UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Medical
Education
Unit

iNHED
IRISH NETWORK OF HEALTHCARE EDUCATORS

EMBRACING THE FUTURE OF HEALTH PROFESSIONS' EDUCATION

UNIVERSITY COLLEGE CORK

MAY 22ND & 23RD 2025

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INHED Chairs' Welcome

We would like to warmly welcome you all to the 18th annual scientific meeting of Irish Network of Healthcare Educators (INHED), hosted this year by the Medical Education Unit at University College Cork (UCC). We are delighted to welcome presenters and delegates from institutions of healthcare training, education and provision across the island of Ireland to the conference.

First and foremost, we wish to thank UCC for hosting the INHED Annual Scientific Meeting 2025. In particular, we would like to acknowledge the commitment of Dr. Anél Wiese, Chair of the UCC INHED conference organising committee, and the committee members from across the College of Medicine and Health who have compiled a programme rich in educational innovation and research.

Under this year's theme, 'Embracing the Future of Health Professions' Education' we are excited to welcome our three keynote speakers; Dr. Niamh Chhugani-Lennox, International Foundation for Integrated Care, Ms. Nuala Hampson, Centre for Sustainable Healthcare and Prof. Martin Curley, Innovation Value Institute, Maynooth University. Their plenary talks will address the future-focussed areas of integrated care, climate change and sustainability and digital health in health professions' education. The conference will also feature presentations, workshops and a patient-led session highlighting research, and educational innovations across a wide range of topics.

Within the conference, there will be an opportunity to attend the INHED AGM at the end of the first day. We are looking forward to updating you all on INHED developments over the last year including the output from our strategic away day hosted by RCPI, changes to the structure and membership of the INHED Executive Committee and opportunities emerging in the area of Special Interest Groups.

The main role of the INHED Annual Conference is to provide an opportunity to share learning, best practice and research endeavours in all aspects of healthcare education across multiple disciplines. Each year we also hear from past winners of research awards, and we take the opportunity to announce new awardees. We acknowledge with deep thanks the continued support of the Irish Medical Council in this endeavour. We are also grateful to ASME Educator Development Committee who are sponsoring a prize for the best presentation relating to Faculty Development.

Finally, we would like to thank our conference sponsors; Medguard, the Medical Protection Society, Speedwell, UCC ASSERT, UCC MSc in Health Professions' Education and UL MSc in Health Professions' Education. Please take some time to visit their stands during the conference breaks.

On behalf of the INHED Executive, we wish you a successful conference and we thank you for your ongoing support and commitment to INHED.

Deirdre Bennett & Jason Last
INHED Co-chairs

UCC INHED Conference Organising Committee

Chair: Dr. Anél Wiese

Members:

- Dr. Niamh Coakley
- Dr. Aislinn Joy
- Dr. Shila Salleh
- Dr. Catherine Sweeney
- Dr. Daniel Coakley
- Dr. Aoife Fleming
- Prof. Elaine Lehane
- Dr. Helen Hynes
- Dr. Nora McCarthy
- Dr. Irina Korotchikova
- Dr. Rob Gaffney
- Dr. Trish O' Sullivan

Conference Support MEU UCC:

- Dr. Marah Elfghi
- Dr. Emer Galvin
- Dr. Debbie Heaphy
- Ms. Claudia Osborne
- Ms. Caoimhe O'Brien
- Mr. Rory Mulcaire

Conference Support INHED:

- Mr. Darragh Scannell

Conference Schedule – At A Glance

Thursday, 22^{nd} May 2025	**Brookfield Health Sciences Complex, UCC**	
08:30 – 10:00	Conference Registration (Coffee/Tea available)	**Main Foyer**
10:00 – 10:15	**Welcome address** Prof. Helen Whelton, Head, College of Medicine and Health, UCC Prof. Deirdre Bennett, Head, Medical Education Unit, UCC and Co-chair INHED	**G01**
10:15 – 11:15	***"Preparing The Integrated Care Workforce for Today and Tomorrow."*** Keynote 1 by Dr Niamh Lennox-Chhugani	**G01**
11:15 – 11:30	**Coffee/Tea Break**	**1.01/1.02; Jennings Gallery**
11:30 – 13:00	Session 1: Postgraduate Medical Education	**G04**
	Session 2: Equality, Diversity and Inclusion	**G05**
	Session 3: Curriculum	**103a**
	Session 4: RIME and HPERG Recipients	**103b**
	Session 5: Short communications 1	**1.21**
	Session 6: Short communications 2	**2.25**
13:00 – 13:45	**Lunch**	**1.01/1.02**
13:45 – 14:45	***"Education for Sustainable Healthcare: A Call to Action."*** Keynote 2 by Ms. Nuala Hampson	**G01**
14:45 – 15:00	**Coffee/Tea Break**	**1.01/1.02; Jennings Gallery**
15:00 – 16:30	Workshop 1: *Pre-Briefing Essentials: Creating A Safe and Effective Learning Environment for Simulation-Based Activities.* Facilitators: Ms. Clare Crowley & Ms. Sinead O'Brien	**G11/12**
	Workshop 2: *Teaching Sustainable Quality Improvement (SusQI): Knowledge into Action.* Facilitator: Ms. Nuala Hampson	**1.21**
	Workshop 3: *Fostering Person-Centred Care by Including Patients as Members of the Interprofessional Education Curricular Team.* Facilitators: Dr. Aoife Fleming & Prof. Fiona Kent	**1.22**
	Workshop 4: *Teaching Literature Reviews in Health Professions' Education.* Facilitators: Prof. Elaine Lehane & Dr. Anél Wiese	**1.55/1.56**
	Workshop 5: *Arts & Humanities in Health Professions' Education: A Material Exploration.* Facilitators: Dr. Laura McKenna & Dr. Aislinn Joy	**2.63ab**
16:30 – 17:30	Session 7: Assessment	**G01**
	Session 8: Public and Patient Involvement	**G04**
	Session 9: Digital Education	**103a**
	Session 10: Clinical Practice	**103b**
	Session 11: Short Communications 3	**G05**
17:30 – 18:30	INHED AGM – all welcome to attend	**G01**
19:00	Conference Dinner - Léa's at the Glucksman UCC	

Friday, 23rd May 2025	**Brookfield Health Sciences Complex**	
8:30 - 9:30	Conference Registration (Coffee/Tea available)	**Main Foyer**
9:30 - 10:30	Patient-led session ***"Bridging Education and Practice - The Patient Perspective of Getting Involved in Interprofessional Education."***	**G01**
10:30 - 11:30	*"Educating Our Clinicians for the Digital Health Age"* Keynote 3 by Prof. Martin Curley	**G01**
11:30 - 11:45	Coffee/Tea Break	**1.01/1.02/Jennings Gallery**
11:45 - 13:15	Session 12: Teaching and Learning	**G01**
	Session 13: IMG's & Communication	**G04**
	Session 14: Clinical Training	**G05**
	Session 15: Competencies & Career Pathways	**103a**
	Session 16: Training & Careers	**103b**
	Session 17: Short communications 4	**1.21**
	Session 18: Short communications 5	**1.22**
	Session 19: Short communications 6	**2.25**
13:15 - 14:00	Lunch	**1.01/1.02**
14:00 – 15:30	Workshop 1: *Stay Left, Shift Left-10X – The New Theory of the Business for Health.* Facilitator: Prof. Martin Curley	**G11/12**
	Workshop 2: *Supervising Master's Research in Health Professions Education.* Facilitators: Ms. Mairead Boohan, Prof. Peter Cantillon, Dr. Mohamed Elhassan Elsayed, Dr. Catherine Sweeney	**1.21**
	Workshop 3: *Planetary Health in Health Professions' Education: Practice Exchange and INHED Special Interest Group Formation.* Facilitators: Prof. Deirdre Bennett, Dr. Niamh Coakley, Dr. Anél Wiese, Dr. Deborah Heaphy	**1.22**
	Workshop 4: *Design Thinking to Enhance Medical Education Experiences.* Facilitator: Prof. Leonie Heskin and Ms. Miriam Rigney	**1.55/1.56**
	Workshop 5: *Metacognition in Action – Cultivating Clinical Thinkers Through Strategic Learning.* Facilitators: Ms Kate Acton, Ms. Lynn Allen, Prof. Emma O'Neill	**2.63ab**
15:30 - 16:00	**Conference close** Prof. Jason Last, Co-chair INHED Announcement of Research (RIME and HPERG) and Conference Presentation Awards	**G01**

Certificates of Attendance

There is CPD approval (RCPI) for 12 points for this event. Those who wish to claim CPD should complete the sign-in sheet at the registration desk on each day of attendance.

Registration

You will have received a copy of this programme because you have already registered for the conference. If you are aware of colleagues who intend to come to the conference, but have not already registered, please encourage them to go to the link HERE to complete the registration process.

Confidentiality and Media Policy

This is a closed scientific meeting, and all abstract presentations have been submitted on the understanding that they remain confidential to the meeting participants. Abstract content may only be cited with the explicit permission of the authors. Thus, it is possible to communicate about presentation using social media, but you cannot use the precise text of the abstract without permission.

We would be very grateful if you could share information about the conference and your thoughts about what you are seeing and hearing using the hashtag *#INHED2025*

Venue

This year's INHED Conference will be held in University College Cork on May 22nd and 23rd at Brookfield Health Sciences Complex, which is a 12-minute walk west of main campus, on College Rd.

The 'Quad', UCC Main Campus

Brookfield Health Sciences Complex

Transportation: Taking the bus/train

Brookfield Health Sciences Complex is a 20-minute bus journey from Cork Kent Train Station, and a 15-minute journey from Cork Bus Station. The 205 Bus Éireann service runs every 15 minutes, stopping at both stations. The 205 stops directly outside of Brookfield Health Sciences Complex, at the stop 'College Rd (Opposite Brookfield Lodge)', (11 stops from Kent Station, 10 stops from the Bus Station). Alternatively, taxi services are also available outside both stations.

All buses in Cork City are organised by BusÉireann. Visit this website for more information on fares, timetables, and journey planners.

Belfast/Dublin

The Iarnród Éireann train service runs from Dublin to Cork with an average of 16 trains per day with an estimated travel time of 2h40mins. Trains from Dublin to Cork depart approximately every hour. There are no direct train routes from Belfast to Cork, however there is an average of 15 trains that run daily from Belfast to Dublin that depart approximately every hour, with an estimated travel time of 2h13mins.

Train tickets can be purchased from IarnódÉireann website ahead of time.

Galway

The 51 Expressway bus runs from Galway Bus Station to Cork Bus Station, with an average of 14 buses running per day with an estimated travel time of 4h20mins. Buses from Galway to Cork depart approximately every hour.

Bus tickets can be purchased from ExpressWay website ahead of time.

Student Discount

If you are aged 19-25, or if you are a student, you can avail of the Young Adult/Student Leap Card which offers a 50% discount of all fares on both train and bus services provided by Bus Éireann, Expressway and Iarnród Éireann.

- More information about the YA/Student Leapcard
- Complete an application form

Transportation: Travelling by car

Brookfield Health Sciences Complex is located a 10 minutes' drive from Cork's city centre. Once exiting the motorways on the correct exit, there will be signposts on the roads leading the way to University College Cork. An EirCode of Brookfield Health Sciences Complex is provided overleaf which will provide explicit directions to the building. Overleaf, there is also an approximate travel time for several cities both in the North and South of Ireland.

Starting Point / Location	Journey Distance (Miles / Kilometres) *	Approximate Journey Time**
Dublin	73 / 265	3 hour 0 minutes
Derry / Londonderry	335 / 540	5 hour 40 minutes
Limerick	61 / 99	1 hour 35 minutes
Galway	128 / 206	3 hour 23 minutes
Belfast	260 / 420	4 hour 30 minutes

*All distances are based on a central starting position within the city/town named and on your final location being the main UCC Campus (Western Road)

Sat Nav Address

If you are planning on driving to UCC and have a SAT NAV available you can use the following address: Brookfield Health Sciences Complex, College Road, Cork T12 AK54.

Parking

The two main visitor car parks are charged for by the hour and are located at: Perrott's Inch (P1, off Western Road) and College Road (P2, entry from Perrott Avenue).

Accessing WiFi during the conference

Visitors attending from a Higher Education Institute (HEI) in Ireland will be able to access WiFi during the conference by connecting to Eduroam which is offered to all HEI providers in Ireland. Users will be able to connect to Eduroam and therefore WiFi during the conference by logging in on their device with their own Eduroam credentials. For further information, please visit the following webpage: https://www.eduroam.ie/what-is-eduroam/eduroam-for-users and you may also consult with your local IT department in advance of attending the conference around ensuring this is set-up and supported.

For those not attending from a Higher Education Institute a combined group account has been created which will enable access to Eduroam services.

Please access Eduroam and then enter:

Username: aodn@eva.edu.ie

Password: cudsr

Presentation Guidelines

Full presentations are allocated 10 minutes plus 5 minutes for questions. Short communications are allocated 7 minutes presentation time plus three minutes for questions. Your presentation should emailed to info@inhed.ie in PowerPoint format by no later than Monday, May 19th so we can ensure the presentation is saved for you to access during the conference in the presentation venues.

Feedback and Evaluation

Following attendance at the conference, we would be grateful if you could please complete the evaluation form below as your feedback is much valued and will help for future planning.
INHED 2025 Feedback and Evaluation Form

Keynote Speakers

Dr. Niamh Lennox-Chhugani
The International Foundation for Integrated Care

Dr Niamh Lennox-Chhugani is Chief Executive of the International Foundation for Integrated Care. She has experience in evidence-based policy and practice in healthcare internationally as a clinician, academic and consultant. She has led care programmes in the NHS over a span of 30 years. She also has international policy experience with the World Bank and WHO including health system policy reform in Europe, Africa and Asia. As a subject matter expert on integrated care as part of wider healthcare reform, she has spoken at conferences, on panels, authored peer-reviewed papers and book chapters, contributed as part of international teams to health system reviews and integrated care evaluations. She has a PhD from Imperial College London in organisation change in healthcare. She is on the editorial board of the International Journal for Integrated Care and sits on the advisory board of numerous integrated care research programmes.

Keynote Address: *"Preparing The Integrated Care Workforce for Today and Tomorrow."* Thursday 22nd May at 10:15a.m. – 11:15a.m. - BHSC G01

Ms. Nuala Hampson
Centre for Sustainable Healthcare

Nuala Hampson is Pharmacy Lead and Senior Educator with the Centre for Sustainable Healthcare (CSH). CSH is a registered UK-based charity which aims to inspire and empower people with the knowledge, skills and tools to play their part in the transformation to sustainable healthcare. Nuala is passionate about sustainability and enabling others through positive action. She was the sustainability champion at the Centre for Pharmacy Postgraduate Education, focusing on encouraging individual and organisational change. Nuala co-founded the Greener Primary Care Pharmacy Association sub-group and is a member of Pharmacy Declares, a group of climate conscious pharmacy professionals based in the UK. She is a co-lead for the CSH Pharmacy Sustainability Network and the Education Sustainability Network and co-chairs the UK-wide Sustainability in Pharmacy Education group.

Keynote Address: *"Education for Sustainable Healthcare: A Call to Action."* Thursday 22nd May at 13:45p.m. – 14:45p.m. - BHSC G01

Prof. Martin Curley

Maynooth University

Martin Curley is Professor of Innovation at Maynooth University and Director of the Digital Health Ecosystem at the Innovation Value Institute at Maynooth University, Ireland. Most recently Martin was Chief Information Officer and Director of Digital Transformation for Ireland's National Health Service (HSE) and previously was Senior Vice President at Mastercard and head of Global Digital Practice. Martin is chair of the UNGA Digital Health Symposium and the driver of the Digital Health paradigm StayLeftShiftLeft-10X. He has previously been Vice President, Senior Principal Engineer and Director of Intel Labs Europe as well as Global Director of IT Innovation at Intel Corporation.

Martin has also held engineering management positions at Philips and General Electric. Martin has been identified as a top 10 global influential, inspiring and impactful health leader/educator by a number of international publications and was awarded European Chief Technology Officer of the year in 2015. He chaired the European Commission Open Innovation Strategy and Policy Group (OISPG) for seven years, is the creator of Open Innovation 2.0 and has served on multiple EU and European Advisory boards. He is author of eight books on Innovation, Digital and Entrepreneurship and has keynoted and led executive education across the world, from Boston to Beijing and Sydney to Sao Paolo. He was awarded Irish National Digital Leader of the Year award in 2024 and the world Public Sector Innovation award in 2020 from the International Chambers of Commerce. As an academic, author and advisor he strives to create better health and a better health system for all.

Keynote Address: *"Educating Our Clinicians for the Digital Health Age."* Friday 23rd May at 10:30a.m.-11:30a.m. – BHSC G01

Workshop Schedule

Thursday 22nd May 2025: 15:00-16:30

Claire Crowley & Sinead O'Brien	Nuala Hampson	Aoife Fleming & Fiona Kent	Anél Wiese & Elaine Lehane	Laura McKenna & Aislinn Joy
BHSC/G.11+G.12	BHSC/1.21	BHSC/1.22	BHSC/1.55+1.56	BHSC/2.63a+b
Pre-briefing essentials: Creating a safe and effective learning environment for simulation-based activities.	Teaching Sustainable Quality Improvement (SusQI): Knowledge into Action.	Fostering person-centred care by including patients as members of the Interprofessional Education curricular team.	Teaching literature reviews in health professions education.	Arts & Humanities in Health Professions' Education: a material exploration

Friday 23rd May 2025: 14:00-15:30

Martin Curley	Mairead Boohan, Peter Cantillon, Mohamed Elhassan Elsayed & Catherine Sweeney	Deirdre Bennett, Anel Wiese, Niamh Coakley & Debbie Heaphy	Leonie Heskin & Miriam Rigney	Kate Acton, Lynn Allen, Emma J. O'Neill
BHSC/G.11+G.12	BHSC/1.21	BHSC/1.22	BHSC/1.55+1.56	BHSC/2.63a+b
Stay Left, Shift Left-10X – The New Theory of the Business for Health.	Supervising Master's Research in Health Professions Education	Planetary Health in Health Professions' Education: Practice Exchange and INHED Special Interest Group Formation.	Design thinking to enhance medical education experiences.	Metacognition in Action – Cultivating Clinical Thinkers Through Strategic Learning

Workshop Abstracts

Thursday, 22nd May

Pre-briefing essentials: Creating a Safe and Effective Learning Environment for Simulation-Based Activities

Ms. Claire Crowley[1] & Ms. Sinead O'Brien[1]

1. School of Nursing, University College Cork

Background:

Simulation-based education (SBE) is a widely recognised approach in healthcare education that provides a safe, immersive setting for learners to develop clinical, technical, and interpersonal skills without risking patient safety (INACSL, 2021). A key, yet sometimes underemphasised, element of SBE is the pre-briefing phase, which fosters psychological safety, outlines learning objectives, and encourages active participation (Rudolph et al., 2014). This structures process prepares participants by clearly communicating the educational goals, procedural expectations, and operational guidelines relevant to the simulation activity (INACSL, 2021). Faculty involved in simulation may be content experts, simulation specialists, or both, but must possess appropriate training to brief effectively within the educational modality (ASPiH, 2023). Properly executed pre-briefing is critical for enhancing the impact of simulation, supporting learner engagement, and promoting an inclusive learning environment. It lays the groundwork for meaningful experiential learning by ensuring participants are informed, comfortable, and ready to engage with the simulated experience.

Workshop Objectives:

- To deepen understanding of the principles and essential components of effective pre-briefing.
- To emphasise the importance of participant safety in simulation-based learning environments.
- To enhance participants' ability to apply evidence-informed pre-briefing strategies in their own educational settings.

Overview of Workshop:

This 90-minute interactive workshop is designed to support educators and facilitators to reflect on and enhance their pre-briefing practices. The session will begin with a brief presentation outlining current evidence-based standards and strategies for effective pre-briefing. There will be a focus on optimising simulation participants' learning and safety. We will also review the various elements that the pre-briefing process can encompass. Workshop participants will partake in facilitated discussions to explore experiences and exchange successful approaches to pre-briefing across different contexts. During the workshop, participants will engage in group activities to explore common challenges often encountered during simulation pre-briefing, and work to develop practical, context-sensitive solutions.

Target Audience:

This workshop is intended for individuals involved in the preparation and/or delivery of simulation-based education, including academic faculty, clinical educators, and simulation facilitators. It is suitable for both novice and experienced practitioners seeking to enhance the effectiveness of their pre-briefing practices.

References:

INACSL Standards Committee, McDermott, D., Ludlow, J., Horsley, E., & Meakim, C. (2021). Healthcare simulation standards of best practiceTM prebriefing: Preparation and Briefing. Clinical Simulation in Nursing, 58, 9-13. https://doi.org/10.1016/j.ecns.2021.07.007.
Diaz-Navarro C, Laws-Chapman C, Moneypenny M, Purva M. The ASPiH Standards - 2023: guiding simulation-based practice in health and care.
Rudolph JW, Raemer DB, Simon R. Establishing a safe container for learning in simulation: the role of the presimulation briefing. Simul Healthc. 2014 Dec;9(6):339-49. doi: 10.1097/SIH.0000000000000047

Teaching Sustainable Quality Improvement (SusQI): Knowledge into Action.

***Nuala Hampson*[1]**
[1]*Centre for Sustainable Healthcare*

Background:

The principles of sustainable healthcare and sustainable quality improvement (SusQI) provide clear frameworks to support education for sustainable healthcare. Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way, by assessing quality and value through the lens of a "*triple bottom line*", measuring environmental, social and economic costs and impacts to determine the *"sustainable value"* of healthcare activity. SusQI embeds the Centre for Sustainable Healthcare principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low-carbon alternatives.
At the Centre for Sustainable Healthcare we have seen that integrating sustainability with QI can provide an opportunity to enhance motivation and engagement in QI whilst simultaneously equipping learners to make practical changes to improve sustainability in healthcare within their future practice.
In the first part of the workshop, we will introduce the principles and the SusQI framework and outline how they have been used in health profession education (HPE). We will then undertake a group activity, working through the steps of SusQI using a medicines-related case study to outline the practicalities of teaching the SusQI process. Finally, we will identify practical ways to use the principles and frameworks in HPE and signpost to resources and case studies for teaching SusQI.

Target Audience:

This workshop is open to all students and educators involved in HPE – whether you're already working in this space or just starting to think about sustainable healthcare in your teaching or learning.

Learning Objectives:

- Outline the principles of sustainable healthcare.
- Create a driver diagram to identify sustainable quality improvement changes.
- Use the SusQI framework to identify, prioritise and measure the impact of quality improvement change ideas.
- Access the teaching resources for Sustainable Quality Improvement (SusQI) available from the Centre for Sustainable Healthcare.

Workshop Design:

Welcome and introductions – 15 minutes
Overview: Principles of sustainable healthcare and sustainable quality improvement. Ideas on the use of tools and driver diagrams in teaching - 15 minutes.
Worked example and discussion: the four steps of SusQI – 45 minutes.
Reflections and Q&A: 15 minutes.

Fostering person-centred care by including patients as members of the Interprofessional Education curricular team.

Aoife Fleming[1], Fiona Kent[2]
[1] Vice Head for Interprofessional Learning, College of Medicine and Health, University College Cork, Ireland
[2] Deputy Director, Health Professional Education Centre, Royal College of Surgeons In Ireland, Dublin, Ireland

Background:

Given the stated purpose of IPE is to improve the collaborative care experienced by patients, carers and the community, prioritising the patient voice in interprofessional curricula is fundamental. Experts by experience and patient advocates contribute to the curricula both via their personal expertise and advocacy but also broader depth of knowledge and skills. Academic and clinical staff must therefore now become familiar with the breadth of patient participation opportunities available, and then recruit, prepare and work with patients, and their families and carers, to achieve these desired educational outcomes.
This workshop will briefly summarise the literature underpinning patient participation in IPE, and then provide an opportunity to learn from local experiences.

Learning Objectives:

- Explain the rationale for patient engagement in IPE curricula
- Discuss the breath of patient and family/carer roles available within IPE curricula
- Discuss patient recruitment, preparation, remuneration and retention in IPE curricula
- Share facilitators and barriers to authentic patient engagement in IPE.

Workshop Design:

This interactive workshop invites healthcare professions educators, clinical and placement preceptors, IPE facilitators, and faculty to engage in collaborative discussions and hands-on group activities. Participants will explore practical strategies to enhance interprofessional education and clinical teaching effectiveness.

Teaching Literature Review Methodologies

Prof. Elaine Lehane[1] & Dr. Anél Wiese[2]
1. School of Nursing, University College Cork
2. Medical Education Unit, School of Medicine, University College Cork

Introduction

Literature reviews are central to academic research training, and educators are expected not only to understand diverse review methodologies but also to teach them effectively. This 90-minute interactive workshop is designed to support educators in teaching three key types of literature reviews: Systematic Reviews, Scoping Reviews, and Mixed-Methods Systematic Reviews. The session focuses on how to teach these methodologies in practical, engaging, and student-centred ways.

The workshop opens with a brief overview and a reflective discussion on how participants currently teach literature reviews, setting the stage for shared insights. A hands-on group activity follows, offering the chance to explore three key review types while modelling a teaching strategy that can be adapted for students. The session wraps up with a group debrief to clarify key concepts, address common misconceptions, and highlight practical teaching approaches. Facilitators will also showcase an example of how review teaching content can be structured and presented.

Learning Objectives

- Distinguish among three common literature review types
- Explore strategies for teaching methodological concepts effectively
- Experience a flexible, adaptable teaching activity
- Consider how curated resources can support structured learning

Target Audience

This workshop is designed for educators involved in teaching research methods, supervising student research, or developing curricula in health professions education

Arts & Humanities in Health Professions' Education (HPE): a material exploration

Dr. Laura McKenna[1] & Dr. Aislinn Joy[1]
1. School of Medicine, University College Cork

Background:

The inclusion of the arts and humanities in health professions' education (HPE) curricula may involve student engagement in the history of medicine and/or various art forms. Discussions on the role of arts and humanities in HPE are moving on from what is included, to how medical humanities can influence professional development, however. For example, a recent scoping review has identified a gap in the arts & humanities medical education literature on interprofessional education. Others have reported that the use of arts and humanities within HPE curricula can complement the development of collaborative competencies. These include core competencies for interprofessional collaborative practice, within domains such as values & ethics, roles & responsibilities, communication, teams & teamwork, as outlined by the interprofessional education collaborative (IPEC, 2023).

Learning Objectives:

1. To promote awareness of the role of arts and humanities in healthcare curricula
2. To foster new approaches to incorporating humanities-based learning activities via interprofessional group discissions
3. To encourage participants' own creativity in developing new approaches for interprofessional learning

Overview of Activities:

In this workshop we will begin by discussing briefly what is meant by medical humanities, why it is important in HPE. This will be followed by examples of how medical humanities can work through the medium of art for collaborative competency development.

We will then move to group activities where you will discuss a common clinical conundrum across professions, one which would benefit from the development of a new interprofessional learning activity via a creative response to art. During the group reflection on a clinical conundrum itself, you will also be prompted to respond to a piece of art.

After this, each group will brainstorm and co-design a humanities-based interprofessional learning activity for integration into healthcare curricula. This may include reflections on how interprofessional competencies within the domains of values & ethics, roles & responsibilities, communication, or teams & teamwork, can be assessed via humanities-based activities.

Target Audience:

This workshop is suitable for all healthcare professionals and no prior experience is required.
Materials for the activities will be provided within the session.

Friday 23rd May

Accelerating adoption of the Stay Left, Shift Left-10X paradigm in Ireland to deliver a 10X (10 times) better health system.

Martin Curley[1]

1. ***Innovation Value Institute, Maynooth University***

Background

Many Irish clinicians have worked abroad and used advanced electronic healthcare systems but on return to Ireland are horrified to see that they must primarily work with pen and paper in their clinical work. Thus, in Ireland we have world class dedicated clinicians often using advanced medical technology but forced to use Victorian style management and work processes. This leadership workshop will share plans about a strategic initiative Mission10X to enable Ireland to leapfrog to a world leading digital health system where both clinicians and patients are empowered to co-produce health using real-time connected and integrated information made available through a national SPINE (Secure Patient Information Network Exchange). The workshop will also introduce Stay Left, Shift Left-10X the new health paradigm and the theory of the business for Health. The ten Copernicans shifts involved will be shared and discussed and in particular a key focus will be on the critical role of medical education leaders in ensuring the success of Mission10X by the end of this decade.
The first twenty registrants will receive copies of the new book entitled Stay Left, Shift Left-10X, the new paradigm, policy and practice for Digital Health and Wellness" scheduled for availability in mid-June 2025. This is kindly sponsored by INHED.

Supervision of postgraduate research students in health professions education

Ms. Mairead Boohan[1], Prof. Peter Cantillon[2], Dr. Mohamed Elhassan Elsayed[3], Dr. Catherine Sweeney[4]

1. ***School of Medicine, Queens' University Belfast***
2. ***School of Medicine, University of Galway***
3. ***School of Medicine, University of Limerick***
4. ***School of Medicine, University College Cork***

Background:

Supervision plays a critical role in guiding students through the research process. Supervisors support students to refine their research question, develop appropriate methodologies and maintain academic rigor throughout their work. Supervising postgraduate student research in health professions education (HPE) presents unique challenges. Students can have varying levels of research experience and those with a background in clinical research must adapt to a change in focus from health-related outcomes to exploration and understanding of educational processes. Supervisors navigate diverse research paradigms and methodologies, ranging from qualitative inquiry to quantitative methods. In addition, students are often juggling clinical responsibilities alongside their research, leading to time constraints and inconsistent progress.

Learning Objectives:

This workshop will focus on 4 areas of HPE research supervision, with a focus on master's level research:

- Selecting suitable projects and methodologies.
- Providing feedback
- Struggling students
- Roles and responsibilities of supervisors and students

Overview of Activities:

This interactive workshop is open to all conference attendees. It's primarily designed for those already participating in master's research supervision and thinking about getting involved but all are welcome. No prior experience of supervision is needed.

Planetary Health in Health Professions' Education: Practice Exchange and INHED Special Interest Group Formation

Prof. Deirdre Bennett[1], Dr. Anél Wiese[1], Dr. Niamh Coakley[1], Dr. Debbie Heaphy[1]

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

Background:

As the health impacts of climate change and environmental degradation become more pressing, educators are increasingly looking for ways to embed planetary health into health professions' education (HPE). While there is growing momentum across Ireland, much of the work is happening in isolation. This workshop aims to bring together educators and students to share what's happening in different institutions, reflect on where we are nationally and to shape what comes next.

Workshop Description:

We will begin with a short overview of planetary health in the context of HPE, before moving on into a structured practice exchange. This session will give participants a chance to discuss what's working, what challenges they've faced, and what support they need moving forward.
The second half of the workshop will focus on building a new INHED special interest group (SIG for Planetary Health. After a brief introduction to the role of SIGs, we will work together to draft goals, potential activities, and ideas for how the SIG can support members and influence curriculum change on a national level.

Learning Objectives:

By the end of the session, participants will have:

- Connected with peers working on similar challenges across Ireland
- Shared practical experiences and ideas for embedding planetary health in HPE
- Helped shape the vision for an INHED Planetary Health SIG

Target Audience:

This workshop is open to all students and educators involved in HPE – whether you're already working in this space or just starting to think about planetary health in your teaching or learning. Everyone's voice is welcome as we build a national community for a healthy, more sustainable future.

Design Thinking to Enhance Medical Education Experiences

Professor Leonie Heskin[1] & Ms. Miriam Rigney[2]

1. ASSERT, University College Cork
2. Rigney Management Solutions Limited

Background:

Design thinking is a human centred mind set where a creative iterative approach is taken to find a solution to a problem. This approach has some advantages over the top-down brainstorming methods of trying to solve a product, curriculum or teaching design methods for your students. In this workshop we will discuss some different methods of design thinking but will concentrate on the model used at the Hasso Plattner Institute of design at Stanford. The participants at this workshop, will work together to work on a hands-on project using the principals just learned. The process encourages collaboration and an equal opportunity for all on the team, while keeping the user, such as the student, in mind. This model to also be used to explore some of your own challenges in medical education. With the diverse background attending INHED this year these sessions will be really interesting at the workshop. After doing the workshop you will be equipped with the process and principles of using a user centred design thinking method to explore future solutions in your department and you will be able to share them with your team:

Metacognition in Action – Cultivating Clinical Thinkers Through Strategic Learning

Ms. Kate Acton[1], Ms. Lynn Allen[1], Prof. Emma J. O'Neill[1]
1. School of Veterinary Nursing, University College Dublin

Background:

Clinical reasoning skills are a core competency for effective clinical practice, enabling clinicians to critically evaluate the appropriate diagnostic and therapeutic approach to their patients. In addition to this, the accelerating advancement of medical knowledge dictates that clinicians must also be able to adapt their approach through continuous learning, unlearning, and relearning. Metacognition, commonly known as "thinking about thinking," is a higher order thought process that underpins both clinical reasoning and effective lifelong learning by enhancing learners' ability to plan, monitor, and evaluate their cognitive strategies.

Despite its significance, many students enter higher education with limited metacognitive skills and awareness. This highlights the requirement for teaching and learning strategies that promote metacognitive skill development, and in turn their potential to become a valuable educational tool with a significant impact on learning.

This interactive workshop introduces the Metacognition Design Framework, an evidence-based model developed at University College Dublin. This framework supports the development of metacognitive skills through blended learning, using the virtual learning environment (VLE) to facilitate reflective learning activities. Participants will explore the 'I-SEE' learning strategies, designed to scaffold metacognitive development and promote integration of declarative and procedural knowledge, enhancing conceptual understanding. This workshop will equip delegates with the tools necessary to begin incorporating metacognition into their own teaching.

Attendees will receive access to the "Metacognitive Teaching and Learning Strategies" resource via the Brightspace Learning Centre, supporting further exploration and implementation of metacognitive strategies in their own teaching contexts.

Learning Objectives:

- Explain the potential for fostering metacognitive approaches within allied healthcare education.
- Demonstrate the ability to incorporate metacognitive strategies into teaching practice.
- Apply the Metacognition Design Framework and 'I-SEE' strategies to design and implement clinical skills training sessions that promote metacognitive awareness among students and educators.
- Develop techniques for fostering reflective practice among students, educators and clinicians.
- Demonstrate the ability to create cohesive learning experiences that promote metacognitive development supporting effective lifelong learning and agile practitioners.

Parallel Session Schedule and Abstracts

Parallel Session Schedule

Thursday, May 22nd 11.00-13.00

Session 1 Postgradute Education BHSC/G.04

Chair: Prof. Peter Cantillon

11:30 "I'm definitely more confident now": A qualitative study exploring how GP trainees learn about dermatology
Claire Doyle (UCC)

11:45 An analysis of applications to the national specialist training programme in General Practice in Ireland from 2021-2024
Noirin Fitzgerald (UoG)

12:00 Perinatal bereavement care: A scoping review of staff education and training interventions
Marita Hennessy (UCC)

12:15 Withdrawn

12:30 Irish General Practitioner trainees' experiences following transition from hospital to General Practice: A qualitative study
Alice O'Neill (ICGP)

12:45 Sim-sational! A retrospective review of interprofessional postgraduate simulation based education in Sligo University Hospital
Liadan Hanley (UoG)

Session 2 Equality,Diversity and Inclusion BHSC/G.05

Chair: Prof. Jason Last

11:30 Neurodivergent medical student experiences: Behind the scenes
Mairead Corrigan (QuB)

11:45 Designing and evaluating an online open-access equity, diversity and inclusion (ED&I) e-learning for healthcare educators
Patrick Doherty (QuB)

12:00 Incorporating equality, diversity and inclusivity via simulation into the undergraduate medical curriculum: A systematic review of literature
Bushra Karim (UoG)

12:15 Differential attainment in undergraduate and postgraduate medical education
Cathy Cunningham (TCD)

12:30 "People are scared of what they don't know": Experiences of junior doctors regarding intellectual disability
Caolan Cunningham (Maastricht University)

12:45 Social accountability in clinical education: A scoping review
Mohamed Elhassan Elsayed (UL)

Session 3 Curriculum BHSC/103a

Chair: Dr. Aileen Patterson

11:30 A cluster randomised crossover trial of single resilience and professionalism tutorials among undergraduate medical students.
David Byrne (RCSI)

11:45 Implementation of a national curriculum for chronic disease prevention and management in health education: barriers and facilitators
Haley Connolly (TCD)

12:00 Addressing the importance of biosciences in health science curricula: A cross-sectional study at the University of Galway
Zina Alfahl (UoG)

12:15 Suicide prevention education for undergraduate health and social care students: Findings from a multi-site intervention
Michelle O'Driscoll (UCC)

12:30 An evaluation of community-engaged teaching and learning within the MPHarm programme in University College Cork
Katie Ryan (UCC)

12:45 The SpeakUp workshop series: Building confidence and competence in public speaking within pharmacy education
Suzanne McCarthy (UCC)

Session 4 RIME and HPERG Recipients BHSC/1.03b

Chair: Dr. Siobhan Davis

11:30 Promoting feedback literacy among students using an e-learning innovation: an interdisciplinary study
Maeve Kearney TCD - 2024 HPERG recipient

11:45 Transitions in medical education: A qualitative study of the experience of transitioning from clinician to researcher and back again
Shahad Al Tikriti

12:00 An investigation of the properties of a revised performance-based assessment tool for Physiotherapy Students in Ireland.
Marie O'Donnell UL - 2024 HPERG recipient

12:15 Interprofessional Learning improves understanding of Healthcare roles and Collaborative Practice in Healthcare Students.
Pauline Joyce RCSI - 2023 RIME recipient

12:30 Student Support In A Medical School – How Does It Match Student Needs?
Lucie Pollard

12:45 Snapshots of Sjögren's: Visual Narratives to Educate on Living with of Sjögren's Disease in Ireland
Nikki Dunne (RCSI)

Session 5 Short Communications 1 BHSC/1.21

Chair: Ms. Claire Poole

11:30 Local needs and competency assessment for faculty development in healthcare simulation.
Peter O'Sullivan (UoG)

11:40 Interprofessional education placements in non-clinical community settings for healthcare students
Belinda Simiyu (UL)

11:50 Promoting safe prescribing practice and interprofessional education: development of a new curricular workshop format
Aoife Flemming (UCC)

12:00 Developing a student lead adult speech and language therapy clinic in a university setting
Aoife Sheehy (UCC) and Blathnaid Slaven (UCC)

12:10 From theory to action: Redesigning how we tach occupational justice through the use of challenge-based learning
Jackie Fox (UoG)

12:20 Introduction to simulation-based learning into clinical placement teaching
Anne-Maria Scanlon (TCD)

12:30 A preterm birth story – medical students reflections on the patient narrative. A qualitative study
Clare Kennedy (UCD)

12:40 The development of community engaged, interprofessional placement guidelines
Ciarán Purcell (UL)

12:50 From Sesame street to simulation - Early introduction of ABCDE
Nora McCarthy (UCC)

Session 6 Short Communications 2 BHSC/2.25

Chair: Dr. Helena McKeague

11:30 A digital skills e-learning programme for healthcare professionals in cancer
Orlaith Hernon (UoG)

11:40 A cancer care continuum module for undergraduate nursing students
Orlaith Hernon (UoG)

11:50 A pilot module in peer assisted learning in medical education for final year medical students
Emily Siu (UCD)

12:00 Embracing ChatGPT-4.0 as a feedback provider: A comparison with student/examiner OSCE data
Thomas Kropmans (Qpercom)

12:10 Flying the nest: An explorative study of experiences in transitioning from campus to clinical years
Sara Lowry (QuB)

12:20 Creating standard operating procedure (SOP) videos using multi-angle smotsTM cameras and an iPad: A step by step guide
Anna Scanlan (UCC)

12:30 Health sciences students and educators experiences of e-learning vs in-person learning in an Irish university
Emma McNally (TCD)

12:40 Enhancing medical education with notion: A digital resource
Alex Todd (QuB)

12:50 Medical students' learning needs relating to childhood vaccination and hesitancy.
Kate O'Halloran (Cork University Hospital)

Thursday, May 22nd 16.30-17.30

Session 7 Assessment BHSC/G.01

Chair: Dr. Helen Hynes

16:30 Podcasting as a tool for assessment and development of transversal skills in STEM education
Anna Scanlan (UCC)

16:45 Medical student preparation for the applied knowledge test with progress testing, experiences versus expectations.
Grainne Kearney (QuB)

17:00 Embracing borderline regression analysis for OSCE's in UK and Ireland based medical schools, the impact on PSS/FAIL ratios.
Thomas Kropmans (Qpercom)

17:15 Exploring pharmacy students' views of a peer-involved objective structured clinical examinations: A mixed-methods study
Suzanne McCarthy (UCC)

Session 8 Public Patient Involvement BHSC/G.04

Chair: Ms. Trish O'Sullivan

16:30 Establishing an advisory patient and public involvement (PPI) panel in the School of Clinical Therapies
John Hastings (UCC)

16:45 Exploring patient involvement in Obstetrics and Gynaecology medical education
Claire Kennedy (UCD)

17:00 Facilitator insights on patient and public involvement in interprofessional education: A focus group study
Nora McCarthy (UCC)

17:15 "Safeguarding out Storytellers" - Codesigning a practical guideline to support PPI contributors in education and research
Michell O'Toole

Session 9 Digital Education BHSC/103a

Chair: Dr. Daniel Coakley

16:30 Beyond replacement: Healthcare student; perspectives on AI
Dara Cassidy (RCSI)

16:45 The DECODE framework: Digital health competencies in medical education
Fiona Kent (RCSI)

17:00 Assessing student engagement with digital resources and academic performance: A pilot study in podiatric medicine education
Sarah O'Connell (UoG)

17:15 Barriers and facilitators of using MyDispense from the student perspective: A systematic review
Owen Collins (UCC)

Session 10 Practice BHSC/103b

Chair: Dr. Niamh Coakley

16:30 A retrospective feedback analysis of objective structured clinical examination performance of undergraduate medical students
Akram Alsahafi (UoG)

16:45 Doctor, nurses and midwives views of hospital pharmacist prescribing: A cross sectional survey study
Marie Richardson (UCC)

17:00 Adolescent mental health and general practice: A qualitative study of stakeholders' perspectives
Donal Wallace (TCD)

17:15 Withdrawn

Session 11 Short Communications 3 BHSC/G.05

Chair: Dr. Catherine Sweeney

16:30 An interprofessional European curriculum for health and social care staff working in the community
Geraldine Regan (RCSI)

16:40 Mapping perinatal bereavement care education and training for maternity staff in Ireland
Marita Hennessy (UCC)

16:50 Enhancing clinical placement learning outcomes through student-led project design
Ruth Charles (UCD)

17:00 Case-based learning in international medical education: A realist evaluation study
Ronan Daly (RCSI)

17:10 Effectiveness of interventions that support first generation and underrepresented medical students: A systematic review
Niamh Mullen (RCSI)

17:20 Differential attainment in medical education: A qualitative study
Cathy Cunningham (TCD)

Friday, May 23rd 11:45-13:15

Session 12 Teaching and Learning BHSC/G.01

Chair: Prof. Jason Last

11:45 The future of healthcare education: Prioritising humanity
Jan Illing (RCSI)

12:00 Evaluating the impact of trauma-informed care educational input for radiation therapy students
Maria Leahy (CUH)

12:15 Professionalism in partnership for education research (PROPER) study: A novel online approach to professionalism education
Asil Sadeq (RCSI)

12:30 Evaluation of a first year interprofessional education session to build role awareness and communication skills
Aoife Fleming (UCC)

12:45 Would you be a Geriatrician? Undergraduate entry vs graduate entry medical future career preferences
Celia Fernandez, UCD

12:45 Medical student experiences of case-based learning (CBL) at a multicultural medical school
Catherine Bruen (RCSI)

Session 13 IMGs & Communication BHSC/G.04

Chair: Dr. Colm O'Tuathaigh

11:45 Transnational medical education programmes and preparation for different country medical practice: A systematic review
Gareth Edwards (RCSI)

12:00 International medical graduates' experiences of clinical competency assessment: A scoping review
Helen Hynes

12:15 Examining intercultural communicative competence development for international medical students
Helen Kelly (RCSI)

12:30 The BRIDGE intervention: Evaluation of an online educational programme for healthcare communication involving older adults with Presbycusis
Colm O'Tuathaigh (UCC)

12:45 Silence is no different to a scalpel: An interpretive inquiry of Palliative Care physicians experience of silence
Catherine Sweeney (UCC)

13:00 Challenges faced by minority patients in accessing Irish healthcare and communicating with staff: Qualitative study
Erika Cullen (RCSI)

Session 14 Clinical Training BHSC/G.05

Chair: Prof. Peter Cantillon

11:45 ''Private practice'' – General practitioner experiences of teaching and learning intimate physical examination, A qualitative study
Aoife de Brun (UCC)

12:00 The role of the clinical teacher in influencing motivation to learn among medical students: A scoping review
Orla Keenan (UoG)

12:15 Medical students on the frontlines: Insights from Emergency Medicine placements: A qualitative study
Irina Korotchikova (UCC)

12:30 An evaluation of an Asset based community development (ABCD) initiative within an undergraduate medical curriculum
Leona Moore (RCSI)

12:45 Thematic analysis of medical student reflections following Obstetrics and Gynaecology placement
Mary Higgins

13:00 Enhancing undergraduate pharmacy education: Hospital-based experiential learning in an integrated respiratory module
Kevin Murphy (UCC)

Session 15 Competencies & Career Pathways BHSC/103a

Chair: Dr. Niamh Coakley

11:45 ASPHER core curriculum programme, supporting core competencies for public health professionals
Karl Conyard (UCD)

12:00 Competencies and learning outcomes for healthcare professionals in climate change and sustainability: A scoping review
Emer Galvin (UCC)

12:15 Enhancing the outcomes of mental health education for health professions undergraduates: A realist review of effective approaches
Zoe McCormack (RCSI)

12:30 Factors influencing a career in medical education in Ireland
Robert Hughes (UCC)

12:45 Examining student, supervisor and examiner experiences of PhD by publication
Noreen O'Leary (RCSI)

Session 16 Training & Careers BHSC/103b

Chair: Prof. Judith Strawbridge

11:45 The role of the undergraduate lecturer-tutors in Irish Medical Schools: A qualitative study of senior academic clinicians
Elné Noppé (TCD)

12:00 Exploring country demographic profile data sources: An exercise for students in health-related educational programmes
Conor O'Rourke (UCD)

12:15 Comparison of Irish General Practice Training Programmes with Other Anglosphere Countries
Syed Mohammad Naqvi (UL)

12:30 Would you be a Geriatrician? Undergraduate entry vs graduate entry medical student future career preferences
Celia Fernandez (UCD)

Session 17 Short Communications 4 BHSC/1.21

Chair: Dr. Daniel Coakley

11:45

11:55 Optimising online content delivery in basic specialist training: A multi-specialty learning analytics implementation
Catalina Apostol (RCPI)

12:05 Shame, pride and being an intern
Kathy White (TCD)

12:15 Dental students' attitudes towards poverty across five years of dental science at Trinity College Dublin
Claudia Cooney (TCD)

12:25 Knowledge, attitudes and preparedness to teach education for sustainable healthcare (ESH) amongst academic staff
Sinead Walsh (UoG)

12:35 Competencies for healthcare professionals in climate change and sustainability: A group c concept mapping study
Marah Elfghi (UCC)

12:45 Attitudes and opinions of educators and students on using artificial intelligence in healthcare education
Sean Donohue (TCD)

12:55 A pilot study of GP SHO induction in psychiatry: Feedback and correction
Stephen Flannery (Sligo Leitrim Mental Health Services)

Session 18 Short Communications 5 BHSC/1.22

Chair: Dr. Anel Wiese

11:45 Dress codes and perceptions of professionalism – how do doctors and medical students scrub up?
Saoire Boylan (UL)

11:55 Evaluating medical students' knowledge, skills and attitude on managing childhood obesity: A pilot study
Nese Gadzama (UL)

12:05 Independent learning in POCUS training: An Irish pilot programme
Joshua Golding (RCPI)

12:15 Balint groups in medical education: Impact on burnout, empathy and resilience
Ignazio Graffeo (Mayo Mental Health Services)

12:25 Development of a serious-gaming intervention to support individual and interprofessional learning using the Marfisi-Schottman methodology
Jeff Harte (RCSI)

12:35 Evaluating the impact of pre-clinical and post-clinical attachment surveys on learning outcomes for 3rd-year medical students at Cork University hospital
Fara Hassan (UCC)

12:45 Interprofessional medication safety session – promoting safe prescribing through interprofessional education workshops
Nora McCarthy (UCC)

Session 19 Short Communications 6 BHSC/2.25

Chair: Dr. Clare Conway

11:45 Strengthening communications during patient discharge processes: Improving patient experienced quality of care and patient safety
Verna McKenna (UoG)

11:55 Factors influencing critical thinking and clinical reasoning in healthcare students: A mixed-methods systematic review
Martina Miggiani (UCC)

12:05 Can peer-led educational intervention improve awareness of potentially predatory journals among dental students?
Nicole Reilly and Iman Khan (TCD)

12:15 Positive insights on student research engagement
Nandakumar Ravichandran (UCD)

12:25 Assessing the validity of patient feedback in clinical medical examinations: A correlation study
Laura Piggott (TCD)

12:35 Widening participation
Rosemary Peters (QuB) & Jane Killough (QuB)

12:45 Higher specialist training in public health medicine: An outcomes based education curriculum evaluation
Nicola Murphy (RCPI)

12:55 A comparison of objective structured clinical examinations (OSCEs) for medical students, modified during the Covid-19 pandemic
Andrew O'Malley (UoG)

Parallel Session Abstracts

Thursday, May 22nd 11:30-1:00

Session 1: Postgraduate BHSC/G.04

'I'm definitely more confident now': A qualitative study exploring how GP Trainees learn about dermatology.

Claire Doyle[1], Anne Marie Tobi[2], Tony Foley[3]
[1]Department of Dermatology, South Infirmary Victoria University Hospital, Old Blackrock Road, Ballintemple, Co. Cork
[2]Department of Dermatology, Tallaght University Hospital,Belgard Road, Tallaght, Dublin 24
[3]Department of General Practice, School of Medicine, University College Cork.

Introduction:

Despite a high frequency of presentations of skin disease in primary care, research has demonstrated a paucity of dermatology teaching in the medical school curriculum and a variable level of postgraduate dermatology teaching in general practice (GP) training. The aim of this study was to identify and examine factors that influence the dermatology learning of GP trainees.

Methods:

A qualitative study of GP trainees in their third and fourth year of training practising in Ireland was undertaken. Full ethical approval was received from the University College Cork (UCC) Social Research Ethics Committee (SREC). Participants were sampled using a combination of convenience and snowball sampling. Semi-structured interviews were conducted via Microsoft Teams. Interviews were audio-recorded and transcribed verbatim. Data was analysed inductively by employing thematic analysis.

Results:

Fourteen GP registrars from five training hubs in Ireland were interviewed. Table 1 details participant demographics. Mean interview duration was 30 minutes (range 24-43 minutes). Emergent themes identified factors that influence the dermatology learning of GP trainees including experiential learning, competing demands, the clinical learning environment and mixed emotions of participants towards dermatology. Themes and subthemes are detailed in Table 2. These influences mainly had a positive effect on the dermatology learning of trainees but certain competing demands were felt to hinder the dermatology learning of trainees.

Conclusion:

This study broadens our understanding of what influences the dermatology learning of GP trainees. Findings generated from this study should be utilised to improve the clinical learning environment, alter the dermatology curriculum to both undergraduate medical students and postgraduate GP trainees and shape additional dermatology educational supports for both GP trainees and GPs.

An analysis of applications to the National Specialist Training Programme in General Practice Ireland from 2021-2024

Noirin Fitzgerald[1], Harry Comber[2], Roisin O' Malley[1], Evan Dowling[1], Emma Wallace[3], Sinéad Lydon[1], Andrew W Murphy[1], Maureen E Kelly[1]
[1]Discipline of General Practice, School of Medicine, University of Galway.
[2]Irish College of General Practitioners, Dublin 2.
[3]Department of General Practice, School of Medicine, UCC.

Introduction:

Ireland has one of the lowest levels of General Practitioners (GP) per population in the EU (87/100,000). In an effort to address this deficit the number of National Specialist Training Programme in General Practice (NSTPGP) places has expanded to 350 annually. This study aims to establish trends in applications to the NSTPGP including (1) the demographic profile of applicants and the location of their primary medical qualification (PMQ) (2) a comparison of application rates among Irish Medical Schools' graduates.

Methods:

This quantitative cross-sectional study analysed anonymised data over 4 years using descriptive analyses, chi square testing, student t tests and Pearson's correlation tests.

Results:

Total applicants, n=3671; 1834 (50%) were female. The location of applicants' PMQ was: N=1321 (36.2%) Republic of Ireland (ROI), N=432 (11.8%) EU (EU/EEA/ UK and excluding ROI), and N=1913 (52.1%) non-EU. Significantly, more male applicants earned their PMQ from non-EU medical schools (N=1066, 56.7%, p=<0.01). Among the six ROI medical schools, graduate application rates as a percentage of their total class size, ranged from 18.8%-37.8% (p=<0.01). 15% (N= 739) of all medical school graduates from ROI medical schools accepted a position on the NSTPGP.

Discussion:

Despite an increase in the number of training positions on the NSTPGP recently, there was no corresponding increase in the number of applicants from ROI medical schools. By contrast, the number of applicants who graduated from other EU/EEA/ UK or non-EU medical schools has grown substantially to 73.5% in 2024. There are also significant differences observed in application rates between the six ROI medical schools.

Conclusion:

This study demonstrates substantive changes in applications trends to the National Specialist training programme in General Practice. Further research should explore the underlying factors that motivate applications to Irish GP training and how best to continue to enhance recruitment to the programme.

Keywords:

General Practice Workforce; Undergraduate medical education; postgraduate medical education

Perinatal bereavement care: A scoping review of staff education and training interventions

Marita Hennessy[1,2], Sinead Harkin[1], Keelin O'Donoghue[1,2]
[1]Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork, Cork, Ireland.
[1]INFANT Research Centre, University College Cork, Cork, Ireland.

Introduction:

Pregnancy loss and perinatal death are distressing and often traumatic events, with poor care experiences often reported. Ensuring staff are appropriately trained is an important aspect of bereavement care. The extent and nature of perinatal bereavement care education and training interventions that have been developed and/or are available to support staff is unclear. We aimed to address this gap; and to also establish: if existing interventions have been evaluated/tested; gaps in the evidence base.

Methods:

We conducted a scoping review following JBI guidelines and a pre-registered protocol. We searched six academic databases/platforms and identified grey literature and resources by searching ProQuest Dissertations and Theses, Google Scholar, and organisational websites (limited to six countries); we also undertook citation chaining. We included peer-reviewed and grey literature sources relating to perinatal bereavement care education and training interventions for healthcare staff (including trainees), available in English, published 2013-2023. Qualitative, quantitative, and mixed method studies were considered alongside education and training resources such as online training programmes.

Results:

We identified four published reviews, and 65 interventions reported through 74 records. The 78 included records were: journal articles (n=51); professional magazines (n=6); theses (n=2); websites (n=19). Most interventions were from the US (n=22) and UK (n=20). Interventions were classified as: arts-based (n=3); curriculum (n=4); education/didactic (n=24); simulation (n=11); workbook (n=1); workshop/training programme (n=22). Duration mostly ranged from >1 hour to ≤1 day. Just over half of interventions were evaluated, with positive impacts reported. Most studies used self-designed surveys/questionnaires and measured impact immediately post-intervention.

Discussion:

Our scoping review highlights the variety of perinatal bereavement care education and training interventions that have been developed. Future work should examine intervention effectiveness, including better study designs with longer follow-up, a broader range of outcomes and the use of validated tools. The sustainment and scale-up interventions should also be explored.

Keywords:

Bereavement Care; Education; Pregnancy Loss; Perinatal Death; Training

Irish General Practitioner Trainees' Experiences Following Transition from Hospital to General Practice: A Qualitative Study.

Alice O'Neill[1]*, Fodhla Ni Dhalaigh*[2]*, Michelle Martin*[1]*, Orna Daly*[1]*, Helen McHugh*[1]*, Tony Foley*[2]*,*
Aisling Jennings[2]
[1]*Irish College General Practitioners, Ireland*
[2]*Department of General Practice, University College Cork, Ireland*

Introduction:

Specialist training in General Practice in Ireland incorporates both hospital and community-based training. The transition from hospital medicine to General Practice (GP) can be a challenging experience and has yet to be explored in research to date. The aim of this study was to explore GP Registrars' experiences of moving from hospital medicine to General Practice.

Methods:

This is a qualitative study. An initial in-person focus group was carried out with fourth year GP Registrars. The results of this focus group informed the development of a topic guide for subsequent one-to-one semi structured interviews with third- and fourth-year GP Registrars from thirteen GP Training Schemes nationally. 15 interviews in total were recorded, transcribed, and analysed. Data was analysed using reflexive thematic analysis (Braun and Clarke).

Results:

The evolving role of the trainer in supporting the transition was highlighted, as was the trainers' role in navigating clinical uncertainty and in shaping the participants' professional identities. Participants described the contributions of hospital rotations, scheme-directed teaching, and peer support to the development of clinical confidence and autonomy. The nuances of challenges such as time pressure and increased clinical responsibility were discussed. These challenges were exacerbated by the pressure of clinical decision-making and a lack of confidence in applying this judgement in the community setting.

Discussion:

The results of this study will inform the development of improved structures to support GP trainees in their transition from hospital to community-based practice.

Keywords:

Medical Education; General Practice; Specialist Training

References:

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Sim-sational! A Retrospective review of Interprofessional Postgraduate Simulation Based Education in Sligo University Hospital

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Introduction.

Simulation based education(SBE) is widely being adopted in undergraduate and postgraduate clinical settings. SBE on clinical sites places an emphasis on interprofessional education(IPE) to improve safety, efficiency, and effectiveness of healthcare services. A Simulation Nurse Educator was appointed jointly between Sligo University Hospital(SUH) and University of Galway in October 2022. This study, in line with national strategy evaluated the interprofessional simulation work carried out in SUH, Jan to July 2024 from a quantitative and qualitative standpoint. Gaps were found in the 2023 evaluation which were examined in this project. For example, medical specialties only accounted for 16% of attendees(n=574), in 2023.

Methods:

Retrospective study of all SBE carried out in Sligo University Hospital from January-July 2024.Basic descriptive data was collated from attendance sheets and feedback forms on attendees per session, attendee departments and interprofessional mix.

Feedback review involved participants completing a voluntary and anonymous post simulation questionnaire comprising of nine five point Likert scale questions and three open ended questions. Results were then compared with a retrospective study performed on data collected from January – July 2023. Statistical analysis was performed using SPSS software. Qualitative review was performed of free text and central themes were identified. No ethical approval was required as this project involved evaluating an educational method.

Results:

2024 saw an increase in attendance(1209 vs. 789), number of simulations(76 vs 54) and median number of attendees per session[IQR],(15[14-1] vs. 13[10-17]) in comparison to 2023. When specific department attendance was reviewed, ED was a significant contributor at 30.1%(173) in 2023(n=574). In 2024,(n=948), medical specialties were the leading contributor at 20.4%(193) followed by ED 19.1%(181) and theatre 16.7%(158). In 2024 243 participants completed post-evaluation surveys across the 40 simulation sessions which rose from 155 participants completing post evaluation questionnaires across 25 sessions in 2023. Survey completion rate did fall in 2024 to 39% from the previous year's 45%. However, overwhelming positive feedback remained high with 99.1% of responses in 2024 being agree or strongly agree.

Conclusions:

The 2023 review highlighted specific departments with lower than expected attendance(i.e. medicine). Therefore, the rise in their attendance in 2024 highlighted the benefit in targeting departments with low attendance. Therefore, continued reviews will aid in facilitating simulation-based education to develop and further target other low attendance specialties.

Despite being in its infancy SBE has already made a huge impact on the staff of SUH. A shift has been examined from 2023 in that medical specialties are a leading department from an attendance standpoint. However, the overall the distribution of IPE is yet to improve. A more accurate viewpoint of participants feedback was obtained due to higher number of participants and sessions being surveyed and was once again extremely positive.

Keywords:

Simulation based education; simulation centre; interprofessional; departments; feedback.

References:

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Session 2: Equality, Diversity and Inclusion BHSC/G05

Neurodivergent Medical Student Experiences: Behind The Scenes

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Introduction:

Neurodiversity is an umbrella term for people with autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, dyscalculia. Neurodivergent medical students and staff experience stigma, stereotyping, isolation, bullying, anxiety and poor mental health. Requests for reasonable adjustments are often not met and they are likely to be referred to fitness to practice panels. In medical education, neurodiversity is viewed as a deficit. Students cope by masking their symptoms. Medical educators lack awareness of neurodiversity and competency in supporting and developing accommodations in the learning environment.1,2 We conducted a study to explore the experiences of neurodivergent medical students in the Centre for Medical Education (CME) at Queen's University Belfast.

Methods:

The study, which received ethical approval, was conducted by a third year QUB medical student through CME's summer studentship scheme. Students from years 1-5 of the undergraduate medical curriculum were recruited by e-mail for interview. Participants received the interview questions in advance. Data collection and analysis was informed by interpretive phenomenology, which explores participants' 'lived experiences' that also embraces the researchers' subjective experiences and beliefs as they collaborate to search for a deeper meaning within experiences. The student researcher's personal experiences of autism in her family enabled the co-creation of meaning.

Results:

Interviews were conducted with five students (4 women and 1 man) from different year groups at varying stages of diagnosis for autism, ADHD and dyslexia. Using Erving Goffman's dramaturgical theory,3 students describe their "exhaustion" from the extra effort back-stage so they can function front-stage that leads to depletion of energy that is misinterpreted as laziness. Efforts to 'mask' their symptoms front-stage makes it difficult for them to focus on their learning so they feel overwhelmed.

Discussion:

Recommendations for developing an inclusive environment include promoting awareness among staff and peers through training, role modelling and embedding it in the curriculum.

Keywords:

Neurodiversity; Medical students; Inclusion

References:

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Designing and evaluating an online open-access Equity, Diversity and Inclusion (ED&I) e-Learning for healthcare educators.

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Introduction:

Diversity among undergraduate medical students, postgraduate trainees and NHS staff is increasing. Unfortunately, students and staff from diverse backgrounds experience harassment and bullying from teaching staff, patients and peers (1). Diversity training can contribute to developing inclusive educational environments and workplaces. Limited time for in-person training for clinical teachers led us to develop an award-winning multi-institutional eLearning innovation for undergraduate and postgraduate teachers that promotes the "democratisation" of education (2).

Methods:

Queen's University Belfast (QUB) and Ulster University (UU) medical schools and the Northern Ireland Medical & Dental Training Agency (NIMDTA) co-developed the training with a medical student and NIMDTA's International Medical Ambassador. Content was developed from student and trainee lived experiences and portrayed subtle, nuanced exclusions in the clinical environment and hidden curriculum. The training aimed to promote awareness of unconscious biases through self-reflection and awareness of unintentional exclusion with strategies to challenge these. It was hosted on an open-access healthcare training platform, with built-in feedback forms, certificates of completion and a reflective booklet.

Results:

Following a successful pilot of the training, to December 2024, 541 people from 33 disciplines (clinical and non-clinical) have completed the training. Training was accessed in 15 countries with 94.3% of participants based in the UK, with the majority (60.7%) doctors. Feedback was provided by 280 participants using Likert Scales (1=lowest, 5=highest). The average rating was 4.504/5 (90.1%). Highest scored were video scenarios 4.586/5 (92.0%), followed by the reflective questions 4.439/5 (88.8%) and didactic training 4.407/51 (88.1%). Training caused average participant knowledge to increase significantly ($\bar{x}= 38.84\%$, $t=22.71$, $p<0.05$). Qualitative feedback identified the authenticity of the scenarios as a strength and requested biannual updates to the training to supplement the original.

Discussion:

Asynchronous diversity training can be successfully delivered online that provides flexibility around professionals' busy schedules and accessibility through open-access platforms.

Keywords:

Diversity; Educators; eLearning; Undergraduate; Postgraduate.

References:

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2. Hassall C, Lewis DI. Institutional and technological barriers to the use of open educational resources (OERs) in physiology and medical education. Advances in Physiology Education. 2017;41(1):77-81.

Incorporating Equality, Diversity and Inclusivity via Simulation into the Undergraduate Medical Curriculum: A Systematic Review of Literature

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Introduction:

Society is diverse[1], as is the patient population and the healthcare workforce[2]. Healthcare workers must be culturally competent[3], and need training and support to achieve this competency[3]. Simulation Based Education (SBE) is an established mode of training within medical education[4]. Research proves the effectiveness of SBE for teaching clinical skills to undergraduate medical students[5].Research also shows the importance of training healthcare students in the concepts of EDI[6]. Insufficient research exists that combines the two. This gap was identified for exploring the literature for evidence of teaching EDI via SBE. Based on the results, EDI training via simulation can become a part of the undergraduate medical curriculum.

Methods:

This review was conducted according to the PRISMA[7] flowchart, with searches in Embase, Medline and CINAHL. The PICOS[8] format helped with inclusion and exclusion criteria. Data was extracted by analysing the full text and using Kirkpatrick's evaluation model[9]. The QuADS[10] tool was used for critical appraisal of studies.

Results: From 711 studies, 15 made it into the final review. Findings showed research undertaken in developed countries (100%) with nursing students predominantly (93%). Only 20% studies included medical students. Simulated Patients (SPs) and manikins were the major simulation modalities used (80%), with a focus on cultural competence training in half the studies (48%). 20% studies looked at LGBT, LGBTQ+ and Transgender and Gender Non-Conforming issues.

10 studies had a measurable outcome; 8 reported a Kirkpatrick's level 2 outcome (Learning: the degree to which participants acquire knowledge, skills, attitude and confidence), and 2 reported a level 1 outcome (Reactions: the degree to which learners find the training beneficial, engaging, and applicable to their jobs).

Discussion:

In an ethnically and culturally diverse world, it is essential that higher educational institutions train their students in the concepts of EDI. This systematic review shows the effectiveness of SBE in providing such training. SBE is useful for improving clinical skills as well as behaviours and attitudes. It is a powerful tool for promoting self-reflection and awareness, which can be a means for changing clinical practices.

Keywords:

Simulation; cultural competence; equality; inclusivity; diversity; medical education; medical student; curriculum

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Differential Attainment in Undergraduate and Postgraduate Medical Education

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"People Are Scared of What They Don't Know": Experiences of Junior Doctors Regarding Intellectual Disability

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Introduction:

People with Intellectual disability (ID) face higher rates of avoidable negative health outcomes when compared to the general population (1). The present study explored the knowledge, skills, and experiences of junior doctors regarding ID in Northern Ireland (NI).

Methods:

A qualitative study was the method of research chosen. The study population was junior doctors throughout NI, 8 participants were interviewed for this study. In-depth semi-structured interviews were employed in a one-to-one manner. Both deductive, based on the Donabedian Quality of Care Model, and inductive analysis was performed.

Results:

Multiple themes arose from these interviews, with some themes coinciding with the Donabedian theoretical framework and others offering an alternative dimension and perspective on quality of care (2). Key structural themes that were identified included lack of pedagogy and a dysfunctional health system. Regarding process measures, participants reported a lack of knowledge pertaining to ID and difficulties with communication. However, some positives were identified such as the involvement of family and carers. In terms of outcomes, participants for the most part discussed negative health outcomes for those with ID, with a few exceptions. In addition, participants reported negative societal perceptions and that those with ID face barriers to inclusion throughout society.

Discussion:

This study has provided evidence of a lack of pedagogy pertaining to ID, leading to insufficient knowledge on the topic from junior doctors in NI, as well as highlighting the challenges that remain within a wider societal context for those with ID. Based on the results, we propose a more nuanced version of the Donabedian framework, highlighting the interconnected nature to quality care for those with ID consisting of negative and positive feedback loops. A multifaceted approach with interventions at all levels within the revised theoretical model is required in order to achieve equitable care for those with ID.

Keywords:

Intellectual disability; medical education; healthcare

References:

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Social Accountability in Clinical Education: A Scoping Review

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Introduction:

Clinical education serves as a vital bridge between theoretical knowledge and practical application, fostering the development of healthcare professionals capable of addressing society's health needs. Social accountability, defined by the World Health Organization as the obligation for educational institutions to align education, research, and service with community health priorities [1], is increasingly recognized yet insufficiently integrated within clinical education. This scoping review synthesizes evidence on the integration of social accountability in clinical education.

Methods:

Using the Population-Concept-Context (PCC) framework, we formulated the research question: *"How is social accountability integrated into clinical education for healthcare professionals, students, and educators across various clinical training settings?"* The review methodology adhered to the Joanna Briggs Institute guidelines and PRISMA-ScR standards, with thematic analysis conducted following Braun and Clarke's framework [2,3]. A comprehensive search was conducted across six bibliographic databases (PubMed, CINAHL, Scopus, Web of Science, PsycINFO, and ERIC) up to February 28, 2025, using keywords such as "social accountability" and "clinical education" with no language restrictions.

Results:

Out of 893 identified records, 53 studies were included in the final analysis. Several key themes emerged: (1) Integration of Social Accountability into Curricula and Educational Frameworks; (2) Faculty Engagement and Development for Advancing Social Accountability in Clinical Education; (3) Barriers to Implementing Social Accountability in Clinical Education; (4) Community Engagement and Service Learning; (5) Practical Applications of Social Accountability in Clinical Education; (6) Educational Outcomes and Competencies; and (7) Evaluation and Assessment of Social Accountability in Clinical Education.

Discussion:

Integrating social accountability into clinical education is crucial for promoting equitable healthcare delivery and preparing professionals to address systemic health inequities. Despite its potential benefits, significant challenges in implementation and evaluation remain. Future research should focus on developing standardized frameworks, robust assessment tools, and fostering collaborative stakeholder engagement, alongside conducting longitudinal studies that explore regional and cultural variations.

Keywords:

social accountability; clinical education; scoping review; healthcare; evaluation

References:

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Session 3: Curriculum BHSC 103a

A Cluster Randomised Crossover Trial of Single Resilience and Professionalism Tutorials among Undergraduate Medical Students

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Background:

While evidence suggests that targeted interventions can improve medical student perceptions of professionalism/professional identity formation, resilience and coping skills, it is unclear how many sessions this may require. We aimed to determine the impact of single resilience/professionalism tutorials on Year 1 medical students' coping self-efficacy and resilience, and perceptions of professionalism and professional identity formation. We also conducted a qualitative process evaluation.

Methods:

A cluster crossover design was used to evaluate tutorials. Student groups were randomly allocated to 'resilience first' and 'professionalism first' classes, followed immediately by the alternative tutorial. Students (n=106) completed the Coping Self-Efficacy Scale (CSES) and Penn State Questionnaire on Professionalism (PSCOM) before the first tutorial, between tutorials, and after the second tutorial. Differences in CSES and PSCOM scores between groups were assessed using multivariate analysis of variance. Findings were presented to students (n=6) in focus groups and resulting data were analysed using reflective thematic analysis.

Results:

Students showed statistically significant increases in survey 2 (X2= 9.46, p=0.002), and survey 3 scores (X2=7.85, p=0.005) for CSES from baseline. PSCOM scores significantly increased at survey 2 (X2=6.47, p=0.019), but not survey 3 (X2=2.30, p=0.12). Between-group analyses of CSES (V = 0.002, F = 0.052, p = 0.984) and PSCOM (V = 0.004, F = 0.065, p = 0.997) scores indicated no statistically significant differences between the 'professionalism first' and 'resilience first' outcomes. Qualitative results highlighted areas of potential improvement and identified logistical issues that may have inhibited tutorial efficacy.

Conclusion:

While we found increased self-efficacy and professionalism scores, these could not be related to the efficacy of respective single tutorials, suggesting that multiple tutorials are required to impact these outcomes. While cross-over designs are feasible to implement, logistical issues may detract from their usefulness. Tutorials could potentially be improved by introducing more interactive learning methods.

Keywords:

Medical Education Research; Professional Identity; Professionalism; Resilience; Self-Efficacy

Implementation of a National Curriculum for Chronic Disease Prevention and Management in Health Education: Barriers & Facilitators.

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Introduction:

A national undergraduate curriculum for Chronic Disease Prevention and Management (CDPM) was designed through collaboration between Higher Education Institutes' (HEI) and Health Service Executive (HSE) in Ireland. It includes Make Every Contact Count (MECC) and Self-Management Support (SMS)[1,2]. Flexible implementation strategies allow HEI to adopt different approaches. This study explored perspectives of HEI academics on implementing both curricula within health professional education programmes to identify best practices, inform future policy and educational strategies.

Method:

HEI academics from health professional education programmes in Ireland, were recruited for this mixed method study through Department Heads and local curriculum implementation groups. Data were collected through an online survey and individual interviews.

Results:

Fifty-six academics of which nursing=15, medicine=7 and physiotherapy=5, completed the survey and 17 participated in interviews. Of the respondents, 98.2% are implementing MECC and 43.6% are implementing SMS. Respondents predominantly deliver MECC in Years One (50.0%) and Two (51.9%) and SMS in Years Three (43.5%) and Four (47.8%). The curriculum is delivered less frequently in postgraduate courses. Educational curriculum resources were identified as the top facilitator for delivering both MECC (52.0%) and SMS (47.1%). Train-the-trainer workshops, delivered to academics, was identified as an important facilitator for implementing MECC (42.0%). Time constraints were reported as the primary barrier (MECC 69.4%, SMS 73.4%). Interviewees identified variability in implementation of the curricula across HEIs and within disciplines. Participants reported that the curriculum was not a priority due to its exclusion from core health professional standards and regulatory body requirements. Institutional and staff support is key to implementation success. Interviewees suggested that increased SMS training for academics would facilitate increased delivery of SMS curriculum.

Discussion:

Prioritizing curriculum integration is essential for sustainability in HEIs. Recommendations included embedding it into professional regulatory standards and professional assessment and increasing staff support and HSE-HEI collaboration to enhance implementation and long-term sustainability.

Keywords:

Chronic Disease Prevention and Management; Health Professional Education; Curriculum Implementation; Barriers and Facilitators.

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Addressing the Importance of Biosciences in Health Science Curricula: a Cross-Sectional Study at the University of Galway

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Background:

A strong bioscience foundation is essential for quality patient care, yet medicine, nursing and podiatric medicine students at the University of Galway often struggle with these modules. This study aimed to evaluate students' perceptions of biosciences and their relevance to professional practice, identifying key areas for curriculum improvement.

Methods:

The three student groups completed a cross-sectional paper-based survey. The tailored surveys were designed to capture diverse student experiences. First-year students completed a 12-question survey focusing on secondary school education, while second- to fourth-year students answered an 18-question survey reflecting on university bioscience education, including learning experience, curriculum content and teaching methods.

Results:

A total of 813 students (55.2% response rate) were included in the analysis. Key findings were that third-year medical students reported a decline in perceiving biosciences as relevant to clinical practice compared to their second-year counterparts (mean rating: 7–8/10 vs. 9/10). Nursing students showed a progressive decline in satisfaction, with final-year students rating the biosciences curriculum poorly in terms of organization, feedback and workload distribution. In contrast, podiatric medicine students consistently reported higher satisfaction and appreciation for the relevance of biosciences. Common areas of concern included excessive workload and ineffective teaching methods.

Discussion:

The findings highlight the need for better bioscience integration into clinical modules, as seen in podiatric medicine, benefiting nursing and medical students. Problem- and case-based learning could enhance engagement, relevance and knowledge retention. Smaller classes, improved teaching strategies and stronger bioscience alignment with clinical practice, as in podiatric medicine, improved satisfaction and understanding.

Conclusion:

Integrating biosciences with clinical education is crucial for improving student engagement and performance. Tailored strategies, such as reorganized curricula, timely feedback and active learning approaches, can enhance the effectiveness of bioscience education across disciplines, regardless of class size.

Keywords:

Biosciences education; curriculum integration; student experiences

Suicide Prevention Education for Undergraduate Health and Social Care Students: Findings from a Multi-site Intervention

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Introduction:

The majority of those who die by suicide have had contact with a healthcare provider prior to their death. Yet, there is a dearth of suicide prevention training undertaken by healthcare professionals, who feel ill-equipped to support those at risk.

Methods:

Undergraduate healthcare students at University College Cork and University College Dublin were invited to complete an optional multidisciplinary four-week suicide prevention training in October 2024. Course content included epidemiology, risk/protective factors, communication and safety planning. Student wellbeing was a core weekly component. A pre-post module survey was conducted, including the Suicide Attitudes, Behaviour and Competence Questionnaire, the Mindful Self-Care Brief Scale, the Interprofessional Education Collaborative Competency Self Efficacy Scale (IPECC-SET9) and the Acceptability, Feasibility and Appropriateness (AFAS) Scale. Quantitative data were analysed using descriptive statistics and a mixed effects linear regression model. Thematic analysis was conducted on free-text responses.

Results:

A total of 227 students from 21 disciplines across all years completed the baseline survey; 203 finished the module, of which 192 completed the post-module survey. Significant improvements were evidenced across all parameters, adjusting for gender, age, course and year of study. Improvements were demonstrated in suicide prevention competency scores (69% increase, $p<0.001$), behaviours (24.8% increase, $p<0.001$) and perceived importance (3.3% increase, $p<0.001$). Self-compassion experienced the greatest improvement of the wellbeing categories (22.6% increase, $p<0.001$). Interprofessional self-efficacy also improved significantly (21.6% increase, $p<0.001$). The course was deemed acceptable (90%), feasible (89%) and appropriate for future healthcare roles (86.3%), with 100% of students advocating for future embedding of the module into curricula.

Discussion:

These findings demonstrate the benefits of suicide prevention training for undergraduate health and social care students, with evidence to support embedding this education into undergraduate healthcare training curricula. Current efforts focus on developing a train-the-trainer programme to enable sustainable delivery and integration of this education.

Keywords:

Suicide Prevention; Interprofessional Education; Undergraduate; Policy Informed Research

An Evaluation of Community-Engaged Teaching and Learning within the MPharm Programme in University College Cork

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Introduction:

Community engaged learning (CEL) has gained prominence in higher education, offering students an educational approach that integrates academic learning with community involvement, fostering reciprocal partnerships to address societal needs. However, integrating meaningful and sustainable CEL activities into academic programmes, especially regulated, professional programmes like pharmacy are challenging due to busy and demanding curricula, in addition to staffing and resource constraints(1). This research sought to determine the extent and type of CEL activities embedded within the MPharm program and to identify additional activities to enrich the MPharm programme.

Methods:

Using Canvas and the Academic programme, CEL-type activities detailed in the program's module content, learning objectives, and assessments were recorded. Interviews were conducted with module coordinators (n=8) to gather further insights into specific activities. Using the "Towards a European Framework for Community Engagement in Higher Education" (TEFCE) rubric, engagement level and the extent of mutual benefit for student and community partners was assessed(2). A short-list of additional activities that could feasibly be included in the MPharm curriculum was compiled.

Results:

Of the forty-four modules on the MPharm programme audited, fourteen employed CEL-type activities. Guest lectures and case-studies were ranked lower. While sustainable, they offer lower levels of engagement and reciprocal benefit for students and the community. Experiential learning opportunities gained through placements had a medium level alignment. No activities were defined as "High". Using the TEFCE framework and a heat mapping exercise nine activities were shortlisted for possible inclusion across the MPharm programme.

Discussion:

This study contributes to the growing body of literature on CEL in pharmacy education by providing insights into the current CEL initiatives at UCC. Next steps in the research will focus on conducting a customised SWOT analysis to identify opportunities for improvement and for further development, to maximise benefits for students and communities alike.

Keywords:

Community-engaged learning; pharmacy

References:

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2. O'Brien E, Ćulum Ilić B, Veidemane A, Dusi D, Farnell T, Šćukanec Schmidt N. Towards a European framework for community engagement in higher education – a case study analysis of European universities. International Journal of Sustainability in Higher Education [Internet]. 2022 Jan 1;23(4):815–30. Available from: https://doi.org/10.1108/IJSHE-03-2021-0120

The SpeakUp Workshop Series: Building Confidence and Competence in Public Speaking Within Pharmacy Education

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Background:

In healthcare education, there is a particular emphasis on presentation skills, as effective communication is essential for fostering strong patient-healthcare provider relationships and improving health outcomes. Research conducted by the team in 2023/2024 showed that many pharmacy students feared public speaking and felt unsupported in developing these skills. In response, the "SpeakUp" initiative was launched—a workshop series to boost students' confidence and competence in public speaking. This pilot study aimed to evaluate the program and explore participants' experiences.

Methods:

The “SpeakUp” series consisted of six tailored workshops focused on enhancing public speaking skills, delivered from September to November 2024. The program was open to all undergraduate pharmacy students (first to fourth year) and Master of Pharmacy students. Participants completed pre- and post-programme surveys, which included demographic questions and the Personal Report of Public Speaking Anxiety (PRPSA) Scale. Quantitative data were analyzed descriptively, and qualitative data via thematic analysis.

Results:

A total of 11 students completed the pre-workshop questionnaire, and 6 completed the post-workshop questionnaire. The mean PRPSA score at baseline was 128.73 (SD=26.63) and 90.5 (SD=22.94) after the workshop series, indicating a 42.24% reduction in public speaking anxiety. Students reported increased confidence, particularly in the preparation phase of presentations. One participant noted, “*I liked the focus on what you can do to prepare in advance and how to utilize that to keep calm*.”

Discussion:

This pilot study indicated that participation in a tailored public speaking tailored to pharmacy students' needs reduced public speaking related anxiety. By participating in SpeakUP, students are empowered to improve their public speaking abilities, preparing them to engage in oral presentations during their studies and confidently communicate in healthcare settings. The next step involves integrating this initiative into the core pharmacy curriculum to ensure its sustainability and broader impact.

Keywords:

Communication skills; pharmacy education; public speaking

Session 4: RIME and HPERG Recipients BHSC/103b

Promoting feedback literacy among students using an e-learning innovation: an interdisciplinary study

Maeve Kearney

Aim:

This interdisciplinary study aimed to promote feedback literacy among Trinity College Dublin undergraduate students in the Disciplines of Radiation Therapy, Occupational Therapy, Physiotherapy and Dental Science through the implementation of an e-learning module , with the goal of enhancing students' ability to understand, engage with, and act upon feedback within academic and clinical contexts.

Materials and Methods:

An e-learning module was designed and embedded within the undergraduate curricula to illustrate principles of feedback literacy. Data was collected using evaluations at 3 time points - pre module completion, post module completion an 3 months post module completion to assess feedback literacy.

Results:

A total of 436 students responded to the feedback literacy survey across the 4 disciplines. 85% of students reported frequently receiving feedback. Just 52% felt they understood how to apply it, and just 39% had opportunities to do so. Confidence in seeking feedback clarification was low (45%). Following the e-learning module , 72% of students reported improved understanding of feedback terminology, and 68% felt more confident in using feedback to enhance future work.

Discussion:

The integration of a digital feedback tool supported a measurable improvement in feedback literacy. The combination of reflective tasks, student-staff partnership, and interdisciplinary design facilitated a shift toward more meaningful engagement with feedback.

Conclusion:

Embedding feedback literacy in curriculum through e-learning innovations is an effective strategy to foster reflective, autonomous learners. Ongoing co-creation and dialogic feedback practices are essential for sustaining these outcomes across disciplines.

Transitions in Medical Education: A Qualitative Study of The Experience of Transitioning from Clinician to Researcher and Back Again

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[3]*Obstetrics and Gynaecology, Coombe Hospital*

Introduction:

Medical transitions are critical moments when individuals must adapt to new roles (1). While well-documented transitions exist between pre-clinical and clinical learning and from trainee to independent practitioner (2), limited research explores the transition between clinical practice and academia. The Irish Clinical Academic Training (ICAT) programme is a formalised programme of training for clinician researchers to complete PhD level research as part of their j programme. This study examines the experiences of trainees within the ICET programme, aiming to provide insights that inform better support systems for clinician-researchers.

Methods:

This qualitative study employed semi-structured interviews analysed through Interpretative Phenomenological Analysis (IPA). Participants were recruited via email, and following written consent, one-on-one interviews were conducted either face-to-face or via Zoom. Interviews were transcribed and analysed using NVivo software.

Results:

Five participants were recruited, representing various stages of the programme, including early, mid, and post-completion phases. Key themes developed from the analysis including Adapting to a New Pace and Structure, Feeling Lost and Seeking Direction, Struggling with Clinical Identity and Rebuilding Confidence in Clinical Work.

Conclusion:

The Preliminary findings underscore the challenges clinicians face when transitioning between roles, including vulnerability, loss of confidence, and the need for guidance. It is essential to have proactive support systems in place, as clinicians often hesitate to seek help. Supervisors can use these insights to provide better mentorship and resources. This study offers practical recommendations to further improve support to clinician-researchers in navigating these transitions effectively.

An investigation of the properties of a revised performance-based assessment tool for Physiotherapy Students in Ireland.

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Introduction:

The new National Common assessment form for assessing Physiotherapy students' performance in placement in Ireland "CAF2" has been developed by a team of expert physiotherapists in practice-based education and grounded in research findings. The team used of a Core Set of Standards for Evaluating the Quality of Assessment Methods[1.]

Methods:

A Cross-sectional inter-rater reliability study. Pairs of assessors (Practice Educators, Practice tutors) each assessed one student after observing student practice over a clinical placement. Each pair completed two independent assessments of one student, providing completed pairs of assessments score for analysis.

Feedback on the tools interpretation and ease of use was collected using an online survey based on the Core Set of standards. Results were analysed using descriptive statistics.

Results:

Sixty-one data sets were obtained from physiotherapy student placements in Ireland, involving five different Universities.

Intra-class correlation coefficients (ICC'S) were used to determine the inter-rater reliability of the revised tool ICC's were calculated for the total scores of the CAF2 (0.92) and each of the subsections Assessment & Management (.93) Professionalism (.87) and Documentation/Communication (.88).

Survey responses indicated a high level of satisfaction with ease of use and ease of interpretation determinants.

Discussion:

This study shows that CAF2 has very high inter-rater reliability scores, comparable and better than the original version of the form[2] and comparable to international standards[3]. Ease of use and ease of interpretation were rated highly with further investigation needed into educational impact. Mapping to the core set of standards provided evidence for implementation at a national level with a plan to continue to evaluate its use.

Keywords:

Assessment; Performance-based; Quality

References:

[1] Swing SR, Clyman SG, Holmboe ES, Williams RG. Advancing resident assessment in graduate medical education. J Grad Med Educ. 2009 Dec;1(2):278-86. doi: 10.4300/JGME-D-09-00010.1. PMID: 21975993; PMCID: PMC2931233.

[2] Coote, S., Alpine, L., Cassidy, C., Loughnane, M., McMahon, S., Meldrum, D., O'Connor, A. & O'Mahony, M. 2007. Form for physiotherapy practice education in Ireland: The development and evaluation of a Common Assessment. *Physiotherapy Ireland,* 28, 6-10.

[3] Dalton, M., Davidson, M. & Keating, J. L. 2012. The Assessment of Physiotherapy Practice (APP) is a reliable measure of professional competence of physiotherapy students: a reliability study. *Journal of Physiotherapy,* 58, 49-56.

Interprofessional Learning improves understanding of Healthcare roles and Collaborative Practice in Healthcare Students.

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Introduction:

Interprofessional learning (IPL) plays a key role in preparing healthcare professionals for future collaborative practice. We explored the attitudes of first-year graduate entry medicine (GEM) and physician associate (PA) students towards the team approach to care.

Methods:

Students participated in three IPL sessions, using non-clinical cases, designed to prompt discussion regarding professional roles and responsibilities and team dynamics. We explored their impact using the Student's Perceptions of Interprofessional Clinical Education-Revised (SPICE-R2) instrument and focus groups.

Results:

50 students completed the pre-survey and 48 students completed the post-survey. There were overall increases in the mean Likert scores related to 'Teamwork and collaboration', 'roles and responsibilities' and 'patient outcomes'. Focus group data suggests that both GEM and PA students agreed that their education benefitted from the IPL sessions. Many students admitted to not having a clear understanding of their respective roles before the sessions, but agreed that care delivered as part of a multidisciplinary team would positively impact patient care and reduce healthcare costs. Our findings relate well to the theory of relational coordination. This theory emphasises the importance of relationships characterised by shared goals, shared knowledge, and mutual respect, supported by frequent, timely, accurate, and problem-solving communication (Bolton et al. 2021).

Discussion:

IPL with early-stage GEM and PA student education and training increased the understanding of each other's roles within the MDT and educational path. It enhanced their perceived ability to work in a collaborative relationship. Students suggested that they would benefit from further IPL sessions later in their training after clinical exposure.

Keywords:

graduate entry medicine; physician associate; students.

References:

Bolton, R., Logan, C., & Gittell, J. H. (2021). Revisiting Relational Coordination: A Systematic Review. The Journal of Applied Behavioral Science, 57(3), 290-322. https://doi.org/10.1177/0021886321991597

Student Support In A Medical School – How Does It Match Student Needs?

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Introduction:

The demanding and intensive nature of medical education and its impact on student well-being is well recognised. We sought to gain a deeper understanding of the factors that enable/deter students in engaging with existing support services within a medical school, identifying gaps to later inform how we might enhance the provision such that students avail and engage with the support. Slavin (2019) has shown that effective interventions in medical education require a deeper understanding of the lived experiences of students, and co-creation of support.

Methods:

A mixed-methods approach was used, involving a validated questionnaire and focus-groups with students and staff. The student survey provided a baseline understanding of students' awareness of support services, their perceptions and experiences of these services. Following the survey, students were invited to attend focus-groups to provide more powerful insights. Thematic analysis of the focus group data identified main themes. Staff focus-groups are being undertaken to understand staff perceptions of the support and develop a richer narrative. (Ethical approval 2024_02_25_EHS).

Results:

In general students were aware of the on-campus supports available, but less familiar with the online supports that the university offers. Stigmatisation around mental well-being and needing support appeared to be a factor in deterring students from accessing support. Counselling services within the University were not always viewed favourably, with a large proportion of students preferring to seek external support. Workload and financial pressures were cited as main causes of stress. Focus-group discussions echoed student concerns regarding accessibility and effectiveness of current support, the need to de-stigmatise poor mental well-being and enhance resources was highlighted. Positive experiences were reported for curricular and extracurricular initiatives including a mindfulness programme and peer-mentoring. Recommended additional resources included development of workshops and podcasts.

Discussion:

Addressing stigma, improving accessibility, and considering student-led solutions are crucial for enhancing well-being and support engagement in medical education.

Keywords:

Medical student well-being, Support services engagement, Stigma

Snapshots of Sjögren's: Visual Narratives to Educate on Living with Sjögren's Disease in Ireland

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Introduction:

Sjögren's, a chronic autoimmune disease, manifests with symptoms like dry eyes, dry mouth, pain, and profound fatigue, significantly affecting patients' daily lives and well-being[1]. Despite its prevalence, there is a substantial awareness gap among healthcare providers, often resulting in delayed diagnoses and inadequate care[2]. This presentation outlines a study using Photovoice that aims to capture the lived experiences of those living with Sjögren's disease through photography, providing insights into the emotional and physical impacts of the disease, creating opportunities for education about health and healthcare related to Sjögren's.

Methods:

This study employs Photovoice, a participatory research methodology[3] allow individuals to capture elements of their daily lives affected by Sjögren's through photography. An initial workshop introduced eleven participants to the foundations and method of Photovoice, a review of ethics and safety guidelines and brief instruction on photo-taking tips. Over two-weeks, they documented their daily experiences using smart-phones. Participants then took part in semi-structured interviews where they discussed the significance of their photos, their potential to educate others, and suggested actions to improve patient conditions.

Results:

Preliminary findings present the reality of living with Sjögren's, drawing attention to aspects often overlooked in medical training. The visual narratives created through this study offer a powerful educational tool, demonstrating the personal and profound impacts of the disease. A follow-up workshop will allow participants to collectively discuss these insights and formulate key messages about living with Sjögren's.

Discussion:

The Photovoice methodology has provided critical perspectives on the complexities of living with Sjögren's, highlighting the urgent need for enhanced education and awareness. This project aims to use these visual narratives in educational interventions targeting healthcare professionals, policymakers, and the public to foster a deeper understanding of Sjögren's and ultimately improve patient care.

Keywords:

Photovoice; Participatory Action Research; Autoimmune disease; Sjögren's disease; Medical education

References:

1. Akpek EK, Bunya VY, Saldanha IJ. Sjögren's syndrome: more than just dry eye. Cornea. 2019;38(5):658-61.
2. Ngo DYJ, Thomson WM, Nolan A, Ferguson S. The lived experience of Sjögren's Syndrome. BMC Oral Health. 2016;16:1-11.
3. Wang C, Burris MA. Photovoice: Concept, methodology, and use for participatory needs assessment. Health Educ Behav. 1997;24(3):369-87.

Session 5: Short Communications 1 BHSC/1.21

Local Needs and Competency Assessment for Faculty Development in Healthcare Simulation

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[3]Simulation Committee, Sligo University Hospital

Introduction:

Simulation-based education (SBE) is a learning method emulating clinical events for clinicians. Effectively conducted SBE culminates in: improved patient outcomes and improved standards of care[1, 2, 3]. Sligo University Hospital (SUH) established a simulation committee supporting hospital-based simulation activities. To maximize the benefit for participants and patient outcomes, it is important to review the SBE faculty's competency and needs. The objective of this research was to identify key areas of improvement in SBE at SUH.

Methods:

A mixed-methods questionnaire featuring the validated Simulation Educator Needs Assessment Tool (SENAT) was utilised. The SENAT includes open-ended questions and 5-point Likert-scale items. The questionnaire was circulated to the 58 faculty members in SBE. Qualitative data was analysed using inductive-thematic analysis on NVivo to identify key themes. Descriptive statistics was applied to quantitative data using SPSS. This research was approved by the Research Ethics Committee at SUH.

Results:

Five areas of faculty competencies were assessed: The use of a standard, ability to develop simulations, ability to facilitate simulations, prebriefing and debriefing practices. Respondents largely agreed with their ability to develop (mean = 4, "Agree"; SD = 0.8) and facilitate (4.3, "Agree"; 0.7) simulations. Respondents cited a lack of familiarity with the use of standards (3.5, "Not Familiar"; 0.8), prebriefing (3.4, "Not Familiar"; 1.2) and debriefing practices (3.6, "Not Familiar"; 0.9). Thematic analysis identified three key needs from qualitative data: structural aspect of simulation programs, simulation-skills training, and barriers to SBE.

Discussion:

Qualitative analysis echoed the quantitative data, with standardisation, prebriefing and debriefing practices cited as key needs amongst respondents. The faculty showcased an ability to develop and facilitate simulations, with further improvement recommended in standardising practice. To deliver quality SBE, faculty should be formally trained to standardise SBE. On a management level, protected teaching times and financial support are areas to prioritize.

Keywords:

Simulation-Based Education; Faculty Development; Barriers to Simulation-Based Education

References:

1. Byrne D, O'Dowd E, Lydon S, McDermott BR, OConnor P. The implementation of simulation on clinical sites: a national strategic guide. National University of Ireland Galway; 2021.
2. Elendu C, Amaechi DC, Okatta AU, Amaechi EC, Elendu TC, Ezeh CP, et al. The impact of simulation-based training in medical education: A review. Medicine (Baltimore). 2024;103(27):e38813.
3. Fransen AF, van de Ven J, Banga FR, Mol BWJ, Oei SG. Multi-professional simulation-based team training in obstetric emergencies for improving patient outcomes and trainees' performance. Cochrane Database Syst Rev. 2020;12(12):Cd011545.

Interprofessional Education Placements in Non-Clinical Community Settings for Healthcare Students

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Introduction:

Interprofessional education (IPE) is crucial for preparing future health professionals to collaborate effectively in diverse healthcare settings. While campus or classroom-based IPE offers logistical benefits for managing large student cohorts (Lapkin et al., 2013), an increasing body of evidence highlights the effectiveness of practice-based learning in developing essential collaborative competencies (Reeves et al., 2016). The aim is to conduct a systematic review of interprofessional non-clinical placements in community-based settings.

Methods:

A comprehensive search was conducted across five databases (PubMed, CINAHL, EMBASE, Scopus, PsycINFO), covering the period from January 2000 to December 2024. Original research taking a quantitative or qualitative approach and studies in the English language are eligible for inclusion. Titles and abstracts were screened for eligibility by three independent researchers and full-text articles were reviewed when initial screening did not provide sufficient information to determine study eligibility Studies that met inclusion criteria were retrieved, and full-text articles were also independently reviewed by three researchers. Data extraction is currently being conducted using a standardised form. Risk of bias will be assessed using Joanna Briggs Institute (JBI) Critical Appraisal Tools.

Preliminary findings:

The search returned 3824 articles, and 2900 remained after duplicates were removed. 278 full texts were screened. Preliminary observations indicate that the included studies employ a range of research designs, including pre-post intervention studies, mixed-methods evaluations, and qualitative studies. IPE placements vary in duration (one-week intensives to longitudinal programs) and team composition (undergraduate and graduate students across allied health, medicine, and nursing). Faculty supervision is a consistent component. Studies report improvements in IPEC competencies and positive client health outcomes, particularly in addressing social determinants of health.

Implications:

The findings of this review will provide evidence-based recommendations for the design and implementation of effective community-based IPE programs and guidelines for building a model for collaborative practice in community settings.

Keywords:

Interprofessional Education; Community-Based Placements; IPEC Competencies; Healthcare students

References:

Lapkin S, Levett-Jones T, Gilligan C. A systematic review of the effectiveness of interprofessional education in health professional programs. Nurse education today. 2013 Feb 1;33(2):90-102.
Reeves S, Fletcher S, Barr H, Birch I, Boet S, Davies N, McFadyen A, Rivera J, Kitto S. A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. Medical teacher. 2016 Jul 2;38(7):656-68.

Promoting safe prescribing practice and interprofessional education: development of a new curricular workshop format.

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Introduction:

Safe medication use requires interprofessional collaboration between doctors and pharmacists, with Interprofessional Education (IPE) recommended to foster collaborative competencies (1). Given the widespread challenge of implementing IPE due to limited curricular space and aligning different professional groups (2), and the time limitations of daily life in healthcare practice, an innovative format of short IPE activities provides potential (3). The aim was to develop and deliver a workshop of short IPE activities focused on safe prescribing and monitoring of medications to support pharmacy and medicine students on entry to practice.

Methods:

Students from 4th year Medicine and 4th and 5th year Pharmacy participated in four 25-minute interprofessional activities, in 2 hours, on the following topics: (anti-coagulants, antiepileptics, antimicrobials, intravenous fluids, drug calculations, choice and monitoring, prescription writing). Delivering the workshop twice enabled students to participate in all topics. The activities were delivered by clinical and academic staff from teaching hospitals and university. A team of facilitators supported the schedule.

Results:

A total of 380 students from pharmacy (120) and medicine (200) participated in the IPE session. Student feedback was provided by 216 students (165 medicine, 51 pharmacy). 82% of students agreed that the sessions improved their topic knowledge, 70% agreed that the interprofessional nature of the workshop was beneficial, with 89% agreeing that the content was directly relevant to their future professional practice. Qualitative feedback highlighted the positive interactive and short-session format and the practical information and skills training.

Discussion:

This short, curricular, interprofessional safe prescribing activity demonstrated positive student learning. Students reported enhanced interprofessional engagement and understanding of the different perspectives and responsibilities of each other's role in safe prescribing and medication optimisation. This format of IPE is easily embedded into curricula and adaptable to other clinical topics to support competency development in teamwork and collaboration for students.

Keywords:

Interprofessional education, Safe prescribing, Interprofessional collaboration

References:

1. Grimes, T., & Guinan, E. (2022). Interprofessional education focused on medication safety: a systematic review. *Journal of Interprofessional Care*, *37*(1), 131–149. https://doi.org/10.1080/13561820.2021.2015301
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3. Friedrich, S., Straub, C., Bode, S.F.N. *et al.* SIESTA: a quick interprofessional learning activity fostering collaboration and communication between paediatric nursing trainees and medical students. *BMC Med Educ* 21, 475 (2021). https://doi.org/10.1186/s12909-021-02880-9

Developing a student lead adult speech and language therapy clinic in a university setting.

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Background:

Clinical experience is essential for all Speech & Language Therapy students. According to CORU, Speech and language therapy students must complete at least 300 clinical hours of supervised practice placements as well as 150 clinically related hours.
It is routinely difficult to source placements for students particularly in the area of adult acquired communication disorders therefore the student led onsite clinic for adult communication disorders was developed in conjunction with the local HSE SLT department. The HSE supplies a selection of service users from their caseloads and waiting lists and the students under the guidance of a Senior SLT from the university provide a 6-week block of intervention. This has the dual benefit of allowing service users in the public system to access high quality intervention sooner and it enables the students to gain valuable clinical experience in the area of adult acquired communication disorders and some of their clinical hours as required for their course accreditation

Aims of Clinic:

To provide a high-quality service to the public while also providing student clinical hours and a safe learning environment where students develop and demonstrate professional behavior and practice competence to the expected standard.

Methods:

Student clinics run over 6 weeks with two additional weeks for pre and post tutorials totaling 18 hours of direct clinical work and 20 indirect clinical hours. Students (n =12) work with service users who have an acquired communication disorder under the guidance of a Senior SLT.

Results:

6 service users each academic year from HSE waiting lists received a 6-week block of intervention. Anonymous feedback was obtained from 12 students using the HSE HSCP Student Evaluation tool (Hills & McMahon 2022). Preliminary results suggest that their clinical experience in the weekly clinics was positive and that a safe learning environment was provided.

Discussion:

Anecdotal evidence suggests a positive effect on the confidence and clinical skills of students. Further clinics with more detailed and structured feedback opportunities are required to enhance the student led clinics.

References:

CORU: Speech & Language Therapists Registration Board: Criteria for Education and Training Programmes – Guidelines for Programme Providers (2018)

Hills, C., McMahon, S., Quigley, D., & Bennett, A. (2021) The National Health and Social Care Professions Quality Framework for Sustainable Practice Education. Galway: HSE, National Health and Social Care Professions Office (NHSCPO)

From Theory to Action: Redesigning How We Teach Occupational Justice Through the Use of Challenge-Based Learning

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Introduction:

Occupational injustice describes situations where individuals, groups or communities are prevented from participation in activities that promote health due to factors beyond their control[1]. Occupational therapy graduates need to understand health through this human rights lens in order to work therapeutically with diverse communities. Student reflections following an Occupational Science module showed that they had a considerable emotional response when learning about examples of global injustice e.g. child labour, gender discrimination and climate disruption to livelihoods – often using the phrase "ignorance is bliss". Students need to be supported to move through this emotional response to considering action. Recognising ones' agency and skills to take action is instrumental in helping people move from emotional response to action in other huge global challenges[2]. This short communication will describe the process of redesigning a module using Challenge-Based Learning[3] to help occupational therapy students see themselves as potential agents of social change.

Methods:

Following a Challenge-Based Learning training course, the educator redesigned their 2nd year module for occupational therapy students. The new module took the form of a number of "challenges" that students themselves refined and researched. Students presented their identified "challenges" along with a proposed solution at the end of the module.

Results:

Students worked in small groups on "challenges" they refined, such as "What unconscious biases could we have in our reasoning as occupational therapists?" They engaged with critical literature and real world examples. Their proposed solutions took forms like a blog post, a suggested reading list for therapists, ideas for training, outlines of non-traditional models of practice and so on.

Discussion:

This module will be evaluated and refined based on student feedback. Ideally, Challenge-Based Learning should also include transdisciplinary and transnational collaboration. ENLIGHT funding will be sought to give students taking this module more opportunities to learn 21st Century skills.

Keywords:

Challenge-Based Learning; Social Justice; Course Design

References:

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Introduction of Simulation-Based Learning into Clinical Placement Teaching.

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Introduction:

Teaching of communication skills in classrooms is mainly theoretical, covering topics such as behaviour change, motivational interviewing and 'Making Every Contact Count' across several modules in the BSc (Hons) Physiotherapy programme(1).
The aim of this simulation was to give students the opportunity to practice, develop and reflect on communication skills taught in these modules when dealing with patients considering behaviour change(2).

Methods:

A standardised-patient simulation was developed and set in a Home Oxygen Assessment Clinic and addressed two scenarios. In the first scenario, the patient remains reluctant to quit smoking, while in second they are keen for support to stop smoking.
One simulation ran per placement. A variety of frameworks were available as visual prompts to the learner conducting the intervention, including Oxygen Escalation algorithm, motivational interviewing keypoints and HSE Quit Smoking Booklet. This was to reduce cognitive burden, allowing focus to remain on communication. Observers were provided with checklists to identify strategies which supported patient decision-making.
Feedback was sought from all students after each session.

Results:

To date, this simulation has run on three placements (n=19students). It will continue until the end of the 2024-2025 academic year when feedback from all groups will be compiled.
Preliminary results suggest all respondents agreed/strongly agreed with the following-

- "I found the feedback/debriefing helpful"
- "I think SIM was a useful element of inpatient clinical practice"

Students commented on how scenarios helped "navigate a complex situation with empathy and understanding" and how they "better understood how to manage patients unwilling to change".

Discussion:

Simulation is an emerging area in HSCP education. It is student-centred and offers a safe space for putting theory into practice and assimilating knowledge from a wide variety of course modules, clinical and personal experience. It allows for development of competence in meeting the emotional and physical needs of patients described in the simulation.

Keywords:

Simulation; holistic patient care; consolidate learning

References:

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A Preterm Birth Story – Medical Student Reflections on the Patient Narrative – A Qualitative Study

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[2]Irish Clinician Educator Training Fellow, Royal College of Physicians of Ireland
[3] The Irish Neonatal Health Alliance

Introduction:

Patient-delivered medical education is recognised as an important way to enhance students' appreciation of and empathy for the lived experience.[1] Preterm birth - prior to 37 weeks gestation - affects 10% of pregnancies in Ireland. Each parent of a preterm infant has a unique story to tell. This study aims to explore medical students' insights to parent-led education on the topic of preterm birth.

Methods:

A thirty-minute interview was recorded with a parent who had experienced an extreme preterm birth at twenty-five weeks gestation. The interview highlighted their journey through delivery, to neonatal intensive care, discharge into the community and beyond. Students viewed the recording and wrote 500-word reflective essay on what they learned from the video about support for parents in this situation. Ten percent of the essays were randomly selected and anonymized. Thematic analysis was conducted using the Braun and Clarke approach.[2]

Results:

Four core themes were identified from the analysis that followed a chronological path. "Early Days" represented the immediate aftermath of birth, then "Stumbling Blocks" explored the challenges faced by this parent. "Stepping stones to knowledge and empowerment" documented the progress made by the parent and infant over time and "Looking to the Future" addressed the long-term impact of preterm delivery. The reflective essays demonstrated student engagement with the project and revealed rich insights.

Discussion:

This study highlights the impact of patient-led obstetric medical education. Learning directly from the parent's own narrative enable students to look beyond clinical management and consider the full impact of this life event. Students appeared to gain valuable insights into the complexity of preterm birth. This project demonstrates the power of personal stories to be used as a valuable educational resource and supports the development of future clinicians who can provide holistic care.

References:

1. Gordon M, Gupta S, Thornton D, Reid M, Mallen E, Melling A. Patient/service user involvement in medical education: A best evidence medical education (BEME) systematic review: BEME Guide No. 58. Med Teach. 2020 Jan;42(1):4-16. doi: 10.1080/0142159X.2019.1652731. Epub 2019 Sep 13. PMID: 31518544.

2. Braun V, Clarke V. Thematic Analysis: A Practical Guide. London: SAGE Publications Ltd; 2021.

The Development of Community Engaged, Interprofessional Placement Guidelines

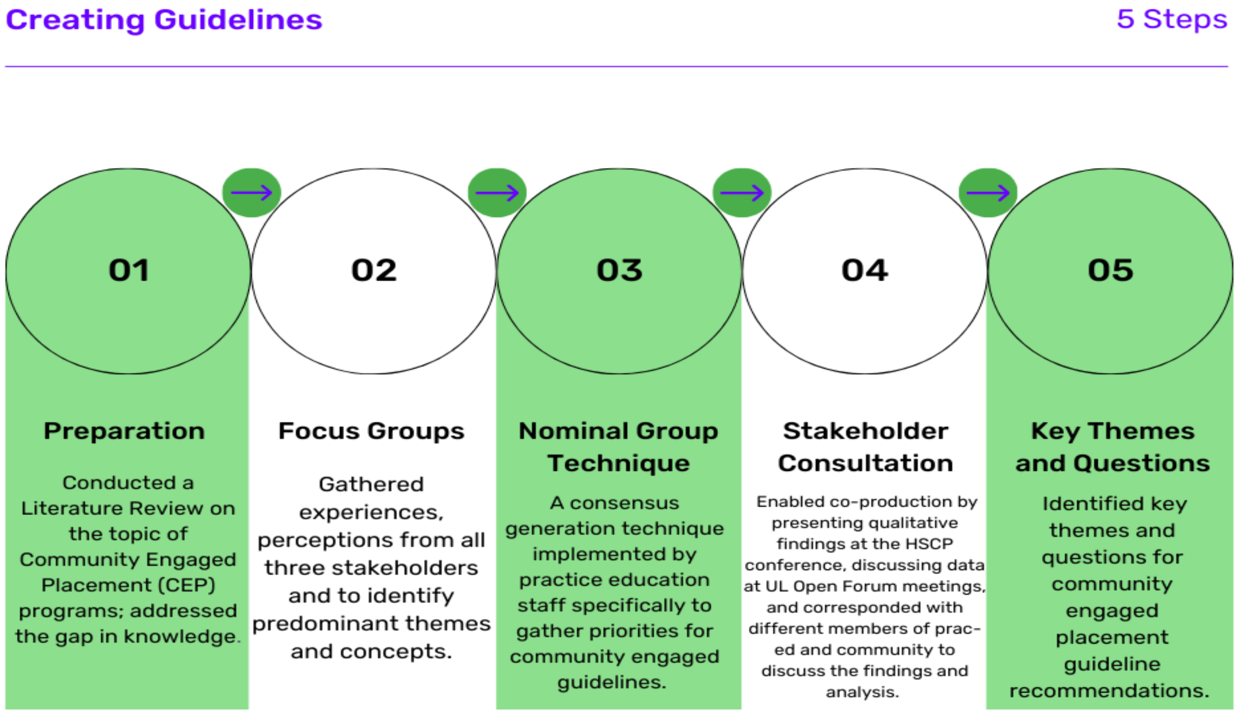
Anna McCurdy, Belinda Simyu, Donal O'Leary, Ciaran Purcell, Edwina Rusche, Tanya McCgary,

Introduction:

University of Limerick serves disenfranchised communities through the Community Engaged Placement (CEP) where students from Physiotherapy, Occupational Therapy, and Human Nutrition and Dietetics work with marginalized populations, delivering high-quality interpersonal care in an innovative environment. Students develop critical reasoning skills, and community stakeholders receive holistic, interprofessional care. Contemporary Allied Health Professionals (AHP) practice is changing rapidly to meet community needs. The shift from focus on acute care to more community-based initiatives and preventative healthcare necessitates AHPs gaining experience in such settings.

Method:

Researchers utilized a social constructivist, phenomenological qualitative research design. A 5-step stakeholder informed process was employed. A literature review on Community Engaged Placement (CEP) programs was completed. Focus groups were conducted with students, practice education, and community liaison staff. Then, a nominal group technique was implemented by practice education staff specifically to gather priorities for community engaged guidelines. This research enabled co-production by presenting our findings at the HSCP conference, discussing data at UL Community Open Forum meetings, and corresponding with members of practice education and local communities.



Creating Guidelines — **5 Steps**

01 Preparation
Conducted a Literature Review on the topic of Community Engaged Placement (CEP) programs; addressed the gap in knowledge.

02 Focus Groups
Gathered experiences, perceptions from all three stakeholders and to identify predominant themes and concepts.

03 Nominal Group Technique
A consensus generation technique implemented by practice education staff specifically to gather priorities for community engaged guidelines.

04 Stakeholder Consultation
Enabled co-production by presenting qualitative findings at the HSCP conference, discussing data at UL Open Forum meetings, and corresponded with different members of practiced and community to discuss the findings and analysis.

05 Key Themes and Questions
Identified key themes and questions for community engaged placement guideline recommendations.

Figure 1

Results:

Key questions for CEP recommendations:
-What can all stakeholders expect from CEP?

-How can we overcome potential challenges within CEP?
-How can you build a sustainable network with your peers to ensure operations run smoothly during placement?
-How can you ensure that you build a rapport with the client/ community member?

Preliminary recommendations:

- Planning, Preparation, & Induction
- Supervision Models, Strategies, & Ways of Working
- Logistics & Implementation
- Fostering Relationships, Growth, & Skill Development

Conclusions:

The CEP recommendations highlight the importance of coordinating schedules, role allocation, and supervision strategies to facilitate students and staff to deliver interventions in a community-oriented setting.

Resources:

1. Department of Health, 2021
2. SlainteCare 2022
3. Braun & Clarke, 2020A; Braun & Clarke 2020B

From Sesame Street to Simulation - Early Introduction of A-B-C-D-E

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[2]ASSERT Centre, University College Cork, Ireland

Introduction:

A critical learning point for health professionals is the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to dealing with an unwell or deteriorating patient (1). Research shows that adherence to its use is suboptimal in practice, with scores of a validated knowledge test around ABCDE approach varying widely among healthcare professionals caring for critically ill patients (2). It is important that medical students are exposed to, and learn effectively about, this widely recognised and accepted approach to assessing and treating critically ill patients. The current exposure of medical students to this varies, depending on their attachments and individual interests. We describe a new ABCDE training programme aimed at medical students in their early clinical years.

Methods:

A 3-hour workshop was held prior to a simulation session, providing the theory to the ABCDE approach. This was followed by small-group high-fidelity simulation sessions. Following orientation to the high-fidelity simulation suite, all students inserted an oropharyngeal airway (OPA) and nasopharyngeal airway (NPA). Oxygenation and ventilation was discussed, with students applying nasal prongs and a non-rebreather mask to the manikin. In groups of three, the students then dealt with different cases of deteriorating patients. Scenarios included severe dehydration, post-operative bleeding, sepsis, respiratory arrest.

Results:

Student feedback to date is positive, with students feeling that the interactive and hands-on nature worked well to visualise and cement the learning. Others expressed how good it was to have them work as a team. Others appreciated the group scenarios as a way of allowing themselves to test what they had learned, by putting their learning into action in a practical way, thus moving 'beyond fact recall'.

Discussion:

Experts believe that the ABCDE approach contributes to better patient care (3). Embedding effective training in the ABCDE approach to the deteriorating patient into undergraduate education represents the way forward.

Key Words:

ABCDE; Education, Workshop; Simulation

References:

1. Thim T, Krarup NHV, Grove EL, et al. Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach. *Int J Gen Med*. 2012 Jan 31;5:117-121. doi: 10.2147/IJGM.S28478. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC3273374/
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Session 6: Short Communications 2 BHSC/2.25

A Digital Skills E-learning Programme for Healthcare Professionals in Cancer.

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Introduction:

Digital literacy is important for healthcare professionals to effectively and ethically implement digital solutions, allowing patients access to improved health services. Digital health education and training are priorities for future healthcare professionals[1]. The objective of the EU4Health funded DigiCanTrain project (digicantrain.fi) is to design, implement and evaluate an e-learning programme. Led by partners from six European countries (Finland, Ireland, Estonia, Spain, Romania, and Greece), this interprofessional programme aims to reskill and/or upskill clinical and non-clinical workers in cancer care settings on digital education and/or digital healthcare. Supporting the development of effective, person-centred digital health care.

Methods:

Evidence synthesis reviews were conducted in the needs assessment phase, resulting in a Digital Competence Framework, which guided the 5-module curriculum. Each learner's path depends on their professional background and whether they are *Trainers* or *Participants*.

Results:

Production of an innovative curriculum on the ThingLink© interactive platform embedded in Moodle. The *Trainers* will complete the programme in early 2025 and then support *Participants*, fostering collaborative and collegial learning.

Discussion:

Healthcare professionals must have a high level of knowledge and skill to incorporate digital approaches into their clinical practice. Similarly, their attitudes towards technology influence their motivation for its use[2]. This programme aims to improve or positively impact healthcare professionals' knowledge, skills, and attitudes regarding digital health.

Keywords:

Interprofessional education; digital health care; educational research

References:

1. European Cancer Organisation. Unlocking the Potential of Digitalisation in Cancer Care No Stopping Us Now! [Internet]. 2021. Available from: https://www.europeancancer.org/resources/publications/reports/unlocking-the-potential-of-digitalisation-in-cancer-care-no-stopping-us-now.html

2. Konttila J, Siira H, Kyngäs H, Lahtinen M, Elo S, Kääriäinen M, Kaakinen P, Oikarinen A, Yamakawa M, Fukui S, Utsumi M. Healthcare professionals' competence in digitalisation: A systematic review. Journal of clinical nursing. 2019, 28(5-6):745-61.

A Cancer Care Continuum Module for Undergraduate Nursing Students.

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Introduction:

The number of individuals with cancer is growing; however, there is limited content on cancer in undergraduate nursing programmes[1]. All nurses will likely care for a patient affected by cancer[1,2;] therefore, they need to have, at minimum, basic knowledge and competencies regarding cancer. The Erasmus+-funded EduCanNURS project aims to develop a module for undergraduate nursing students focusing on the cancer care continuum. Nurse educators with cancer expertise and researchers from three European Universities (Finland, Ireland and Croatia) are leading this project.

Methods:

The needs assessment phase of the project included reviewing undergraduate nursing curricula and completing a mapping review to evaluate international undergraduate nursing cancer care education. The Kirkpatrick evaluation framework will guide the evaluation phase, including all stakeholders (students and educators) and an expert panel.

Results:

The findings of the needs assessment phase guided the module development, which follows the "CrabTree" family and focuses on a personalised cancer care continuum. The module will guide students through the different cancer journeys of people affected by cancer, from prevention and screening to diagnosis and treatment, survivorship, palliative care, or end-of-life. The module will include an educator toolkit to support, upskill, and empower nurse educators (without cancer care expertise) to effectively and confidently teach and assess this specialised area.

Discussion:

This project aims to develop undergraduate nursing education and support the development of competencies in cancer care. It could also inform cancer education for other undergraduate healthcare professionals.

Keywords:

Undergraduate nursing education; cancer care education; educational research

References:

1. Cazeau, N. & Kaur, T. A survey of clinicians evaluating an online prelicensure oncology nursing elective. *Seminars in Oncology Nursing,* 2021, 37(2), 151141.

2. Fox C. Why our undergraduate nursing programs need oncology content: Reflections of a nursing instructor. Canadian oncology nursing journal. 2020;30(1):62.

A Pilot Module in Peer Assisted Learning in Medical Education for Final Year Medical Students

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[2]UCD Perinatal Research Centre, National Maternity Hospital Obstetrics and Gynaecology, University College Dublin

Introduction:

Education is considered a core competency for healthcare workers, but few students receive formal training in educational theories and applications. Peer assisted learning can be used as a method to address this[1].

Methods:

In January 2025, we developed a pilot two-week elective in medical education for final year medical students in University College Dublin. This elective aimed to expose students to medical education theories, educational credits and to technology enhanced learning. In addition, we aimed to review the evidence base for Peer Assisted Learning, and to review frameworks to enhance teaching and learning of practical skills and theoretical knowledge. Students were encouraged to develop two training interventions, one theoretical (a medical education theory) and one practical (medical or non-medical skill). Finally, students helped to co-design a future module on medical education/peer assisted learning including learning outcomes, teaching and assessment.

Results

At the end of the elective, students had finalised training materials on educational theories including andragogy, experiential learning, hidden curriculum, information processing theory, social cognitive theory, followership, constructivism, and stress inoculation. Completed videos on practical skills included medical skills (venepuncture, blood sampling, intravenous cannulation and surgical scrubbing) and non-medical skills (piano playing and pilates skills). Future videos include left handed suturing and placement of electrocardiography leads on a woman (a simulation model). Finally, a co-designed submission for a new module in Medical Education has been accepted by the university curriculum design team. Future elective modules will run for three weeks rather than two based on student feedback.

Discussion:

This pilot module proved to be highly productive and useful for student's learning. Future iterations of this module may support voluntary student societies to support peer assisted learning by formalising their training. Ideally future iterations may also be considered for inclusion as a core part of the medical school curriculum.

Keywords:

Medical students; co-design; peer assisted learning; healthcare education

Reference:

Feng H, Luo Z, Wu Z, Li X. Effectiveness of Peer-Assisted Learning in health professional education: a scoping review of systematic reviews. *BMC Med Educ*. 2024;24(1):1467.

Embracing ChatGPT-4.0 as a Feedback Provider: A Comparison with Student/Examiner OSCE Data

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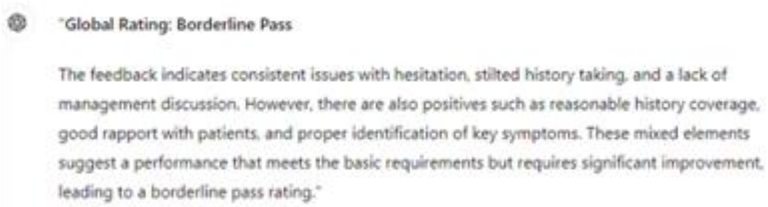
[2] MSc Medical Education Dundee Medical School; Dundee Nursing School
[3]Educational psychologist Qpercom Ltd

Objective:

This study explores the potential of ChatGPT-4.0 as a feedback provider in educational assessments, comparing its effectiveness and efficiency against traditional feedback derived from student and examiner-generated data. The goal is to assess the strengths, limitations, and practical applications of artificial intelligence (AI) in improving the quality and timeliness of feedback.

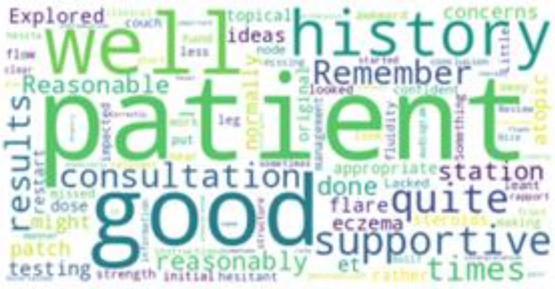
Methods:

The research analyzed feedback provided by ChatGPT-4.0 and compared it to feedback generated from student and examiner inputs across multiple assessment scenarios. ChatGPT-4.0 was trained using anonymized data and instructed to generate personalized, actionable feedback. A mixed-methods approach was used, including qualitative analyses of feedback content and quantitative comparisons of feedback accuracy, relevance, and reception by recipients.



"Global Rating: Borderline Pass

The feedback indicates consistent issues with hesitation, stilted history taking, and a lack of management discussion. However, there are also positives such as reasonable history coverage, good rapport with patients, and proper identification of key symptoms. These mixed elements suggest a performance that meets the basic requirements but requires significant improvement, leading to a borderline pass rating."



Results:

ChatGPT-4.0 demonstrated high efficiency, generating detailed feedback significantly faster than traditional methods. The AI feedback was well-structured and consistent, reducing variability often associated with human assessors. However, the lack of contextual understanding in nuanced scenarios occasionally limited its accuracy. Comparatively, examiner feedback, though more personalized, was often inconsistent and time-intensive. Moreover, the scalability of ChatGPT-4.0 made it a promising solution for high-volume assessments.

Conclusions:

ChatGPT-4.0 presents a viable complement or alternative to traditional feedback mechanisms, particularly in contexts requiring speed and consistency. However, its limitations in understanding

nuanced, context-specific cases suggest that a hybrid approach, combining AI and human insights, may offer the best outcomes. This study underscores the importance of integrating AI tools like ChatGPT-4.0 to enhance feedback systems while maintaining human oversight to address contextual complexities.

Keywords:

ChatGPT-4.0; feedback; educational assessments; artificial intelligence; examiner variability.

Flying the nest: An explorative study of experiences in transitioning from campus to clinical years

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Introduction:

The transition to the clinical environment is widely acknowledged as challenging [1]. In moving from the familiar lectures and tutorials to the ward-based application of knowledge students can feel emotionally, socially and practically unprepared [1]. Stress is known to impact student learning and understanding [2]. Furthermore, given early clinical experiences can influence the future careers of resident doctors, it is essential to foster positive experiences, starting with the transition [3]. Educators dedicate time at the end of 2nd year and start of 3rd year to prepare the students for longitudinal clinical attachments. However, the format, topics and themes are decided by the University. This study aims to assess the readiness of students entering clinical attachment and how we can improve preparedness and support during this crucial process.

Methods:

A retrospective explorative study with 3rd year medical students at Queen's University Belfast (QUB). Following focus groups and interviews, themes were identified and refined using thematic analysis. Data interpretation, validation, triangulation and reporting were carried out.

Results:

All current 3rd year students at QUB were invited to participate, with 12 volunteering for focus groups and interviews. The students felt generally unprepared for the transition. Several themes emerged highlighting a lack in clarity of expectations, lack of support, time management issues, rushed and inadequate preparation, fear at practicing skills on patients having only used mannequins and the feeling of exclusion and isolation on the ward.

Conclusion:

This study highlights a mixture of positive and negative experiences about transitioning to clinical attachments. Despite the effort of medical education there is a clear disconnect between what educators feel is essential as preparation and what students feel is important and required. The themes identified are reshaping the introduction to the first clinical year in QUB.

Keywords:

Transition; explorative; pre-clinical to clinical

References:

1. Malau-Aduli BS, Roche P, Adu M, et al. Perceptions and processes influencing the transition of medical students from pre-clinical to clinical training. BMC Med Educ. 2020;20:279.

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Creating standard operating procedure (SOP) videos using multi-angle smots^{TM} cameras and an iPad: A step by step guide

Anna Scanlan[1]
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Introduction:

Creating procedural videos through a first-person perspective is recommended to enhance learning for complex tasks in the field of STEM (Fiorella, van Gog, Hoogerheide & Mayer, 2017). While the medical disciplines feature strongly in research for the use of videos to augment training in complex surgical procedures, there is less evidence for the direct development of bespoke videos for (bio)pharmaceutical science laboratory procedures and equipment protocol. Furthermore, there is little research to guide instructors in the step-by-step creation of videos, from recording to editing and delivery, especially for the industrial life sciences.

Methods:

Here, an elegant model is presented presented providing a detailed outline of the steps taken to produce standard operating procedure (SOP) videos incorporating first-person perspective, using an iPad and multi-angle view Scotia Medial Observation and Training System (smots^{TM}) cameras in a university School of Pharmacy's 'Aseptic Training Suite'.

Results:

Thirteen full videos were shot periodically over a 1-month timeframe and a production checklist to guide the practical aspects of recording was generated. Astep-by-step workflow of the overall process was developed to guide future production of SOP style videos. To date, the first three videos have been edited to completion and are ready for dissemination.

Discussion:

The objective of these videos is to reduce lab training time and time to competency in the (bio)pharmaceutical industry workplace. However, the process of creating these videos is applicable to many disciplines and sectors for training that involves a procedural element.

Keywords:

Instructional Videos; STEM Education; Simulations; Teaching/Learning Strategies; Postgraduates

Health Sciences Students and Educators Experiences of E-Learning vs. In-Person Learning in an Irish University

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Introduction:

Technological advancements have transformed education, with e-learning significantly impacting university education, especially in health sciences (1). The COVID-19 pandemic accelerated this shift, but concerns about engagement, comprehension, and interaction remain (2). This study evaluated student and educator experiences of e-learning versus traditional teaching in an Irish university.

Methods:

An anonymous survey was conducted among students and educators in health sciences courses. The survey explored experiences with online learning compared to traditional methods. Focus group responses provided initial insights, with plans to expand the study to a larger student and faculty cohort.

Results:

Of 29 student respondents, 85% engaged regularly with e-learning, and 66% found resources easily accessible. 50% rated online resources as good/excellent, this was higher for in-person (79%). Student's understanding of material was similar with both formats (71% e-learning vs. 68% in-person). 61% felt that e-learning fostered independent learning, but only 28% were likely to seek instructor clarification, compared to 50% in-person. 46% found in-person teaching more engaging, with 69% valuing peer interaction and 62% valuing instructor interaction. 52% of students preferred in-person delivery. Among 11 educators, 70% rated e-learning as effective for content delivery, but all (100%) preferred in-person teaching. 82% of educators found e-learning more challenging to deliver with 44% struggling with technical aspects of online platforms. 66% reported lower student engagement with e-learning and 100% believe in-person learning offers more opportunities for meaningful student-instructor interactions.

Discussion:

Results indicate a preference for in-person learning from both students and educators due to higher engagement and interaction. While e-learning offers flexibility, lower student participation and limited spontaneous feedback are concerns. A hybrid approach balancing remote learning for theory with in-person interaction for skills-based sessions and small group tutorials may be optimum. Addressing technical barriers and enhancing interactive e-learning strategies may improve participant satisfaction and implementation. Future research will expand on these results to refine practices for blended learning in health sciences education.

Keywords:

E-learning; In-person; Student; Educator; Health

References:

1. Grimwood T and Snell L. The use of technology in healthcare education: a literature review [version 1]. MedEdPublish 2020, 9:137. (https://doi.org/10.15694/mep.2020.000137.1)
2. Jeffries PR, Bushardt RL, DuBose-Morris R, Hood C, Kardong-Edgren S, Pintz C, Posey L, Sikka N. The Role of Technology in Health Professions Education During the COVID-19 Pandemic. Acad Med. 2022 Mar 1;97(3S):S104-S109. (doi: 10.1097/ACM.0000000000004523. PMID: 34789662; PMCID: PMC8855755.)

Enhancing medical education with notion: A digital resource

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Introduction:

In 2020, Queen's University Belfast (QUB) launched a new medical curriculum (C25). However, the absence of a centralised curriculum map has hindered students and faculty in efficiently accessing and integrating educational resources. Feedback identified challenges in locating content across multiple platforms. To address this, a digital database was developed to streamline learning, improve curriculum navigation, and ensure quality assurance by mapping the C25 curriculum to the General Medical Council's (GMC) *Outcomes for Graduates* framework.

Methods:

Using Notion, a free digital platform, a hyperlinked C25 curriculum content map was created to integrate and centralise QUB's educational resources. Leveraging Notion's database and organisational functionalities, curriculum components were systematically categorised, tagged, and hyperlinked to relevant educational materials. To ensure quality assurance, the GMC *Outcomes for Graduates* framework was mapped to the curriculum. Collaboration between students and faculty was central to refining the resource, enhancing usability and relevance.

Results:

Preliminary feedback suggests improvements in curriculum navigation, organisation, and accessibility of education content. Ongoing efforts focus on refining and updating the map and co-creating a resource linking the curriculum to the UK Medical Licensing Assessment (MLA) condition guide. A qualitative evaluation is planned alongside a quantitative analysis of student engagement with QUB resources linked through Notion.

Discussion:

This project describes the integration of a free digital tool into medical education through staff-student collaboration. The Notion-based curriculum map provides students and faculty with a structures, interactive, and easily updatable resource. This model offers an efficient and scalable approach to modernising curriculum management and educational resource access while demonstrating quality assurance.

Keywords:

Medical education: Curriculum mapping; Digital resource; Quality assurance; Student engagement

Medical Students' Learning Needs Relating to Childhood Vaccination and Hesitancy

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[2]Department of Medical Education, University College Cork

Introduction:

Childhood vaccination prevents 3 million deaths annually; however, vaccine rates are falling. In Ireland, vaccine uptake at 12 months has been below 90% since 2017. Studies report declining confidence in vaccines, the doctors who administer vaccines, and companies that develop them. Understanding medical students' learning needs informs curriculum development.

Methods:

Within an interpretivist paradigm, qualitative data was collected using focus groups. A semi-structured interview guide was used, allowing personal interactions to understand the varying participant perspectives. We followed the Braun and Clarke reflexive thematic analysis guide.

Results:

20 final-year medical students participated over 3 focus groups. The learning needs of medical students relating to vaccines and vaccine hesitancy relate to five main themes: knowledge, role of clinical placement, desired education, motivation to learn, and barriers to engagement with vaccine hesitant families.

Discussion/Conclusion:

Participants reported insufficient knowledge (known-unknowns), while they also demonstrated a lack of understanding (unknown-unknowns). Knowledge-based learning needs include vaccine theory and common parental concerns. Clinical placement was emphasised as an area for valuable learning on communication regarding vaccinations, through observation. Participants indicated desire for simulations to develop such skills. Motivation to learn includes intrinsic motivations e.g. positive attitudes towards vaccinations. External motivations include examinations. Barriers to engagement with vaccine hesitant families include a perception that efforts would be futile.

Learning needs include both knowledge and communication skills. Ensuring optimal delivery of education, motivating students, and ensuring students are taught to connect positively with vaccine hesitant families are important.

Keywords:

Vaccines; Vaccine hesitancy; Medical Students; Learning Needs; Education

Thursday, May 22nd 16.30-17.30

Session 7: Assessment BHSC/G01

Podcasting as a tool for assessment and development of transversal skill in STEM education

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Introduction:

The most critical competency identified by leaders in the (bio)pharma sector is the ability to build collaborative relationships. Additional essential competencies identified include strategic perspective, initiative, participative management, leading employees and change management. Yet, developing such a transversal skillset is atypical in third-level science education. This case study explores the effectiveness of podcasting as an innovative pedagogical tool for assessing and developing these critical leadership and management skills among a cohort of students on a cross-disciplinary MSc in Industrial Sciences, Operations and Management course. Framed within the ICAP model, which linked engagement levels to learning outcomes, the study hypothesised that interviewing an industry leader and creating a podcast would enhance engagement from constructive to interactive learning while providing an authentic method for assessing transversal skill development.

Methods:

Students were administered pre- and post-podcasting questionnaires to assess students' expectations, concerns and perceived skill development arising from the podcasting assignment. A content analysis of student data was conducted via NVIVO.

Results:

While students initially expressed apprehension, post-activity reflections indicated increased confidence in communication and professional networking, deeper industry insights, and a greater sense of workplace preparedness. Self-reported improvements in active listening, communicating across hierarchies, and articulating complex ideas highlight podcasting's value as an assessment tool applicable across disciplines. Student responses aligned with ICAP's constructive and interactive learning modalities, reinforcing its potential in higher education.

Discussion:

Podcasting presents a scalable, engaging method to assess and foster transversal skills in STEM education. These results support its integration into curricula to bridge the gap between technical expertise and essential leadership competencies in the science industry broadly. Further research will explore long-term skill retention and applicability in professional

Medical Student Preparation For The Applied Knowledge Test With Progress Testing, Experiences Versus Expectations

Grainne P. Kearney[1], Sarah Doherty[1], Aidan Cole[1], Kathy Cullen[1]
[1]Centre for Medical Education, Queen's University Belfast

Introduction:

In 2024, the first medical students in the UK sat the National Licensing Examination (NLE), aligning with countries as USA and Canada. Set by the General Medical Council (GMC), the idea of the NLE is to ensure standardisation of assessment processes for registration[1]. Some medical schools introduced Progress Tests (PTs) to prepare for the AKT (Applied Knowledge Test) of the NLE, as international evidence supports PTs boosting NLE performance[2]. We aimed to understand medical student expectations and experiences amongst the first cohort to sit the AKT who were prepared using serial PTs.

Methods:

We interviewed eight final year students over Teams following completing of their AKT from a UK medical school who piloted the AKT in 2024. Using Psychological Contract[3] as a conceptual framework, data was transcribed and coded into the analytical framework, with the agreement of the entire research team.

Results:

In this study, students reported that the medical school set expectations around the utility of PTs as preparation for the AKT part of their NLE. However, the medical student experiences did not initially align with these expectations, and they used agency to bolster their performance through self-teaching content. As the students progressed in medical school and after successfully passing their AKT, the students reported their later acceptance of the medical school's prior set expectations.

Discussion:

Students were understandably happy to have successfully completed the AKT part of their NLE. However, they reported unresolved tensions around their experiences of stress of PTs in early years and their concern that learning in this manner may not prepare them for being junior doctors, at a point where they were soon to enter the workplace. This research adds to discussions around how best to prepare students both for NLEs and for their job once on the medical register.

References:

1 Archer J, Lynn N, Coombes L, Roberts M, Gale T, Price T, Regan de Bere S. The impact of large scale licensing examinations in highly developed countries: a systematic review. BMC Med Educ. 2016 Aug 19;16(1):212. doi: 10.1186/s12909-016-0729-7. PMID: 27543269; PMCID: PMC4992286.

2 Neeley SM, Ulman CA, Sydelko BS *et al.* The Value of Progress Testing in Undergraduate Medical Education: a Systematic Review of the Literature. Med.Sci.Educ. 2016 26, 617–622. https://doi.org/10.1007/s40670-016-0313-0
3 Rousseau DM. Psychological and implied contracts in organizations. Empl Responsib Rights *J*. 1989; 2(2): 121-139. doi:10.1007/BF01384942

Embracing Borderline Regression Analysis for OSCE's in UK and Ireland based Medical Schools, the impact on PASS/FAIL ratios.

Thomas Kropmans[1], Gabia Neverauskeite[2]

[1]Qpercome CEO, Transforming Assessment and Empowering Excellence

[2]Qpercom Research & Development

Objective:

This study investigates differences in pass/fail ratios between UK and Ireland-based medical schools when employing Borderline Regression Analysis (BRA) for standard setting in clinical skills assessments. The aim is to identify variations in how students' performance aligns with passing thresholds determined by this widely-used psychometric approach.

Methods:

Anonymous data were collected from clinical assessments at multiple anonymous medical schools in the UK and Ireland. BRA was applied to establish pass marks based on global rating scores and checklist performance from assessors. Pass/fail ratios were calculated and compared across institutions while controlling for assessment design, assessor training, and student cohort characteristics. Statistical analysis included descriptive and inferential methods to detect significant differences.

Results:

Pass/fail ratios demonstrated variability across institutions, with UK medical schools generally exhibiting tighter clustering of pass marks, whereas Irish institutions displayed a broader range of threshold scores. These differences may be attributed to variations in assessor behavior, curriculum focus, and local interpretation of assessment standards. Despite these differences, BRA consistently aligned global ratings and checklist performance to define passing thresholds. Notably, UK schools showed lower standard error margins, suggesting more consistent application of the methodology.

Conclusions:

The findings highlight regional differences in assessment outcomes when employing BRA, reflecting potential influences of educational culture, examiner behavior, and institutional practices. These variations underscore the need for cross-institutional benchmarking and standardization in applying psychometric tools like BRA. Further research is recommended to explore the underlying factors driving these differences and their implications for fairness and comparability in medical education assessments.

Keywords:

Borderline Regression Analysis; pass/fail ratios; clinical assessments; UK medical schools; Ireland medical schools; medical education.

References:

Yeates, P., Maluf, A., McCray, G., Kinston, R., Cope, N., Cullen, K., … McKinley, R. (2024). Inter-school variations in the standard of examiners' graduation-level OSCE judgements. Medical Teacher, 1–9. https://doi.org/10.1080/0142159X.2024.2372087

Exploring Pharmacy Students' Views Of A Peer-Involved Objective Structured Clinical Examination: A Mixed-Methods Survey Study

Emma Walsh1, Fionn Cullinane1*, Suzanne McCarthy1#, Kieran Dalton1#*
* joint first authors, # joint senior authors
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Introduction:

Peer involvement in objective structured clinical examinations (OSCEs) is an underutilised strategy in health professions education, offering opportunities for peer assessment, teaching, and reflective learning through collaborative feedback[1]. A formative peer-involved OSCE was introduced for final year pharmacy students in University College Cork in 2024, where students participated in checklist creation and undertook roles as pharmacists, assessors, actors, and observers. This study's primary objective was to explore pharmacy students' views of this peer-involved OSCE.

Methods:

A survey was administered to students following OSCE completion. Quantitative data were analysed descriptively, while qualitative responses underwent reflexive thematic analysis[2].

Results:

Of 58 registered pharmacy students, 44 (75.9%) participated in the OSCE, all of whom completed the survey. Most found the session very/extremely valuable (90.9%) and agreed that peer assessment helped enhance their understanding of good clinical and communication skills (95.5%). Nearly all agreed that the feedback received was constructive and helpful for improving performance (97.7%) and that observing diverse student approaches was very/extremely useful (95.5%). All agreed that this initiative encouraged more peer discussions prior to future OSCEs, and 95.5% recommended incorporating peer-involved OSCEs into the curriculum.
Themes from open comments included that the session allowed students to see OSCEs from a new perspective, with a desire for more structured guidance in OSCE checklist development. Despite a "*more relaxed environment*", there was still a "*pressure to do well*" and not "*seem incompetent*" in front of peers. Some found it challenging to give critical feedback due to peer relationships. Students advocated for earlier curricular integration for peer-involved OSCEs.

Conclusions:

Peer involvement in a formative OSCE created new viewpoints for pharmacy students to enhance their skills and inform future performance. This study highlights the value of such peer-based learning strategies to optimise OSCE pedagogy, and that peer-involved OSCEs should be considered for earlier curricular integration.

Keywords:

Peer-assisted learning; OSCE; pharmacy education; peer assessment; feedback.

References:

[1] Feng, H., Luo, Z., Wu, Z. *et al.* Effectiveness of Peer-Assisted Learning in health professional education: a scoping review of systematic reviews. *BMC Med Educ* 24, 1467 (2024).
[2] Braun V, Clarke V, Hayfield N, Davey L, Jenkinson E. Doing reflexive thematic analysis. In Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research 2023 Jan 24 (pp. 19-38). Cham: Springer International Publishing.

Session 8: Public Patient Involvement BHSC/G04

Establishing an advisory patient and public involvement (PPI) panel in the School of Clinical Therapies

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[2]Department of Speech and Hearing Sciences, University College Cork.
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Introduction:

Public and Patient Involvement (PPI) is critical to the success of all healthcare education programmes. Statutory regulators of healthcare professionals such as CORU in Ireland require that educational programmes include PPI as partners in developing and evaluating curricula, ensuring lived experiences are considered [1]. Furthermore, funding agencies also require that researchers engage with PPI collaborators in all phases of research. Finally, the Equality, Diversity and Inclusion (EDI) agenda of all third-level institutions considers stakeholders as essential in programme delivery.

Aim:

The School of Clinical Therapies (SCT) at University College Cork educates from the disciplines of audiology, occupational therapy, physiotherapy, and speech and language therapy to provide high-quality, evidence-based healthcare services.
A key aim of SCT was to establish a PPI (Patient and Public Involvement) panel to contribute to its teaching and research agenda, emphasising equality, diversity, and inclusion.

Methods:

A working group of PPI partners, clinicians, SCT academics, practice educators and students participated in a World Café event [2]. Questions posed at each 'table' were informed by six UK standards for public involvement [3] namely:

- Inclusive Opportunities
- Working Together
- Support and Learning
- Governance
- Communication
- Impact

Themes identified relating to these six standards were discussed, revised, and summarised.

Results:

The World Café included representation from 13 local and national patient charities and support groups. Participants identified preferences according to best practice principles proposing the panel offers accessibility, clarity in decision-making, flexibility, inclusiveness, training, and peer support. Based on these discussions, SCT PPI Panel Terms of Reference were developed.

Discussion:

The SCT has now established a PPI panel and will hold regular meetings to facilitate input into the teaching and research agenda. It is crucial the panel has wide representation, promotes equality of access and participation, and clarity about the roles of individuals as PPI panel members.

Keywords:

PPI; Quality education; Reduced inequalities

References:

1. CORU. What is CORU? [Internet]. coru.ie. 2022. Available from: https://coru.ie/about-us/what-is-coru/
2. The World Cafe. World Cafe Method [Internet]. The World Cafe. 2015. Available from: https://theworldcafe.com/key-concepts-resources/world-cafe-method/
3. UK Standards for Public Involvement - The UK Standards [Internet]. sites.google.com. Available from: https://sites.google.com/nihr.ac.uk/pi-standards/standards

Exploring patient involvement in Obstetrics and Gynaecology medical education – A Scoping Review

Dr. Clare Kennedy[1,2], Dr. Shahad Al-Tikriti[1], Dr. Karima Abubakr[1], Prof. Mary Higgins[1]
[1]UCD Perinatal Research Centre, Obstetrics and Gynaecology, University College Dublin
[2]Irish Clinician Educator Training Fellow, Royal College of Physicians of Ireland

Introduction:

Patients are experts through lived experience. Their stories are increasingly recognized as a vital component of medical education. Many other specialties have moved to increase patient involvement, demonstrating benefits to students including increased empathy and a deeper understanding of personal narratives.[1] This scoping review aims to map the available literature on patient involvement in Obstetrics and Gynaecology and to identify gaps in current training approaches.

Methods:

Following the Joanna Briggs Institute framework, a systematic search was conducted across MEDLINE, CINAHL, Embase, Scopus, PsycINFO, ERIC, Google Scholar, Web of Science & Cochrane Library. English language articles from 1960 onwards were included. Three academic journal were hand-searched for the previous five years. The review followed PRISMA scoping reiview guidelines. The level of patient involvement was categorised according using the Towle Spectrum of Patient involvement.[2]

Results:

A total of 2,350 articles were identified, which was reduced to 1,711 after duplicate removal. Handsearching and citation searching yielded 11 additional articles. Following full text review of 99 articles, 54 articles were included in the final analysis. Most articles related to pelvic examination instruction (44/54 articles). Of the remaining articles, three addressed transgender education and two covered sexual history taking. Patient involvement in all the included articles was rated above Towle level 3. There was wide variation in the approach to ensuring patient wellbeing and safety of patients with few articles providing detail on the way patient consent is obtained and only two articles mentioning a formal debrief provided to patients after their involvement.

Discussion:

This scoping review demonstrates that patient involvement in obstetrics and gynaecology medical education centres on pelvic examination, highlighting the need to explore broader ways to engage patients in medical education in this specialty. Future research should focus on the patient narrative and bringing the patient story into the classroom.

Keywords:

Medical Education; Patient involvement; Narrative medicine

References:

1. Gordon M, Gupta S, Thornton D, Reid M, Mallen E, Melling A. Patient/service user involvement in medical education: A best evidence medical education (BEME) systematic review: BEME Guide No. 58. Med Teach. 2020 Jan;42(1):4-16. doi: 10.1080/0142159X.2019.1652731. Epub 2019 Sep 13. PMID: 31518544.
2. Towle A, Bainbridge L, Godolphin W, Katz A, Kline C, Lown B, Madularu I, Solomon P, Thistlethwaite J. Active patient involvement in the education of health professionals. Med Educ. 2010 Jan;44(1):64-74. doi: 10.1111/j.1365-2923.2009.03530.x. PMID: 20078757

Facilitator insights on patient and public involvement in interprofessional education: A focus group study

Nora McCarthy[1], Trish O Sullivan[2], Miriam O Tuathaigh[3], Aaron Cole[2], John Healy[4], Olivia Wall[3], Ellie Horgan[5], Caoimhe Harrington[4,6]
[1]Medical Education Unit, University College Cork, Ireland
[2]School of Clinical Therapies, University College Cork, Ireland
[3]HSE South West, Health Service Executive, Cork, Ireland
[4]Mercy University Hospital Cork, Ireland
[5]University College Cork
[6]HSE South West, University of Limerick, Ireland

Introduction:

Interprofessional education (IPE) occurs when students from two or more professions learn about, from, and with each other[1]. Interprofessional education represents an ideal area for active patient involvement by placing the patient in a central role, with researchers and patients working together throughout the study[2,3]. As patient involvement in education increases, it is important to explore the attitudes and perceptions of the involved facilitators towards sessions where patients play a central role in the IPE.

Methods:

Following CREC ethical approval, three IPE workshops, involving 64 students, occurred between May and Nov 2024, developed following Kerns framework and delivered with a constructivist pedagogical approach. Students from Schools of Physiotherapy in University of Limerick and University College Cork (UCC), UCC Schools of Medicine, Pharmacy and Clinical Therapies, School of Nursing & Midwifery, School of Food and Nutritional Sciences took part. Semi-structured focus groups occurred with the involved facilitators within one week of completion of each workshop to explore the facilitator experience. The focus groups were audio recorded, transcribed verbatim, and anonymised prior to analysis.

Results:

Braun & Clarke's six phase process of reflexive thematic analysis is being utilised, with data analysis ongoing. To date, all facilitators noted the value of the workshops in stimulating communication and interaction of students with each other and with the PPI. While time consuming, the necessity of careful planning and running of such workshops was noted, acknowledging the potential layers of complexity that that the presence of a PPI adds. With learning opportunities manifold, having a clear stated objective is necessary to maintain focus throughout the planning and execution phases.

Discussion:

The insights gained from the IPE workshops with patient representatives at their core, can help inform future engagement with PPI representatives, encouraging conversations and debates to shape and inform teaching and learning.

Keywords:

Public and Patient Involvement; Interprofessional Education; Workshop; Healthcare; Collaboration

References:

1. World Health Organisation, (Health Professions Networks Nursing & Midwifery Human Resources for Health) Framework for action on interprofessional education & collaborative practice (WHO/HRH/HPN/10.3). World Health Organization, 2010.
2. Towle A et al. The patient's voice in health and social care professional education: The Vancouver statement. 2016 3, 18-26. International Journal of Health Governance
3. University College Cork. Patient and Public Involvement. University College Cork. Updated 8 January 2025. Available from: https://www.ucc.ie/en/implementation-research/patientandpublicinvolvement/

'Safeguarding our Storytellers'- Codesigning a practical guideline to support PPI Contributors in Education and Research.

Michelle O'Toole[1], Barbara Brennan[2], Stephen Clare[1], Niamh Dillon[1], Andrea Doyle[1], Brian Doyle[1], Michelle Flood[1], Joan Ni Gabhainn-Dromgoole[1], Michelle Kirrane-Scott[1], Zoe McCormack[1]
[1]RCSI University of Medicine and Health Sciences, Dublin, Ireland.
[2]Mental Health Matters, Ireland.

Introduction:

Patients and the public are actively involved in education and research at RCSI, playing an important role in the learning process for students and staff career development. Including patient stories in healthcare education helps students develop empathy, understanding, and deepens their connections to the learning experience. Real-life patient stories bring academic ideas to life, facilitating students to better understand the patient journey, and encouraging healthcare professionals to reflect on how they work with others. However, concerns linger regarding the emotional toll of sharing personal stories, and their potentially negative impact on students. As educators and researchers, we worry about how storytelling might affect the patients, who generously contribute their time, knowledge and lived experience, but perhaps have not considered how sharing might impact them. The question remains, can we do better?

"Safeguarding our Storytellers" aims to co-design a practical guideline to better prepare our public and patient (PPI) contributors for sharing their stories in healthcare education and research.

Methods:

Using a participatory approach, through three in-person workshops, we assembled a working group to collaboratively design a guideline to better prepare educators and researchers in supporting our storytelling contributors. Our team includes interprofessional researchers, educators and professional staff, students, and members of the public with lived experience in patient advocacy and crisis intervention.

Results:

Based on our shared discussions, we drafted a guideline incorporating practical strategies to consider before and after a PPI in education or research session, to ensure the welfare of the storyteller. We then sent the draft guidelines to two advocacy groups for further feedback.

Discussion:

This initiative demonstrates potential to change how we prepare our storytellers before an education or research session, and how we support them afterwards. We plan to further this work to make the guideline available nationally, potentially through the PPI Ignite network.

Keywords:

Public and patient involvement; Co-design; Narrative medicine; Lived experience; Emotional support

Session 9: Digital Education BHSC/103a

Beyond Replacement: Healthcare Students' Perspectives on AI

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Introduction:

Generative AI (GenAI) is expected to significantly impact healthcare and education in the coming years.[1] However, there are concerns about its effects on academic integrity, assessment, and critical thinking.[2] This research explores the perspectives of students in health-related fields on GenAI, examining their acceptance of the technology, ethical considerations, levels of trust, and expectations regarding its impact on their professional futures.

Methods:

The research employs a concurrent mixed methods approach, targeting both undergraduate and postgraduate students at a health sciences university with campuses in Ireland and Bahrain. An online survey, grounded in the unified theory of acceptance and use of technology (UTAUT) framework, was conducted.[3] Data from 760 respondents were validated using Rasch analysis and subsequently examined through the UTAUT constructs: Performance Expectancy, Effort Expectancy, Facilitating Conditions, and Social Influence, in addition to Attitude and Trust.
To gain deeper, more contextual insights, focus groups were held with 31 students across the Ireland and Bahrain campuses. The data from these discussions were analysed using thematic analysis.

Results:

The quantitative data indicated a strong overall acceptance of generative AI, with high scores for Performance Expectancy and Social Influence, and a low score for Effort Expectancy, consistent with previous UTAUT research. However, scores for Facilitating Conditions and Trust were relatively low, and the Attitude items did not show coherence.
The qualitative data revealed four key themes:

- The ways and reasons health professions students engage with GenAI
- The impact of GenAI on education
- The potential influence of AI on health care careers
- The support needed for healthcare students regarding AI

Discussion:

This research provides a nuanced view of students' perceptions of GenAI, ranging from excitement about its potential to concerns about over-reliance, ethical issues, the need for guidance, and the tension between an AI-driven healthcare future and the humanistic focus of health professions.

Keywords:

Generative AI; UTAUT; AI acceptance; medical education; health professions education

References:

[1] Lambert SI, Madi M, Sopka S, Lenes A, Stange H, Buszello C-P, et al. An integrative review on the acceptance of artificial intelligence among healthcare professionals in hospitals. NPJ Digital Medicine. 2023;6(1):111.
[2] Boscardin CK, Gin B, Golde PB, Hauer KE. ChatGPT and generative artificial intelligence for medical education: potential impact and opportunity. Academic Medicine. 2024;99(1):22-7.
[3] Venkatesh V. Adoption and use of AI tools: a research agenda grounded in UTAUT. Annals of Operations Research. 2022;308(1):641-52.

The DECODE Framework: Digital Health Competencies in Medical Education

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Introduction:

Effective training in digital health is a requirement of all health professional graduates to meet patient expectations for safe, efficient and effective health care. To progress implementation of this curricula internationally, there was a need to establish consensus on the digital health competencies required across higher education medical institutions globally.

Methods:

A large international team was assembled, and an initial list of digital health competencies was created based on a scoping review. Two rounds of Delphi survey were conducted with an international audience of digital health experts 2022-2023, seeking a priori consensus for agreement at 70%. A consensus meeting followed, to progress the Delphi results to the development of an agreed competency framework.

Results:

The outcome of this process is the DECODE framework, which outlines four digital health competency domains required by medical graduates: professionalism in digital health, patient and population digital health, health information systems, and health data science. Each competency is accompanied by a set of both mandatory and optional discretionary learning outcomes. Additional areas of consideration for medical educators were highlighted through this consensus process, such as the variations in nomenclature, the distinctiveness of digital health, the concept of digital health literacy, curriculum implementation and socioeconomic inequities in digital health education.

Discussion:

Given the international movement of the graduate medical workforce, there is merit is gaining consensus on the minimal digital health competencies required for practice. Strengths of this work include the systematic approach and broad representation of expertise, including both lower middle–income and low-income countries. Limitations include the English language focus, and purposive sampling. The final DECODE framework is however adaptable to needs and context, to ensure relevance and flexibility in curricula implementation.

References:

Car, J., Ong, Q. C., Fox, T. E., Leightley, D., Kemp, S. J., Švab, I., ... & Obadiel, Y. A. (2025). The Digital Health Competencies in Medical Education Framework: An International Consensus Statement Based on a Delphi Study. JAMA Network Open, 8(1), e2453131-e2453131.

Assessing Student Engagement with Digital Resources and Academic Performance: A Pilot Study in Podiatric Medicine Education

Sarah O'Connell[1]
[1]*Podiatric Medicine, School of Health Sciences, University of Galway, Ireland*

Introduction:

Digital learning resources are increasingly integrated into health professions education, providing students with flexible and accessible supplementary materials. However, their effectiveness in improving learning outcomes varies among students. This study explores the correlation between student engagement with digital resources and academic performance in podiatric medicine education. Additionally, it examines whether digital learning benefits all students equally and highlights the need for a balanced approach to technology-enhanced learning.

Methods:

A pilot study was conducted with Year 2 undergraduate podiatry students. Digital engagement metrics were tracked using the university's learning management system (LMS), monitoring video usage, online quiz participation, and resource downloads. Engagement data were correlated with students' performance in Objective Structured Clinical Examinations (OSCEs). Student semester evaluations provided qualitative insights into perceived benefits and challenges associated with digital learning.

Results:

Preliminary findings suggest a positive correlation between engagement with digital resources and academic performance. Students who interacted more frequently with digital materials demonstrated improved performance in OSCEs and written assessments. However, qualitative responses indicated challenges such as self-directed learning difficulties, digital fatigue, and a preference for hands-on learning. Some students who relied heavily on digital resources still underperformed, suggesting that digital tools may not be equally beneficial for all learners. These findings align with previous research highlighting the need for structured, practice-based resources to support students' transition from theory to practice[1].

Discussion:

While digital resources offer valuable support, they should not replace traditional teaching and hands-on clinical training. Over-reliance on digital tools may disadvantage students who struggle with self-directed learning. Research suggests that blended learning approaches, which combine digital and face-to-face instruction, improve clinical skills acquisition and student satisfaction[2]. However, the effectiveness of these resources depends on how they are integrated into the curriculum. Digital tools should be implemented with a clear pedagogical framework to support student engagement, as evidence suggests that interactive, well-structured materials are more effective[3].
As this is a pilot study, full ethical approval will be sought for a more extensive study planned for Semester 1, 2025.

Keywords:

Student engagement; digital learning; academic performance; health professions education; podiatry

References:

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Barriers And Facilitators Of Using MyDispense From The Student Perspective: A Systematic Review

O Collins[1] , R McCarthy[1], L.J Sahm[1]

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Introduction:

MyDispense™ is a high fidelity, low stakes, online virtual learning environment that allows pharmacy students to practice their dispensing & communication skills[1]. We conducted a systematic review of the literature to collect and identify students' thoughts and perceptions on the barriers and facilitators of using MyDispense™ in pharmacy education.

Methods:

A systematic search of PubMed , CINAHL and EMBASE from 2015-2025 was performed in January 2025 using combined keywords, indexing terms and proximity searching with Boolean operators. Studies that investigated the use of MyDispense™ and gathered student perceptions were included. After the initial search, title and abstract screening was conducted and after applying inclusion and exclusion criteria the final studies were selected.

Results:

Of the initial 153 articles, 11 studies were included. Six of these studies were conducted in North America, four in Asia, and one in the UK. Most studies used purposive sampling and sample sizes in the studies ranged from 55 to 241 students. All studies were questionnaire–based and one study also included a semi-structured interview to measure student perceptions of MyDispense™.

Discussion: Identified facilitators to using MyDispense™ from the student perspective include accessibility, allowing students to practice in their own space and time, and the ability to receive immediate feedback to support active learning. Key barriers include the initial learning curve associated with the platform as well as user interface issues.

Conclusion: MyDispense™ provides a novel approach by which pharmacy students can enhance their digital literacy and improve their dispensing and communication skills. Further work may be required at the IT level to enhance the overall student experience and to support better student engagement.

Keywords:

MyDispense; computer based simulation; pharmacy education; Pharmacy students

References:

1. Monash University. MyDispense [Internet]. Melbourne, Australia. Faculty of Pharmacy and Pharmaceutical Sciences, Monash University; 2025. Available from : https://info.mydispense.monash.edu/

Session 10 Clinical Practice BHSC/103b

A Retrospective Feedback Analysis of Objective Structured Clinical Examination Performance of Undergraduate Medical Students

Akram Alsahafi[1,2] , *Micheál Newell*[1], *Thomas Kropmans*[1]
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[2]*Taif University, Department of Medical Education, College of Medicine, P.O Box 11099 Taif 21944 Saudi Arabia*

Introduction:

Feedback is an essential component of medical education, enhancing the quality of students' knowledge and skills. However, providing effective feedback, particularly in clinical skills assessments like Objective Structured Clinical Examinations (OSCEs), often poses challenges. This study aimed to evaluate the content of OSCE feedback given to undergraduate medical students over five years.

Methods:

A retrospective analysis of 1034 anonymised medical students' OSCE performance was conducted, focusing on written feedback. The written feedback data were randomly selected from OSCE sessions, collected from university assessment records and anonymised for ethical considerations. R software was used to identify the most frequently repeated words in the examiners' feedback text, and word cloud charts were created to visualise the responses.

Results:

Word clouds generated from the top 200 most frequently used terms provided visual insights into common descriptive words in feedback comments. The most frequently repeated word over five years was "good," indicative of potentially non-specific feedback.

Discussion:

The high frequency of non-specific terms like "good" suggests a need for more specific, constructive feedback. However, such generic terms can offer some positive reinforcement, more than they may be needed to foster significant improvement. As previously proposed in the literature, adopting structured feedback forms may facilitate the delivery of more specific, actionable feedback.

Conclusion:

This study emphasises the importance of providing specific, actionable feedback in medical education to facilitate meaningful student development. As medical education continues to evolve, refining feedback processes is crucial for effectively guiding students' growth and skill enhancement. Using structured feedback forms can be a beneficial strategy for improving feedback quality.

Keywords:

OSCE; medical education; feedback quality; written feedback, assessment

References:

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Doctors,' Nurses', and Midwives' views of Hospital Pharmacist Prescribing: a Cross-Sectional Survey Study

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Introduction:

Hospital pharmacist prescribing (HPP) is established to varying extents in numerous countries, with evidence that stakeholders positively view the impact of HPP on workflows and patient safety(1,2). Whilst there is currently no legislative basis for pharmacist prescribing in Ireland, a national report recommended HPP be initiated in 2027(3).

The project's objectives are to gather and investigate the views of Irish prescribers (doctors, nurses, and midwives) working in Irish hospitals regarding HPP, and establish their perceived impacts on healthcare provision prior to implementation.

Methods:

An anonymous online survey was distributed to doctors, nurses, and midwives working in Ireland via email and social media platforms.

The survey was active for 12 weeks and comprised a combination of multiple choice and Likert scale questions, along with open comment sections. Data analysis combined descriptive and thematic analysis.

Results:

Complete responses were gathered from 238 participants. Doctors, nurses, and midwives accounted for 43.6%, 44.9%, and 11.4% of respondents, respectively.

A majority of the three professions surveyed; doctors (81.6%), nurses (89.6%), and midwives (96.3%) indicated support or strong support for HPP.

Respondents overall agreed that HPP would result in reduced instances (84.7%) and faster correction (88.6%) of prescribing errors, reduced patient adverse drug reactions (80.5%), and improved workflows (80.1%).

When asked about HPP scope of practice independently or with supervision (direct/indirect), 61.4% indicated that pharmacists should independently prescribe pre-admission medicines, 59.3% indicated that pharmacists should independently prepare discharge prescriptions, whilst only 14.4% said that pharmacists should independently initiate a new medicine.

Discussion:

Doctors, nurses, and midwives are supportive overall of HPP in Ireland, with less support for pharmacists prescribing independently in some areas. Doctors, nurses, and midwives perceive that HPP will have several positive impacts on healthcare provision, and ultimately contribute to reduced prescribing errors, improved workflows, improved collaboration and reduced patient harm.

Keywords:

Hospital Pharmacist Prescribing; Stakeholder Views

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Adolescent Mental Health and General Practice: A Qualitative Study of Stakeholders' Perspectives on Best Practice

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Introduction:

There has been a notable increase in mental health presentations among young people in Ireland over the past 10 years.(1) GPs are often the first point of contact for adolescent mental health (AMH) presentations, and play a key role in diagnosis, support, and management. However, many GPs report that they do not feel equipped to deal effectively and confidently with adolescents presenting with mental health issues. As well as considering the educational needs of GPs, the perspectives of young people and parents should be incorporated in the development of a new module on adolescent mental health.

Aim:

This study aimed to explore adolescents', parents', and GPs' views on best practice for identifying and managing mental health concerns in adolescents, to inform the development of an online AMH educational module for GPs.

Methods:

This was a qualitative study where 8 adolescents, 12 parents and 9 GPs participated in focus groups and individual interviews. Data was analysed thematically using the reflexive thematic analysis approach developed by Braun and Clake. Data were examined for triangulation across participant groups and disconfirmatory cases. Two parent and two youth advisors provided PPI support for the study.

Results:

Four preliminary main themes were identified: (1) Tailored communication is paramount; (2) Individualised approach to assessment and management; (3) Nuances in managing parents' involvement; and (4) GPs working within (health) systems.

Discussion:

The findings highlight the complexity of managing adolescent mental health in General Practice and emphasise the importance of individualised, holistic approaches and effective communication strategies.

Conclusion:

The insights gained from this study are directly informing the development of an educational module to enhance GPs' confidence and skills in managing AMH.

Keywords:

Continuing Medical Education; Youth Mental Health; Patient and Public Involvement.

References:

1. Dooley B, O'Connor C, Fitzgerald A, Oreilly A. My World Survey 2: The National Study of Youth Mental Health in Ireland2019.

Session 11: Short Communications 3 BHSC/G05

An Interprofessional European Curriculum for Health and Social Care Staff Working in the Community

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[1]Royal College of Surgeons Ireland, Ireland
[2]Italy
[3]Greece
[4]Poland
[5] Austria

Introduction:

Currently, health and social care staff largely work and deliver care separately. This leads to frustration for service users, as care is disjointed and lacks continuity. Yet, there are many benefits to teamworking. It improves medical diagnosis, healthcare outcomes, reduces mortality, reduces morbidity and readmission rates. There are also staff benefits such as increased job satisfaction and reduced workloads.
Teamcare will train whole teams to collaborate to ensure service users receive integrated care through shared decision making with service users and carers.

Methods:

The curriculum was informed by: service users at focus groups to understand the problem from their perspective; an EU-wide contextual analysis; a review of the international literature and an e-Delphi study to identify the core competences, and articulate the knowledge, skills and behaviours needed to support the development of a community-based specialist in interprofessional working.

Summarise of Progress:

The EU curriculum will be piloted in Greece, Ireland, Italy, and Poland. To ensure the curriculum benefits service users an evidenced based model, developed for the UK Department of Health and Social Care, called the "Four-Step Model" will be followed (Illing et al. 2018). This model starts with identifying the problem, developing the education, ensuring the right staff are trained and are supported to bring this training back to their workplace and implement it. It involves ongoing monitoring and that service user benefits are measured.

Pilot courses are scheduled to start in September 2025.

Implications:

The evidenced based model will inform the pilots and highlight key indicators for success: supporting staff to transfer the learning to practice and overcome barriers and facilitate a change in behaviour and ensuring training is targeted at the needs of the service users and measuring this benefit. Success will lead to a culture change where the new staff will adopt this way of working.

Keywords:

Interprofessional learning; transfer of learning to practice; teamwork in the community.

Perinatal Bereavement Care Education and Training for Maternity Staff in Ireland

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[2]*INFANT Research Centre, University College Cork, Cork, Ireland.*

Introduction:

In Ireland, the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death emphasise the importance of education and training for maternity staff. A range of relevant programmes have been developed and implemented internationally. Our aim was to establish, for the 19 maternity hospitals and units in the Republic of Ireland, the extent and nature of the provision of education and training opportunities for staff on perinatal bereavement care and implementation influences.

Methods:

We administered a purposefully designed survey electronically to identified staff in each of the 19 maternity hospitals and units, December 2023-February 2024. We sought details of education and training opportunities provided and implementation-related issues. Data regarding the former were analysed quantitatively. Conventional qualitative content analysis of more general questions was undertaken to analyse implementation influences; findings were mapped to the Consolidated Framework for Implementation Research (CFIR).

Results:

17 of the 19 maternity hospitals or units detailed education and training programmes offered. Two did not provide any programmes at the time of survey completion further to training being cancelled during the COVID-19 pandemic but noted that they had plans to do so. Most provided one education or training programme (n=10). Programmes offered were primarily bespoke study days or information sessions. Ten hospitals or unit involved people with lived experience in programme development or delivery. Implementation barriers and facilitators mapped onto 26/67 CFIR constructs and sub-constructs: (1) Innovation (4/8); (2) Outer setting (3/10); (3) Inner setting (6/21); (4) Individuals (8/13); (5) Implementation process (5/15). Respondents stressed the need for standardised education and training to be available, accessible and appropriately resourced.

Discussion:

Our study highlights the lack of standardisation of perinatal bereavement care education and training programmes. It also identifies factors that influence their implementation which can be harnessed in developing, implementing or scaling-up programmes nationally

Keywords:

Bereavement Care; Education; Pregnancy Loss; Perinatal Death; Training

ENHANCING CLINICAL PLACEMENT LEARNING OUTCOMES THROUGH STUDENT LED PROJECT DESIGN

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Introduction:

Part of this programmes clinical placement requires students to demonstrate the attainment of competence in food catering for service users on special diets[1]. Since programme inception in 2016, 108 catering projects have been completed by students resulting in a significant volume of nutrition policy specific monitoring and evaluation outcomes which are highly relevant at organisational and service user levels.

Methods:

To highlight and action additional learning, students formatted their project outputs as posters which were presented live and synchronously online to Catering and Dietetic staff. In conclusion they identified a follow-on project to address at least one outcome which subsequent students will address as their project focus.

Results:

Autumn 2024, saw this new presentation and follow on format initiated. Autumn 2025 students will present the follow-on project outcomes.

Discussion/Conclusion:

In 2018, the HSE published "Food, nutrition and hydration policy for adult patients in acute hospital"[2.] intended to support nutrition and sustainable food systems. Monitoring, evaluation, and audit are essential to assess adherence with the policy recommendations. The projects undertaken to date have resulted in considerable evidence of monitoring and evaluation. Students undertake placement at the coalface and interface with other key staff and are ideally placed to advocate on behalf of service users and are highly aware that the evidence needs recognition at organisational level and consideration for audit purposes. The programme team is keen to support this ongoing student led project design.

Case Based Learning in International Medicine Education: A Realist Review Study

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[2]Department of Medicine, Royal College of Surgeons Ireland
[3]Health Professions Education Centre, Royal College of Surgeons Ireland

Introduction:

Case-based learning (CBL) has become increasingly adopted as a pedagogical approach in health professions education (1). The successful implementation of CBL programmes can be impacted by factors including resources, organisational attitudes and cultural dynamics (2). There is a paucity of information regarding the mechanisms, contexts and interventions involved in the operation of a CBL curriculum and their impact on student learning.

This research aims to develop understanding regarding how a CBL curriculum operates to achieve its learning outcomes through a realist evaluation comprised of a realist literature review and realist interviews with key stakeholders across two international sites at the Royal College of Surgeons Ireland (RCSI).

Methods:

A realist review of the literature on CBL in health professions education is being conducted to develop our understanding of the contextual elements and mechanisms which may affect the success of a CBL programme. This review will employ thematic analysis to synthesize findings across studies, iteratively refining a programme theory explaining how CBL programmes work, for whom, and in what contexts.

Realist interviews with key stakeholders (curriculum leads, case developers, case facilitators and medical students) involved in CBL in the RCSI medical degree programme will be utilised to further test and develop this programme theory. In order to understand the contextual factors and mechanisms that may facilitate or hinder the implementation of CBL programmes, insights will be gathered from these key stakeholders as to how a CBL programme might work, for whom, and why.

Discussion/Conclusion:

This study aims to develop our understanding of the underlying causal mechanisms and contextual factors which can lead to the success or failure of case-based learning programmes. This evaluation aims to offer valuable insights for educators, curriculum developers, and policymakers to optimize the implementation of case-based learning interventions in medical education.

Keywords:

Case-based learning; realist research; medical education

Effectiveness of Interventions that support First generation & Under Represented Medical Students: A systematic Review

Niamh Mullen[1], Judith Strawbridge[1], Muirne Spooner[1], Siobha Murphy[1], Jan Illing[1]
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Introduction:

Medical education is taking steps to be more inclusive, but not at the same pace as the changing demographics of society [1]. There are cohorts that are underrepresented including First Generation (first in family of origin to attend university) and Under-represented in medicine (URiM) students who experience additional challenges [2]. At the same time there is a shortage of physicians, particularly in low-income settings, highlighting the need for increased diversity to serve these patients [3].

The aim of this systematic review is to identify interventions that are effective in supporting First Generation and URiM students' success

Methods:

The systematic review used the Joanna Briggs Institute (JBI) approach. A search of the literature available on Ovid Medline, Pubmed, Scopus, Ebsco, Cinhal & APA PSYInfo databases and citation searching on systematic reviews was performed. The titles and abstracts were screened in duplicate. The data from the selected studies was extracted (20% in duplicate) and categories were developed to assist in synthesis of the findings.

Results:

There were 1494 studies, of which 31 were included for data extraction. The majority of the studies took place in the USA (94%) of which 76% were specialty specific and used residency attainment as their measure of success. The remaining 24% of the studies measured their success through successful graduation, increasing diversity in the medical student population and serving underserved patient populations. Longitudinal, structured mentoring was the intervention that was most widely adopted (87%). Other interventions included funding, curricula design, role modelling, networking and clerkships.

Discussion/Conclusion:

Interventions to support First Generation and URiM students can facilitate graduation, residency attainment, grow students' confidence and increase diversity in the medical student and physician population to address underserved patient populations. This research provides an evidence-based approach to develop interventions that will support diversity in medical education.

Keywords:

First-generation; Underrepresentation; Medical Education; Equity

Differential Attainment in Medical Education: A Qualitative Study

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[2]Discipline of public health and primary care, Trinity College Dublin
[3]Department of Medicine, Trinity College Dublin

Friday, May 23rd 11:45-13:15

Session 12: Teaching and Learning BHSC/G01

The future of healthcare education: Prioritising humanity

Jan Illing

Abstract:

In medicine there is a crisis where junior doctors are leaving to work overseas or leaving medicine altogether. Students enter medicine as they "*wanted a career involving caring for people*" (GMC, 2019), however, are quickly disillusioned and self-report high levels of burnout even before start work.

Brugha and Molodynsk, (2024) in the Irish Journal of Psychological Medicine called for 'an urgent need for changes in methods of teaching, alongside rapid access to support".

We propose a solution by moving towards evidence-based education (active learning, creating meaning and enjoyment) and supporting students to gain a sense of belonging via small group teaching, mentorship and via membership of learning communities.

However, more is needed. In this talk I will highlight the strengths of Longitudinal Integrated Clerkships (LICs) and explain why these longer student placements within the same team and with the same supervisor are beneficial for growth and offer an antidote to burnout. There is evidence that students maintain empathy, which declines during block rotations and they learn more about holistic medicine from patients. This 'apprenticeship style training is now highly evidenced in medicine. A model which translates well to other disciplines, where students are seen and personally developed and supported.

References:

Dodsworth A, Munro K, Alberti H, Hirsh DA, Paes P, Illing J. Patient outcomes in a Longitudinal Integrated Clerkship: A systematic literature review. Med Educ. 2023 Sep;57(9):820-832. doi: 10.1111/medu.15013. Epub 2023 Jan 9. PMID: 36573064.
Alastair Dodsworth, Hugh Alberti, David A. Hirsh, Paul Paes & Jan Illing (2024): Longitudinal Integrated Clerkships, empathy and patient centredness: A prospectivecohort study, Medical Teacher, DOI: 10.1080/0142159X.2024.2430362

Evaluating the impact of Trauma-Informed Care educational input for Radiation Therapy Students

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[2]Discipline of Medical Imaging and Radiation Therapy, School of Medicine, College of Medicine and Health, University College Cork (UCC)
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[4]Cancer Research @ UCC, School of Medicine, College of Medicine and Health, University College Cork, Ireland

Introduction:

Trauma-informed care (TIC) education is relevant to the education and practice of radiation therapists (RTTs) and needs to be introduced early in pre-registration [1]. RTT's have frequent contact with patients during potentially stressful treatments and can reduce the risk of re-traumatisation [1]. Additionally, RTT's experience a variety of stresses that may develop into burnout, which has been demonstrated to impact patient care, employee health, and organizational effectiveness [2]. Therefore, incorporating TIC training into early RTT's education is critical [1].

Objectives:

TIC educational input was designed and provided to first year students in MSc Radiation Therapy, UCC, and evaluated to determine its acceptability and impact for students.

Methods:

TIC educational input was designed based on learning objectives of TIC models 'the 4 R's'[3] and delivered to first year radiation therapy students in UCC. A feedback form was administered to collect: pre and post ratings of knowledge of trauma and TIC, and confidence in applying TIC; and whether the students would recommend this training to others. Participation was voluntary and anonymous. Quantitative data is displayed on graphs.

Results:

All of the students in attendance (n=11) completed the feedback form and reported that they would recommend this type of educational input to others (Figure 1).

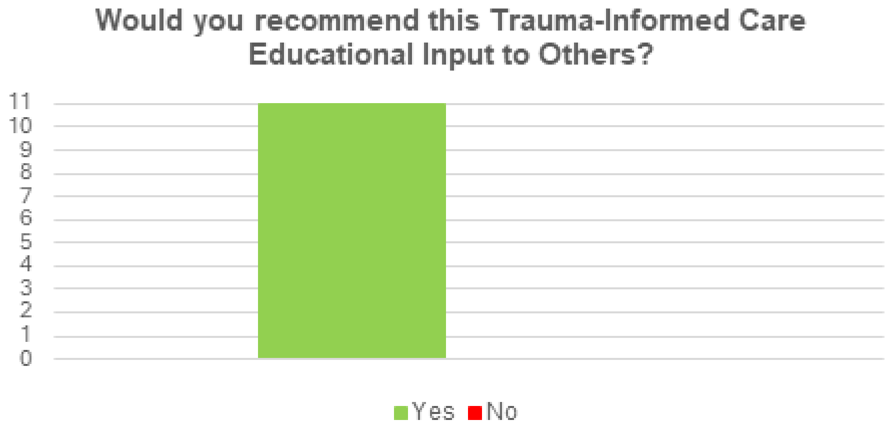

Figure 1

All respondents (n = 11) reported an increase in knowledge about trauma and TIC, as well as an increase in confidence in applying TIC (Figure 2) follow completion of the educational input.

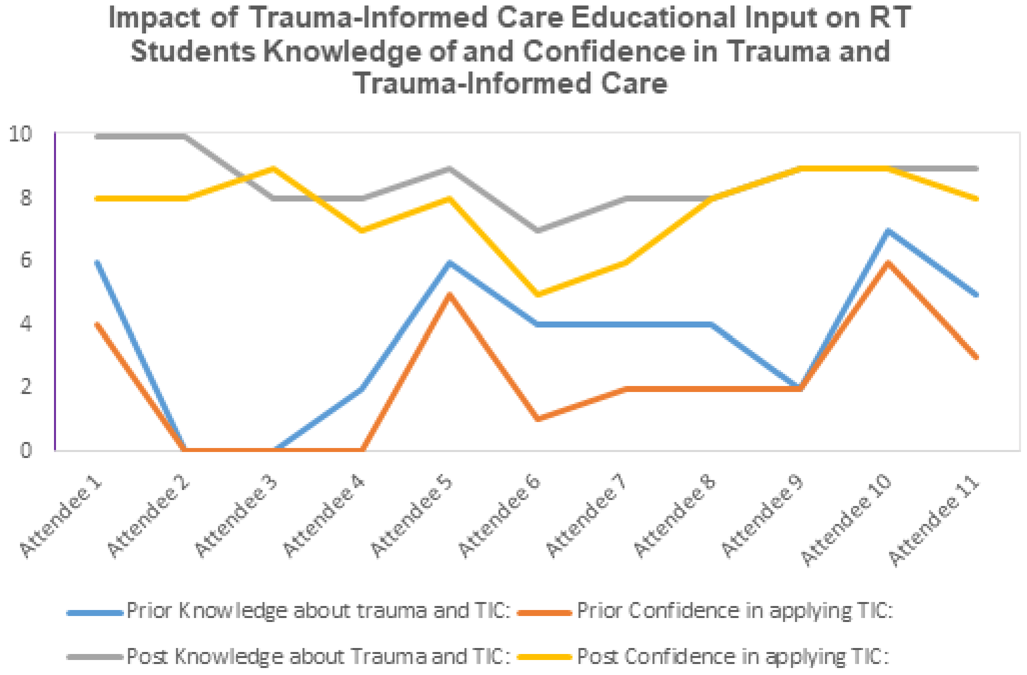

Figure 2

Discussion:

All of the students endorsed the need for inclusion of TIC educational input on RTT training, referencing not only the need to increase RTT's awareness of trauma, but also positioning TIC as directly relevant to the role of the RTT. All students recommend that RTTs complete this training and felt that it would also be beneficial for all healthcare staff to be trained in TIC.

Keywords:

Radiation therapy; trauma-informed care; education

References:

1. Thompson M, Fleishman J, Tonning K. A trauma-informed care curriculum in radiation therapy education. Radiation Therapist. 2024: 33(1): 31-37.
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2. Akroyd D, Caison A, & Adams RD. Burnout in radiation therapists: the predictive value of selected stressors. 2002: 52(3): 816-821.
3. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014.

PROfessionalism in Partnership for Education Research (PROPER) study: A Novel Online Approach to Professionalism Education

Asil Sadeq[1], Aine Ryan[1], Grainne P. Kearney[2], Shaista S. Guraya[3], Eric Clarke[1], Abdel Salam BenSaaud[1], Mary Smith[1], Sinead Hand[1], Salman Y. Guraya[4], Frank Doyle[5], Fiona Boland[6], Mark Harbinson, Denic W. Harkin[1]

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Introduction:

Medical education must ensure medical students graduate with the appropriate values, attitudes, and behaviours that allow them to work collaboratively with patients and families from a range of diverse cultural backgrounds (1-2). The PROfessionalism in Partnership for Education Research (PROPER) study aimed to assess the impact of an online educational intervention on medical professionalism (MP) for undergraduate medical students in the two jurisdictions, focusing on behavioural change and cultural sensitivity.

Methods:

PROPER employed a quasi-experimental, mixed methods design underpinned by the Theory of Planned Behaviour (TPB) and targeting pre-clinical medical students (year 2 and 3) in two medical institutes, Northern Ireland and Ireland. The intervention comprised four online workshops, using scenario analyses and reflective practices, addressing confidentiality, raising concerns self-care, and cultural awareness. Quantitative survey data were collected at three time points (pre- and post-workshop and three- months follow-up) and qualitative data were collected obtained through focus group discussions (FGDs). Quantitative analyses included paired and independent t-tests, while qualitative data were analysed thematically. Both data types were triangulated to overcome potential limitations.

Results:

Forty-one participants (intervention= 31, control= 10) were included. Quantitative results showed significant improvements in TPB constructs (i.e., attitudes, perceived behavioural control and intentions) ($p<0.05$) post intervention. However, at 3-month follow-up no significant differences were observed between intervention and control participants. FGDs (n=5, 24 participants) identified four key themes: perspective enhancement, enabling self dialogic reflection, and strengthening axiology. These themes underscored increased self-awareness, confidence, and professional values among participants.

Discussion:

PROPER serves as a blueprint for a best-practice online MP education in undergraduate medical curricula, combining a structured program with reflective learning to foster shared Island collaboration and cultural competence. However hierarchical norms and structured barriers limited long-term behaviour change. Future interventions should incorporate experiential learning and address contextual barriers to sustain professionalism and support professional identify formation.

Keywords:

Medical Professionalism; Educational interventions; e-Learning; Theory of Planned Behaviour, Professional Behaviour

References:

1. Irish Medical Council. Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students. Dublin. 2018.
2. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. Academic Medicine. 2014;89(11):1446-51.

Evaluation of a First Year Interprofessional Education session to build Role Awareness and Communication Skills

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[1]School of Pharmacy, University College Cork, Ireland
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Introduction:

Early introduction to Interprofessional Education (IPE) in health and social care pre-registration training is recommended to foster interprofessional communication and collaboration competency development (1). The aim of this session was to provide early exposure for students to understand and consider the perspective of other professions and the importance of effective communication as key enabler of interprofessional collaboration in healthcare

Methods:

First year students from nine pre-registration programmes participated in a two-hour IPE workshop. Students were introduced to other professions and worked in small groups, guided by facilitators, to learn about communication and apply the ISBAR communication tool. The Introduction, Situation, Assessment, Recommendation tool is a standardised approach to communication used in a wide range of clinical contexts (2). Workshop content also introduced students to interprofessional team collaboration and the importance of person-centred care. Students were invited to complete a pre- and post-workshop survey; the validated Readiness for Interprofessional Learning Scale (RIPLS). Ethical approval was obtained.

Results:

The response rate was 27.2% (102/374) for paired pre- and post-survey (72.5% female). The mean RIPLS score was 80.91 (SD±11.94) before and 82.89 (SD±12.29) after the workshop ($p=0.058$), on the paired data. A significant increase in self-reported readiness was reported in 11 of 19 of the RIPLS statements ($p<0.05$), primarily relating to Roles and Responsibility, Positive Professional Identity and Teamwork and Collaboration. Students reported positively on the benefits of learning about ISBAR and working with other professions.

Discussion:

This evaluation demonstrates that students have a high self-reported readiness for IPE. Our findings indicate that this first IPE workshop resulted in significant improvements in students IPE competencies. This supports the ongoing embedding of IPE early in healthcare student curricula. Further inclusion of additional healthcare programmes in the future will expand the opportunity to more students, resulting in increased awareness of professional roles and improvements in team communication skills.

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2. Burgess A, van Diggele C, Roberts C, Mellis C. Teaching clinical handover with ISBAR. BMC Med Educ. 2020 Dec 3;20(Suppl 2):459. doi: 10.1186/s12909-020-02285-0. PMID: 33272274; PMCID: PMC7712559.
3. Parsell, G., & Bligh, J. (1999). The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical Education*, 33(2), 95–100. doi:10.1046/j.1365-2923.1999.00298.x

Medical Student Experiences of Case-Based Learning (CBL) at a Multicultural Medical School

Catherine Bruen[1], Jan Illing[1], Ronan Daly[2], Frances Meaghar[3], Caroline Delany[1,] Gozie Offiah[4], Sally Doherty[5], Ellen Stuart[6], Martina Crehan[7], Helen Kelly[1].
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[3]Department of Medicine, RCSI University of Medicine and Health Sciences, Dublin, Ireland
[4]Department of Surgery, RCSI University of Medicine and Health Sciences, Dublin, Ireland.
[5]RCSI Medical University of Bahrain, Manama, Bahrain.
[6]Department of General Practice, RCSI University of Medicine and Health Sciences, Dublin, Ireland.
[7]Teaching Enhancement Unit, Dublin City University, Dublin, Ireland.

Introduction:

Educational research shows active learning improves knowledge retention and problem-solving. New university students often struggle to adapt from the didactical approach of secondary school to the more student-led, critical approach of universities. This transition can lead to poor adaptation, low performance, higher failure rates, and potential withdrawal. Early adoption of active learning strategies is crucial for student success. Engaging students in active learning can be challenging, especially when participation is expected. Case-based learning (CBL) offers a scaffolded approach that helps multicultural learners adapt in a non-threatening classroom setting [1]. This study explores features of CBL that support active learning.

Methods:

Data was collected using Structured Group Feedback Sessions (SGFS) from 36 students (8 groups) from 12 countries. SGFS facilitates structured discussions for curriculum evaluation and feedback [2]. The Experience Based Learning Moel (ExBL) guided the analysis [3] completed using the framework analysis method.

Results:

Themes derived from the ExBL model (affective, pedagogical, and organisational) were analysed. CBL was found to facilitate active learning in a multicultural medical university. Six learning points were identified: CBL increased peer contact and bonding; students need psychological safety to participate; prior learning enhances confidence; facilitators must understand their role, psychological safety, and manage participation, including dominant voices; some students need additional clarity due to lower tolerance of uncertainty; and engagement increases when cases are aligned with real patient cases, adding authenticity.

Discussion:

This study shows CBL supports active learning in a multicultural medical school. Students engaged with and enjoyed CBL. Six learning points were identified to support future implementation.

Keywords:

Active Learning; Case-Based Learning; International; Multicultural; Student Perspective; Undergraduate.

References:

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Session 13: IMGs & Communication BHSC/G04

Transnational Medical Education programmes and preparation for difference country medical practice: a systematic review.

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Introduction:

Growing numbers of students attend Transnational Medical Education Programmes (TMPs), pursuing their Primary Medical Qualification outside of their home country. Many plan to transition back to their home country – or a third country – after graduation (1). However, medical education is rooted within local contexts, and a potential mismatch exists between graduates' place of training and place of practice in terms of the knowledge, skills and values required to practice safely within different contexts (2). This review aimed to explore what types of Transnational Medical Education programmes can be identified from the international literature? What are the strengths and weaknesses of these programmes, and do they prepare students for international practice?

Methods:

This review was based on the PRISMA-Guidelines for systematic reviews. We searched five electronic databases: MEDLINE, EMBASE, CINAHL, WEB of Science and ERIC. No date or language restrictions were applied. A total of 1626 studies were identified, 62 of which were sought for full-text review. Ultimately, 12 studies were included for analysis.

Results:

We identified three types of TMPs, and a number of strengths and weaknesses of these programmes. Strengths were: increasing medical workforce capacity, enhancing quality of education locally, promoting intercultural competence, and increasing exposure to new ways of working (enhanced communication skills, shared decision making, experience of multidisciplinary team work and patient-centredness). Weaknesses were: potential curriculum misalignment within the context of clinical practice, language barriers, and encountering differences in hierarchical systems, shared decision making and patient-centredness all of which impact on preparation for practice.

Discussion:

TMPs address shortages within the medical workforce by creating additional training opportunities, and can drive up the quality of medical education locally. However, a potential mismatch exists between the curriculum and the place of practice which can impact upon graduates' preparation for professional practice.

Keywords: *Transnational Medical Education; Preparedness; International Practice; International Medical Graduates*

International medical graduates' experiences of clinical competency assessment: A scoping review

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Introduction:

International medical graduates (IMGs) are defined as medical doctors who are practicing in a country that is not the same as that in which they received their primary medical qualification[1]. It is well documented that IMGs experience differential attainment in clinical competency assessments[2]. To investigate this, it is necessary to consider the experiences and perspectives of IMGS themselves. The aim of this scoping review is to examine and organize key concepts and evidence from both peer-reviewed and grey literature related to the experiences of IMGs with clinical competency assessments.

Methods:

The Joanna Briggs Institute method for Scoping Reviews[3] was followed. The British Education Index, ERIC, PubMed, Psych Info, Scopus, and Soc Index were searched. A grey literature search and forwards and backwards searching of citations was used.

Results:

797 unique records were identified in the database search. 29 were included in the review, along with 15 texts identified from other sources. The final 44 studies were published between 2009 and 2024 and documented the experiences of over 7000 IMGs working in all 6 regions defined by the WHO. Findings were categorised into IMG factors including emotions and conflicting responsibilities; assessment factors including communication and cultural barriers; unfamiliarity with types of assessment and difficulty getting information about required assessments; and environmental factors including bureaucracy, supportive relationships and the ability to acclimatise themselves to their new environment through observations or work placements.

Discussion:

This scoping review is the first to map the experiences of IMGs regarding licensing and postgraduate examinations. Many countries depend on IMGs to staff their healthcare systems. Licensing and training bodies must ensure doctors are safe practitioners while keeping their exams fair for all candidates. This review consolidates the current state of knowledge and highlights key gaps in the evidence, providing directions for future research.

Keywords:

International medical graduates; assessment; clinical competence

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Cross-Cultural Communication in Healthcare

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Introduction:

With the increase in globalisation and medical mobility across the globe the imperative for healthcare workers to have good intercultural communication skills is ever more pressing. Much has been published on the importance of effective doctor-patient communication and its direct correlation with improved patient health outcomes. In addition to clinical knowledge, communicative (cultural and linguistic) competence is thus seen as a key skill for medical professionals to attain and attempts to fold these skills into medical degree programmes internationally has been ongoing for some time. This discussion examines the findings of an integrated educational approach to the development of intercultural communicative competence (ICC) skills specifically for clinical contexts which focuses largely on international medical students learning needs and intercultural communicative competence (ICC) for clinical skills training relating to this learner group.

Methods:

This mixed methods study uses quantitative and qualitative analysis to evaluate the outcomes of this approach to inclusive ICC education for undergraduate medical students.

Results:

The key findings of this study suggest that a content integrated approach to medical education core modules, which include a targeted and considered intercultural communication skills focus are most effective in supporting the development of ICC skills for international medical students.

Discussion:

This short communication will present the findings of an evaluation of an integrated approach to educating international undergraduate medical students as part of their medical degree at the Royal College of Surgeons, University of Medicine & Health Sciences, Dublin, Ireland. This study hypothesises that a more holistic approach is worth considering in order to evaluate to what extent it allows international students a more supportive and positive learning environment where their ICC skills are encouraged to evolve with their broader learning needs.

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The BRIDGE Intervention: Evaluation of an Online Educational Programme for Healthcare Communication involving Older Adults with Presbycusis

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Introduction:

Presbycusis, or age-related hearing loss (ARHL) is a common condition among older adults, with significant implications for communication, healthcare delivery, and patient outcomes. In healthcare settings, ARHL exacerbates communication barriers, impacting diagnosis, treatment adherence, and overall care quality. Despite the high prevalence of ARHL in Ireland, many healthcare professionals (HCP) lack formal training to address these challenges effectively. The aim of this study was to investigate whether implementing an educational programme targeting barriers to effective clinical communication involving older adults with hearing impairment, will lead to a significantly positive improvement in both HCPs' knowledge, attitudes, and self-reported behaviours.

Methods:

We employed a quasi-experimental approach (nonrandomised, pre-post intervention study), which involved a 2 x 3 design (control/intervention x baseline/ 1-month post-intervention/ 6-months post-intervention). The intervention featured seven online modules incorporating evidence-based practices, expert input, and patient perspectives. Participants were evaluated using surveys, multiple-choice questions, and semi-structured interviews.

Results:

The intervention significantly improved participants' confidence and knowledge regarding strategies for improving ARHL-related clinical communication. Participants reported increased understanding of assistive devices and improved communication practices, with gains sustained at six months. Feedback highlighted the importance of workplace support and the need for supplementary resources. Control group participants showed no significant changes, underscoring the intervention's effectiveness.

Discussion:

The BRIDGE intervention addresses a critical gap in HCP training, equipping participants with practical communication strategies to improve patient care. With its flexible and scalable design, the intervention has strong potential for integration into healthcare systems, contributing to more inclusive and effective communication practices for older adults with ARHL.

Silence is no Different to a Scalpel: an Interpretive Inquiry of Palliative Care Physicians' Experience of Silence

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Introduction:

Knowing how and when to engage in silence is an essential communication skill (1). However, this is rarely the focus of explicit instruction in medical education (2). This study aimed to understand how physicians engage in silence in clinical practice to inform communication skills curricular development.

Methods:

Palliative care physicians' often use silence intentionally in their practice and hence we focussed on this group. We interviewed a purposive sample of 18 palliative care physicians in Ireland (8 participants) and Western Canada (10 participants) about their experience of silence in patient care. The rationale for two sites was to explore cultural variations in silence. Data were analysed interpretively, using a hermeneutical approach, with close attention to language and story crafting (3).

Results:

Silence is experienced as a powerful nexus of nonverbal communication involving body, gaze, use of space and touch, often expressed metaphorically (e.g. as a 'scalpel' or 'decelerator'). Participants emphasised how allowing silence can be 'therapeutic' and 'uplifting' within the doctor-patient relationship. However, silence was a tool to be used with care, as when misapplied, it had the potential to be damaging. Rather than 'silence', participants describe 'silences' – a range of ways in which intentional silence is experienced; for example, facilitatory, to allow time to process information; existential, as a form of acknowledgement; and attunement, as a way of being present. Participants learned about silence through clinical experience rather than formal education.

Discussion:

Silence was an essential part of palliative care physicians' toolkit, often used purposely with compassion and therapeutic intent. Most physicians learned 'on the job' and pointed to the need for better communication skill training about engaging in silence in patient care. Several recommendations to develop education were made.

Keywords:

Silence; Communication; Palliative Care

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Challenges Faced by Minority Patients in Accessing Irish Healthcare and Communicating with Staff: Qualitative Study.

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Introduction:

Migrants and ethnic minorities experience health disparities, inequalities and a higher incidence of disease and disease burden, morbidity and mortality rates, disability, and poorer health outcomes (1). In Ireland, 15.5 % of the population are not born in Ireland (2). Highlighting a need for a health service provision that appropriately cares for and effectively communicates with patients from diverse cultural backgrounds.

Study Aim:

To explore the barriers accessing healthcare, challenges with communication, and healthcare staff perceptions of the issues migrant patients face with the above.

Methods:

A qualitative study consisting of four different multicultural migrant patient groups and one group of clinical staff (Doctors and Nurses) was conducted. Twenty-three patient participants from four different regions and six healthcare staff were interviewed.

Data Analysis:

A six phase reflexive thematic analysis approach was used, (1) familiarisation, (2) generating initial codes, (3) generating themes (4) reviewing potential themes, (5) defining and naming themes and (6) written report (3).

Results:

The main themes are as follows:

- Migrant's view of healthcare is shaped by their experiences of health systems in their home countries.
- There was a higher incidence of trust amongst African participants, a lower level of trust in South Americans and Eastern Europeans participants in the Irish healthcare system.
- Language and communication challenges of migrants and healthcare workers.
- Accessing healthcare in Ireland and understanding the Irish healthcare system
- The skills and attitude required by healthcare providers to deliver culturally appropriate healthcare.

Discussion:

The challenges of intercultural communication in healthcare is well documented in the literature as a barrier migrants and healthcare providers face. As expected migrant health-related perceptions are influenced and shaped by their culture and region of birth. There was a lack of presumption amongst healthcare providers regarding the "knowing" of migrant's cultures yet an openness and drive to provide culturally appropriate care.

Keywords:

Intercultural Communication; Culture; Migrant Healthcare

References:

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Session 14: Clinical Training BHSC/G05

'Private Practice' – General Practitioner Experiences Of Teaching And Learning Intimate Physical Examination, A Qualitative Study

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Introduction:

Clinical teaching of intimate physical examination is essential for patient safety (1,2), however medical students undergo very limited practical teaching in this area as opposed to non-intimate examination (1), suggesting the learning happens after graduation. This study aims to explore the experiences of general practitioners with teaching and learning intimate examination and how their learning impacted their teaching.

Methods:

This was a qualitative study in which individual semi structured interviews were held with a purposive sample of general practitioners (N=12). Interviews were transcribed and thematic analysis was performed.

Results:

Participants reported that intimate examination was a different entity to non-intimate examination, with higher risks. They also identified several barriers to and facilitators of their learning in this area. Performing intimate examination was associated with a transition in their identity from student to doctor. They also noted that their teaching in this area was shaped by their learning experiences.

Discussion:

The study identifies pertinent differences between learning intimate and non-intimate physical examinations, with particular emphasis on the risks associated with teaching and learning intimate examination. Experiences of learning intimate examination affect future teaching approaches. Recognising the risks and challenges unique to teaching and learning intimate examination creates opportunities for improving teaching approaches, potentially benefiting doctors, patients and students. A potentially valuable setting for delivering clinical teaching of these skills is on an extended general practice attachment, which allows the student adequate time for skill acquisition as well as access to anatomical variants and mentorship. Further qualitative research from a patient and medical student perspective is recommended to further advance and develop teaching and learning in intimate physical examination.

Keywords:

Intimate Physical Examination; Clinical Teaching; General Practitioner; Medical Student; Learning Experiences

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The Role of the Clinical Teacher in Motivation to Learn Among Medical Students: A Scoping Review

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Introduction:

Higher levels of motivation are linked to greater academic success(1). Existing literature around increasing motivation to learn among clinical learners has largely focused on student factors and teaching methodologies(1,2). There is limited evidence surrounding educator traits and how these can be utilised to increase motivation to learn among clinical learners. The present study proposed to identify available evidence in this area, highlight gaps in the literature and identify opportunities for further research.

Methods:

A scoping review was conducted using the Joanna Briggs Institute (JBI) protocol. Four medical databases, namely, MEDLINE, CINAHL, PsychoINFO and ERIC were searched following development of a comprehensive search strategy with input from an academic librarian. Eligible studies were identified by two independent reviewers in accordance with pre-defined inclusion and exclusion criteria. A data extraction tool was developed to collate key findings from included articles.

Results:

Search strategy yielded 1787 results. Following removal of duplicates and screening by two reviewers, five articles were included; two were opinion pieces (U.S.A. and The Netherlands), one mixed-methods study (The Netherlands) and two qualitative studies (Pakistan and U.S.A.). Three themes were identified, namely: 1. Self – Determination Theory (SDT) as a framework for exploring and understanding student motivation to learn. 2. Enhanced motivation through educator communication styles and 3. Teacher qualities and their impact on student motivation to learn.

Discussion:

The small number of articles included within this scoping review points to a paucity of evidence surrounding clinical teacher traits which may enhance student motivation to learn. Further research into these traits, particularly in the context of SDT, may be beneficial to gain a deeper understanding of how medical students are motivated to learn. In addition, repetition of the current study with consideration of wider inclusion criteria may aid in further mapping the existing body of evidence.

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Medical students on the frontlines: Insights from Emergency Medicine placements: A qualitative study

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Introduction:

As medical education continues to evolve, with an increasing focus on experiential learning, Emergency Medicine Placements (EMPs) present medical students with unique learning opportunities to gain real-world experience in fast-paced, high-pressure environment that differs from other clinical settings. There is a lack of research in this area, creating a gap in understanding how these placements shape students' development. This study aimed to address this gap by exploring medical students' learning experiences, their roles in patient care and contribution to workflow during EMPs to inform better educational practices.

Methods:

The data were collected in Feb-June'2024 using semi-structured individual interviews with UCC medical students who had recently completed their EMP in one of the UCC teaching hospitals. The interviews were audio-recorded, transcribed verbatim and iteratively analysed, following the phases of Braun and Clarke's reflective thematic analysis.

Results:

Fourteen UCC medical students were interviewed. Four distinct themes emerged, namely: (i) spectating from the sidelines, (ii) being in the way, (iii) redefining participation, and (iv) unique experience versus required competencies. The primary barriers to medical students' active participation in patient care and contribution to the Emergency Department (ED) workflow were identified as a lack of structure and supervision, ambiguity surrounding students' roles within the ED, the need for self-directed effort to seek learning opportunities, perceived gaps in their clinical knowledge, and the absence of responsibility in their learning tasks.

Discussion:

This study highlighted the need for supportive and structured EMP that would allow medical students to contribute meaningfully to the clinical workflow while gaining valuable experiential knowledge in clinical environment where quick decision-making and team collaboration are crucial. Our findings have the potential to contribute to the design of EMPs for medical students and offer a basis for recommendations for EM clinical educators. Future research should focus on gathering insights from medical students, clinical educators, healthcare staff, and patients to ensure that EMP design reflects the needs of all stakeholders.

Keywords:

Emergency Medicine Placements; medical students learning experiences; role in patients' care; contribution to clinical workflow

An evaluation of an Asset based community development (ABCD) initiative within an undergraduate medical curriculum

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Introduction:

Asset Based Community Development (ABCD) sees people and communities working as co-producers of health. Assets refer to social, physical and human resources perceived by individuals as being beneficial to maintaining good health. The ABCD approach has helped shape health and social policy, but it's use within medical school curricula is limited.
The objectives were to determine if the inclusion of the ABCD approach in the undergraduate psychiatric clerkship enhanced the students experience and understanding of psychiatry, and if students engaged better with the teams and communities where they were placed.

Methods:

The ABCD approach was included as part of the undergraduate psychiatry curriculum in RCSI in 2021/2022. During six-week clerkships, students completed a team-based project in which they identified assets, as perceived by patients, and produced an asset map of local resources which was presented to clinical teams during the final week of the clinical placements.

Qualitative semi-structured interviews were undertaken following placements with a purposeful sample of 16 students, eight clinical tutors and three allied health professionals. A thematic analysis was conducted to generate key themes based upon the study aims.

Results:

We identified three over-arching themes: (a) Connecting the individual patient with the community, (b) Relationship building, and (c) Pedagogical challenges and rewards. Students found the asset-mapping assignment challenging but also rewarding and supported its retention within the curriculum. Tutors were predominantly positive, but some felt the social focus diluted students' professional identity. MDTMs welcomed the initiative and wished to be more involved.

Discussion:

The inclusion of the ABCD project within the psychiatry clerkship added value to the students' experiences[1]. It provided the opportunity to adopt a patient-centred approach to care, enabling them to better understand what is valuable to patients and how these assets can be used to help patients manage and support their own health outcomes.

Keywords:

Psychiatry; ABCD; undergraduate; curriculum

References:

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Thematic Analysis of Medicine Students Reflections following Obstetrics and Gynaecology Placement

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Introduction:

Reflective practice has been shown to aid in the development of empathy, creativity, and robust communication skills. As part of their assessment within an Obstetrics and Gynaecology placement, penultimate year medical students in University College Dublin (UCD) are asked to reflect on a self-selected anonymised patient interaction and its contribution to their learning. This study aimed to review student anonymised reflections in two ways: their location and the predominant theme.

Methods:

Anonymised student reflections were randomly selected from a total class number of 280 submissions. Reflections were reviewed and analysed by two of three authors. Reflections were first categorized by location of students' experience, including Labour Ward, Antenatal Ward, Obstetric Antenatal Clinic, Gynaecology Clinic, Operating Theatre, Postnatal Ward/Neonatal unit (intensive care or special care baby unit). Thematic analysis was performed until saturation was achieved.

Results:

67 reflections were studied, representing 20% of all assessments in 2024. Students nominated an encounter in the Labour Ward (50.74%), followed by the operating theatre (17.91%), most commonly for reflection. Reflections were then categorized by theme, as follows: Team Inclusion (perceived increases involvement with the healthcare team and contribution to patient care), Professional Development (technical skills, communication skills, fund of knowledge, etc) and Caring for the Whole Patient (the medical/social/emotional complexity of Obstetrics and Gynaecology patients).

Discussion:

A majority of students reflected on the emotional complexity of obstetrics/gynaecology patients, signifying not only an understanding of a key tenet of the specialty, but also a grasp of the paramount importance of empathy in medicine. Students consistently reflected on the value of the patient as an educator and the importance of patient interaction in their professional development. Our conclusion was that clinical placement in obstetrics and gynaecology, especially in theatre and labour ward, appeared to be a time of significant learning and professional development for medical students.

Keywords:

Reflective learning; Obstetrics & Gynaecology; Medical education

Enhancing undergraduate pharmacy education: Hospital-based experiential learning in an integrated respiratory module

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Introduction:

Experiential learning in patient-facing settings gives pharmacy students hands-on experience, bridging theory with practice. Immersion in real-world healthcare builds clinical and pharmaceutical skills and strengthens patient communication. This approach prepares students to convey complex medical information in teams and engage empathetically with patients, fostering well-rounded pharmacists who deliver high-quality, patient-centred care. This case study aimed to provide third-year pharmacy students the chance to perform the role of a Clinical Pharmacist with real-world patients under direct pharmacist supervision.

Methods:

The hospital visit programme was developed collaboratively by hospital and academic pharmacy teams. From January to March 2025, experiential sessions took place in a 350-bed teaching hospital. Groups of five students were assigned a respiratory patient, completing three tasks over two hours: patient interview, Kardex review, and medical notes examination. Sessions were supervised by a lecturer and clinical academic who also works as a hospital pharmacist. Patients participated voluntarily. Students synthesised their findings into a patient report and case study presentation for class and teaching staff.

Results:

Fourteen groups of five students participated, managing cases including chronic obstructive airways disease, pulmonary fibrosis, and bronchiectasis. Patient interviews enhanced students' understanding of clinical conditions, medication regimens, and health literacy. Kardex reviews provided insights into accurate medication histories, prescribing best practices, and pharmacist-led clinical reviews. Examining medical notes reinforced a holistic view of the patient's clinical status, highlighting the value of a multi-modal approach to optimal pharmaceutical care.

Discussion:

Hospital-based experiential learning in a respiratory module provided a practical, patient-centred approach to pharmaceutical education. Engaging with patients and documentation highlighted the need for a holistic, interdisciplinary strategy for optimal care. These findings support integrating experiential learning into pharmacy curricula to develop future pharmacists with strong clinical and communication skills. Further research could explore the long-term impact on clinical competence and patient outcomes.

Keywords:

Clinical skills; Experiential learning; Pharmacy; Patient-centred care

Session 15: Competencies & Career Pathways BHSC/103a

ASPHER Core Curriculum Programme, Supporting Core Competencies for Public Health Professionals

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[5]Usher Institute, The University of Edinburgh, Scotland, UK
[6]Medical University of Vienna, Austria
[7]The Institute of Public Health of the University of Porto, Portugal
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Introduction:

The ASPHER Core Curriculum Programme (CCP) for Public Health (PH) is an initiative aimed at strengthening education and training of public health professionals across Europe. Since 2006, the Association of Schools of Public Health in the European Region (ASPHER) has led development of core competencies for public health through five editions of Core Competency Lists (2006-2018), WHO-ASPHER Competency Framework (2020) and Updated Core Competencies in Applied Infectious Disease Epidemiology with ECDC (2022). The CCP (2022-2024) addresses updated PH curricula to address emerging challenges and support the attainment of competencies in PH.

Methods:

Following a structured Delphi-like process in five phases of development, ASPHER-member Schools of Public Health were requested to share detailed descriptions of their curricula which were collated into Subject Areas and Domains. Levels of agreement on content were sought; Expert Advisory Groups comprising academics, practitioners, and young professionals were established, and overseen by an Expert Consultative Group.

Results:

60 member-schools shared >500 detailed descriptions of modular offerings. These were collated into 35 Subject Areas in four Domains, i.e. Core Subject Areas in PH; Subject-specific Areas; Core Cross-curricular Subject Area; and Core Interdisciplinary Professional Skills in PH. Each Subject Area contains suggested curricular elements.

Discussion:

By integrating interdisciplinary collaboration, the CCP ensures that PH curricula remain responsive to contemporary challenges, fostering engagement with experts and stakeholders to ensure relevance and applicability across diverse settings. It emphasizes a dynamic curriculum adaptable across multiple educational levels. It plays a crucial role in shaping the future of public health education. Future efforts will focus on refining curriculum content and expanding its impact across broader educational and professional contexts.

Keywords:

Public-Health; Curriculum; ASPHER; Europe; Collaboration

Competences and Learning Outcomes for Healthcare Professionals in Climate Change and Sustainability: a Scoping Review

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Introduction:

The planetary crisis is a serious threat to human health. Competencies and learning outcomes in climate change and sustainability (CC&S) have been proposed for healthcare professionals to equip them to adapt to and mitigate against this crisis. A synthesis of these competencies and learning outcomes is necessary to identify commonalities and differences and to highlight areas for future development. We aimed to synthesise the evidence on competencies and learning outcomes for healthcare professionals in CC&S.

Methods:

We conducted a scoping review in line with the Joanna Briggs Institute guidance for scoping reviews. We searched eight electronic databases and grey literature in June 2024. Sources relating to healthcare professionals and students describing competencies and learning outcomes in CC&S were included. Two reviewers independently screened the titles and abstracts and full texts for eligibility. Data extraction was conducted independently by two reviewers. Extracted competencies and learning outcomes were categorised into knowledge, skills and attitudes.

Results:

Forty sources were included in the review. Most sources were from the United States of America (n=15, 37.5%) and published from 2020 onwards (n=30, 75%). Sources primarily related to medical (n=20, 50%) and nursing (n=9, 22.5%) professions. The most prevalent knowledge domains were 1) knowledge of the health impacts of the planetary crisis (n=32, 80%), 2) knowledge of professional role in relation to the planetary crisis (n=25, 62.5%) and 3) knowledge of health inequalities in relation to the planetary crisis (n = 24, 60%). The most commonly-mentioned skills were 1) patient counselling skills (n=21, 52.5%), 2) collaboration skills (n=20, 50%) and 3) an ability to manage climate-related conditions (n=20, 50%). Attitudes relating to CC&S were described in just over half of the sources (n=22, 55%).

Discussion:

The knowledge, skills and attitudes identified in this review largely align with existing healthcare professional competencies, indicating potential for these to be readily incorporated into existing health professions' curricula.

Keywords: *Climate change; sustainability; planetary health; competencies; learning outcomes*

Enhancing the outcomes of mental health education for health profession undergraduates: A realist review of effective approaches

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Introduction:

Building a supportive and resilient healthcare workforce starts with educating health profession students. Health profession students need mental health literacy to be prepared to support themselves, each other and their future patients with mental health challenges. The aim of this study was to understand the current landscape of teaching and learning approaches to mental health education for undergraduate health profession students.

Methods:

A realist review was chosen to explore what works for whom, how, and why in teaching and learning for mental health education for undergraduate health profession students. The search strategy was developed iteratively, with support from a research librarian, and additional searches supplemented the initial search. Following screening in duplicate, the selected studies were appraised for relevance, richness and rigour. Intervention (I), Context (C), Actor (A), Mechanism (M) and Outcome (O) configurations were extracted from the data and analysed for patterns and conceptual areas. Stakeholder and Patient and Public Involvement panels supported the refinement of both the Initial Programme Theory (IPT) and Programme Theories (PT).

Results:

78 articles were included. There was evidence for a number of different teaching and learning approaches. The key themes identified were; direct contact with people with lived experience, longitudinal integrative approach to learning, and diversity of experiential and community engaged learning.

Discussion:

Our realist review identified three critical programme theories for teaching and learning strategies that foster this literacy, including direct engagement with individuals who have lived experiences, a longitudinal and integrative approach to education, and a diverse array of experiential and community-engaged learning opportunities.

Keywords:

Mental health education; realist review; health professions education

Factors Influencing a Career in Medical Education in Ireland

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Introduction:

Medical education has been transformed in recent years and the importance of effective medical education is recognised. Through professionalisation and advancements in the field, there has been a movement toward implementing formal educating roles. Ireland has lagged behind in this transformation, leaving its medical education structures less advanced. When understanding what factors influence career choice of educators, the Social Cognitive Career and Self-determination theories identify which factors guide and maintain motivation. The goal of this research is to gain an understanding of factors that influence professionals to choose and sustain careers in a medical education in Ireland.

Methods:

A qualitative study was performed through the use of semi-structured interviews of medical educators working in Ireland. Participants were identified through non-probability purposive sampling. Data was analysed using Braun and Clarke's approach to thematic analysis.
Quality assurance methods were implemented to optimise the credibility and transferability of the study.

Results:

15 medical educators from all 6 Irish medical universities were included. 11/15 participants were female. 7/15 were in full-time education while the rest had a clinical-academic role. Educators included were associate professors(8/15), assistant professors(4/15), professors(1/15) and medical education MD students(2/15). Participants reported desire for change, serendipity and positive attitudes towards teaching as factors behind career choice whilst feeling valued, enjoying student engagement, having autonomy and comfort in the academic community were sustaining factors. Challenges raised related to salary and promotion prospects.

Discussion:

The study highlights the multi-factorial elements that influence career choices of medical educators. Overall, participants reported being in a rewarding career with high degree of job satisfaction. Both Intrinsic and extrinsic factors were influential in creating their professional identity. Steps towards structured training for medical educators have been implemented recently, however salary and promotion prospects must be addressed in order to attract those to the role in future.

Keywords: *Medical education; Qualitative research; Career choice; Factors*

Examining student, supervisor and examiner experiences of PhD by Publication

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Introduction:

There has been limited educational research exploring the actual experiences of students, supervisors, and examiners involved in PhD by publication (1). The aims of this research were to:

- Review the PhD by Publication requirements in the Republic of Ireland
- Synthesis key benefits and challenges of the PhD by publication for students, supervisors and examiners

Methods:

Phase 1 involved a desktop review of current PhD by Publication criteria in Ireland. Phase 2 involved a cross sectional questionnaire was developed for the purposes of this study and disseminated electronically. Data was extracted to Microsoft Excel and analysed via content analysis to summarise key patterns and trends in the data (2).

Results:

PhD policies of 19 Higher Education Institutions were reviewed. 17 HEIs offer PhD by publication. One HEI require a minimum of one published paper, six require a minimum of three published papers and one HEI require a minimum of four published papers. Four HEIs did specify number of papers required.
Questionnaire respondents comprised 79 students (64%), 36 supervisors (29%) and 8 examiners (7%). Findings are reported as benefits and challenges. Regarding benefits, data was organised into two categories, 1) holistic PhD experience and 2) career advantages. Respondents also identified challenges specific to PhD by publication, namely managing the publication process and the alignment with institutional PhD requirements.

Discussion:

This research highlights that there is not a rigid dichotomy between the benefits and challenges of PhD by publication. While publication experience conveys cultivates additional skills and enhances student CV, it also creates additional pressure with much of the process outside of student control and may obfuscate student's original contribution independent of co-authors. Overall an assessment of goodness of fit is needed when deciding on a PhD by publication, accounting for student, project, supervisor and institutional factors.

Keywords:

PhD by publication; Educational research

References:

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Session 16 Training & Careers BHSC/103b

The Role of the Undergraduate Lecturer-Tutors in Irish Medical Schools; a Qualitative Study of Senior Academic Clinicians

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Introduction:

Lecturer-Tutors (LTs) play a key role in undergraduate medical education (UGME) in Ireland, balancing teaching, research, and clinical responsibilities within a complex and unpredictable environment characterised by high role autonomy and limited feedback.[1] This study explores the LT role from the perspective of their supervisors – senior academic clinicians – focusing on their challenges, insights into effective supervision, and understanding of the LT's role.

Methods:

A qualitative interpretive method was employed, underpinned by complex adaptive systems theory[2]. Ethical approval was obtained from the Trinity College Dublin Research Ethics Committee. Purposive sampling was used to recruit 22 LT supervisors, from all 6 Irish Medical Schools. Semi-structured interviews were conducted, transcribed and analysed thematically using Braun and Clarke's 6-step framework[3] and NVivo12©. Data collection continued until data saturation was reached. Member-checking and an audit trail were employed to enhance study rigor.

Results:

Supervisors recognised the crucial role of LTs, bridging the "two worlds" (university and hospital) of UGME. They also acknowledged the LT's professional challenges of having competing commitments in a complex educational environment. There were five overarching themes identified. These were (1) Features of effective supervision, (2) Barriers to effective supervision, (3) The student as client-consumer, (4) University culture and governance and (5) Quality assurance of the LT role.

Discussion:

Supervisors recognise LTs as key facilitators of medical education. The study underscores the need for structured training and resources for LTs and LT supervisors. Clearer governance frameworks and enhanced institutional support would help undergraduate educators more effectively fulfil their roles. Enhanced recognition of educational achievements, alongside protected academic time may improve job satisfaction and career progression for LTs and their supervisors.

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Exploring county demographic profile data sources: An exercise for students in health-related educational programmes

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Introduction:

For students in health-related educational programmes, knowledge and understanding of the demographic features of populations are crucial to their understanding of population healthcare needs. How countries collect and report demographic information varies as does the availability of, access to and the quality of population data. The inclusion in healthcare curricula of exercises to explore how demographic data are collected, collated and presented for public consumption in different countries and the value of such data for healthcare policy and planning is important.

Methods:

We reviewed anonymised student reviews of country demographic profiles assigned in a Master of Public Health (MPH) class in 2024-25. Components of the assignment included: identification of sources of national demographic data; the year in which census data were last collected; population size and structure; annual birth and death rates; and life expectancy, for their own or a country of their choice. Students were asked to comment on how informative the exercise had been for them.

Results:

National demographic data compiled by students covered 31 countries with appropriate references to sources, and detailed information on each of the components requested. In-class discussion allowed for comparison and contrasting of population pyramids, birth and death rates and life expectancy in different countries. Most importantly, the value of the exercise was appreciated by all students with positive views expressed indicating a new awareness of the wide scope of epidemiological data collected in many countries.

Discussion:

This review highlights the value of available population data to promote practical student learning on the subject of country epidemiological profiles. Many students were surprised by the comprehensive and wide-ranging population data freely available for public access. The exercise allowed for data sources by country to be collated and compared, thus enhancing students' understanding of information fundamental to health service planning and delivery.

Keywords: *Populations; Demography; Epidemiology; Healthcare planning*

Comparison Of Irish General Practice Training Programmes with Other Anglosphere Countries

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Introduction:

GP is the cornerstone of primary healthcare, influencing patient outcomes and system efficiency. The structure and quality of training programmes impact workforce sustainability and healthcare delivery. Ireland is experiencing a shortage of GPs with the HSE estimating an additional 1,260–1,660 required by 2028 (1). This study aims to compare Ireland's training with those in the UK, AUS, NZ, CA, the USA, and SA to identify key similarities, differences, strengths, weaknesses, and potential improvements. These countries were chosen for their advanced healthcare systems and historical, linguistic, and professional ties to Ireland.

Methods:

This research employs a comparative analysis methodology for evaluation. Key aspects of training programmes include the general structure (duration, hospital vs. GP placements, accreditation bodies), entry requirements (selection criteria, eligibility), curriculum and assessment (core subjects, mandatory assessments, evaluation methods), retention strategies, alternative pathways for internationally trained doctors, and the availability of speciality training opportunities. Data was collected from official medical councils, training programme websites, academic literature, and policy reports.

Results:

Preliminary findings reveal significant variations in training duration, curriculum structure, and assessment methods. For example, training duration ranged from two years in CA to four years in Ireland (2). Retention strategies vary, with the UK offering financial incentives with the Targeted Enhanced Recruitment Scheme for training in deprived areas (3). The USA presents a unique residency-based model, while SA integrates GP training within broader community health frameworks. The impact of training models on patient care outcomes requires further investigation within this study.

Discussion:

The comparative findings reveal diverse approaches to GP training. Understanding the best practices can inform improvements in Ireland's GP training. Addressing these gaps is critical for ensuring high-quality primary care and meeting future healthcare demands. Further research will delve into the nuances of curriculum, assessment, and speciality training opportunities to provide comprehensive recommendations for optimising Ireland's GP training framework.

Keywords:

General Practice Training, Family Medicine, Medical Education, Workforce Retention, Primary Care

Would you be a Geriatrician? Undergraduate Entry vs Graduate Entry Medical Student Future Career Preferences

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Introduction:

Quality education in geriatric medicine in medical school can positively influence students' attitudes towards older persons and future career preferences. Students in UCD undergo a 6-week Medicine in the Community module incorporating geriatric-focused teaching in their final 18-months of medical school.

Methods:

We administered an 18-item survey on career interests to students before and after completion of the module in 2024. Our aim was to assess the impact of the module on career interest in geriatric medicine and to determine if undergraduate-entry medical students (UEM) preferences differed to those of graduate-entry students (GEM).

Results:

Completion rates for the survey were 49% (143/291) pre-module (UEM (86); GEM (57)) and 35% (101/291) post module (UEM (60); GEM (41)). Before the module, 29% (41/143) of all students indicated they would favourably consider a career in geriatric medicine (UEM 35% (30/86), GEM 19% (11/57)). Post-module interest in being a geriatrician increased significantly to 44% (44/101; p<0.02), with higher interest observed among UEM (50%) versus GEM (32%; OR 2.46; p<0.05).
Overall, 89.1% (90/101) of all students felt the module positively influenced their attitudes towards and competency in treatment of older adults.
Factors highly rated for influencing career choice were similar among both groups, and included interesting specialty (91%), working hours (87%), variety (85%) and potential future income (76%). However UEM vs. GEM valued travel ability higher (OR 3.02; p=0.08), and GEM were more likely to value working independently (OR 4.51; p<0.05).

Discussion:

We found that incorporating geriatric medicine education in an undergraduate curriculum may influence future career choices. Although lower interest in this specialty was seen in GEM, nearly all students felt the module positively influenced their approach to older adults. Emphasis on core geriatric competencies in undergraduate curricula for future physicians in all specialties is needed to meet the growing healthcare needs of an ageing population.

Keywords:

Geriatrics; Preference; Medical Student

References:

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Session 17: Short Communications 4 BHSC/1.21

Optimising Online Content Delivery in Basic Specialist Training: A Multi-Specialty Learning Analytics Implementation

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Introduction:

Following the introduction of an online taught programme for Basic Specialist Training (BST) at the Royal College of Physicians of Ireland, practically delivering this content across specialties presented challenges. This pilot aimed to optimise the administration and increase learner engagement through personalised learning and early intervention strategies across Paediatrics, Histopathology, Obstetrics & Gynaecology, and General Internal Medicine. Our approach involved leveraging the functionalities of our Learning Management System (LMS), Brightspace, and developing a bespoke content presentation complemented by Learning Analytics tools to service these distinct specialties.

Methods:

We configured Brightspace LMS with several key features. Group functionality allows for targeted communication, peer support, and collaborative learning through discussion boards and tutorials, as well as tracking tutorial attendance. The integrated calendar improves visibility of multiple tutorials and content releases. Intelligent agents provide automated, group-specific communications and reminders. Awards and badges are issued to track progress and increase engagement. Additional groups offer "Catch-up" sessions, giving learners flexibility to attend another tutorial. Real-time completion statistics, informed by learning analytics, support intervention when needed and enable engagement tracking.

Results:

The new implementation offers improved tracking for consistent information on completion rates and deeper engagement insights, making it easier to compare between specialties. It provides instant access to collated and comparable data, replacing manual, paper-based methods. Additionally, it centralizes data collection, moving away from isolated, course-specific datasets, and enhances data visualization through LMS integration.

Conclusion:

LMS functionality and learning analytics are used to monitor learner engagement and enable timely interventions by tutors and coordinators. Trainees are part of specialty-specific learning communities through group functionality, and automated tools reduce administrative burdens while maintaining personalized learning experiences. The system balances customization to meet specialty-specific needs and administrative efficiency, and accelerated reporting requirements facilitate future interventions to support trainees. The pilot iteration of the program will conclude in summer 2025, with data gathered to inform future content and user journey refinements.

Keywords:

Engagement; Brightspace LMS; Analytics; Intervention

Shame, Pride and Being an Intern

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Introduction:

Shame and pride are powerful influences on the formation of doctors' professional identity, and how they perceive and interact with patients and colleagues[1, 2]. Little research exists on the nature of these self-conscious emotions during intern year. This study seeks to answer the question: how do shame and pride inform the daily work of interns in Ireland?

Methods:

20-25 intern participants will be recruited from Trinity Network hospitals. Participants will be asked to submit two diary entries per week (one on an experience of pride, and another on an episode of shame/humiliation/embarrassment) for 6 weeks electronically via Microsoft Forms. Participants will be asked to submit diary entries under a pseudonym known only to them. This will allow the diary entries to be individually grouped while remaining completely anonymised. Diary entries will be guided by prompts based on critical incident technique, encouraging participants to reflect on moments in their working day that evoked particular emotions, and how they were affected.

Results:

We are currently in the process of recruiting interns to participate in the project. Once data is collected, results will be generated using the technique of thematic analysis. This will involve identifying, developing and refining the common themes and sub-themes that arise.

Conclusion:

By collecting and analysing data about the self-conscious emotions experienced by doctors working in the Irish healthcare system, this project will investigate the relationship between these emotions and clinical work, how they arise in the healthcare setting and how they impact doctors' attitudes to their work. This will provide insight into the emotional context in which medicine is practiced. As this is an under-researched area, this project will provide a much-needed concrete dataset to reference going forward when considering the factors that influence clinical practice. By enhancing the understanding of the emotions that underpin how medicine is practiced, this project has the potential to impact decisions regarding training and education of doctors, healthcare system design, and the patient experience.

Dental Students' Attitudes Towards Poverty Across Five Years of Dental Science at Trinity College Dublin

Claudia Cooney, Taylor Brown, Mohammad Alnassar, Jasam Almusallam, Rachel Chen, Alzain Almukhaizeem, Ahmed Khan, Alisa Vipulakom, Eilís Delap

Introduction:

This study aimed to investigate dental students' attitudes towards poverty across five year groups of Dental Science at Trinity College Dublin and examined whether factors such as year of study, gender, age, background, financial status, or participation in voluntary programmes influenced these attitudes. Based on the literature, it was hypothesised that attitudes towards poverty would become less favourable as students progressed through their training and that female students, those from disadvantaged backgrounds and those who had participated in voluntary programmes would exhibit more favourable attitudes towards poverty.

Methods:

An anonymous, voluntary cross-sectional survey was distributed to all undergraduate Dental Science students in Trinity College Dublin (n = 174). The questionnaire consisted of a modified version of the validated, shortened form of the Attitudes Towards Poverty (ATP) scale, along with sociodemographic and open-ended questions. Responses were scored on a 5-point Likert scale with lower scores indicating more favourable attitudes towards poverty. Non-parametric tests, including Kruskal-Wallis and post hoc tests were used to assess differences in attitudes across demographic groups. Qualitative analysis was conducted open ended question responses.

Results:

A significant difference in scores was observed between third and fifth year students, with fifth year students exhibiting less favourable attitudes towards poverty ($p = 0.030$). Although female students exhibited a trend towards more favourable attitudes towards poverty than male students, this did not reach statistical significance ($p = 0.067$). No significant differences in ATP scores were observed based on age ($p = 0.137$), financial status ($p = 0.150$), background ($p = 0.744$), or participation in voluntary programmes ($p = 0.154$).

Conclusion:

These findings demonstrate a decline in dental students' attitudes towards poverty in later clinical years. This highlights the need to integrate targeted interventions such as community-based learning into the dental curriculum to sustain empathy and foster a socially responsible dental workforce capable of delivering equitable care.

Keywords: *Attitude · Dental Students · Poverty · Trinity College Dublin*

Knowledge, Attitudes and Preparedness to Teach Education for Sustainable Healthcare (ESH) amongst Academic Staff

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Introduction:

The WHO has declared climate change as the '*single biggest health threat'* facing humanity. Patients are experiencing diseases directly caused by climate change. Additionally, the healthcare industry contributes to greenhouse gas emissions. AMEE released a consensus statement, stressing the importance of equipping undergraduates with the knowledge, skills, values, competence and confidence they need to sustainably promote the health, human rights and well-being of current and future generations, while protecting the health of the planet (1). The University of Galway (UoG) undergraduate medical programme is undergoing a curricular review and planetary health has been identified as a key theme. However, the knowledge and attitudes of the academic staff in relation to planetary health and ESH is not known.

Methods:

All academic staff in the School of Medicine were invited to complete an online anonymous validated survey, based on published literature (2, 3). Survey results were analysed for key themes.

Results:

Initial results demonstrate that academic staff do not feel knowledgeable about ESH. Only 25% can explain the relevance of the UN Sustainable Development Goals to their role as a healthcare educator. Whilst most respondents agree that healthcare professionals have a critical role to play in achieving sustainability, 66% are not confident at teaching how the health sector affects the environment. The main barriers to implementing ESH in the medical curriculum are a lack of time within the structured curriculum and lack of faculty expertise. Most respondents are not aware of the planetary health report card initiative or how our university has been rated by students in terms of sustainability

Conclusion:

Academic staff feel poorly prepared to incorporate ESH into their teaching practices. To successfully incorporate ESH into the new curriculum, it will be essential to train the educators alongside the learners, employing multiple pedagogies, using all available sources of support.

Competencies for Healthcare Professionals in Climate Change and Sustainability: a Group Concept Mapping Study

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Introduction:

Healthcare systems need to respond to the challenges of climate change and move towards more sustainable ways of delivering care. Healthcare students and professionals need knowledge and skills in climate change and sustainability to drive and deliver that response. Evidence is lacking about what needs to be learned and how it can be incorporated into health professions' education. This study aims to provide a set of competencies, identified by stakeholders, for healthcare professionals in climate change and sustainability.

Methods:

Group concept mapping is a mixed-methods consensus building methodology. Ideas are generated using qualitative techniques, sorted by participants into meaningful groups and rated according to their perceived value. Healthcare professionals, educators, students and other stakeholders were purposely sampled to participate in the study using an online platform. Participants responded to the prompt "What do healthcare professionals need to do in their daily practice regarding climate change and sustainability?". Participants will be invited to sort the responses according to similarity. Responses will undergo hierarchical cluster analysis and participants will rate competencies according to perceived importance. A visual representation of the conceptual framework will be generated.

Results:

Forty participants generated 116 responses. Participants comprised healthcare professionals (n=34, 85%), a healthcare student (n=1, 2.5%) and other stakeholders (n=5, 12.5%). The initial responses included knowledge, skills and attitudes relating to climate change and sustainability. The sorting and rating stages will provide detail on the relative importance of these competencies for health care professionals.

Conclusion:

The final conceptual framework of competencies will help to inform priorities for health professions' education in climate change and sustainability.

Keywords: *climate change; sustainability; planetary health; competencies*

Attitudes and Opinions of Educators and Students on Using Artificial Intelligence in Healthcare Education

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Introduction:

Artificial Intelligence (AI) has become commonplace and has demonstrated benefits in aiding diagnosis in several settings[1]. There are wide-ranging possibilities for its use in healthcare education, but no formal strategy exists in Ireland. It is suspected AI is already in use in healthcare education. Our survey aimed to assess AI usage amongst educators and students and identify perceived benefits and challenges to guide future AI strategies.

Methods:

An anonymous online survey was conducted. Educators and students from the School of Medicine, Trinity College Dublin were invited to participate. Questions assessed AI usage in education, and opinions on its benefits and harms.

Results:

Data collection is ongoing and preliminary results are included here.

29 students participated. 22 (75.9%) had used AI for learning, with 13 (44.8%) using it often or daily. While 4 (13.8%) completely trusted AI-generated information, 18 (62.0%) verified it using other sources. 9 (31.0%) had used AI for assignments, predominantly for brainstorming. The commonest concern was the accuracy of the information (41.4%).

11 educators responded. 6 (54.5%) used AI in preparing teaching materials, most commonly for generating ideas (54.5%). AI was found effective by 6 (54.5%). Additionally, 5 (45.5%) used AI to prepare exam material, mostly to generate questions. 5 (45.5%) rated the accuracy good or excellent. No one believed that AI maintained education integrity and quality, but 9 (81.8%) were unsure. Timesaving was the commonest reason for using AI. 8 (72.7%) believed that AI could benefit healthcare education, but 6 (54.5%) had concerns about student use. Educators agreed that accuracy was their biggest concern.

Conclusion:

AI is already widely used in healthcare education, though trust remains low due to concerns about accuracy. Educators recognise AI's potential benefits, highlighting the need for a strategy for its use in healthcare education and the development of dedicated AI tools.

Keywords:

AI; Artificial Intelligence

A Pilot Study of GP SHO Introduction in Psychiatry: Feedback and Correction

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Introduction:

As part of the 4-year General Practice (GP) Specialist Training Programme, GP Senior House Officers (SHO) in Sligo complete 4-month rotations in the Sligo Leitrim Mental Health Service. This includes care of inpatients in an acute mental health unit, outpatients in community mental health teams (CMHTs) and on-call duties. Induction has become common practice in "changeover" across specialties and hospital sites in the Health Service Executive. Our goal was to collect feedback on induction of GP SHOs to evaluate and refine learning outcomes and improve training. After refining these outcomes, we surveyed those who completed the induction programme to assess its achievement of learning outcomes.

Methods:

GP SHOs who completed their Psychiatry rotation 2024-2025 were invited to complete an online survey regarding induction to generate learning outcomes of induction. This survey used Likert scales to identify areas of importance to outgoing trainees and identify learning outcomes of high value to trainees. A Consultant Psychiatrist (CD) reviewed learning outcomes and the induction programme delivery. After delivery of the revised induction, new trainees were surveyed to assess satisfaction post-induction.

Results:

Pending: In progress

Discussion/Conclusion:

Induction programmes are widespread in healthcare services. There are examples in the literature of programmes for GP trainees (Kucheria et al., 2021). Such studies are generally site-specific and with a small sample size limiting overall reliability. This pilot study aims to evaluate trainee satisfaction and confidence post-induction.

While induction programmes have become commonplace in the HSE, there is no formal agreement or standardized process of delivery. For longer-term learning outcomes, consideration of training programme curricula (such as the Irish College of General Practitioners Curriculum for GP Training in Ireland) and may act as a valuable framework

Keywords:

Induction; NCHDs; continuous professional development; CPD

Session 18: Short Communications 5 BHSC/1.22

Dress Codes and Perceptions of Professionalism – How do Doctors and Medical Students Scrub up?

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Introduction:

The white coat has long been a symbol of the medical profession, perceived to reflect professionalism and trust. Over time, disciplines such as Paediatrics and Psychiatry moved away from wearing white coats, to eliminate barriers to establishing rapport with patients.

With the advent of "Bare below the Elbows" (BBE) policies in the UK in 2007, driven by infection control concerns, the white coat has effectively been banished in the UK, the Republic of Ireland and beyond.

Many studies show that physician attire does impact patients' perceptions, and that patient preference can vary depending on age, culture and clinical context. [1 2] In some contexts, white coats remain the preferred attire, followed by formal attire or scrubs. Body art (tattoos and piercings) may also impact patients' perceptions of doctors, but data is limited and potentially conflicting.[3]

Many medical schools have dress code policies for students. This study aims to explore:

1. whether such policies reflect patient expectations of physician attire/ appearance.
2. whether they reflect physicians' attire in practice
3. students' experiences and views on dress codes.

Methods:

Subject to ethical approval, a cross-sectional descriptive study will be conducted in 2 phases in a graduate entry medical school.

Phase 1: Distribution of two online surveys, one to clinical tutors and another to a bank of simulated patients, to determine their views and perceptions of professional attire for doctors. Descriptive analysis will be completed on quantitative data; thematic analysis will be conducted on any qualitative data.

Phase 2: Informed by phase 1, separate surveys will be circulated to current medical students and patients in clinical sites affiliated to the school to ascertain their views on professional attire. Data analysis as per Phase 1.

Results:

Pending

Evaluating Medical Students' Knowledge, Skills and Attitudes on managing Childhood Obesity: A Pilot Study

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Introduction:

With the increased prevalence of overweight and obesity in the last 3-4 decades, there is an urgent need for improved undergraduate health-professional education related to child and adolescent obesity (CAO). Literature suggests that medical students feel unprepared to address CAO and additional training is needed[1]. This study explored the initial impacts of a CAO educational intervention on the knowledge, skills and attitudes of medical students..

Methods:

This was a pilot observational study evaluating a blended educational intervention utilizing an online course, recorded lecture and case-based discussions (CBDs) on CAO for final year medical school students with ethical approval granted by University of Limerick. The online course and recorded, were completed by students prior to attending the CBDs. The CBDs facilitated history taking, physical examination and management of CAO. Students completed a readiness assurance test[2] at the start of the CBD and received emailed take-home points after the CBD. Students completed a Likert scale-based questionnaire addressing perceived knowledge, skills and attitudes on CAO before and after the intervention. Results were analyzed descriptively.

Results:

We present pilot results for 29 students who attended the CBD session, with pre-and post-intervention questionnaires completed by 24 (83%) and 20 (69%) consenting students, respectively. (Figures 1 and 2). Post intervention there were increases in self-reported confidence in prescribing a CAO management plan (21% to 100%); treating CAO (13% to 95%); and in disagreeing with the statement that childhood obesity is caused solely by poor parental and personal choices (21% to 40%). Students self-reported knowledge of the aetiology of CAO increased (62% to 85%). Self-reported skills on plotting growth increased (62% to 95%) as did ability to interpret blood pressure measurements in a child (29% to 55%). Knowledge of physical activity, nutrition recommendations and referral pathways increased (8% to 80%; 25% to 75% and 38% to 85%). While self-reported knowledge of appropriate language to discuss CAO increased (75% to 95%), there was an increase in the percentage of students who reported feeling uncomfortable discussing CAO with children and their families (63% to 90%).

Discussion/Conclusion:

Our preliminary results suggest that the educational intervention enhanced final year medical students' self-perceived knowledge, skills and attitudes regarding CAO at the end of their Pediatric rotation. Although no statistically significant differences were observed, this remains to be proven

Independent Learning in POCUS Training: An Irish Pilot Programme

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Introduction:

Point of Care Ultrasound (POCUS) has emerged as a crucial skill for medical specialists outside of the emergency room. The absence of a structured curriculum in medicine and widespread Trainer expertise have presented significant barriers to embracing advancement in POCUS technology in Ireland.

To address this, The Royal College of Physicians of Ireland developed a blended, pilot programme for consultants, combining asynchronous, theoretical content and synchronous, hands-on training with acquired POCUS equipment

Methods:

Online content was released to learners before an in-person workshop, covering practical skills using POCUS and completing logbooks was delivered. Learners then received one-on-one instruction with subject matter experts, followed by an independent scanning phase, which took place at the learners' workplaces and depended on daily patient cases over six months, with little control over the learning environment. Logbooks were developed on a Virtual Learning Environment to allow for continuous learner feedback.

Results:

In the initial independent scanning phase, engagement with logbook recording was low. To ensure skill consolidation, a second week of one-on-one sessions was swiftly scheduled, providing tailored training to meet individual needs. Ongoing feedback received on issues including access to equipment, patient availability, workload scheduling, and progress recognition highlight the insights needed for continuous improvement

Discussion/Conclusion:

In the initial design, there was a reluctance to set strict deadlines for logbook submissions. This has been reviewed to include defined deadlines, allowing effectiveness to be carefully measured. Learning continues to be structured independently, however deadlines allow learners to maintain progression and prioritise POCUS practice. Long-term, independent practice, supported by online content, workshops, and one-on-one tuition, requires responsive and robust support systems. A successful training programme with this level of complexity requires a holistic approach that considers flexibility, responsiveness, and stakeholder alignment. Effective collaboration among learners, hospital management, and RCPI is crucial for providing necessary support and resources.

Keywords: *Blended; Independent; Procedural Skills; Assessment; Learning*

Balint Groups in Medical Education: Impact on Burnout, Empathy and Resilience

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Introduction:

Healthcare professionals in Ireland face demanding work environments, and medical students must acquire resilience and reflective practice skills early in their careers. Balint groups offer a structured method to enhance reflective capacity and emotional intelligence. This study aimed to evaluate the impact of Balint groups on burnout, empathy, resilience, and motivation among third-year medical students.

Methods:

A cohort prospective study was conducted across four academic sites. Third-year medical students participated in a six-week Balint group intervention. Their experiences were measured using validated instruments—the Burnout Assessment Tool, Brief Resilience Scale, Interpersonal Reactivity Index, and Strength of Motivation for Medical School questionnaire. Quantitative data were analyzed using paired t-tests or Wilcoxon signed rank tests, while qualitative data from evaluation forms underwent thematic analysis. Ethical approval was obtained from the relevant Research Ethics Committees.

Results:

Preliminary qualitative analysis identified themes of enhanced reflective practice, improved emotional intelligence, and the value of shared experiences. Quantitative results are pending due to the limited sample size, indicating that this study is a work in progress.

Conclusion:

The findings suggest that Balint groups may help reduce burnout and foster empathy and resilience among medical students, thereby supporting their professional development and well-being. Continued research with larger cohorts is needed to validate these early outcomes and inform curriculum integration in health professions education.

Development of a Serious Gaming Intervention to Support Individual and Interprofessional Learning Using the Marfisi-Schottman Methodology

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Introduction:

Serious games (SG) are interactive tools designed for learning and skill development, with an emphasis on motivating and engaging learners. Computer-based simulation offers advantages including reduced equipment costs, capacity for remote learning, and is often under-utilised in medical education (1). Interprofessional learning (IPL) is crucial in fostering collaboration between healthcare professionals (HCP) but has also been sub-optimally incorporated into education (2). This study used the Marfisi-Schottman methodology to build a SG to facilitate IPL through collaboration on complex, sequential clinical scenarios. There is little practical guidance on how to integrate IPL into SGs (3). This study aims to address this gap using a framework provided by Marfisi-Schottman et al, with multiple stakeholders to plan, build, and test an IPL SG

Methods:

SG conception was followed using the Marfisi-Schottman methodology in considering the following six stages: pedagogical objectives (cognitive experts); SG models; scenarios; pedagogical objectives (game designers); pedagogical quality, and final appearances. A team of academic HCPs discussed the pedagogical objectives and game design ideas were collected. Final year students (FYS) from medicine, physiotherapy and pharmacy were recruited to critique and develop the SG using coding-software. Meetings were scheduled regularly online between team members to discuss design progress. Multiple versions of the SG were tested. All team members were invited to provide feedback. Through this process, a playable SG was designed to follow a nightshift narrative, regardless of MDT discipline, involving complex medical cases requiring real-time input from a team of FYS' of the multidisciplinary team to progress through scenarios.

Results:

This study provides a detailed description of the application of the Marfisi-Schottman methodology, in an education context, with the aim of offering guidance to other educators in designing IPL SGs.

Conclusion:

This study outlines a design process for IPL SGs in design and development through early and frequent stakeholder involvement.

Evaluating the Impact of Pre-Clinical and Post-Clinical Attachment Surveys on Learning Outcomes for 3rd-Year Medical Students at Cork University Hospital

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Introduction:

In order to enhance third-year medical students experience on clinical placement, pre-clinical and post-clinical attachment surveys would allow to evaluate students' goals, learning experiences, and prospects for improvement on clinical placement.

Aim:

To evaluate the student prospects, goals of learning and achieving learning activities by conducting survey before and after clinical placement.

Methods:

UCC third year medical students, scheduled for clinical placement in Cork University Hospital for 4 weeks were sent anonymous pre-clinical placement and post-clinical attachment survey questionnaire was sent to all students.

Results:

Survey questionnaire was sent to 48 students with 44/48 students (92%) and 38/48 students (79%) responded to pre-clinical and post-clinical attachment survey respectively. On preclinical survey, 66% students report primary goal was to improve clinical skills while 23% students reported to gain experience in hospital environment. When inquired about preferred teaching methods, 73% students reported hand on practice in clinical rotation while 16% reported small group interactive discussions.

Post clinical attachment, 81% students reported bedside teaching, clinical skills and tutorials as most useful aspect of clinical attachment. Overall, 79% students reported meeting learning outcomes from clinical attachment. Around 71% students finds teaching materials/skills and learning activities used by teachers to be effective on clinical placement. When prompted about areas of clinical improvement, there was mixed response with 32% students would like have to more bedside teaching while other students reported small groups of students, less tutorials and more time on wards to help with learning on clinical environment.

Conclusion:

The results of survey indicate that student's main learning outcome of developing clinical skills in real clinical environment is well achieved by most students.

Interprofessional Medication Safety Session - Promoting Safe Prescribing through Interprofessional Education Workshops

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Introduction:

Worldwide, medication errors occur frequently, with the five main types of medication errors relating to prescribing, preparing, dispensing, administering, monitoring (1). A recent study suggests that there are 237 million medication errors in England every year (2). A recent systematic review estimated that 36% of patients experienced a medication error in the ED, with approximately 43% of these being potentially harmful without leading to death (3). The 'Interprofessional Medication Safety workshops' explore various aspects of medication errors, including prescribing and administering issues, and reporting incidents. We also aim to investigate if there is a change in interprofessional collaboration-related competencies in healthcare students before and after Interprofessional Education (IPE) training interventions centred around 'interprofessional medication safety session' workshops using the validated Interprofessional Collaborative Competencies Attainment Survey (ICCAS).

Methods:

SREC ethical approval has been obtained. Three IPE workshops, involving approximately 440 medical, nursing, midwifery and pharmacy students, will take place between February and April 2025, with consenting students completing a pre- and post- ICCAS survey which self-reports on their interprofessional and teamwork competencies. One patient case with corresponding drug Kardexes will be explored, students work in mixed groups to discover deliberate errors in the Kardexes, with all students then transcribing a new corrected Kardex. The importance of developing a safety culture and reporting errors is emphasised. Facilitation by experienced facilitators from the disciplines and a Medication Safety pharmacist from a Cork teaching hospital will occur.

Results:

Following completion of all workshops, analysis of ICCAS will occur to determine if there is a change in interprofessional collaboration-related competencies in healthcare students before and after the interprofessional medication safety session workshops.

Discussion/Conclusion:

Through 'interprofessional medication safety workshops, medical, nursing, midwifery and pharmacy students should learn with, about and from each other regarding the importance of safe prescribing, with hospital Kardexes focussing their collaboration.

Session 19: Short Communications 6 BHSC/2.25

Strengthening Communications During Patient Discharge Processes: Improving Patient Experienced Quality of Care and Patient Safety

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Introduction:

Discharge from hospital is a period of change in the patient's care that includes communication between hospital staff, community health services, patients, and carers. According to the National Inpatient Experience Survey (NIES) (1), 'discharge or transfer' has been identified repeatedly as the lowest-rated stage of inpatient care in Irish hospitals, including Galway University Hospitals (GUH). Experience-based Co-design (EBCD) is a service improvement approach which places a strong emphasis on the value of patients' and carers' active participation in collaboration with staff to design improvements in services (2). This study aims to co-design strategies and implement solutions to strengthen communications during service user discharge from GUH.

Methods:

EBCD is a method which aims to improve patients' experiences of services by using a participatory design method. The methodological approach used in this study draws on the EBCD toolkit, developed by The Point of Care Foundation (3) to design simple solutions that help to improve the patients' experience of treatment and care. The project employs the toolkit's four stages of implementation: 1. Capture the experience; 2. Understand the experience; 3. Improve the experience; 4. Measure improvement. The stages incorporate a mixed methods approach which involves gathering the experiences of service users and staff through observations, interviews, group discussions and identifying priority areas in the patient pathway that impact their experience of discharge. Interviews involved the creation of a short video with some service users which conveys their experience of discharge and communication at GUH, which has been shared with stakeholders in the study.

Results:

Stages 1 and 2 of the methodology have been completed. Results show discharge summary, patient profiling, and medications as common priority areas for improvement, each of which are underpinned by language and communications.

Discussion/Conclusion:

The next stage will focus on co-designing solutions to improve patient experience, which will be piloted and evaluated.

Factors Influencing Critical Thinking and Clinical Reasoning in Healthcare Students: A Mixed Methods Systematic Review

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Introduction:

Critical thinking and clinical reasoning are foundational competencies that drive decision-making in healthcare. While substantial research has explored these topics, it remains unclear whether education and training in these areas enhances the clinical decision-making process. This mixed-methods systematic review aims to examine the impact of teaching strategies and learning activities designed to promote critical thinking and clinical reasoning in healthcare students.

Methods:

A search strategy was developed using the PICo framework. P: Undergraduate healthcare students; I: Explicit training in critical thinking and/or clinical reasoning; Co: Higher Education Institutes (HEIs). Five databases were searched based on predefined inclusion criteria. Eligible studies underwent extraction and synthesis following the Joanna Briggs Institute (JBI) convergent integrated approach. Quality appraisal was conducted using appropriate JBI appraisal tools according to study design. For mixed method studies, the Mixed Methods Appraisal Tool (MMAT) was used. The protocol for this MMSR is registered with PROSPERO (CRD42023461508).

Results:

A total of 33 studies met the inclusion criteria comprising 4,133 participants (4,015 students and 118 tutors) across various educational settings, including nursing, medicine, physiotherapy, and interdisciplinary programmes. Findings suggest that a small, collaborative learning environment combined with self-directed learning, where the teacher acts as a facilitator, integrates modern technologies, and provides constructive feedback, promotes the development of critical thinking and clinical reasoning skills. Conversely, challenges such as poor time management, large group sizes, and a lack of experienced tutors hinder progress. Additionally, this review explores teaching techniques and innovative strategies that enhance these skills and assesses their effectiveness.

Discussion/Conclusion:

This work highlights the most effective teaching methodologies for fostering critical thinking and clinical reasoning skills. The final conclusions provide deeper insights for refining educational frameworks, ensuring a more structured and evidence-based approach to developing these competencies.

Can a Peer-Led Educational Intervention Improve Awareness of Potentially Predatory Journals Among Dental Students?

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Aim:

To investigate baseline awareness of potentially predatory journals (PPJ) among undergraduate dental students and to evaluate the effectiveness of a peer-developed educational intervention in enhancing both awareness and confidence in identifying PPJ among the participants.

Methods & Materials:

A learning evaluation was carried out, measuring the level of awareness of PPJ and confidence in identifying PPJ, using repeat measures of a pre and post-survey immediately before and following a 10-minute peer-developed educational video on PPJ on undergraduate dental students.

Results:

There were statistically significant positive shifts in all results for awareness and confidence in identifying PPJ between pre-post testing (p = <0.001). Post the education intervention (EI), almost 90% of participants agreed to be familiar with the term PPJ, from the pre-survey results of 10.6%. Baseline results demonstrated that 66% of participants strongly disagreed with being able to list resources to identify PPJ before the intervention, this result changed to 0% post the intervention. Overall confidence in identifying PPJ results distribution shifted from 83% disagree to 74.5% agree between pre- and post-surveys. Over 90% of participants agreed that they would use the information provided in the EI in their future studies and/or careers.

Discussion:

This study demonstrated that a peer-developed educational intervention can significantly increase awareness and confidence in identifying potentially predatory journals (PPJ) among participants. Undergraduate dental curricula may consider incorporating peer-led education on PPJ and academic publishing. Addressing these barriers in awareness and confidence of PPJ could help mitigate the detrimental impact that potentially predatory publishing may have on the clinical decision-making of newly graduated dentists.

Keywords:

Awareness; confidence; dental students; predatory journal; peer-led

Positive insights on student research engagement in Academic Undergraduate General Practice: A Mixed Methods Study

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Introduction:

Research engagement during medical school enhances students' critical thinking, research skills, and competitiveness for future careers. The UCD Student Summer Research Awards (SSRA) program provides undergraduate students with an opportunity to undertake supervised research projects. This study aims to evaluate the feasibility and acceptability of the SSRA General Practice program among medical students engaged in primary care research.

Methods:

A mixed-methods study was conducted, including a secondary analysis of program participation data (2016–2024) and a self-administered survey distributed to former SSRA participants. Quantitative data were analyzed using IBM SPSS Version 27, while qualitative responses were examined through thematic analysis.

Results:

Of 82 applicants, 45 students (54.8%) were selected for the SSRA General Practice program, with 44 (97.7%) successfully completing it. Research dissemination was high, with 40 (90.9%) participants presenting at SSRA Poster Night and having their abstracts published. Additionally, 16 (36.4%) published in scientific journals, and 29 (65.9%) presented at national and international conferences. Among 18 survey respondents, the majority reported increased research skills (77.8%), satisfaction with supervision (77.8%), and enhanced motivation for research (50.0%) and General Practice careers (55.6%). Participants preferred a hybrid model incorporating in-person and online sessions.

Conclusion:

The SSRA General Practice program is a feasible and well-accepted initiative that enhances research engagement among medical students. Future efforts should focus on increasing funding, supervisor involvement, and integrating structured research training into the medical curriculum.

Assessing the Validity of Patient Feedback in Clinical Medical Examinations: A Correlation Study

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Background:

Patient-centred care is a cornerstone of medical education, yet the role of patient feedback in assessing medical students remains underexplored. Traditionally, clinical performance in medical examinations is evaluated by faculty examiners, but patients' perspectives on student competence may provide valuable insights. This study aims to assess the correlation between patient-assigned grades and examiner-assigned grades in clinical medical examinations.

Methods:

70 final year medical students undergoing clinical assessments will be graded both by faculty examiners and by the patients they examine. Patients will complete a structured grading sheet, rating students on a scale of 1–4 (Fail to Honours). Examiner scores will follow the same scale. Correlation analyses will determine the concordance between patient and examiner assessments.

Results:

This study will quantify the extent to which patient-assigned grades align with examiner evaluations. Integration of patient feedback into clinical assessments could enhance holistic evaluation methods and reinforce the importance of communication and patient interaction in medical training. A strong correlation may suggest that patient feedback has potential merit in medical student assessment. Conversely, a lack of correlation may highlight the need for clearer patient grading criteria or alternative strategies for incorporating patient perspectives in medical education.

Keywords:

Assessment; Student; Patient; Educator; Health

Widening Participation

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Introduction:

The Pathway Opportunity Programme (POP) is part of the Widening Participation (WP) initiative at Queen's University Belfast (QUB) to meet the objectives of the Education Strategy (2016-2021). The POP aims to recognise the talents and achievements of the young people of Northern Ireland, who can study at QUB yet may need encouragement to apply for a variety of reasons, often due to socio-economic factors.

Results:

In 2021, 3 participants successfully secured a place in the Sept 22 intake. The 2022 programme saw an increase on the previous year, with eight commencing their nursing journey in Sept 23. This continued to increase following the 2023 programme, where 16 participants successfully secured their place with the Sept 2024 cohort.

Discussion/Conclusion:

The aim of this programme is not only to widen participation within the population but also to encourage applicants to select the most appropriate nursing field of choice. This concern stems from increased attrition rates amongst first year nursing students, where it has been noted that reasons for withdrawing from the under-graduate nursing programme was due to wrong choice of field of nursing. The desired outcome is that applicants select the most appropriate field of nursing for them and, therefore, are more likely to be retained on the 3-year nursing programme. The POP takes place during the last week of June, where participants stay in the QUB Halls of residence and attend a full week of classes. The main aim of the SNAM POP is to enlighten students with knowledge about the role of the nurse and provide them with an insight into the different fields. Teaching methods include, simulation, clinical skills, a trip to the Ulster Hospital, talks from field specific nurses and patient collaborative teaching.

Keywords:

Widening *Participation; Pathway Opportunity; Raising Attainment*

Higher Specialist Training in Public Health Medicine - An Outcomes Based Education Curriculum Evaluation

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Introduction:

Outcomes Based Education (OBE) is an educational approach that focuses on clearly defined learning outcomes, aligning teaching and assessment to ensure all students achieve these outcomes.[1] First introduced to the Royal College of Physicians Higher Specialist Training in Public Health Medicine in 2021, this evaluation presents the results of the first evaluation to encompass four years of trainee and trainer experience.

Methods:

A literature review was carried out in order to develop an evaluation framework underpinned by evidence. The final framework comprised questions around the following domains: knowledge of OBE curriculum, engagement with the curriculum and trainee progression, learning environment, learning experience, assessment methods and use of the E-Portfolio. Ethical approval was received by RCPI Research and Ethics Committee. The survey was circulated to all trainers (n=37) and trainees (n=38) who have used the OBE Public Health Curriculum since 2021.

Results:

Trainees found learning outcomes generally clear and useful for goal-setting, but reported low clarity on progression evidence and limited feedback opportunities. Support sessions and work addressing multiple competencies were valued, though time constraints were a concern. Trainees highlighted administrative burdens and usability issues with the E-Portfolio, calling for clearer assessment guidance. Trainers showed full awareness and good understanding of the OBE curriculum, rated themselves highly on availability and teamwork, but noted moderate clarity in applying the curriculum. They also flagged E-Portfolio inefficiencies and recommended simplification. Both groups emphasised the need for standardised assessment practices and enhanced digital tool functionality.

Discussion/Conclusion:

The evaluation highlights improved curriculum engagement but ongoing challenges with e-portfolio usability, unclear progression criteria, and inconsistent assessment practices. While the OBE framework is well-received, both trainees and trainers call for clearer guidance, better feedback systems, and streamlined digital tools to support effective implementation and enhance the training experience in Public Health Medicine.

Keywords:

Outcomes Based Education, Higher Specialist Education, Public Health

A Comparison of Objective Structured Clinical Examinations (OSCE's) for Medical Students, Modified During the Covid-19 Pandemic

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Introduction:

Objective Structured Clinical Examinations (OSCEs) are an integral part of medical education assessment[1]. The Advanced Clinical Skills (ACS) OSCE examines clinical skills in psychiatry, general practice, obstetrics and gynaecology and paediatrics for fourth year medical students at the University of Galway. This study compares results between the 2019 OSCE, and two subsequent OSCEs (2020 and 2021) modified to varying degrees secondary to the COVID-19 pandemic. We also examined student's satisfaction and perspectives regarding both modified OSCEs.

Methods:

Anonymised results between the 2019 (128 minutes), 2020 (56 minutes) and 2021 (96 minutes) ACS OSCEs were compared and student feedback pertaining to the 2020 and 2021 OSCEs were analysed.

Results:

A higher total mean mark OSCE result was achieved at the 2020 OSCE (62.95%) compared to the 2019 (59.35%) and 2021 (58.89%) OSCEs (F = 31.83, $p < 0.001$), with significantly more first-class honours marks attained in 2020 (11.5%) compared to 2019 and 2020 (both 1%) ($p< 0.001$). Measures of reliability were consistent across all years. A majority of students in both 2020 and 2021 reported the OSCE to be safe, well-co-ordinated and fair, but similar numbers of students from both 2020 and 2021 expressed concern that face-masks impeded their communication skills.

Discussion/Conclusion:

This study demonstrates the feasibility of conducting a modified reliable OSCE during a pandemic. Conducting a 96 minute OSCE demonstrated similar results to the pre-COVID-19 pandemic 128 minute OSCE, in contrast to a 56 minute OSCE where potentially inflated marks were attained.

Keywords:

OSCE; Covid-19; Pandemic; Modified; Assessment

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