as a location for international medical electives, where it can provide effective clinical electives and increase the diversity of clinical training settings. Recommended supports should be provided by medical schools, ensuring safety of participating students and maximising learning.

SB2 Delivering Feedback through Entrustable Professional Activities (EPAs) Management System and accompanying Android and iOS Work Based Assessment App.

Authors

Silva J¹, Franco S¹, Nunn K¹, Griffin, E², Boland J³., Kropmans T^{1,4}

¹ Qpercom Advanced Assessment Solutions R&D; ² Qpercom Advanced Assessment Solutions Learning Technologist; ³Independent Education and Engagement Consultant, Galway, ⁴College of Medicine, Nursing & Health Sciences, National University of Ireland Galway, School of Medicine. ¹CEO Qpercom Ltd

Rationale

Entrustable Professional Activities (EPAs) are more and more enhancing Competency Based Education (CBE) and offers a viable alternative to traditional courses and a vehicle for rigorous assessment. An EPA is a key task of a discipline (i.e. specialty or subspecialty) that an individual can be trusted to perform in a given health care context, once sufficient competence has been demonstrated. EPAs are a common approach to Competency Based Medical Education (CBME) around the world.

Method

In Galway Ireland, an EPA Management System to draft, review and publish EPA's and enhance undergraduate or postgraduate CBME was developed in late 2017. Curriculum mapping and blue printing is only are included along with the ability to tag EPAs and Competencies to an educational framework. one of the many specifications. Once an EPA is approved and published in the management system, the EPA appears in the accompanying Work Based Assessment (WBA) Feedback App. A diversity of Workplace Based assessments such as Direct Observation of Procedural Skills (DOPS), Case Based Discussion (CBD), Fieldnote, Mini Clinical Examination (Mini-CEX) and Procedures in Practice (PIP) can be deployed for trainers and trainee to engage in together.

Findings

This unique advanced assessment solution, Qpercom Entrust, is a complete and workable off-the-shelf cloud system. It can be customised according to local, national or international specifications in terms of medical council domains, proficiency levels, learning outcomes and competency frameworks.

Discussion/conclusion

Qpercom Entrust is the first EPA Management System with an accompanying App, available on Android and iOS that is available to the Irish and International market. We are seeking out early adopters who would like take on the challenge to replace another laborious paper trail with a paperless solution.

SB4 “The sum of its parts” - A strategic and structured Practice Education Team (PET) approach to the delivery of an holistic student-centred practice education Occupational Therapy Programme at Trinity College Dublin

Authors

Practice Education Team (Trinity College Dublin)

Rationale

Practice education is a cumulative and complex process that connects the classroom curriculum with clinical teaching and learning contexts in order to support the development of all aspects of the student practitioner so as to meet contemporary demands for safe and best practice in health care delivery.

Methods

A strategic approach to Occupational Therapy Practice Education was used by the PET in order to plan and deliver an enhanced practice education programme for the three identified stakeholders: Students, placement providers and practice educators in clinical settings, and the university curriculum. This involved critical review of achievements, challenges and targets for development, developing a mission statement and strategic aims, and identifying objectives and timelines.

Findings

Four key strategic areas were identified

- Centralisation and standardisation of policies and procedures
- Professional development and research
- Implementation of an holistic quality programme for all stakeholders
- Enhancement of PET profile and links with academia

Discussion / Conclusion

Positive outcomes included a shared, clarified vision with more streamlined holistic student-centred processes, enhanced practice educator and placement supports, increased team morale and deeper student engagement.

SB5 Using YouTube for learning cardiac embryology – what quality of videos are there to view?

Authors

Ruth Matthew¹, Niveta Ramakrishnan¹, Teresa Pawlikowska², Jane Holland³

¹ Direct Entry Medical Students RCSI ² Director Health Professions Education Centre RCSI ³ Senior Lecturer (Anatomy) RCSI

Rationale

Embryology is part of medical curricula, typically taught through lectures, and additional links to web-based resources or videos. 3-D animations enable students to visualise this anatomy and how it changes in the fourth dimension – time. Where do students generally find them?

Methods

A systematic literature review regarding YouTube in teaching or learning cardiac embryology was performed; 287 abstracts were screened, then 59 full-text publications reviewed, but no papers examined this question specifically, while only one semi-related study was identified (congenital gastrointestinal neonatology). Next, YouTube was searched for cardiac embryology videos and 1200 videos retrieved; 370 video were retrieved under two or more search terms and excluded. 456 videos were excluded under criteria including language, non-human or non-cardiac embryology. The remaining 374 videos were qualitatively evaluated (Azer et al; Chan et al). Qualitative evaluation is still ongoing, but initial observations may be reported.

Findings

Content control on YouTube is still imperfect. Five videos identified in initial searches (June 2018) were subsequently removed from YouTube for issues including content infringement, and we excluded 26 videos as duplicates of others. While 49 videos showed operations or human material, none contained an ethical statement, and only 10 videos included an age-restriction or graphical advisory.

Discussion / Conclusion

While there are useful videos for medical students on YouTube, search strategies will also identify videos with irrelevant content and variable quality. Some, which claim to be educational, may score low on rating scales, while some which have been very simply shot and edited, are outstanding.

SB6 Use of the e-portfolio Pebblepad to Assess Core Competency Achievement in Pharmacy

Authors

Maria Donovan (UCC)

Rationale

Since the introduction of the 5-year integrated pharmacy programme in 2015, the Schools of Pharmacy in Ireland are required to confirm that graduating pharmacy students have reached the required standard in all core competencies of the PSI Core Competency Framework. The overarching aim of this project is to investigate the use of the e-portfolio Pebblepad as a standardised tool to track and assess student achievement of competencies throughout the course.

Methods

Templates were designed in Pebblepad to assess competency achievement. A questionnaire was developed and distributed to students and staff of the UCC School of Pharmacy UCC to determine their perceptions of Pebblepad as a tool for assessing competencies. Additionally, a focus group was carried out with staff to identify facilitators and barriers to the implementation of Pebblepad.

Findings

The competency assessment template designed in Pebblepad was easy to use, transferable across modules/years of study and reporting of assessment was straightforward. The majority of students agreed that Pebblepad was easy to use. In the questionnaire completed by staff, it emerged that while the majority of respondents were open to using Pebblepad for competency assessment, training was required to facilitate use of Pebblepad.

Discussion / Conclusion

Pebblepad is a useful tool to standardise competency assessment throughout the course. Students find Pebblepad to be easy to use and acceptable as a competency assessment method. Staff are open to the use of Pebblepad for the purpose, but identified lack of training as a barrier to implementation. There is scope to mainstream this method of assessment across healthcare disciplines.

SB7 Key stakeholders' views, experiences and expectations of public and patient involvement and engagement in the education of healthcare professionals: a systematic scoping review protocol

Authors

Megan Cullen¹, Dr. Cathal Cadogan¹, Dr. Judith Strawbridge¹

¹School of Pharmacy, Royal College of Surgeons in Ireland, Dublin, Ireland

Rationale

With the increased recognition that patients and the public have an integral role in the teaching of healthcare professionals, their involvement in education has become an important component of high quality teaching and professional development. To date, the role of the public and patients in healthcare professional education has been largely passive, with consensus on how to best optimise the application of public and patient involvement and engagement (PPI/E) in education yet to be achieved. Consideration of key stakeholders' views, experiences and expectations of PPI/E when planning PPI/E activities is required to promote the continued success of partnerships between health professionals and PPI/E participants. However, a comprehensive review examining key stakeholders' views, experiences and expectations of PPI/E has not been conducted to date, thereby making it difficult to develop a strategic framework for PPI/E activities that ensures feasibility and sustainability. This scoping review is designed to address this gap in the literature.

Methods

A systematic scoping review will be conducted to provide an overview of the views, experiences and expectations of key stakeholders in PPI/E in the education of healthcare professionals. The review will be conducted in line with relevant methodological guidance.

Findings

This review is ongoing.

Discussion / Conclusion

It is anticipated that this review will help inform academic institutions in adapting a more systematic approach to improve PPI/E activities in a manner that meets the expectations of key PPI/E stakeholders, while ensuring sustainability and feasibility of the activities.

SB8 A retrospective review of online lecture note viewing across four years of a first year medical curriculum.

Authors

Majella Scanlan, Dervla Kelly, Sarah Harney, Helena McKeague
Graduate Entry Medical School (GEMS), University of Limerick (UL)

Rationale

Third level students not attending lectures is a recent worldwide trend. It is suggested that availability of information online has changed learning methods. The aim of this study is to describe variability in online viewing of lecture materials provided to students to understand factors that may influence student's use.

Method

The number of views of lecture material delivered to first year students in GEMS, UL from 2014 to 2018 was extracted from the learning platform. We identified the most viewed and least viewed lectures per year across 4 years. We also considered subject area, number of lecture learning outcomes and presenters of each lecture.

Findings

The most viewed lectures were pharmacology, pathology, anatomy or physiology, with several lectures featuring in the top ten every year. The top ten least viewed lectures covered clinical management. 87.5% of the most viewed lectures were given by GEMS staff, versus only 15% of least viewed given by GEMS staff. There was no correlation between the number of Learning Objectives (Los) assigned to the lecture and online viewing by students.

Discussion

This suggests that in spite of the perceived decline in lecture popularity, students value some lecture materials, particularly those given by GEMS staff covering core science subjects. The preference for core science lectures is likely related to their comprehensive assessment in exams. This study is part of a larger lecture evaluation project. The next stage will be to evaluate student perceptions of lectures to assess their value in a self-directed medical curriculum.

SB9 Use of Communication Assessment Tool to Improve Final Year Medical Student Communication and Patient Safety Outcomes in Ward-based Simulation Setting at University College Cork

Authors

Hinchy T, Smith Simon D, Henn Patrick

Rationale

Barriers to effective communication include inappropriate use of medical terminology during medical students' consultations with patients in clinical ward settings. Analysis of simulated patients' feedback can highlight use of medical jargon and improve the quality of simulation-based teaching and learning, enhancing patient safety.

Methods

184 Communication Assessment Tool (CAT) documents were analysed from simulated patients, following ward-based clinical simulation sessions with Final Year Medical Students, from September 2017 to April 2018. The CAT used was that established by Makoul, Krupal et al 2007. Upon initial review, one of the 14 quantitative questions was selected for analysis. This was Question 8 "Talked in terms I could understand". The answer to this question was graded from Poor (1) to Excellent (5). The free text comment boxes were also reviewed as to whether the simulated patients' additional comments related to Q8.

Findings

184 documents reviewed. 51.6% (N=95) scored Excellent (5); 38% (N=70) scored Very Good (4); 12.5% (N=23) scored Good (3); 1.6% (N=3) scored Fair (2); 0% (N=0) scored Poor (1) and 1.6% (N=30) were not answered by the simulated patient. 29 additional comments were relevant.

Discussion / Conclusion

Although over 89% (N=165) of students scored a mark of 4 (Very Good) or 5 (Excellent) in Q8, common areas for improvement, identified across simulated patients' additional comments, included clarity and detail of explanations and use of understandable language. Particular areas where students were seen to struggle were in relation to providing information regarding medications and the clinical management plan. Further evaluation across the entire CAT is recommended.

SB10 Medical students' engagement with immediate feedback during a communication skills assessment.

Authors

Celia Fernandez (RCSI)

Rationale

Effective communication is an essential part of clinical practice and as such, an integral part of the undergraduate curriculum. One of the effective methods of teaching is by simulation, feedback and reflective practice. Constructive feedback is an essential component of competence improvement. To assess if immediate feedback during a communication OSCE using simulated patients could provide measurable improvement in students' performance in a subsequent station during the same exam.

Methods

Students received 1 week of communications teaching in their final year of medical school including the use of role-play with simulated patients, simulation teaching and feedback. At the end of the week, students participated in a 2-station communication OSCE with simulated patients. After the first station of the OSCE, students were given feedback on their performance before proceeding to the next station. At the end of the OSCE, students were asked to rate the communications teaching and the feedback received during the exam.

Findings

Students rated the communications skills teaching and valued the feedback in between stations. The comparison of performance with or without immediate feedback will be analyzed.. The authors aim to complete the study by January and the results are still being collected.

Discussion / Conclusion

Feedback after an OSCE style exam has been shown to be beneficial overall. What is tested within this study is if immediate feedback can be applied by students in a multi-station OSCE to provide a measurable increase in their performance or is it a distraction for students.

SB11 Future Primary Health Care Challenge: How does Education and Training FOR General Practitioners need to adapt?

Authors

Janice Hoang (University of Exeter)

Rationale

General practitioners (GPs) play a key role in delivering primary health care (PHC), treating all common diseases and referring patients to hospitals and other medical services for urgent and specialist treatment.

Key existing issues:

- Quantity Demand: the shortage of GPs is emerging in developed and developing countries
- Quality Demand: effects of climate change, environmental population, population explosion, globalization and immigration lead to an increase pressure of disease burden on the health system

Objectives:

1. To identify different pathway types for the education and training of GPs worldwide, though a scoping review of published literature.
2. To explore a new education and training model for GPs in Vietnam through interview with key stakeholders.

Methods

1. Scoping literature review for 1st objective:
2. Qualitative research for 2nd objective (interviews with key stakeholders).

Findings

There are three main types of education and training pathways for GPs

Discussion / Conclusion

Current Trends in Education and Training GPs

Factors Influencing Medical Students' Choice of General Practice

Potential new pathways that can resolve common existing problems in education and training GPs

SB12 Mental Health Detention in the Primary Care Setting

Authors

Dr. Paula Houton, Dr. Helen Reid, Prof. Gerry Gormley (QUB)

Rationale

General Practitioners are faced with the challenge of deciding whether or not an unwell patient requires detention under the Mental Health Act / Order. This can be a highly emotional and difficult process for the doctor, patient and family involved. Despite this, many General Practitioners get limited training and exposure to prepare them for this complex clinical encounter.

Methods

A scoping literature review will initially be conducted to explore the mental health detention process in the primary care setting. We are particularly interested in learning more about the unmet training needs and experiences of doctors and other stakeholders involved in this process.

Findings

It is anticipated that this work will enable us to identify specific challenges and complexities associated with the mental health detention process in the community.

Discussion / Conclusion

Gaining insight into the experience of stakeholders involved will hopefully enable us to identify potential ways to better prepare future General Practitioners for this challenging situation.

SB13 All for one and one for all! A high-fidelity simulation programme for interprofessional learning in undergraduates.

Authors

O. Mongan, F. Melia, A. Lydon, M. Corry, A Smyth, F. Rodgers, M Casserly, M. Conroy, S. Robinson, D. Byrne.

Rationale

Interprofessional education is “when two or more professionals learn with, from and about each other to improve collaboration and quality of care. Although the benefits of interprofessional education are well recognised, developing an effective programme that is engaging and relevant to a wide audience can be difficult. Hi-fidelity simulation is useful to teach teamwork and interprofessional skills. The educational benefits of combining medical and nursing students have been well described. However there is limited research evaluating simulation for multiple professions at an undergraduate level. The development of a simulation scenario can be optimized by employing an interprofessional and collaborative strategy in scenario design.

Methods

A high-fidelity scenario was developed by a multidisciplinary team. It was designed to include 6 disciplines. A validated RIPLS questionnaire was used to assess the impact of the session on readiness for IPL before and after the session. Feedback from participants and organisers was used to assess feasibility and acceptability of the session.

Findings

A pilot session was run in April 2018 with 28 attendees from 6 disciplines including undergraduates in medicine, nursing, social work, physiotherapy, occupational therapy and speech and language therapy.

At baseline the students had a positive attitude to IPE as established by the RIPLS questionnaire. The scores were further improved after attending the hi-fidelity simulation session.

Learner reported an enjoyable and safe learning environment resulting in self-reported increased awareness of the role of other health care professionals and an improvement in non-technical skills

Discussion / Conclusion

Hi-fidelity simulation is a feasible and acceptable method of delivering undergraduate inter-professional education.

SB14 Gender in Surgery: Is there an issue?

Author

Gozie Offiah, Centre for Medical Education, School of Medicine.

The healthcare workforce potentially faces substantial challenges in a few years if this trend of fewer women pursuing surgery continues. It is known that there are a significant number of women in the graduating classes from medicine and yet this is not represented at the higher levels in surgery. In 2005 in the UK, the number of women consultant surgeons was less than 7%. This figure is not much different in 2014 at 11% in general surgery and 5% in trauma and orthopaedics.

This study aims to explore the effects of gender in surgery in two different healthcare systems the NHS in Scotland and the HSE in Ireland by addressing four research questions:

(RQ1) What are the key challenges or biases for female surgeons in different healthcare systems?

(RQ2) What are stakeholders' perceptions, views and experiences of female surgeons in different healthcare systems?

(RQ3) What gender and generational differences exist (if any) in stakeholders' perceptions of female surgeons and how do these differ by healthcare systems?

(RQ4) Are female surgeons' interactions (non-technical skills) with stakeholders (colleagues and patients) congruent with patients' perceptions of them? How does this differ from male surgeons' interactions with the same stakeholders?

We carried out narrative interviewing techniques looking at the perceptions of female surgeons, colleagues and patients of female surgeons. Preliminary analysis identified several themes in the challenges and barrier for women in surgery.

SB15 Strategies for enhancing medical student resilience: a group concept mapping study

Authors

Jessica Donohoe¹, Margaret O'Rourke¹, Sean Hammond², Slavi Stoyanov³, Colm O'Tuathaigh¹

¹ Medical Education Unit, ² School of Applied Psychology, University College Cork, Cork, Ireland; ³ Open University of the Netherlands, 177, Valkenburgerweg, 6401 DL, Heerlen, The Netherlands.

Rationale

Research has consistently shown that medical students have greater rates of mental-ill health in comparison to non-medical students. The objective of this study was to investigate the resilience strategies employed by medical students in an Irish medical school to inoculate themselves against the deleterious effects of stress on health and wellbeing.

Methods

Group concept mapping was utilised incorporating qualitative and quantitative methodologies. The stages undertaken by medical students ($n = 24$ -111 across steps 1-3) involved brainstorming (1st step), categorisation (2nd step) and rating (3rd step) of resilience strategies students employ to address stress during medical school. A stratified sample of 3rd year direct-entry medical students and 2nd year graduate-entry medical students (GEM) participated in the study. The data was analysed utilizing The Concept System[®] software through multidimensional scaling (MDS) and hierarchical clustering.

Findings

Categories of resilience strategies employed included “friends and family”, “de-stress through exercise/sport” “extra-curricular non-medical activities”, “self-enabled distraction”, “organisation”, and “caring for mental wellbeing”. Students rated spending time with friends and family to be most effective in aiming to de-stress whereas students rated de-stressing through exercise/sport as being of greatest importance in relation to incorporating these strategies into a resilience based intervention. Students recognised the significance of taking care of one’s own mental wellbeing whilst recognising the value in integrating this strategy into a stress management programme. Self-enabled distraction rated poorly on both scales.

Discussion / Conclusion

Strategies rated by students to be important to incorporate in a stress reduction management programme are accessible, feasible and can be implemented into the medical curriculum.

SB16 Does Engagement In Research Have an Impact On Medical Students' Attitudes To The Value And Relevance Of Basic Biomedical Science?

Authors

Ryan Leon (RCSI)

Rationale

Basic biomedical sciences are the essential foundation of the medical curriculum. The ability to apply scientific reasoning to clinical decision is essential for future clinical practice. Our research aims to assess the impact that early participation in biomedical research has on medical students' attitudes towards the value and relevance of basic biomedical sciences and the impact on understanding and retention as they progress in their training.

Methods

Searches of seven databases were conducted using defined keywords. Inclusion and exclusion criteria were defined and paper titles and abstracts screened to identify relevant records. We report the screening process in form of an adapted Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram detailing the review decision processes. We will apply our defined inclusion and exclusion criteria to this core set of papers to assess full-text articles for eligibility and inclusion for our final review.

Findings

Preliminary results from key papers indicate a positive attitude change towards the basic sciences for those who took part in research based activities and an increased sense of security in their scientific competencies.

Discussion / Conclusion

Although progress has been made in adopting a more integrated approach, there are still considerable problems in presenting the basic sciences to students in a way that convinces them that such material is relevant to their future practice and many students still have genuine doubts about the value of basic sciences. Participation in in biomedical research may result in a change in performance and perceived value and transferability of biomedical sciences to clinical practice.

SB17 Why and how teach mindfulness in a medical curriculum?

Authors

Dr. Eva Flynn, Discipline of General Practice, National University of Ireland, Galway

Rationale

Teaching mindfulness within a medical curriculum has now been established by world leading medical schools. The practice of mindfulness has been shown to improve performance, reduce error through focusing attention, build resilience, prevent burnout and in turn improve overall wellbeing. Both medical students and trainee doctors are now recognised to often suffer these negative effects from an increasingly demanding workload and work environment. The practice of mindfulness by the medical student and trainee doctor has been shown to help focus the individual's attention, improve performance and reduce clinical error. Similar to the medical application of mindfulness for patients, mindfulness training for trainee doctors has also been shown to build empathy for the individual and others, and then in turn, build resilience.

Methods

Having established the need for inclusion of mindfulness in a medical curriculum for all students, now the work lies in introducing and embedding a programme of mindfulness in an already established curriculum for medical students.

Findings

The introduction of mindfulness as a formal part of a medical curriculum will require time, dedication and appropriately trained staff, who have both a personal and professional belief in the value of mindfulness. In response to the growing need within medical student and for acceptance, the scientific benefits of mindfulness, supported by the evidence must be clearly communicated to the students. Then delivery follows with a programme of weekly attendance covering the practice and application, underpinned by a lecture series based on the science and clinical application and a programme that is fully assessable on content and attendance. A programme in mindfulness will likely take years to establish and revise over this time.

Conclusion

Teaching of mindfulness in a medical curriculum addresses the growing concerns of stress, resilience, performance and burnout among medical students and trainee doctors. Following guidance from leading medical schools internationally, incorporating a programme of mindfulness to be an integral part of training for students in the next step for Irish Medical Schools.

SB18 A Preliminary Review of Medical Student's experience of the Clinical Environment

Authors

Aoibhin Bardon, Andrew Duncan, Michelle Mohan, Peter Watters and Aileen Patterson

Rationale

This review aims to ascertain what factors affect medical students' experience of the clinical environment.

Methods

A search was carried out on the electronic database PubMed in April 2018. Search terms included "medical students" and "clinical environment". 121 results were returned. Limiting the search to the past 5 years for relevance sake resulted in 57 results. These papers' titles and abstracts were independently screened for relevance by three of the authors. 16 articles were included in the review. Exclusion factors included papers studying interns or higher status qualification, and those relating to a specific speciality that are unreflective of typical clinical placement.

Findings

In several studies, student expectations pertaining to clinical training were as follows: increased responsibility, regular observations of their work by trainers, opportunities to implement technical and problem-solving skills, to quickly and easily receive responses to problems, to give feedback, to receive support and motivation, to be part of a team with mutual positive relationships based on respect and harmony. However, it was found that clinical training can be distressing, due to factors such as patient care, conflicts between service and training requirements, student groups size, learning environment of hospitals, perceived inequality of opportunity, low motivation, teachers ability, feedback, resources, attitude of staff towards students and overall learning climate.

Discussion / Conclusion

Given the findings of recent research, the authors propose that initiatives to support student transition to the clinical environment are important, including peer-assisted learning, education literacy around professional formation, and reflection with associated programme and faculty development.

SB19 Building capacity and capability in Quality Improvement in the Irish Health System through collaborative learning

Authors

Victoria Taylor (RCPI)

Rationale

Collaborative's are a widely used educational learning system in health systems across the globe. They are used generally to improve one particular area at a time, such as improving the service for patients with a suspected stroke. They can achieve fantastic results due to the nature of collaborative learning.

Methods

Through using the IHI's Collaborative Model for Achieving Breakthrough Improvement the training programmes will focus on the one particular area for improvement, bringing relevant teams together to collaborate.

By using this approach, there is evidence to show there will be improvements in;

- The selected area for improvement
- Staff knowledge, skills and expertise in quality improvement
- Team work and sharing of best practice.

Findings

A particular collaborative programme we ran in 2018 looked at improving the service for patients who presented with FAST positive (stroke symptoms positive) symptoms to emergency services. A particular site achieved a reduction of 47% from door (patient arriving at the emergency department) to treatment time (treatment for stroke) for FAST positive patients over the life span of this collaborative.

Discussion / Conclusion

The collaborative methodology has been found to enhance the magnitude speed and reach of improvement due to its team based approach to learning and frontline ownership of the changes. The work is owned and integrated into mainstream services and infrastructure thus helping to achieve the aim of the collaborative and in turn improving the service. It is a widely recognised educational intervention in QI and has been shown to achieve widespread improvements in health systems worldwide.

References

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SB20 Online module to enhance medical students' ability to reflect critically

Authors

Clare Whelan (TCD)

Rationale

With reflection considered an essential aspect of professional competence and life-long learning we must teach our medical students to not only reflect but to reflect critically on their practice and what they see around them. In this pilot study we aimed to assess the feasibility of an online learning module in the development of critical reflection skills in undergraduate medical students.

Methods

The online interactive module consisted of 3 blocks. Block one included an Introduction to Communication Skills in the Medical Interview and to Reflection. Each block involved the candidates reviewing a video case of a doctor and patient interview and submission of a written reflection based on that interview. Individual feedback and a score for each reflective piece was given by a tutor before commencement of the next block.

Findings

19 candidates (n=19) completed all 3 cases. A paired t-test identifying a significant difference in scores between Case 1 and Case 3 ($p=0.001$). Further analysis also revealed significant difference between Case 2 and Case 3 ($p=0.0002$) and approaching significance between Case 1 and Case 2 ($p=0.059$).

Discussion / Conclusion

Candidates written reflection scores improved after each case and feedback thus suggesting that critical reflection skills can be improved using the online module. As this was a small pilot study the results cannot be generalised and further larger studies are required to determine if the results found here are supported.

SB22 An exploration of students' perceptions of engaging in interprofessional education in preparation for practice placements

Authors

Aoife Carroll (UCC)

Rationale

Interprofessional collaboration is thought to be one of the key factors in delivering high quality, cost effective, patient centred care. To achieve effective high quality interprofessional collaboration in the workplace, the education of health care students should involve an interprofessional component. There is much debate in the literature as to the best approach to developing interprofessional education (IPE). Emerging evidence indicates that educators from health professional programmes should spearhead and foster growth from within their institutions, in order to achieve interprofessional collaboration and better health care for all patients.

Recent growth in the School of Clinical Therapies has presented an opportunity for interprofessional learning in University College Cork. The School of Clinical Therapies will host interdisciplinary case-based learning workshops where students of varying levels of experience will work together to develop comprehensive care plans for patients. The purpose of this study is to explore students' perceptions of interprofessional education in preparing them for practice placements.

Methods

A qualitative transcendental phenomenological approach using semi-structured interviews will be used. Participants will be selected from each individual programme to ensure the views of different professions will be captured, purposive non-random sampling will be used to achieve this. Interviews will be conducted using a semi-structured topic guide. These will be recorded using a digital dictaphone and transcribed verbatim. Moustaka's structured method of inductive data analysis will be used in this study.

Discussion / Conclusion

This is an ongoing study, the results of which will influence the implementation of IPE within third level educational curriculum.

SB23 A scoping review exploring how prescribing is taught in health professions education

Authors

Hannah Gogarty (RCSI)

Rationale

Prescribing is a complex task, requiring knowledge, judgement and skills to complete. Newly qualified doctors are expected to be able to prescribe safely and effectively from the beginning of their careers. However, prescribing error remains a frequent occurrence, particularly in junior/newly qualified doctors, with associated negative outcomes for patient morbidity and mortality. Many newly qualified doctors also lack confidence in their prescribing ability. Only 28% of respondents in one survey agreed their undergraduate education prepared them for prescribing. Various methods are used to teach prescribing; however it is still not clear how to optimise students' learning in this area.

Methods

A scoping review was conducted to explore and map the landscape around teaching of prescribing in health professions education. Joanna Briggs Institute guidelines were utilised. The following databases were searched: Pubmed, PsychInfo, Embase, Web of Science and CINAHL, identifying 2568 papers. Screening, data extraction and analysis were performed by two independent reviewers using a consensus approach and consultation with a third reviewer for any conflicts arising.

Findings

Much of the literature identifies a need for focused prescribing education but does not describe specific interventions. The majority of literature refers to medical prescribers, however non-medical prescribers were also represented, predominantly pharmacy and nursing. Themes currently emerging from literature outlining specific educational interventions include e-learning, simulation, inter-professional, case based, problem based and experiential learning.

Discussion / Conclusion

Based on this review, the major methods of teaching prescribing will be identified and discussed with recommendations for effective approaches for teaching and learning.

SB24 Written assessment and the cognition levels addressed: a review of published studies

Author

Mei Yee Ng (TCD)

Rationale

A variety of written assessment formats have been used in the field of undergraduate and postgraduate medical education namely those that requires knowledge generation particularly essays and short answer questions. These formats have largely been replaced by formats requiring knowledge recognition particularly multiple-choice questions, true/false questions, single best answer questions, extended matching questions.

There are rising concerns regarding the impact of the widespread and often exclusive use of the popular SBAQ format in the assessment of medical students, specifically, knowledge overestimation and encouragement of surface learning approaches. New technology now exists to allow computerised grading of SAQs which enhance their feasibility as an assessment format.

Therefore, important questions are now emerging for medical teachers setting written examinations particularly the type of question format to use and the cognitive level to be assessed by these questions.

Methods

Bibliographic databases (ERIC, Medline and Google Scholar) were used to perform the literature search. Phrases used to identify articles were: include 'assessment', 'written assessment', 'cognitive levels', 'medical students', and 'learning strategy'. Additional articles were also identified from references of articles obtained.

All types of studies from any higher education institution offering health science programmes with no time period limitations were accepted. Articles addressing cognition levels were limited to those considering 'written assessment'.

Abstracts were reviewed and full-text were obtained for articles meeting the eligibility criteria. They were then divided for analysis according to type of health science programmes and basic science and clinical subjects.

Findings

Limited research exist addressing these questions especially for clinical subjects.

Discussion / Conclusion

Further evaluation of these questions is warranted given the significant role played by written assessment in medical education.

SB25 How can pharmacists develop patient-pharmacist communication skills? A realist review

Author

Aisling Kerr (RCSI)

Rationale

Good patient-pharmacist communication improves health outcomes. There is, however, room for improving pharmacists' communication skills. These develop through complex interactions during undergraduate pharmacy education, practice-based learning and continuing professional development. This review asks what works for whom, how, and why for pharmacists to develop interpersonal pharmacist-patient communication? The aim of the research is to understand how educational interventions to develop patient-pharmacist interpersonal communication skills produce their effects.

Methods

A realist review approach is being used to synthesise the literature to make sense of the complexities of educational interventions. We iteratively progress through the various stages of clarifying scope, locating existing theories, searching for evidence, appraisal of papers, data extraction and synthesis. A scoping review revealed a number of substantive theories, which, along with focus groups with students, staff and patients, were used to develop initial programme theories. The initial theories are tested and explored based on published literature retrieved from database searching. Synthesis, testing and refinement of the initial theories will describe and explain links between contexts, mechanisms and outcomes of educational interventions for communication development in pharmacy.

Findings

Initial findings suggest that experiential learning and teaching, such as simulation, appear to work for students and pharmacists in various contexts. Initial mechanisms for how these work include practice, repetition and contextualisation. These trigger reflective and confidence mechanisms that can improve communication skills.

Discussion

The review will provide an analysis of what works when, for whom, how, and why, for educational interventions for interpersonal patient-pharmacist communication development and potential barriers to communications training.

SB26 Creative writing as a method of reflective practice for the development of the healthcare professional and educator

Author

Dr Roshni Beeharry,(UCL medical school, London UK)

Rationale

The humanities have an increasingly important role in developing health care professionals into reflective practitioners, including making them more mindful of their own wellbeing.

This presentation proposes that creative writing can be a low-cost, easily accessible form reflective practice for the individual or a group of health care professional educators, at all levels of their training.

Methods

Systematic review of the potential roles of creative writing in healthcare education (unpublished, 2013) spanning medical, nursing and therapy literature worldwide.

The presentation will present the findings and how the theoretical findings were applied into educational practice, to create a new Special Study module for Year 1 medical students, Creative Writing for Personal and Professional Development, for Year 1 medical students and carried out for the first time in February 2018, at Trinity College Dublin School of Medicine. The author discusses how this can be adapted to all stages of training for all health professionals, to support wellbeing and self-development.

Findings

Creative writing activities in all health care professionals at all educational levels can impact positively on 7 areas-maintenance of empathy and compassion, prevention of burnout, communication skills, reflective practice, teamwork, professional identity and critical thinking.

Discussion / Conclusion

Creative writing can be a low-cost ,low- tech form of reflective practice as an individual or as a group of practitioners for self expression of the challenges and demands of a clinical and academic career.

SB27 COMPUTER-ASSISTED INTERACTIVE CASE-BASED LEARNING IN PAEDIATRICS

Author

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Rationale

Case-based teaching encourages clinical reasoning, while the online-learning environment allows flexibility of access and exposure to rare clinical presentations for students. The aim of this pilot project was to explore the feasibility of designing an online self-directed paediatric case-based course for undergraduate medical students.

Methods

Clinical cases were selected from paediatric admissions to UHL, with written informed consent obtained for use of clinical information for education purposes. Of several E-learning course development applications reviewed, 'Articulate: Rise', was selected. Our pilot case outlined the presentation and clinical course of an infant with pyloric stenosis and incorporated several interactive features and learning modules.

Findings

Anonymous feedback was obtained from thirteen students through an online questionnaire. The visual aspects of the course were rated as very high quality by 77% of students, ease of navigation as extremely easy by 69%, with 100% of students satisfied with the duration of the programme and 77% satisfied with the level of interactivity. The course was described as extremely useful by 69% of students and very useful by 23%, with 23% reporting that they learned a 'great deal' and 38% learning 'a lot' of new information. Of students surveyed, 100% reported they 'definitely would' access further cases. The 'Articulate: Rise' programme allowed paediatric educators to participate in the design process and cost was acceptable with funding agreed the university.

Discussion / Conclusion

We have successfully designed an online interactive case-based course with excellent feedback from medical students. We plan to demonstrate evidence of objective learning and to incorporate cases of varied complexity, which could be extended to post-graduate paediatric trainees.

SB29 Professionalism across the professions

Author

Erica Smyth (RCSI)

Rationale

One of the objectives of teaching professionalism is to develop a sense of professional identity and it is generally believed that incorporating values and attitudes into culture is a more reliable method of underpinning professional behaviour. Professional identity can be developed on different levels, for example as an individual or as part of a larger group. However what remains unclear is what are the experiences and influences that help form this identity? The aim of this research is to explore the experiences, attitudes and behaviours that contribute to the development of professionalism and professional identity in different profession groups.

Methods

A qualitative research approach was employed. Data was collected in digitally recorded focus groups comprising of a group of stakeholders in the area of medicine, law and academic teaching (n=20). Focus group discussions were fully transcribed and analysed using inductive thematic analysis to identify the emergent themes.

Findings

(n=20) participated in 4 focus groups. The initial emergent themes were: power balances between the professionals and their service recipient (client or patient); professionalism in practice; the role of context; role modelling, the function of generation in the experience and teaching of professionalism and the perception of professionalism in other professions.

Discussion / Conclusion

Further analysis of the remaining focus group transcripts will provide a deeper understanding of the attitudes, behaviours, and characteristics that contribute to the development of professional identity. However, this work indicates that the journey to professional identity may be unique for individuals within and between professions.

SB32 Into the blender; Integrating Case Based Learning (CBL) E-learning into a traditionally taught paediatric rotation

Authors

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Rationale

Current students are digital natives and educators are advised to adapt their teaching methods to harness these skills. E-learning is a rapidly evolving area within medical education and when used as an adjunct to traditional teaching methods is known as 'blended learning'. We developed reusable e-learning resources (ReLR) using a case-based learning (CBL) approach. CBL helps promote deeper learning.

Methods

We developed 6 emergency paediatric presentations (e.g. status asthmatics, DKA) using a CBL approach. Each case took 6-8 hours to create and was reviewed by a consultant prior to launch. They were launched in April 2017 to students via Blackboard. Their use was discretionary and monitored via Blackboard. Students completed a questionnaire at the end of their rotation. Initially we have assessed students' engagement and opinion of the resource within the module.

Results

86% of our current students completed our questionnaire.
98% used the ReLRs' at least once during their rotation. 80% used the ReLRs' on multiple occasions. The table below highlights reasons the students liked using the resources and what they used the resources for.
90% of students would recommend the resources to students in future rotations.

Discussion/Conclusion

These findings show that overall our students have engaged with the new resources, enjoy using them and find them relevant to their study.
Moving forward we aim to assess this resource to see if/how it affects overall exam performance and students' confidence in approaching emergencies.

SB36 Perceived Barriers to Engaging with Professional Competence Schemes for Doctors in Ireland: A Qualitative Study

Author

Holly Hanolon (RCSI)

Rationale

Mandatory continuing professional development (CPD) in the form of Professional Competence Schemes (PCS) was introduced in Ireland in 2011 including a framework for self-directed learning and the recording of learning activities. There is very limited research on the experiences and attitudes of doctors towards PCS. This study explored perceived barriers to PCS participation in order to improve CPD engagement.

Methods

1408 participants (49.8% male, 50.2% female) from RCPI Professional Competence Schemes participated in an online mixed-methods survey on doctor's experiences of and attitudes toward the PCS in Ireland. Out of these, 434 individual responses to an open-ended question about barriers to PCS engagement were recorded and qualitatively analysed using Thematic Analysis.

Findings

Overall, the doctors enrolled in RCPI PCS reported high interest in and value of CPD. Thematic analysis produced five major themes relating to perceived barriers:

1. Benefits of PCS.
2. The structure and flexibility of PCS.
3. Access to CPD activities.
4. Obtaining evidence of CPD participation.
5. Workplace challenges to PCS participation.

Discussion / Conclusion

The findings indicate that while doctors in Ireland value continuous professional development, they reported experiencing various barriers to meeting PCS requirements. They found having to meet PCS requirements an added stress, called for better access to CPD activities and for the PCS structure and systems to become more flexible and straightforward. This research identifies possible areas for improvement that future interventions can consider in order to improve engagement in PCS.

SB37 Future doctors – Continuing professional development educational needs and preferences: A mixed method study

Author

Lucia Prihodova (RCPI)

Rationale

The role of medical consultants is rapidly evolving in response to increasing knowledge, changes in health service delivery, population demographics and national strategies. As the Health Service Executive's transformation project attempts to define the shape of health service delivery, we aim to develop a framework to guide the design and implementation of continuing professional development (CPD) activities, to ensure that doctors are up-to-date and adapt to ongoing service delivery changes.

Methods

This mixed-methods study included 1408 doctors (32%) enrolled in RCPI Professional Competence Schemes. The CPD educational preferences of doctors were assessed Likert-scale questions. Additionally, doctors were asked to provide detail their CPD needs and activities they would like to participate in in open ended format. Descriptive data analysis and thematic analysis were used.

Findings

Participants reported their preferred location, time and mode CPD activities. In total, they provided 3331 suggestions on relevant CPD topics, that were categorised in five main themes (1) Patient care and clinical skills, (2) Leadership and management, (3) Research and policy, (4) Doctor mental health and wellbeing, and (5) Scholarship and Training.

Discussion / Conclusion

This study identified key competencies and CPD requirements for consultant-level practice. These findings support the development of a framework and design of graduate outcome competencies and CPD activities to which postgraduate education and training activities provided by the Royal College of Physicians of Ireland and other stakeholders may be aligned.

SB40 Focus on Feedback

Author

Orsolya Solymos, Lindi Snyman, Eilis Condon, Camillus Power

Rationale

The report from the Irish Medical Council 2016 annual National Trainee Experience Survey 'Your Training Counts' has identified trainee feedback as the lowest ranking attribute of clinical learning environments and concluded that feedback to trainees must be consistently provided and its quality improved.

With the restructuring of the Specialist Anaesthesiology Training programme, 4 Entrustable Professional Activities (EPAs) were piloted between October 2017 and June 2018 as the organising framework for a competency-based training programme. This provided opportunities for surveying trainee satisfaction of the feedback they received from their Consultants in relation to EPAs.

Methods

We surveyed trainees' perception of the quality and quantity of feedback they received from their Consultants through the four assessment tools (Direct Observation of Procedural Skills, Mini Clinical Evaluation Exercise, Case Based Discussion and Fieldnotes) used in the pilot. Trainees rated the feedback they received on an ordinal scale in respect of how approachable their Consultants were, how specific and useful the feedback they received was, and the extent to which the feedback made a difference to their practice.

Findings

Trainees have rated only 29% of Consultants as very approachable, merely 21% of feedback as very specific, albeit 29% of feedback as very useful, with feedback having made a moderate difference to the practice of 42% of Anaesthesiology trainees.

Discussion / Conclusion

Effective feedback has value for the trainee, the Consultant and the wider organisation. Understanding the characteristics of effective feedback and giving effective feedback is a valuable skill that all Consultants and trainees should acquire.

SB42 Consultants perceived anatomy knowledge versus actual knowledge in final year medical students and interns.

Author

Roisin Tully (RCSI)

Rationale

The importance of the study of anatomy during basic science education is crucial to later diagnostic reasoning and therapy in most medical fields (Smith 2011). Anatomy is studied in the first two years of medical school. It is rigorously examined at that time to ensure student have adequate assimilation. However, knowledge loss has been reported among medical students from this time on (Nabil 2014). Reasons for this include students perceiving that basic medical sciences as peripheral to clinical practice (Alam, 2011), or not required for the speciality that they intend to pursue (Kemier, 2012).

Similar research has looked what skills and attributes consultants believed medical students and recent graduates should have and found quite a discrepancy in the actual skills and attributes versus the perceived (Ringstend, 2001).

Methods

Our hypothesis is that firstly anatomy knowledge drops off as students progress through medical school and secondly that consultants believe students have a higher anatomy knowledge than they actually do when they are in their final year or intern year.

Findings

This study compared the knowledge of final year medical students to what their consultants believed it should be. It also looked at differences between specialities of consultants as well as students and interns who were interested in pursuing certain specialities in their future careers. Self- administered questionnaires and multiple choice questions were used included.

Discussion / Conclusion

The collection of data is ongoing but will be completed in the coming weeks and will be analysed by the end of 2018.

SB46 A scoping review exploring how learners use, seek and respond to feedback

Author

Muirne Spooner (RCSI)

Rationale

It is generally acknowledged that education methods reflect ideological values. Research, particularly in organisational management, supports that feedback messages and response to them vary. However little is known of how medical students' feedback recipience, and how this affects their follow-up learning. This research set out to map the landscape of what is currently known regarding feedback-seeking behaviours and response to feedback among undergraduate and postgraduate learners in health professions education.

Methodology

A scoping review was conducted to explore how learners use, seek and respond to feedback. Joanne Briggs Institute protocol was utilised. The following databases were searched: Pubmed Medline, PsychInfo, Embase on Elsevier, CINAHL. Citation searching was also conducted. 2511 papers were identified initially. Screening, data extraction and analysis procedures were performed by two independent reviewers using a consensus approach.

Findings

The following themes emerged: much of the literature focusses on the nature of feedback rather than behavioural elements associated with the learner; most studies did not provide a definition of feedback; theories of feedback and/or conceptual frameworks were not observed frequently, nor were learners' use of feedback or feedback-seeking behaviours. Many studies implied learners used or responded to feedback by equating these with improved assessment performance. One review proposes a data-driven taxonomy for categorising positive feedback recipience responses.

Discussion/conclusion

There is variety in conceptualization of feedback. Assumptions rather than explicit data on how learners use and/or respond to feedback are frequently reported. Future research should be directed towards explicit examination of these factors with a more theoretical focus to inform study design.

SB48 Are surgical simulators the answer to our training needs?

Author

Leonie Heskin (RCSI)

Rationale

The role of simulation to teach and access open surgical skills has become more prevalent in recent years. This shift to training outside the hospital setting is largely due to the decrease training hours secondary to the European working time directive (EWTD) and patient expectations. A number of primary research studies have explored the educational impact of these simulators. This systematic review synthesises the totality of evidence with respect to the educational effectiveness of simulators used in open surgical training.

Methods

A systematic literature search was conducted in PubMed, Embase, Cinahl, Scopus and Web of science. Only randomised controlled trials (RCTs) were included that explored the educational efficacy of simulators used in open surgical skills teaching. The methodological quality of the included studies was assessed using the Cochrane risk of bias tool.

Findings

Six RCTs were included from the 9,934 studies found. The methodological quality of the included studies was variable. Overall, the use of the simulators was more educationally effective compared with standard teaching of the skill without a simulator ($p < 0.05$). Two studies showed that the simulator was as good as an animal model of much higher fidelity.

Discussion / Conclusion

The methodological and clinical heterogeneity across the studies limited our ability to meta-analyse these findings. Further studies are needed to secure higher evidence for the educational value, validity and transferability of the skills to the hospital setting for all simulators in use in surgical training. In the interim, this systematic review adds positive encouragement to their use.

SB49 Ensuring the validity and positive impact of the BioMedical Admissions Test (BMAT) in international contexts: A case study of the revision of BMAT's Scientific Knowledge and Applications section.

Author

Sarah McElwee (Cambridge Assessment Admissions Testing , Uni of Cambridge)

Rationale

Preparation for admissions tests such as the BioMedical Admissions Test (BMAT) should support development of knowledge and skills beneficial to test-takers' wider education and not incur financial cost for candidates. A review of BMAT's Scientific Knowledge and Applications section and supplementary preparation materials was undertaken to embed these principles, and ensure BMAT's suitability and validity for use in international contexts.

Methods

BMAT senior examiners reviewed key science topics typically studied up to age 16, and developed a more detailed, clearer test specification. Senior academics in biomedical fields critiqued the specification to ensure proposed science content and associated skills were specifically relevant to biomedical study, thus supporting candidates' test preparation and maximising stakeholder acceptability. Experts advised on international differences in science and mathematics pedagogy that could impact candidates' approaches to certain topics. Concurrently, a science revision guide was developed in collaboration with a UK publisher and provided for free to prospective test-takers.

Findings

The updated specification clarified topics for candidates to revise, and the guide made core preparation materials freely available to support equality of access. Reactions to the guide were positive but not all candidates used it. Statistical analysis indicated a potential positive impact on test measurement characteristics.

Discussion / Conclusion

Provision of a revision guide may have reduced the impact of differences in subject knowledge stemming from different school curricula or pedagogical approaches, giving a better measure of students' ability to reason within a scientific context. Ways in which positive test impact is maximised are considered from the perspective of consequential validity and stakeholder acceptability.

SB51 Science education at scale: MCQ quality in MOOCs

Authors

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Rationale

If MOOCs are to play a role in the future of higher education, we must carefully examine how they are currently functioning. As the focus turns from informal and free to formal, accredited and paid, the quality of the courses and their assessments is critical. Multiple Choice Questions (MCQs) have a long history, particularly in medical education, and a large body of research exists, which suggests that flawed items compromise assessment reliability and validity. While MCQs are a key component of MOOC assessments, a gap exists in that prior research has not examined the quality of MCQs in this context.

Methods

Eighteen MOOCs were sampled, across health sciences, social sciences and computing domains; 204 MCQs were retrieved and their correct answers determined by content experts. These MCQs were reviewed by two evaluators, independently and then with comparison of evaluations, using a 19-item evaluation matrix, incorporating *a priori* themes drawn from extant research.

Findings

Over 50% of MCQs violated item writing guidelines, containing at least flaw; 57 MCQs contained multiple flaws. These findings are comparable with prior studies examining the prevalence of flaws in assessments in more traditional contexts, such as medical education.

Discussion / Conclusion

The problem of low quality MCQs can be ameliorated by reference to existing guidelines and research, by appropriate faculty training in item-writing, and conducting appropriate pre- and post-test quality checks. These activities are essential if MOOCs are to enable enhanced and improved pedagogies in higher education, instead of simply replicating poor practices at scale.

SB53 Demystifying medical career advice: Prospective insights into

Authors

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Rationale

Mini-medical schools have been described in many countries. They often target population subgroups or medical subspecialties. While many of these initiatives have demonstrated a positive influence on attendees, evaluations have often been retrospective and/or purely descriptive in nature. The present programme was devised to prospectively measure subspecialty interest and career indecision pre-and post-intervention

Methods

A weeklong series of lectures from practising clinicians was developed for Irish second-level students interested in a medical career. Questionnaires were distributed before and after lectures to collect serial qualitative and quantitative data on students' opinions and attitudes surrounding medical careers, using appropriate statistical tests.

Findings

71 students attended the lectures. The visual analogue scale data indicated a high extent of imagined satisfaction with a medical career, with mean satisfaction rates of 74% (95 mm) pre-course and 77% (98 mm) post-course. In post-course data, significantly fewer students than in pre-course data answered "Don't Know" when asked about preferred areas of medical specialisation (1 versus 12, $p=0.0021$). When students were asked paired Likert-style positively and negatively-worded questions regarding their understanding of a career in medicine, a significantly greater proportion of students indicated they had such an understanding in the post-course questionnaire (Z-score 7.42438, $p<1 \times 10^{-5}$).

Discussion / Conclusion

The data shows that mini-medical schools significantly enhance the formation of informed opinions surrounding a future medical career. Future studies should assess whether prior mini-medical school teaching results in higher success rates at entering medical school and subsequent higher satisfaction levels in those who become doctors.

SB55 Redesigning speech and language therapy students' pre placement preparation by incorporating independent learning and aligning student and practice educator training.

Author

Mairead Cronin (UCC)

Rationale

To enhance student experience on placement by re-designing pre-placement workshops to:

- a) include an independent learning element
- b) model the pre placement preparation workshop on the Ann Parker *Working with Student Workshops for Practice Educators(PEs)*.

Standardising the information given to both parties to ensure students and PEs have similar training for placement to facilitate better communication and understanding of the roles and responsibilities of both parties, a clearer understanding of problem solving techniques and more transparency of the assessment process.

Incorporating an independent learning component empowers students to take responsibility for their own learning.

Methods

The Ann Parker philosophy is that students are adult learners and should be encouraged to work independently and take responsibility for own learning. Workshops encourage participation and group problem solving.

2nd and 3rd year students participated in the workshop before block placement
Questionnaires were given to the student's post workshop to evaluate their experience and their perception of the relevance to placement

Prior to the workshop students had to independently access a presentation which covered practicalities regarding professional behaviour and assessment.

Findings

Qualitative feedback was positive, students reported that knowing the information given to practice educators clarified the expectations of placement and the individual issues covered prepared for clinical practice.

The 3rd year feedback was more positive, the 2nd years requested more teaching of information.

Discussion / Conclusion

This is a productive way of preparing students for clinical placement. The topics covered and method of facilitation need to be adapted for the student group depending on their clinical experience.

SB66 The influence of lecture handouts on medical student note taking

Authors

Suraj Kohli, Arjun Patel, Sarah Allsop, Elizabeth Gaze

Rationale

Student note taking is an integral part of the learning process, with the style of student note taking changing with the advent of laptops and tablet devices. However, it has been shown that hand writing notes improves conceptual understanding of topics. The format of lecture handouts has changed within the University of Bristol medical school, with 1st year students not being supplied with printed handouts compared to their 2nd year colleagues who were supplied with printed handouts at the beginning of term. We therefore reviewed their note taking practices in medical sciences lectures.

Methods

Undergraduate 1st and 2nd year medical students were surveyed anonymously using an electronic student response survey.

Findings

The response rate to the survey was 80%(n=385). 80% of 2nd year students made notes in lectures on their handouts compared to 17% of first years. 64% of 1st year students use a laptop/tablet device to make notes, compared to 11% of 2nd year medical students.

Discussion / Conclusion

The format of student's note taking has been shown to influence student learning and recall.

Students can therefore be guided to perform a mode of note taking depending on the learning resources supplied to them.

SB68 Emotional Labour of Medical Students on clinical placement.

Author

Sharon Nolan (UL)

Rationale

'Medicine is a profession that requires the use of emotional labour, as doctors often are required to display positive emotions and conceal negative ones' (Rogers et al 2014:235). Nonetheless, research into the area of emotional labour amongst medics, and medical students in particular, has been limited to date.

Methods

This pilot study uses a mixed methods approach, with questionnaires (n=47) and semi-structured interviews (n=10).

Findings

The main findings of this study are that medical students on clinical placement experience emotional labour, with some students using both 'private emotional labour' with colleagues and 'public emotional labour' with patients. The types of emotional labour most utilised by students in this study are suppression and surface acting. High levels of the use of genuine emotions are also reported, especially amongst males.

Overall, students perceived emotional labour to have a positive impact on the patient interaction. While they sometimes found it stressful and negatively impacting on their job satisfaction, they did not believe it had a negative impact on their ability to perform their role. The main coping mechanism identified by students was talking to peers, although this was utilised more by females than males.

Discussion / Conclusion

Based on the results of this study, it is recommended that medical students may benefit from training in emotional labour before they commence clinical placement. Opportunities for informal peer-to-peer talks between clinical and pre-clinical students should also be arranged. Students should be encouraged to engage in self-care practice to avoid the long-term negative impacts of emotional labour, particularly surface acting.

SB71 “When your patient is dying”; A workshop on end of life care.

Authors

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Rationale

End of life care poses many complex ethical, legal and practical dilemmas for doctors and requires excellent communication skills. It is a common source of stress and psychological distress for doctors. (1)

Traditionally the necessary skills and attitudes required for end of life care have been acquired through observation in an apprenticeship model.

In 2017 a mixed methods study revealed that junior doctors in Ireland frequently carry out tasks related to end of life care with 86% reporting psychological distress as a result of patient death. This study identified a number of learning needs for junior doctors in relation to end of life care.

Methods

The results of that study were used to inform the development of a workshop for junior doctors entitled “When your patient is dying”.

Prior to development of the workshop, local policies and procedures were reviewed with stakeholders including nurses, bereavement officer, local coroner, registrar of births deaths and marriages, intern teaching staff, palliative medicine and geriatric medicine consultants. The workshop, using scenarios, role play and real-time voting software, addresses the following issues; communication, legal and practical issues and emotional supports.

Findings

100% of participants would “recommend the workshop” and found the “knowledge and skills learned will be useful in my job”. Participants reported that the workshop was *“Very informative about topics people tend to assume you know and are comfortable with”*. *“Relaxing despite heavy content”* *“Good interface using real-time voting software for involving people”*.

Discussion / Conclusion

A well designed workshop on end of life care is an important but previously unmet learning need for our junior doctors.

SB72 Physical activity counselling and physical activity prescribing habits among junior medical doctors as preventive healthcare or therapeutic treatment.

Authors

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Rationale

Worldwide physical activity (PA) levels are suboptimal, contributing to an estimated 5.3 million premature deaths in 2008. International research reports doctors don't consistently engage in PA counselling and prescription. Education deficits are frequently cited. Some studies report physicians' personal PA levels influence practice.

The objective was to establish Senior House Officers (SHOs) PA counselling and prescribing habits and determine past PA education and ascertain its influence on practice.

Methods

A cross-sectional design was employed, using a questionnaire to gather quantitative data from medical SHOs in SAOLTA Hospitals. Data was analysed using SPSS vs 23.0.

Findings

Among the 53 respondents 55.3%(26/47) were male, the mean age 30 years (range 24-36,SD 3.9). Only 4.2%(2/48) *always* counsel and 2.1%(1/48) *always* prescribe PA. Only 17%(9/53) had received PA education and 79.2%(42/53) desired more. Confidence in counselling was not associated with prescribing ($p=0.690$) but confidence in prescribing was associated with counselling ($p=0.027$). SHOs lacking confidence in prescription were significantly more likely to never prescribe ($p<0.001$). Personal PA habits didn't impact counselling/prescribing.

SHOs who had *not* received PA education were more likely to *never* prescribe ($p=0.012$), however it did not impact on counselling ($p=0.624$). The 83%(44/53) who were *not* aware of Irish PA Guidelines were more likely to never prescribe PA ($p<0.001$).

Discussion / Conclusion

SHOs recognise the importance of PA. Less than 1 in 5 had received PA education. A significant association was identified between non-engagement in PA prescribing, lack of knowledge of PA guidelines and having no PA education. Confidence in prescribing was positively associated with counselling and prescribing.

SB74 Wikipedia in healthcare education- the case for open access to structured knowledge

Author

Niall O'Mara (National Doctors Training and Planning)

Rationale

Wikipedia is the largest and freely accessible information source online. Each month, there are more than 374 million unique visitors, and annually more than 4.8 billion views of healthcare topics. It is known that c. 50-70% of physicians and 90% of medical students frequently utilise wikipedia. Open- access to knowledge is an important factor in providing equity in healthcare. In recognition of this, the HSE have established the post of Healthcare Wikipedian in Residence in conjunction with the national health libraries and knowledge services. This post is the first of its kind, and is filled by a medical doctor on a part-time basis. The purpose is to promote open access to healthcare information, provide educational outreach to healthcare providers and curate healthcare topics on Wikipedia which are of importance to the Irish population. Currently, collaboration is ongoing with the insight centre at UCD to develop a clinical knowledge summary application based upon data mining. Additionally, two Irish medical schools are interested in offering modules on Wikipedia and online healthcare literacy to students. There is also an international collaborative effort with WikiProject Medicine, Cochrane Institute and The Wellcome-Trust in support of the programme. It is anticipated that the role will imbue healthcare professionals with better literacy skills and the ability to improve the accuracy and coverage of Wikipedia. This is particularly important, as clinicians arguable have a responsibility to ensure the accuracy of such an influential health information platform which has global reach and recognition.

SB75 Transition into Graduate Entry Medicine: Student experiences and the impact of re-orientating Orientation.

Author

Louise Crowley (UL)

Rationale

This research aims to explore student experiences of the transition into Graduate Entry Medicine (GEM) and to evaluate the impact of making their orientation process more student-centred. Evidence from other disciplines suggests 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

Mixed methods approach with two phases. Phase 1: Introduction of a pre-arrival online activity for incoming first years over last two academic years (AY), (demographic survey and videos of GEM graduates describing their experiences). Small group discussion sessions were introduced into Orientation.

Phase 2 (qualitative methods): Using focus groups to explore students' experiences of their transition and factors that affected it. Discussions will be recorded, transcribed and thematic analysis performed to look for emergent themes.

Findings

Findings from demographic surveys over both AY revealed comparable cohorts. Response rate for AY18/19 was higher (75% vs 54%). Number returning to study after years of employment was higher this year (37% vs 28%), as was number intending to work part-time (31% vs 23%).

Most common student concerns pre-arrival over both years included workload, finances and self-efficacy

Feedback from small group sessions in AY17/18 lead to increased content of online activity for AY18/19. The number of questions in small group discussions in this AY more than halved.

Discussion / Conclusion

Increasing online content may have resulted in better informed students this AY. Findings from qualitative phase will inform future improvements to Orientation and student supports.

SB76 Creativity vs Conformity: How does Aptitude in a Humanities /Arts Module relate to a Clinical Audit Module?

Authors

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Rationale

Humanities and arts programmes may have value in Medical Education. However Medical Education traditionally rewards conformity with protocols and procedure and rarely evaluates or rewards creative expression by students. Year 3 students in our Graduate Entry Medical School complete a compulsory Humanities/Arts Module (HM) and an Audit Module (AM). Our objective was to compare aptitude in a module requiring creativity and reflection (HM) to a module requiring adherence to a defined procedure (AM). Our hypothesis was that aptitude in these modules would be correlated through underlying general scholastic ability.

Methods

We correlated the marks of the HM module with the AM module in a class of 129 year 3 students Graduate Entry Students. The HM required an original work based on a theme in medicine (visual, written, or performance) together with a reflection. Marks were awarded for creativity, quality and the reflection. The AM required adherence to guidelines for a clinical audit requiring data collection analysis with results presented in a poster template. The AM was marked on visual impact, clarity, results, conclusions and discussion.

Findings

Marks in the HM did not correlate with marks in the AM (Pearson correlation coefficient: $r = 0.049$, $P=0.585$). Average marks obtained in Medicine, Surgery and General Practice and the HM did not differ significantly . However the 3 clinical module marks did not correlate significantly with marks in the HM.

Discussion-Conclusion

Aptitude in a creative- arts module in Graduate Entry Medical Students was not related to a protocol-data centred module suggesting the two modules recruit differing cognitive domains.

Aptitude in humanities and the arts requires further research on its relationship with long term professional proficiency.

SB79 Low Fidelity Paediatric Simulation Training in a Mixed ED

Author

Peter Tormey (UHG)

Rationale

The high-risk, low-volume nature of paediatric emergencies can result in a lack of physician comfort and confidence in dealing with sick children. Simulation training can help improve caregiver confidence and team communication and performance in paediatric emergencies. Weekly, multi-disciplinary simulation sessions are held in the ED in UHG. We sought to identify the baseline experience and confidence levels of those attending and to identify areas whereby the sessions could be improved.

Methods

A questionnaire was distributed to staff attending the weekly simulation sessions. Responses to the questionnaire were anonymous.

Findings

17 completed questionnaires were returned. The following simulation-based courses were completed by the respondents: APLS (10), ACLS (10), ATLS (5), other simulation-based courses (7). The comfort level of respondents leading simulations was: very uncomfortable (4), slightly uncomfortable (4), neither comfortable nor uncomfortable (6), comfortable (3), very comfortable (0). 10/17 respondents felt they learn more by participating in simulations and 7/17 felt that they learn more by observing. 15/17 found the scenarios 'helpful' or 'very helpful'. Suggestions to improve the sessions included: more consultant involvement (5), a registrar leading the scenario (4), longer, more complicated scenarios (6), involvement of more participants (8) and receiving the topic and study materials early in the week (7).

Discussion / Conclusion

There are variable levels of experience and comfort dealing with sick children in our ED. 88% of respondents found the simulation sessions 'helpful' or 'very helpful'. However, several suggestions were received on how to improve the simulations. We plan to implement these suggestions and conduct a follow up survey in 2 months to reassess caregiver confidence and skills and satisfaction with the simulations.

SB80 Development of a Simulation medicine programme for Non Consultant Hospital Doctors in UL Hospital Group

Author

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3. Irish Centre for Applied Patient Safety and Simulation (ICAPSS)

Rationale

We set out to improve recognition and response to emergencies among Non-Consultant Hospital Doctors within the UL hospital Group. We selected themes of sepsis and acute stroke to help develop a simulation based education programme. The goal was to create an interdisciplinary programme to improve knowledge, communication, skills and teamwork.

Methods

Funding was successfully awarded from the National Doctors Training Programme to achieve run this programme which was used to provide equipment and a Train the Trainer course which was provided by Irish Centre for Applied Patient Safety and Simulation (ICAPSS). Sepsis simulation was provided for all interns, and stroke simulation workshops were held for all medical registrars.

Findings

Participants reported improved confidence in management of acute sepsis and stroke following simulation exercises. Members of the multidisciplinary team were included in the running and designing of scenarios and post session debriefing.

Discussion / Conclusion

With the support of national training bodies including NDTP, ICAPSS and the Intern training network a simulation programme was successfully piloted within the UL Hospital Group and has now been integrated into the NCHD education programme.

SB85 A Scoping Review of Interventions to Support the Transition from Medical Student to Doctor.

Authors

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Rationale

The transition to clinical practice is a challenging one for medical graduates. A lack of preparedness for practice can intensify its difficult nature. In addition to affecting the confidence and competence of medical graduates, lack of preparedness may also have patient safety implications, as evidenced by reports of the 'July effect' when new graduates commence practice. In response to this issue, focused interventions have been designed and implemented in an attempt to improve work readiness and ease the transition. We conducted a scoping review of the literature to determine the extent, range and nature of these interventions.

Methods

Our review was informed by Arksey and O'Malley, and Levac's methodological frameworks (1, 2). Using relevant terms we searched Medline, CINAHL, Embase, PsycINFO, SocINDEX and ERIC databases, handsearched key journals and tracked citations, to identify empirical papers describing the implementation and/or evaluation of interventions explicitly designed to address preparedness for practice. Papers were screened by abstract and title, and then by full text using inclusion and exclusion criteria. Data was extracted to address the focus of the review.

Findings

Results will be presented to provide an overview of the breadth of the literature on discrete interventions that facilitate preparedness for clinical practice.

Discussion / Conclusion

This review will inform future research, practice and policy in the preparedness for practice and ease of transition of medical graduates commencing their first postgraduate year.

SB86 Action Learning sets: a vital player in problem solving.

Authors

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Rationale

An Action learning Set (ALS) provides a reflective approach to problem solving. Groups learn from problems using a tailored, structured approach with the aid of aiming personal development and setting a structure for learning. It aims to build resilience through allowing members to help others with solving their own problems and encouraging them to think through potential solutions.

The ADEPT (Achieve, Develop and Explore Programme for Trainees) Academic Clinical Fellowship programme is now in its 4th year in Northern Ireland. The programme creates an opportunity for trainees to enhance learning and understanding of medical leadership for senior medical trainees. An ALS is a regular feature of the programme.

Methods

During an ADEPT fellows group meeting a formal ALS was conducted. It was facilitated by one ADEPT fellow and a log of discussion including actions points produced by a second ADEPT fellow. Following the ALS a short survey to ascertain participant satisfaction was completed.

Findings

All eight participants completed the questionnaires. Despite only one having carried out an ALS before, 100% felt afterwards that they would recommend ALS to a colleague and that they felt more confident bringing problems forward in such a group. All felt that they gained increased insight into other people's issues which helped them create learning even for those that did not formally present a problem on the day.

Discussion / Conclusion

Action Learning Sets are a vital tool to problem solving and have been well received by ADEPT fellows. They provide a structured method of problem solving in a constructive environment.

SB87 A Typology of education and training pathways for GPs

Author

Janice Hoang (University of Exeter)

Rationale

Background

General practitioners (GPs) play a key role in delivering primary health care (PHC), treating all common diseases and referring patients to hospitals and other medical services for urgent and specialist treatment.

Key existing issues:

- Quantity Demand: the shortage of GPs is emerging in developed and developing countries
- Quality Demand: effects of climate change, environmental population, population explosion, globalization and immigration lead to an increase pressure of disease burden on the health system

Objectives:

1. To identify different pathway types for the education and training of GPs worldwide, through a scoping review of published literature.
2. To explore a new education and training model for GPs in Vietnam through interview with key stakeholders.

Methods

Scoping literature review

Findings

There are three main types of education and training pathways for GPs based on the role of GPs in health care system in each countries

Discussion / Conclusion

Current Trends in Education and Training GPs

Factors Influencing Medical Students' Choice of General Practice

Potential new pathways that can resolve common existing problems in education and training GPs

SB92 Preparation for Clinical Practice: Survey of Interns and Radiologists

Authors

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Rationale

The aim of the research was to evaluate radiologists, and interns' perceptions regarding interns' interactions with radiology departments. The study sought to identify the knowledge gaps that should be considered when designing a radiological clinical practice preparatory module.

Methods

Ethical approval was obtained from the ethics committees affiliated with Irish intern training networks. A mixed methods approach was employed, where by a sample of Irish interns and radiologists were asked to complete (a) a quantitative survey of perceptions of interns interactions with radiology departments; (b) a qualitative analysis of what topics should be covered in a preparatory course, using the group concept mapping (GCM) paradigm. Response rates for interns, and radiologists were 40% respectively. Results were analysed using the SPSS and the GCM online platform.

Findings

The majority of interns (n=50) and radiologists (n=50) perceived that undergraduate radiology teaching was adequate, but identified the following additional areas which might enhance preparedness to interact with radiology departments. These areas included: communication with radiologists, understanding the indications for radiology examinations, the ten day rule. Radiologists reported that an intern preparedness for practice module might focus on understanding of imaging modalities, urgent imaging, interpretation of radiology results, clinical decision support, adverse reactions and risks.

Discussion / Conclusion

This research provides an evidence base for the development of a preparation-for-practice course in radiology aimed at interns or final year medical students.

SB93 Humanities in Medicine: A qualitative study of graduate and student experiences of completing a Student Selected Component

Authors

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Rationale

This study aims to address medical student and graduate perceptions of completing a compulsory humanities project and its potential impact in the short and long term, using qualitative research methods.

Methods

Two focus groups were completed with graduates (n=11) and one with current medical students (n=6) who had just completed their student selected component (SSC). Data was analysed using thematic analysis using Braun & Clarke's (2006) framework via NVivo 11.

Findings

Three core themes were highlighted following data analysis – a) Evolution of the Humanities Project (experience and skills, grading and cost effectiveness), b) Rewards of the Humanities Project (time away from study to reflect, develop new interest and potential relevance to clinical practice and enjoyment) and c) Difficulties of the Humanities Project (Lack of skills & perfectionism, and grading, prioritisation and perfectionism).

Discussion / Conclusion

It is clear that a humanities project, in compulsory and self-directed learning format, allows students the opportunity to develop new skills, revisit previous interests and spend time away from conventional medical study. Issues of competitiveness, time management and criteria for assessment were highlighted as challenging areas. These experiences should be recognised and valued amongst curriculum developers in formulating learning outcomes for humanities /arts SSCs to ensure that the medical education curricula is developing students to be a whole person.

SB99 SLIDR: A NOVEL INTERACTIVE DIGITAL RESOURCE FOR HISTOLOGY.

Author

Peter Holloway (UCD)

Rationale

Histology is a fundamental component of medical programs. It requires associating tissue morphology with both anatomical location and physiology. This association can be challenging using traditional resources such as textbooks. To address this “SlidR”, a web-based tool featuring slider-based navigation was developed. Students’ attitudes towards SlidR in comparison to static PDF resources containing identical content were measured.

Methods

Resources in both formats were developed for Respiratory and gastrointestinal systems. Students (n=302) from early stages of our medical programs were then invited to compare the resources and complete an online survey reporting their experiences pertaining to design, performance and perceived utility using five-point Likert scales and open-ended questions. Rankings were subsequently analysed using two-tailed Wilcoxon’s signed rank tests.

Findings

The response rate was 11.2% (n=34). PDFs were ranked as significantly more useful as study aids than SlidR ($Z = -2.288$, $p = 0.022$) but both were reported to be useful (SlidR: 82.4%, PDF: 94.1%). Students found both resources helped link histology to functional anatomy (SlidR: 82.4%, PDF: 76.5%, difference not statistically significant). A Cronbach’s Alpha of nine items measuring different SlidR attributes was 0.716, indicating survey reliability.

Discussion / Conclusion

In this study, our students consider PDFs more useful as study aids than SlidR. This study however suggests SlidR is useful and better for linking histology to function. Future work could assess SlidR’s actual educational impact.

SB101 Design of a Curriculum for the College of Anaesthesiologists of Ireland

Author

Dr Lindi Snyman; Dr Orsolya Solymos; Dr Eilis Condon; Dr Camillus Power

Rationale

The training structure of the College of Anaesthesiologists of Ireland (CAI) has been restructured from a two year basic specialist and five year higher specialist training scheme into a six year run through specialist anaesthesiology training (SAT) programme. To ensure competency following the restructuring of the SAT programme, four entrustable professional activities (EPAs) were trialled in 2017 and 2018 as the organising framework for a competency-based training programme; and this potential method of assessment of trainees is under review as the college transitions from a modular to a competency based curriculum. These changes, in addition to the added focus from the Irish Medical council on 'Good Professional Practice', have required an update of the curriculum of the College of Anaesthesiologists

Methods

The current training regulations and syllabus are currently being compared to international standards and international training bodies to establish professional equivalence. A draft revision of the curriculum is underway to fully reflect both the academic and professional standards required of an anaesthesiologist practising in Ireland.

Discussion / Conclusion

The curriculum of the CAI is an ideological document which describes the academic content and clinical skills which a trainee requires to achieve specialist status. In addition to knowledge and skills acquired, the social and professional accountability relevant to the Irish situation, as defined by the 'Eight Domains of Good Professional Practice' needs to be identified and assessed. The curriculum of the College of Anaesthesiologists of Ireland is currently under design to reflect these standards.

SB103 Partnering with patients in the creation of online resources for interprofessional education

Authors

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Rationale

Collaborative practice happens when healthcare professionals work together with patients and families to deliver the highest quality of care. This is the optimal model for paediatric care, with children and families included as partners within the healthcare team. Interprofessional education (IPE) is seen as a necessary step towards collaborative practice. We sought to explore how best to prepare our students for paediatric collaborative practice, harnessing the unique interprofessional learning opportunities in paediatric care. This also required navigating logistical IPE challenges such as asynchronous curricula, unequal class sizes and delivery across international campuses.

Methods

We collaborated with a parent in creating case-based online IPE. Videos of the parent/child in consultations with a paediatrician, pharmacist, physiotherapist and speech and language therapist were recorded and embedded into an interactive Articulate Storyline® package. Pre-post MCQs and key teaching points covered a range of issues including developmental stages, medication administration and complex communication.

Findings

Medical students are currently engaging with the online IPE on a rotational basis, and student reaction to the learning is ongoing. Delivery in the pharmacy and physiotherapy curriculum is planned. Currently, the learning outcomes for interprofessional collaborative practice are, therefore, obtained unprofessionally.

Discussion / Conclusion

The patient-centred online interprofessional activity has provided an opportunity to begin to prepare our students for paediatric collaborative practice. We intend to explore further progression towards learning with others and evaluate the outcomes at a higher level.

SB105 Undergraduate Surgical Basecamp: Simulation and high fidelity immersion alongside cognitive and virtual reality experience

Authors

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Rationale

New models of undergraduate teaching are needed alongside advances in surgery. Boot camps are in-training postgraduate courses combining simulation-based practice with other educational methods to enhance learning and preparation for individuals entering new clinical roles. We piloted and introduced a one day intensive learning experience (“surgical basecamp”) to ease the transition of medical students commencing our clinical surgery module to maximise their subsequent learning opportunity, ease the transition and engage staff/student relationship.

Methods

Induction for stage III medical students over four sessions between in August 2017 and October 2018 with preceptorship and instruction provided collaboratively by consultants, NCHDs and anatomists. Students rotated through stations comprising (I) Simulation Theatre- (virtual reality immersion, surgical and gaming scrub, cognitive experience and consent/postop charting (II) Laparoscopic (FLS curriculum) and Open Instrument Skills/Knot tying (III) Anatomy Reviser and tasked focussed operation on human cadavers. Attendees were surveyed on completion by standardised questionnaire.

Findings

323 students attended with 254 returning the structured feedback questionnaire (79% response rate). Feedback scores detailed broad appreciation and value assignment with laparoscopic and bench skills ranked highest satisfaction scoring a mean value of 5.5/6 closely followed by anatomy reviser 5.2/6 and simulation theatre 4.9/6. Narrative feedback indicated high 360° positivity with most wanting frequent re-immersion. Interest to repeat the module consisted of 87% of respondents for anatomy reviser, 89% for bench skills and 48% for simulation theatre.

Discussion / Conclusion

Induction in this format sets up useful theatre expectation, encourages participation and exposure while providing vertical integration between preclinical and clinical curricula.

SB110 Teaching Mindfulness – the use of mindfulness to help students deal with clinical uncertainty

Author

Eva Flynn (Discipline of General Practice, NUIG)

Managing clinical uncertainty is an established learning need of medical students. Becoming adept at this has been shown to be an area of discomfort, and sometimes anxiety for medical students. In addition distinct subgroups of trainee doctors have been identified to struggle more with clinical uncertainty. A novel and beneficial approach to addressing this learning need is with training in mindfulness for medical students. Understanding the core principles of mindfulness and practicing these principles allows the individual to become more accepting of uncertainty and in turn, more comfortable in dealing with uncertainty. Integration of the teaching of mindfulness within a medical curriculum has now been embraced by world leading medical schools. Mindfulness based interventions are empirically supported to enhance psychological wellbeing, improve performance, reduce error, build resilience and in turn prevent burnout. Mindfulness works effectively with clinical uncertainty through the use of the Beginner's Mind. The Beginner's Mind or Shoshin, a word from Zen Buddhism is openness to uncertainty and an eagerness to engage with uncertainty without the formulation of a preconceived outcome, which can often be a negative and false preconception that causes distress. Teaching mindfulness to the medical student empowers the student to deal with uncertainty with a new perspective free from judgment and negative self-critique.

SB121 Curriculum development in the Medical Humanities: what are the arts, culture and leisure activities of medical students?

Author

Desmond O'Neill (TCD)

Rationale

A recognized criticism of medical humanities programmes is that they reflect the enthusiasms of faculty rather than the strengths and educational needs of students. We present the first survey of the arts, culture and leisure activities of medical students to inform curricular development.

Methods

We sampled the undergraduate medical student population (n=736) in Trinity College Dublin using a survey tool to collect both qualitative and quantitative data administered by web-based survey software.

Findings

The response rate was 35%. The majority (90%) report reading for pleasure, 77% at least once a month. Over half (55%) of students attend the gym at least once weekly: 50% played an instrument at some time but few did so regularly, and 37% sang. Forty-one percent attended the cinema on a monthly basis. In terms of dance/theatre/art exhibition/readings, 75% rarely or never went to these events.

Discussion / Conclusion

These findings support a partnership approach with students engaging with a broad framework of cultural material to explore the medical humanities, with a focus on popular art forms, including reflection on the relationships to sport and fitness.

SB124 Evaluation of Public Health Medicine Departmental Teaching Sessions for Graduate Entry Medical Students 2018

Author

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Background

The Public Health Medicine curriculum for second year Graduate Entry Medical Students (GEMS) consists of a series of lectures delivered in the associated university, plus an additional half day of small group teaching sessions, delivered in the local Department of Public Health. The Departmental small group teaching sessions provide a practical overview of the three pillars of Public Health i.e. health protection, health promotion and health services. This evaluation aimed to capture the students perception of what work well and what could be improved upon.

Methods

The Departmental small group teaching sessions took place over 6 sessions in autumn 2018, with an average of 11 students per session. A paper survey was devised consisting of five questions with both closed and open ended questions.

Results

76 second year GEMS were surveyed with an 86.8% (n=66) response rate.

- 100% (n=66) of students surveyed thought the lecturers were well prepared and knowledgeable.
- 98.5% (n=65) thought the Departmental small group teaching sessions were useful overall.
- 69.7% (n=46) thought the content was excellent (Figure No.1). 28.8% (n=19) thought the content was good.
- 75.7% (n=50) thought the Departmental sessions were highly relevant to them.
- 54.5% (n=36) of students thought the duration of the teaching session was appropriate.
- 54.5% (n=36) thought the location of the teaching session was excellent.

Discussion

GEMS found the Departmental small group teaching sessions useful and relevant to their training. The results of this evaluation will be communicated to the relevant university to enhance further teaching sessions, while maintaining alignment with the desired learning outcomes of the university.

In-Conference Workshops Schedule

Thursday, 7th February 2019

WS7 11:10 to 13:00	<i>Biomedical Sciences Building</i> <i>BMS-G020</i>	Supporting the health and wellbeing of students studying for healthcare careers Pádraig McNeela, Diarmuid O' and John Hannon NUIG
WS9 14:30 to 16:00	<i>Biomedical Sciences Building</i> <i>BMS-G020</i>	Out of the Silos!- Learning how to learn together An Interprofessional Educator Workshop by PACE
Student-led Session 16:30 to 17:30	<i>ILAS Building</i> <i>LCI - G018</i>	'What being a health care professional means to me'

Friday, 8th February 2019

Rapid Infusion Workshop 1 09:00 to 11:00	LCI - G006	Training in Compassion- is it possible and how would you do it? David Shlim, Past President International Society for Travel Medicine
Rapid infusion Workshop 2 09:00 to 11:00	LCI - G008	Mentoring undergraduate students in the health sciences Yvonne Finn (School of Medicine), Caroline Hills (School of Health Sciences) & Siobhan Smyth (School of Nursing) NUIG
Rapid infusion Workshop 3 09:00 to 11:00	LCI - 2015	Rapid Infusion Workshop: Getting Published. Peter Cantillon, NUIG
Rapid Infusion Workshop 4 09:00 to 11:00	LCI - G007	EXQUISITE Qualitative research Facilitated by Deirdre Bennett (UCC), Jenny Johnstone (QUB) and Aileen Barrett (ICGP)
Rapid infusion Workshop 5	LCI - G009	Supporting medical students workplace-learning Facilitated by (Tim Dornan - in spirit), Grainne Kearney, Richard Conn (QUB)

In-Conference Workshops Outlines

Supporting the health and wellbeing of students studying for healthcare careers

Facilitated by Pádraig McNeela, Diarmuid O'Donovan and John Hannon (NUIG)

Aim: Explore challenges to students' own health and wellbeing, and how educators can better support personal and interpersonal development.

Objectives:

Share Irish research findings on student health and wellbeing to promote educator reflection

Work with participants to identify key challenges to health and wellbeing among their students

For participants to share knowledge of activities and interventions that support healthcare students

Consider feasible solution strategies for improving student health and wellbeing, in the curriculum and in support systems

“Out of the Silos!- Learning how to learn together”

An Interprofessional Educator Workshop

Facilitated by Professional Alliance of Clinical Educators (PACE), College of Medicine, Nursing and Health Sciences, NUIG.

Workshop Facilitators: Eimear Burke, Rosemary Geoghegan, Caroline Hills, Maureen Kelly, Marion O'Regan Martin Power, Eileen Walsh

The problem

Educational innovations, advancements in teaching and assessment strategies, educational research and development of best practice guidelines, are continuously occurring within health and social care programmes. However traditionally there is very little cross pollination between the various health related professions (eg nursing, medicine, social care, allied health professions) with respect to sharing information and experience in the educational domain. Accordingly important knowledge advances can remain restricted within the professional silos. This represents a significant lost opportunity for academics to learn from and with each other.

What we did

The Professional Alliance of Clinical Educators (PACE), College Medicine, Nursing and Health Sciences, NUI Galway, is a faculty development forum for educators involved in teaching and assessing on health and social care programmes. Throughout the academic year lunchtime meetings are held regularly to share best practice innovations and research in education and assessment.

The workshop

This workshop will map out the set up and development of PACE. The PACE experience will serve as a prompt for workshop participants to explore the drivers, rewards and challenges of health and social care educators coming together to share and learn. Participants will have an opportunity to explore strategies that may overcome perceived challenges to this type of inter-professional faculty development, and to consider if this practice would be feasible within their own setting.

Rapid Infusion Workshop 1: Training in Compassion- is it possible and how would you do it?

Facilitated by Professor David Shlim

Compassion is often thought of as a character trait rather than a quality that can be cultivated. A goal for training in compassion would be to achieve a compassion that is more stable, inclusive, and effortless. Patients can very easily detect when a caregiver is conveying a genuinely compassionate attitude, but caregivers aren't always able to convey that feeling. The workshop will explore the basis of compassion, help develop confidence in a vocabulary of compassion, and introduce the ways that one can utilize greater compassion in one's work, while at the same time making it easier.

Rapid Infusion Workshop 2: Mentoring undergraduate students in the health sciences

Facilitated by Yvonne Finn, Caroline Hills & Siobhan Smyth (NUIG)

Undergraduate students in the Health Sciences rate mentoring as important. However implementation of an effective mentoring programme can be challenging in undergraduate curricula and this may lead to poor engagement by mentees and/or mentors. This workshop employs a structured brain-storming process, the nominal group technique, whereby participants work together to reach agreement, by consensus, on the top 10 recommendations for an effective mentoring programme in the undergraduate Health Sciences.

Rapid Infusion Workshop 3: Getting Published.

Facilitated by Peter Cantillon (NUIG)

Many new entrants to academic posts struggle to get their research published in academic journals. This two hour workshop is largely targeted at delegates early in their academic careers. It will cover paper drafting issues such as title, abstract construction, writing a compelling introduction, presenting a coherent research narrative and selling your paper to the editorial team. It will also describe how the editorial process works and how to respond to the inevitable critical comments that you will receive via the peer review process. This workshop has been used in a variety of settings in the UK and Ireland and is based on the authors experience as an editorial team member at the BMJ and education for primary care.

Rapid Infusion Workshop 4: EXQUISITE Qualitative research

Facilitated By Deirdre Bennett^{1,3} & Jenny Johnston^{2,3}

1. University College Cork, 2. Queen's University Belfast;

3. The European Centre of Excellence in Qualitative Study and Inquiry in Training and Education (EXQUISITE)

Target audience: Newcomers to qualitative research, or those who have some experience in the area, and would like to learn more.

Workshop Summary: Broadly speaking, analytical approaches in qualitative research examine either *what is said* (the content), or *how it is said* (the language used). Each category offers interesting possibilities for the researcher. The objective of this workshop is to discuss how to choose an analytical approach, and to provide participants with the opportunity to apply different approaches to authentic data. Participants will learn about the procedures, and the strengths and limitations of content and language focussed approaches.

Rapid Infusion Workshop 5: Supporting medical students workplace-learning

Facilitated by Tim Dornan, Grainne Kearney, Richard Conn (QUB)

A century ago, when medical students learned as apprentices, there would have been no need to discuss this. But growing student numbers, increasing demands on curricula, and pressurised clinical workplaces have led to necessary changes in clinical education. This makes issues of how we support students to become doctors more important than ever. But what really goes on in clinical placements? What are the principles of effective clinical education? And how can clinical teachers create conditions to support it in overstretched clinical environments with limited resources?

This workshop will be of interest to clinical teachers, faculty developers, and curriculum leaders. In it, we present findings of a recent systematic review of up-to-date evidence on how medical students learn in the workplace, which updates and builds on previous work by Professor Dornan. We invite participants to discuss case studies of good clinical education from across the globe, exploring how students learn on clinical placements, how this contributes to them becoming doctors, and how educators can support them in the process.