



IRISH NETWORK OF MEDICAL EDUCATORS
ANNUAL SCIENTIFIC MEETING

BOOK OF ABSTRACTS
CONFERENCE PROGRAMME

UNIVERSITY COLLEGE DUBLIN
21ST -22ND FEBRUARY 2013

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WELCOME

One of the essential purposes of INMED is to promote and encourage research and development in health care education in Ireland. The steady growth in the number and quality of abstract submissions to the annual scientific meeting since the foundation of the organisation in 2008 is an indication that we may be addressing that purpose.

This book of abstracts, selected for presentation in either oral or poster format, represents an interesting snapshot of what is happening in terms of innovation and inquiry in Irish healthcare education. We have deliberately included educational development projects as well as presentations about research so that attending the conference becomes a place for the exchange of ideas as well as presenting our contribution to pushing back the frontiers of educational knowledge. This book of abstracts will be available from the INMED website in addition to video recordings of keynote talks. Together, we hope that the abstracts and recorded plenaries will constitute a useful repository of what INMED 2013 was all about.

Professor Peter Cantillon, Chairman of the Irish Network of Medical Educators

Welcome to the 6th Annual Scientific Meeting of the Irish Network for Medical Educators. Since its inception INMED has been a focus for innovation and debate on the education of doctors and allied health professionals in Ireland. UCD School of Medicine and Medical Sciences is delighted to host this year's meeting and to welcome you to the UCD campus.

The Keynote theme is "Patient Centred Medical Education". This will explore the way we orientate our students to patient care and putting the patient first. At a time when healthcare resources are stretched, the primacy of our duty to patients and our role as advocates is vital. Perhaps less immediately remarkable but just as exciting is the role of patients in medical education. Not only are patients prepared generously to subject themselves to the ministrations of medical students in the furtherance of their education but they are also keen to become actively involved in the development of tomorrow's doctors. Surely we have come full circle as we use real patients for simulation?

Other highlights this year are a symposium led entirely by medical students drawn from Irish medical schools, a review of hot topics and key learning points from the meeting and a total of 7 workshops, 4 within the body of the meeting and 3 pre-conference workshops. All this plus almost 150 original medical education research presentations including submissions from Portugal and Malaysia.

We look forward to a full programme and to bouncing around the ideas that will drive the learning of the next generation of internationally recognised excellence in medical education.

Dr Geoff Chadwick, Chairman of the Organising Committee

CONFERENCE SECRETARIAT

PROF PETER CANTILLON

INMED CHAIRMAN

Chair in primary care at NUI Galway and faculty development leader in both NUIG and INMED

DR FRANCES MEAGHER

INMED SECRETARY

Physician/Educator at RCSI Medical School and Beaumont Hospital, Dublin and a founder member of INMED

DR NICK FENLON

INMED TREASURER

Director of the Irish College General Practitioners Distance Learning Unit

DR SHANE O'HANLON

INMED COMMUNICATIONS

Clinical teaching fellow at University Hospital Limerick and module leader in Health Informatics at the Graduate Entry Medical School, University of Limerick

DR JASON LAST

UCD ORGANISING TEAM

Associate Dean for Programmes & Educational Innovation in the School of Medicine & Medical Science

DR GEOFFREY CHADWICK

UCD ORGANISING TEAM

Director of Clinical Skills at the School of Medicine & Medical Science

DR SUZANNE DONNELLY

UCD ORGANISING TEAM

Director of Clinical Studies in the School of Medicine & Medical Science

MS CAROL LYNCH

UCD ORGANISING TEAM

Educational Project Manager in the School of Medicine & Medical Science

CONFERENCE PROGRAMME –AT A GLANCE

WEDNESDAY, 20TH FEBRUARY 2013

TIME	VENUE	EVENT
09:30 -16:30	Seminar Room, Charles Institute	Workshop 1: <i>ASME Pre-Conference Workshop -FLAME</i> (Fundamentals in Leadership and Management for Educators) Professor Jennifer Cleland & Mr Paul Jones
12:30-16:30	C116, Health Science Building	Workshop 2: <i>How To Use The Power Of Social Media In Healthcare Education</i> Dr Shane O’Hanlon, Dr Anne Marie Cunningham and Dr Ronan Kavanagh
12:30-16:30	C117, Health Science Building	Workshop 3: <i>Teacher Development in Healthcare Education</i> Professor Peter Cantillon

Registration for Workshop 1 (FLAME) will take place from 8:30am. Registration for Workshop 2 (Social Media) and Workshop 3 (Teacher Development in Healthcar Education) will take place from 11:45am.

THURSDAY, 21ST FEBRUARY 2013

TIME	VENUE UCD STUDENT CENTRE (unless otherwise stated)	EVENT
08:00-09:00	Astra Hall	Registration & Coffee
EVENT OPENING & WELCOME		
09:00-09:30	Debating Chamber	Prof Mark Rogers, Acting Registrar and Deputy President, UCD Professor Peter Cantillon, Chair of INMED Professor Patrick Murray, Head of School of Medicine & Medical Science
PATIENT CENTRED MEDICAL EDUCATION SYMPOSIUM 1		
9:30-9:40	Debating Chamber	Introduction Dr Geoffrey Chadwick, Chairman of INMED 2013 Organising Committee
9:40-10:10		Keynote Address: <i>A Patient's Story and the Implications for Healthcare Educators</i> Margaret Murphy
10:10 -10:50		Keynote Address: <i>What Healthcare Educators must do to ensure Patient Care is the Central Concern</i> Professor Charlotte Rees
10:50-11:20	Astra Hall	Coffee Break/Poster Viewing
PATIENT CENTRED MEDICAL EDUCATION SYMPOSIUM 2		
11:20 -12:00	Debating Chamber	Keynote Address: <i>The relationship between professional culture, identity and professional behaviour - breaking the mould?</i> Dr Lynn Monrouxe
12:00 -12:30		Moderated Panel Discussion Marie Kehoe-O'Sullivan - HIQA Dr John McAdoo - IMC Dr Lynn Monrouxe - Cardiff University Professor Charlotte Rees - University of Dundee Professor David Blaney - Medical Protection Society
12:30-13:15	Astra Hall	Lunch
13:15-14:00		Poster Judging
14:00-16:00	Blue Room	Workshop 1: <i>Qualitative research approaches</i> Dr Lynn Monrouxe
	Room 5/6/7	Workshop 2: <i>Building educational research capacity</i> Professor Charlotte Rees
	Seminar Room, Charles Institute	Workshop 3: <i>The implications of new approaches to reporting and preventing medical errors for undergraduate and postgraduate education</i> Professor David Blaney
	Red Room	Workshop 4: <i>Creating and integrating virtual patient and other e-learning initiatives for medical curricula</i> Dr Jason Last
	Boardroom, Charles Institute	Closed Meeting: <i>Dealing with poorly performing students & trainees (Irish Medical Council)</i>
16:00-16:15	Astra Hall	Coffee Break
PATIENT CENTRED MEDICAL EDUCATION SYMPOSIUM 3		
16:15-17:00	Debating Chamber	Student Centred Medical Education Moderated Panel Discussion Debating session led by Student Medical Societies Facilitated by Dr Suzanne Donnelly, UCD Director of Clinical Education
17:00		AGM
19:30	Beaufield Mews, Stillorgan	Drinks reception followed by Evening Gala Dinner

FRIDAY, 22ND FEBRUARY 2013

TIME	VENUE UCD STUDENT CENTRE	EVENT
08:30 -09:00	Astra Hall	Poster Judging/Coffee
ORAL PRESENTATIONS PART 1		
09:00-10:00	Blue Room	Curriculum
	Red Room	Assessment
	Room 5/6/7	E-learning and Technology Assisted Learning
	Debating Chamber	Career
ORAL PRESENTATIONS PART 2		
10:00-11:00	Blue Room	Professionalism
	Red Room	Patient Safety
	Room 5/6/7	Teaching and Learning
11:00 -11:30	Astra Hall	Coffee
PATIENT CENTRED MEDICAL EDUCATION SYMPOSIUM 4		
11:30-12:10	Debating Chamber	Introduction by Professor Ronan O'Connell, Head of Surgery & Surgical Specialties, UCD Keynote Address: <i>Patient-centred & trainee-centred training -the challenge for MET</i>
		Professor Éilis McGovern
12:10-13:00		<i>Hot Topics/Key Learning Points</i>
		Dr Frances Meagher
AWARD PRESENTATIONS AND CLOSE OF CONFERENCE		
13:00 -13:10	Debating Chamber	Professor Peter Cantillon
		<i>Best student poster</i>
		<i>Best poster</i>
		<i>Best oral presentation – educational development</i>
		<i>Best oral presentation – educational research</i>
13:10		Lunch (To go) Collection of Posters



ORAL/POSTER PRESENTATION GUIDELINES

ORAL PRESENTATIONS

All those selected for oral presentations will be allocated a total of 10 minutes for presentations and Q&A. Presentations should not exceed 6 minutes allowing 4 minutes for Q&A. Times will be strictly kept by the group facilitator.

AV facilities for power point presentations will be available; if you have any additional requirements please notify the INMED Organising Team at inmed2013@ucd.ie by **Friday, the 15th February**.

All powerpoint presentations should also be emailed to inmed2013@ucd.ie before **Friday, 15th February**.

POSTER PRESENTATIONS

Your poster should be A0 size and in portrait orientation (There may be insufficient room to accommodate landscape orientation posters or posters exceeding this size).

Adhesive velcro will be provided at the conference.

All posters must be mounted by **9am on Thursday, 21st February 2013** at the latest. Posters will be displayed in the Astra Hall at the UCD Student Centre–Please refer to Building no. 70 on the UCD Campus Map). The Astra Hall will be open from **4pm on Wednesday 20th February** and posters may be mounted after this time.

Posters may be dismantled at the **11:00 break on Friday, 22nd February**. Posters not taken down at this time will be packaged and available for collection outside the Garret Fitzgerald Debating chamber from 13:00 on the same day.

EVENT REGISTRATION*

The Registration Desk, located in the Astra Hall of the Student Centre, will be open
Thursday, 21st February 08:00 to 17:00 and
Friday 22nd February 08:00 -13:30

**Please note that all registrations for pre-conference workshops on the 20th February will take place in the Charles Institute.*

GENERAL INFORMATION

CERTIFICATES OF ATTENDANCE

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

COFFEE BREAKS

Coffee/tea and lunch will be served in the Astra Hall during the scheduled breaks.

INTERNET FACILITIES

Wireless Internet access (Eduroam) will be available to all delegates for the duration of the conference.

MOBILE PHONES

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

LOCAL INFORMATION

PARKING ON CAMPUS

There is very limited parking available on the UCD campus and delegates are therefore encouraged to make travel arrangements via bus or taxi.

BUSES

Dublin Bus numbers 2, 3, 11, 17, 39A, 46A, 84 and 145 all provide services to the Belfield campus. The 39A terminates within the Belfield campus, and can be boarded from the city centre from College Street. The numbers 2, 3, 11 and 46A can be boarded from O'Connell Street. Several additional Xpress services operate directly to campus during morning and evening peak. For timetable information please visit the Dublin Bus website and search for "University College Dublin"

TAXI'S

There are usually an adequate number of taxis in operation in the city centre at any given time. It is possible to hail a taxi from the street, but convenient taxi ranks are located on O'Connell Street, Middle Abbey Street, Dame Street and St Stephens Green.

Some local taxi numbers:

Local Southside Taxis: 01 29 88 444

Xpert Taxis: 01 667 0777

Trinity Taxis: 01 708 22 22

VIP Taxis: 01 478 3333

For those delegates who plan to take a taxi to UCD you are advised to enter through the Clonskeagh entrance. Continue down the avenue, going straight through the roundabout. The Student Centre is then located immediately on your left hand side and you will see signs with directions to the Astra Hall.



KEYNOTE SPEAKERS



Dr Lynn Monrouxe

Director of Medical Education Research, Institute of Medical Education, Cardiff University

Lynn is a Senior Lecturer in Medical Education and Director of Medical Education Research at the School of Medicine, Cardiff University, Wales, UK (2007 to present) and a Fellow of the Academy of Medical Educators.

Following her degree in Psychology (1998) she obtained a PhD (2001) in Cognitive Linguistics. She worked as an experimental psychologist before joining the Peninsula Medical School in 2003. She began to take an interest in qualitative methods to study medical students' identity formation and the role of patients in medical education. In 2008, she was awarded an International Visiting Research Fellowship at School of Centre for Innovation in Professional Health Education and Research, University of Sydney, Australia.

Her current interest focuses on identity construction, student-doctor-patient interaction, professionalism in medical education and the role of theory in research. She is presently Principle Investigator on a range of research projects employing qualitative and quantitative methods, including the largest video ethnographic study to date examining doctor-patient-student interaction during bedside teaching encounters. Lynn is Deputy Editor for the highest ranked education journal (scientific disciplines) Medical Education and has published over 50 articles across a range of journals and books including Medical Education, Academic Medicine, Social Science & Medicine and Qualitative Health Research.



Mrs Margaret Murphy

Steering Group Member, Patients for Patient Safety, WHO World Alliance for Patient Safety

Following the death of her son as a result of medical error, Margaret Murphy has been actively involved as a patient safety advocate. Margaret is the External Lead, WHO Patients for Patient Safety (a network of 200-plus patient safety champions from 51 countries with 19 collaborating organisations). Her work focuses on how adverse events can have the potential to be catalysts for change as well as being opportunities for learning, identifying areas for improvement and preventing recurrence. Her area of particular interest is education as a vehicle to achieve sustainable culture change. To date, Margaret has been invited to partner and collaborate in areas of:

- Policy-making (*Commission on Patient Safety & Quality Assurance and implementation steering group; member HSE National Risk Committee*),
- Standard-setting (*HIQA working group*)
- Regulation (*lay member, Irish Medical Council serve policy committee and preliminary proceedings committee*),
- Education (*Lectures to students UCC, Trinity, UHG, Queens*)
- Research (*Collaborator on EU Handover Project, QUASER Project, reviewer of final stage applications for NIHR funding for Translation Research Centres in UK*).
- Conference speaker – often keynote (*conferences, seminars, learning sets: (Ireland, UK, Europe, US, Canada, Australia)*)
- Critical incident reviews
- Designated as one of seventy ISQua Experts in 2012



Professor Charlotte Rees

Director, Centre for Medical Education, University of Dundee

Charlotte Rees is a social scientist and educationalist by background. She is Professor of Education Research and Director of the internationally renowned Centre for Medical Education at the University of Dundee, UK.

Charlotte has held previous positions as Associate Professor at the Sydney Medical School, University of Sydney, Australia; Senior Lecturer and Foundation Academic Lead for Human Sciences, Communication Skills and Professionalism at Peninsula Medical School, University of Exeter, UK; and Lecturer at the Nottingham Medical School, University of Nottingham, UK.

For over 10 years, Charlotte has developed a program of research about patient-centered professionalism in medical education. Her current and future plans for research include exploring healthcare students' professionalism and professional identity formation and student-patient-tutor interaction in the healthcare workplace. Although she has extensive experience with quantitative research methods, her methodological approach largely draws on qualitative methods currently. Charlotte is particularly interested in innovations in qualitative data analysis in medical education research such as systematic metaphor, discourse and narrative analysis.

She has published over 70 articles across a broad range of journals including Medical Education, Academic Medicine, Social Science & Medicine, Communication & Medicine and Qualitative Health Research and is about to have her first co-edited book published by Oxford University Press: *First Do No Self-Harm: Understanding and Promoting Physician Stress Resilience*. She is Deputy Editor for one of the highest ranked education journals (scientific disciplines) Medical Education and is a member of the UK Research Excellence Framework 2014 sub-panel for Education.



Professor Eilis McGovern

National Programme Director for Medical Training, Health Service Executive (HSE)

Professor Eilis McGovern graduated from University College Dublin Medical School in 1978 and obtained her Fellowship of the Royal College of Surgeons in Ireland in 1982. She then trained in cardiothoracic surgery in Dublin, at the end of which she did a clinical fellowship in the Mayo Clinic, Rochester, Minnesota.

She was appointed as a consultant cardiothoracic surgeon to the Mater and Royal City of Dublin Hospitals in 1987. In 1999 she transferred to St James's Hospital in Dublin to oversee the opening of a new cardiac surgery unit.

She has a long track record in postgraduate training. She is a past member of the Intercollegiate Board for Cardiothoracic Surgery (UK and Ireland) and a former examiner. She chaired the Irish Postgraduate Medical and Dental Board from 2003-2007 and was a member of the Irish Surgical Postgraduate Training Committee.

Professor McGovern was President of the Royal College of Surgeons in Ireland from 2010 – 2012, and in June of this year took up the post of National Director for Medical Training in the HSE – MET unit.



WORKSHOP OUTLINES

Note: The following four workshops will take place on Thursday, 21st February 2013. Please refer to the Programme of Events for details on venues and times.

WORKSHOP

1

NARRATIVE APPROACHES TO RESEARCH: TOWARDS AN APPRECIATION OF HOW THINGS ARE SAID

WORKSHOP OUTLINE

Stories enable us to make sense of events and actions in our lives. They are powerful social tools that we use to make sense of events we experience and to construct an identity of ourselves in the world. By attending closely to the way in which we narrate our stories, in addition to the content of those stories, insights can be gained into the ways in which we position ourselves in the world and the rich cultural resources that we draw upon in this sense making process. This workshop will introduce you to narrative enquiry with a focus on the solicited audio diary method. This method of data collection is ideally suited to the understanding of identity construction as participants narrate their ongoing experiences, often revealing personal tensions between who they are and who they are becoming. By the end of this workshop you should have an appreciation what narrative enquiry is, what the solicited audio diary is and how it might be useful in education research. Through guided hands-on analysis of a single narrative in the workshop, you will also have a basic understanding of both structural and linguistic ways to analyse personal incident narratives, and hopefully some skills.

WORKSHOP STRUCTURE

The workshop will begin with a general introduction to narrative enquiry and a focus on personal incident narratives as solicited via the audio diary method. Methods of data analysis will be introduced and participants will have an opportunity to make sense of these through a hands-on analysis of a personal incident narrative. Participants should be aware of the emotional content of the narrative as it may evoke strong emotions: the focus of this narrative is the first time a medical student witnessed someone dying which is a formative moment both personally and professionally. Ethical issues and emotional work that the longitudinal audio-diary researcher might encounter will also be discussed.

PREPARATORY READING

Monrouxe LV. (2009) Negotiating professional identities: dominant and contesting narratives in medical students' longitudinal audio diaries. *Current Narratives*. 1:41-59.

Monrouxe LV. (2009) Solicited audio diaries in longitudinal narrative research: a view from inside. *Qualitative Research*. 9(1) 81-103

Facilitator Prof Charlotte Rees

Professor of Education Research and Director of the Centre for Medical Education, University of Dundee

WORKSHOP OUTLINE

Widespread perception exists that both education and medical education research lacks theoretical and methodological sophistication and rigour (Christie & Menter 2009; Rees & Monrouxe 2010; Roberts & Conn 2009; Sumsion 2011). Coupled with key drivers such as the UK Research Excellence Framework and its various equivalents across the world, there has been numerous education research capacity building initiatives developed over the last decade (e.g. Christie & Menter 2009; Murray et al. 2009). Although different initiatives and models for education research capacity building are outlined in the literature, common criticisms include their narrow focus on building the method and methodological expertise of individual researchers through formal approaches, plus their lack of rigorous evaluation (Biesta et al. 2011; Cooke 2005; Munn 2008; Rees et al. 2007). Through a combination of presentations, cases and hands-on group work, this workshop will facilitate discussion among participants about (1) what research capacity building is and its drivers; (2) different models for building education research capacity; (3) the challenges of building education research capacity; and (4) how to evaluate education research capacity building initiatives. This workshop will be of interest to a diverse group of educators: (1) education research leaders (e.g. those responsible for designing, implementing, and evaluating research capacity building initiatives in their institution); (2) early, mid-career and senior education researchers including both practitioner and academic researchers who participate in capacity building initiatives; and (3) users of education research including clinical and non-clinical education practitioners and policy makers.

REFERENCES

- Biesta G, et al. (2011) The theory question in research capacity building in education: towards an agenda for research and practice. *British Journal of Educational Studies* 59(3), 225-239.
- Christie D, Menter I (2009) Research capacity building in teacher education: Scottish collaborative approaches. *Journal of Education for Teaching* 35(4), 337-354.
- Cooke J (2005) A framework to evaluate research capacity building in health care. *BMC Family Practice* 6, 44; doi:10.1186/1471-2296-6-44.
- Munn P (2008) Building research capacity collaboratively: can we take ownership of our future? *British Educational Research Journal* 34(4), 413-430.
- Murray J, et al. (2009) Research and teacher education in the UK: Building capacity. *Teaching and Teacher Education* 25, 944-950.
- Rees CE, Monrouxe LV (2010) Theory in medical education research: how do we get there? *Medical Education* 44(4), 334-339.
- Rees G et al. (2007) Research-capacity building, professional learning and the social practices of educational research. *British Educational Journal* 33(5), 761-779.
- Roberts C, Conn JJ (2009) Building capacity in medical education research in Australia. *Medical Journal of Australia* 191(1), 33-34.
- Sumsion J (2011) Capacity building in early childhood education research in a regional Australian University. *British Journal of Educational Studies* 59(3), 265-284.



HOW DO WE IDENTIFY AND CAN WE REMEDIATE POORLY PERFORMING DOCTORS/STUDENTS?

WORKSHOP OUTLINE

Poor performance is recognised as a significant issue in medical education. There is a lack of clarity around what the term means and in particular how we can effectively measure and assess the performance of practicing doctors. Most of the published work has been on identifying and managing performance in either students or trainees where the issues tend to be more defined as they have structured assessment processes. The workshop will explore the issue of underperformance (the size and nature of the problem, working definitions and international approaches) from students to practicing doctors. The workshop will review the published evidence on the effectiveness of educational interventions in remediating poorly performing students/Drs and draw on the experience participants to develop a framework for effective interventions.

WORKSHOP STRUCTURE

Introduction

Overview and context

Scope of problem – international data and literature review

Definition of poor performance at different stages in career

Indicators of poor performance – literature review

Group discussions focussed on participants experience

Interventions and evidence for effectiveness including literature review and MPS data

Group work focussed on developing interventions and measuring effectiveness

Conclusion and way forward

Facilitator	Dr Jason Last (UCD)
Workshop Team	Dr Allys Guerandel (Director of Psychiatry E-Learning Ed.) Dr Peter Holloway (Special Lecturer, Pathology) Mr Adam Tattersall (Educational Technologist)

WORKSHOP OUTLINE

In this workshop participants will be guided through the process of creating a medical e-Learning resource from conception through production and testing to deployment and final analysis. Through a hands-on approach the workshop seeks to illustrate basic principles of good design and, while specific solutions may be used for illustration, it is intended to keep the broadest possible appeal by staying agnostic of specific technologies. Groups will work to bring their ideas to fruition while avoiding common pitfalls and considering compromises that may have to be made. This process will be facilitated by educators and technologists with experience in e-Learning resource production including (but not limited to) patient simulation.

WORKSHOP STRUCTURE

Stage 1: Dream IT (Concept development process)	<p>Ascertain the teaching need. Work out how to assess the need. Review resources/time/equipment/people available. Think of the future of the material/resource. Why are you using e-learning for this and how can you measure its productiveness. Build for usefulness not device. What is the most useful platform to have this material developed for Who owns this stuff Budget required – who's going to pay Will other people pay</p>	TBC
Breakout session	Icebreaker then think of concept for e-learning tool. Discussion on each of the ideas and delivery method chosen at the end.	Group Session
Stage 2: Build IT (E-learning tool creation)	<p>Setting a deadline Management of expectations for both developer and content creator Communication channels need to be open at all times. Constant review of original brief Saying no to "just one more thing" That's in version 2 (it will not be perfect on first go – at some point you have to let go)</p>	TBC
Stage 3: Check IT (Review process)	<p>It's built and alive to who? How can you assess its usefulness Can we monitor its use</p>	
Breakout session	Review the original idea, making any alterations that would be required to bring the project within the scope and on budget. How to measure impact and use? (eg. no of hits – page views?)	



The background is a deep blue gradient with a fine grid pattern. On the left, a stylized human figure is shown in profile, composed of fine, overlapping lines that create a sense of depth and texture. To the right, a large, semi-transparent DNA double helix is visible, also rendered with fine lines. Various geometric shapes, including hexagons and circles, are scattered across the scene, some connected by thin, light blue lines. The overall aesthetic is clean, modern, and scientific.

ABSTRACTS

ABSTRACTS FOR POSTER PRESENTATIONS

ABSTRACT NO.:

1

The Development and Implementation of a Competency-Based Assessment for Occupational Therapy Students on Practice Education Placements

McCormack C, Spirtos M, Fox J

National University of Ireland, Galway and University of Dublin, Trinity College (collaboration)

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment

Practice education is a critical component in occupational therapy undergraduate education (Turpin et al. 2011). Students complete block placements of between 1 week and 10 weeks throughout their university programme. These placements are facilitated and assessed, in the main, by occupational therapists (practice educators). While this had been a long-standing part of occupational therapy education, the publication of entry level competencies for Health Professions in 2008 by the Therapy Project Office and a commitment by Trinity College Dublin (TCD) and the National University of Ireland Galway (NUIG) to review the forms in use led to the development of a new competency based evaluation for all four years of the occupational therapy course in both TCD and NUIG.

This presentation focuses on the collaborative development of a competency-based assessment form. It describes the process of development of the competencies to be assessed, the development of a new grading system, the process of collaboration with students, practice educators, practice tutors and academics, the use of the form on a national level, and the subsequent feedback. The result of this collaborative process was a competency based assessment form that;

- a. Allowed clinical educators to assess students on demonstrable performance using four categories; competence is "enhanced", "evident", "emerging" or "not evident".
- b. Is based on occupational therapy competencies common to all areas of clinical practice, so it can be used on placements in a wide variety of clinical settings.
- c. Is developmental; the number of expected competencies rises as the student progresses through the programme.
- d. Is based on the entry-level competencies expected of graduates, allowing university programmes to act as gatekeepers for the profession.

Feedback on the initial roll-out of the forms was sought from students, clinical educators, and practice tutors in survey format. Response was broadly positive and it has been decided to continue with the use of these assessment tools in their current form. However, the survey highlighted areas that could be addressed in future training workshops for clinical educators.

This presentation will be of interest to any professional group who are using competency-based assessment with students on clinical placements.

REFERENCE

Turpin, M., Fitzgerald, C. and Rodger, S. (2011). Development of the student practice evaluation form revised edition package. *Australian Occupational Therapy Journal*, 58, 67-73.

To what extent does the Health Professions Admission Test-Ireland (HPAT) predict performance in early undergraduate tests of communication and clinical skills? – An observational cohort study

Kelly M E*, Regan D[△], Dunne F*, Henn P[^], Newell J+, O'Flynn S[^]

*The Medical School, National University of Ireland, Galway (NUI Galway).

[△]School of Psychology, NUI Galway. + HRB Clinical Research Facility, NUI

Galway. [^]The Medical School, University College Cork (UCC).

CONTEXT

Traditionally selection to Irish medical schools was based solely on academic achievement. Following publication of the Fottrell report, the Health Professions Admission Test- Ireland (HPAT) was introduced in 2009. Irish and EU medical school applicants are now selected on a combination of their academic record and HPAT score. The most widely used measure of the efficacy of selection tools is predictive validity (1). This is the first study to report on the predictive validity of the HPAT for undergraduate assessments of communication and clinical skills.

STUDY OBJECTIVE

To determine the relationship between applicants' performance on the HPAT and the Leaving Certificate Examination and their subsequent performance in undergraduate tests of communication and clinical skills.

METHODS

All students enrolled at the medical schools of NUI Galway and UCC in 2009 were followed up for two years. Data collected were gender, HPAT total and subsection scores (Section 1, 2 and 3); LCE, LCE/HPAT combined score, Year 1 OSCE scores (Total score, communication and clinical subtest scores), Year 1 MCQ and Year 2 OSCE (Total score, communication and clinical subtest scores).

RESULTS

Data were available for 312 students. In Year 1 none of the selection criteria were significantly related to Total OSCE scores, OSCE Communication or OSCE Clinical subsection scores. The LCE and LCE/HPAT scores were modestly associated, with MCQ marks. In Year 2 modest to weak significant correlations were evident between HPAT 2, Total HPAT, and OSCE Communication Z-scores; Total HPAT and LCE/HPAT with OSCE Clinical Z-scores; and HPAT 2, Total HPAT, and LCE/HPAT with Total OSCE Z-scores. However when using multiple regression only the relationship between Total OSCE Score and the Total HPAT score remained significant albeit the predictive power was very weak.

DISCUSSION

Our study found that none of the entry and selection criteria used to select Irish and EU applicants strongly predict clinical and communication skills performance in the early stages of the course. This finding questions the benefit of the role of the HPAT as an additional selection tool. Follow up is required to establish if this pattern continues during the senior years of the medical course.

Is student's confidence calibrated by knowing their competence?

Yeow T P, Tan K C, Lee L C, Blitz J
Penang Medical College, Penang, Malaysia

BACKGROUND

We confirmed in our student population that self-assessed confidence in practical skills does not accurately reflect their competence. Would their confidence be calibrated once they knew their competence?

SUMMARY OF WORK

62 third-year medical students underwent an 18-week practical skill module and a post-module OSCE-type assessment. Students rated their confidence on a 6-point scale for each skill post-module and again post-OSCE. Pass marks for three stations, "Intramuscular Injection" (IM), "Waist-Hip ratio measurement" (WH) and "Venesection" (V), were obtained using the borderline group method.

We analyzed the change in confidence relative to their assessed performance.

SUMMARY OF RESULTS

38%(IM), 58%(WH) and 32%(V) of students with high post-module confidence were assessed as not competent in the respective stations. Despite this, most of these students continued to rate their confidence as high. In a questionnaire, 84% of students were unsatisfied with their performance during OSCE while 66% believed the OSCE performance did not accurately reflect their competence.

CONCLUSION

Subjective confidence in practical skills was not necessarily calibrated according to assessed competence. Confidence may be affected by students' self-assurance, their self-reflective skills or their confidence in the assessment.

REFERENCE

Barnsley L, Lyon PM, Ralston SJ, Gordon FC, Field MJ. Clinical skills in junior medical officers: a comparison of self-reported confidence and observed competence. *Medical Education* 2004; 38: 358-367

ABSTRACT NO.:

3

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment



Mid-course appraisal as a tool to help students with problems in an undergraduate paediatric course

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BACKGROUND

During the undergraduate Paediatric course, a mid-course appraisal (MCA) is carried out for each student by a lecturer. It consists of a discussion on specific areas of need with the use of a Likert scale to aid personal reflection and a short clinical assessment. This is followed by feedback and an action plan.

OBJECTIVE

To use the end-of-course outcome to determine the value of the MCA as a tool to identify and help students with problems.

METHODS

Using the documentation made during the MCA over the past 3 years (2010-2012), students were categorized into 2 groups: Flagged and Not Flagged. Reasons for being flagged were academic problems, medical problems, motivational issues, personal/social issues and poor attitude. Students could be flagged for more than one reason. This was compared with the results of their final Paediatric assessment. End-of-course student evaluation regarding the value of the MCA was also compiled.

RESULTS

118 out of 345 students (34%) were flagged during the MCA for the following reasons: 103 academic problems, 18 medical problems, 13 motivational issues, 9 personal/social issues, 10 attitude problems. Of these, 90 (76%) passed the final Paediatric assessment, 23 with honours. A total of 38 students failed the assessment, of whom 28 had been flagged, making the sensitivity and specificity of the MCA to detect potential failing students 74% and 71% respectively. From the end-of-course student evaluation, almost all students thought the MCA was helpful to them.

CONCLUSION

The MCA is a sensitive tool for identifying students who are likely to fail, identifying 28 of 38 students and correctly identifying 71% students who passed. Further studies are needed to determine whether the 90 flagged students who passed the final assessment were helped by the MCA or whether these students had been wrongly flagged. The action plan also needs to be examined to see if it could be improved to help more students pass.

REFERENCE

<http://www.faculty.londondeanery.ac.uk/e-learning/appraisal>

Perceived Lack of Effectiveness of the Mini-CEX as a learning tool for Final Year medical students

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BACKGROUND

Direct observation of medical students with actual patients is important for performance-based assessment of clinical competencies. The mini-clinical evaluation exercise (Mini-CEX) is widely used for such assessment.

STUDY OBJECTIVE

Final Year medical students' perceived effectiveness of the Mini-CEX as a learning tool was evaluated.

METHODS

All final year medical students of Penang Medical College during 2010 and 2011 were required to complete a minimum of 8 Mini-CEX assessments during their 3 week-rotation in Family Medicine. A standardized questionnaire on perceived effectiveness was completed by each student. A total of 233 final year students completed 1864 Mini-CEXes. The reasons of lack of effectiveness were then analysed.

RESULTS

A total of 233 students responded in this survey ---121 students from year 2010 and 112 from year 2011. Perceived lack of effectiveness due to the tutor factors were: Feedback too generalized-33 (14.2%), no action plan given 26 (12.0%), feedback too little or none -26 (11.2%), no one-to-one observation done 23 (9.8%), feedback given not immediate-12 (5.2%), tutor not serious- 5 (2.1%). Student factors for lack of effectiveness were performance anxiety- 40 (17.2%), feedback does not meet self reflection -17 (7.3%), need longer time to improve weakness- 12 (5.2%), already aware of feedback- 4 (1.7%), difficult to change bad habit -2 (0.8%), and did not take mini-CEX seriously -2 (0.8%).

CONCLUSIONS

Both students and tutors contributed to the lack of effectiveness of Mini-CEX as a learning tool. Students expected tutors to give feedback that is not too general, give action plan, and give some feedback. The top student factor was performance

ABSTRACT NO.:

5

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment



Use of the communication assessment tool (CAT) in undergraduate family medicine posting: Comparing self assessment of medical students with assessments given by their tutors and simulated patient

Chean KY1, Rashid AK2, Tan KC1, Ho KC1, Lim SC1, Goh LG3

OBJECTIVES

“Using the CAT assessment tool, what differences and similarities exist between tutors’ scores and students’ self-assessment scores, and between tutors’ scores and simulated patient’s scores, in a communication role-play scenario?”

METHODS

Two cohorts of medical students, 3rd year and 5th year, 245 in total, 4 tutors of Penang Medical College, and 1 simulated patient assessed independently a communication skills role-play session during a Family Medicine posting. The 14-item 5-point- rating CAT was used. Comparison of tutors’ scores and students’ self-assessment scores, and tutors’ scores and simulated patient’s scores were made.

RESULTS

Based on the similarities and differences between students’ self-assessment scores and the tutors’ scores, the students’ communication skills performance can be grouped into 4 – those skills where both tutors and students agree the students were competent [CAT2, CAT6] – both of us agree you did well; those skills where students did better than they thought [CAT3, CAT 7, CAT8, CAT11] – you are better than you think; those where students did worse than they thought [CAT4, CAT5, CAT6, CAT10, CAT12] – not as easy as you think!; and finally where both tutors and students agree that the skills take time to reach mastery [CAT13, CAT14, CAT1] – there is a continuing learning curve to reach mastery. The CAT tool has face validity to assess mastery of communication skills.

CONCLUSIONS

- The CAT has face validity in the assessment of mastery of communication skills in the medical student setting.
- This study verifies Aspegren and Lonberg-Madsen’s observation that some communication skills are easily mastered whereas other communication skills are more difficult to master.
- The use of the CAT as a formative assessment tool for individual mastery of communication skills can be explored in further studies. It will require a simultaneous assessment by the tutor and self assessment by the student.

REFERENCE

Aspegren K and Lonberg-Madsen P. 2005. Which basic communication skills in medicine are learnt spontaneously and which need to be taught and trained? *Medical Teacher* 27(6):539-543.

Does the timing of procedural skills teaching affect performance in an end of year OSCE? A preliminary study

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ABSTRACT NO.:

7

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment

BACKGROUND

Medical curricula often follow a teaching pattern where students sequentially rotate around specialities before an end of year OSCE. Evidence suggests that competency in psychomotor skills decay if not practised regularly.¹ In Phase 4 of the medical degree programme at Queen's University Belfast, students rotate through 3 six-week rotations in Perioperative and Emergency Medicine (POEM), Paediatrics and Obstetrics and Gynaecology before undergoing assessment in an end of semester integrated OSCE. While students are offered the opportunity to practice procedural skills throughout the semester, few take this offer up. Procedural skills feature prominently in POEM OSCE stations.

AIM

To gain a preliminary understanding of whether the timing of teaching in procedural skills has any association with performance in an end of semester OSCE.

METHOD

6 separate OSCE data sets were used for this study. Candidates' OSCE station performances were matched to the time of teaching in the 3 separate teaching blocks, focusing on those who were taught POEM at the beginning of the semester compared to those taught later on. One way ANOVA analysis was used to compare mean OSCE station scores.

RESULTS

Overall there were 22/66 POEM stations, 9/22 (40.1%) procedural and 13/22 (59.9%) non-procedural. In 4/9 (44.4%) of the procedural stations, candidates who were taught POEM at the beginning of the semester had significantly lower mean OSCE station scores (p 0.028; 0.001; 0.046; 0.002) compared to those who were taught later on. In 2/13 (23.1%) non-procedural POEM OSCE stations, candidates mean station scores were significantly less (p 0.008; 0.011) compared to those who were taught POEM nearer to the OSCE date.

DISCUSSION

In the majority of cases, OSCE results do not appear to be affected by the timing of teaching. However for a notable number of procedural stations, candidates, who had a longer time interval between their teaching and assessments, did not perform as well as those who had a shorter interval. This preliminary data has highlighted an important issue that requires further large scale research to consider the need of different teaching and assessment frameworks for procedural skills.

REFERENCE

Arthur W, Bennett W, Stanush PL, McNelly TL. Factors that influence skill decay and



The view from the other side: reframing OSCEs through SPs' experience as raters

*Johnston J L, Lundy G, McCullough M, Gormley G J
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INTRODUCTION

Inclusion of SP ratings, which typically focus on non-technical skills, alongside examiner ratings has been shown to improve psychometric properties of OSCEs (1). We explored the process of how SPs rate candidates in OSCEs, with the aims of improving understanding of the SP perspective on assessment and investigating why SP involvement impacts psychometrics.

METHODS

We used constructivist grounded theory to analyse data from focus groups and individual semi-structured interviews with 35 SPs and 4 examiners. Inductive coding, theoretical sampling and constant comparison continued until theoretical saturation.

RESULTS

Three theoretical categories informed the central process of relationship building upon which SPs made their assessment: the SP identity, expectations of student performance and the patient experience. SPs shared a strongly vocational identity which was both enacted and reinforced through their role as OSCE raters. SPs drew on prior life experience in formulating expectations of doctors, against which they judged student performance as they engaged in relationship building. OSCE interactions for SPs were refracted through the lens of patient experience, and in rating students they contested traditional narratives of the patient role, exerting their agency to protect future patients. The SP experience led to a significantly different perspective from other stakeholders within the exam: the SP assessment was holistic, included technical competence and emphasised the value of individuality. SPs juxtaposed their prioritisation of holistic, individual experience against depersonalising effects of student interactions within the OSCE.

CONCLUSIONS

Inclusion of technical skills in the construct marked by SPs resulted in some overlap with examiners, offering a potential explanation for the influence of SP ratings on psychometrics. SPs value individuality and see themselves as patients' advocates, working towards a better experience for the patients of tomorrow's doctors. Future assessments should search for sophisticated ways of utilising psychometric data while valuing the subjective experience of key OSCE participants for its ability to promote learning.

REFERENCE

Homer M, Pell G. The impact of the inclusion of simulated patient ratings on the reliability of OSCE assessments under the borderline regression method. *Medical Teacher* 2009;31(5):420-425

New MRCPI (GM) clinical exam – experience and lessons from a pilot

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INTRODUCTION

The MRCPI diploma in general medicine is awarded to doctors who pass all three components of this assessment. Its purpose is to test the candidates' knowledge of the BST curriculum to which it is blueprinted and to select doctors for entry to HST in Ireland. The examination was audited by Dr John Norcini of FAIMER in October 2011 after which the clinical component was identified as a priority for reform. A new format was devised on the basis of Dr Norcini's recommendations taking note of other high-stakes postgraduate skills based assessments such as PACES. The exam modifications include an increase in examining time to 100 minutes, testing of seven skills (thirty one judgements) in long and short case formats, and use of one examiner at each of six stations.

METHODS

A pilot exam was held in August 2012 as a crucial forum to test the viability and reliability of the new format and with a view to implementing the new clinical exam in 2013. Twenty candidates and ten examiners were informed of the new exam format through the medium of written training material and a thirty minute briefing on arrival at the exam centre. A range of clinical and non-clinical staff captured detailed observations on all aspects of the exam and feedback was received from all participating patients, candidates and examiners.

RESULTS

Cronbach's alpha for six stations and the thirty one judgements were 0.596 and 0.893 respectively. Stakeholders welcomed the changes in format and delivery. Specifically examiners regarded the long case was too long and communication skills should be more extensively tested.

CONCLUSION

A wealth of statistical and qualitative data was gathered from the pilot exam to inform examiner and RCPI staff training and further improvements in governance and delivery in advance of the new exam's roll-out in 2013.

REFERENCE

What skills are tested in the new PACES examination? Andrew Elder, Chris McManus, Lawrence McAlpine, Jane Dacre. Annals of the Academy of Medicine, Singapore 03/2011; 40(3):119-25

ABSTRACT NO.:

9

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment



Affective aspects of negative feedback provision

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Feedback has been identified as a key element of growth and learning. Training in providing feedback focuses on the communication techniques of delivering feedback ('sandwich' method). Affective aspects of critical feedback are rarely addressed leaving trainer under resourced to effectively deal with their own discomfort. This can inhibit corrective feedback process. This study aims to examine trainer's perception of the importance of affective aspects of corrective feedback.

SUMMARY OF WORK

A 17 item questionnaire designed to examine trainers' perceptions was submitted to trainers of varying experience levels.

SUMMARY OF RESULTS

61% with over 5 years experience 66% indicated that feeling uncomfortable didn't inhibit them 70% indicated traditional feedback techniques aren't enough 70% indicated that feelings are relevant 80% indicated own memorable feedback received was emotionally significant 90% indicated feeling most uncomfortable providing feedback to peers/senior trainees, at summative stage, when trainee is consistently underperforming and when given in person.

CONCLUSIONS

Affective aspects are relevant to corrective feedback process. Trainers feel equipped to deal with affective aspects indicated when they feel most uncomfortable.

TAKE-HOME MESSAGE

Train-the-trainer and teaching skills courses could be improved and enhanced by adding affective-related aspects to feedback module, including identifying feelings, their physical manifestations, normalise the process and identifying associated behaviours/cognition that can hinder/assist the process.

REFERENCE

Kogan RJ et al. Faculty staff perceptions of feedback to residents after direct observation of clinical skills. *Med Educ* 2012: 46 201-215.

Reasoning in Assessment: How do clinical teachers assess undergraduate clinical performance in physiotherapy? A mixed methods pilot study

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BACKGROUND

Research suggests that similar expert-novice differences in cognitive reasoning processes exist in the assessment of trainee performance as in clinical practice (Govaerts et al, 2011). The aim of this pilot study was to investigate the assessment reasoning of Irish clinical physiotherapy teachers, both tutors (specific teaching posts) and educators (clinicians). Ethical approval was obtained.

SUMMARY OF WORK

Three focus groups of 4-5 physiotherapy teachers were conducted. Teachers were shown a standardised video of a final-year student-patient encounter and asked to rate the performance before (T1) and after (T2) the group discussion using a standardised marking scheme. Focus group discussions were transcribed and analysed for themes by three researchers.

SUMMARY OF RESULTS

Teachers' ratings resulted in grades of between 'fail' and '2.1' (46-69%) at T1. Six educator scores changed at T2, resulting in a lower grade. Tutor grades remained unchanged. Themes of effectiveness, clinical (practical) skills and history-taking emerged within all groups.

CONCLUSION

While emerging themes between groups were consistent, within-group discussions revealed a wide variation in perceptions of the student performance. Peer discussion may also have an impact on assessment scores.

TAKE-HOME MESSAGE

Differences in clinical physiotherapy teachers' reasoning may impact on consistency in assessment. Expert-novice differences in clinical performance assessment require further research.

ABSTRACT NO.:

11

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment



Closing the Feedback Loop – Quality Proofing the Practice Education Process

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Audit is an integral part of ensuring the quality proofing any process. Specific aspects of the Practice Education Programme in the BSc Physiotherapy, TCD were audited in 2011, by means of anonymous questionnaire distributed to the Practice Educator's. Questionnaire development was informed by Guidelines for Good Practice in Practice Education. The questionnaire sought information concerning the educators duration of experience supervising students, their clinical area of expertise, students level of preparedness for the placement and communication with the Practice Education Team.

Data were analysed using PASW Version 18 and qualitative theme identification with results presented in aggregate format. The response rate was 57%, of which 78% were from Practice Tutor sites. Eighty-one percent of respondents had greater than 24 months experience supervising students, only 10% had less than 6 months.

The majority of respondents (>80%) rated high overall satisfaction - with the practice education process, access to and communication with the Practice Education Team. Qualitative themes generated included: differences in supervision or learning requirements dependent on year of study, curriculum content, professionalism and information dissemination encompassing the website. While supporting documentation was available to Practice Educators many were unsure where to locate it.

All practice education stakeholders (Practice Educators, Physiotherapy Managers, Students, HEI staff, Practice Education Team) identified from the audit process were included in the feedback loop. Quality measures implemented as a result of the audit were: a) dissemination of the audit results by means of a report to the Physiotherapy Managers b) streamlining of relevant documentation to website c) use of clinical opinion to inform the curriculum d) issues of professionalism awareness raised with students through a discussion forum.

Feedback from PE's is an essential element of quality assurance in Practice Education. This process provided a voice for Practice Educators who remain central to the provision of Practice Education. Future audits could include feedback from Physiotherapy Managers to gain a broader view of the Practice Education Process in the clinical sites.

REFERENCE

Health Services Executive (2008). Guidelines for Good Practice in Practice Education. www.iscp.ie

Exploring the Practice of Assessment in First Year Health Sciences Programmes

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University College Dublin Fellows in Teaching and Academic Development 1

University College Dublin School of Medicine and Medical Science, 2 University

College Dublin School of Psychology, 3 University College Dublin School of History and Archives

ABSTRACT NO.:

13

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment

BACKGROUND

It is now widely accepted that assessment is at the heart of teaching and learning practice and policy, and that the methods of assessment chosen have a major impact on how students learn, particularly in first year, where assessment has been identified as a crucial area in assisting successful student engagement and transition to third year education.¹ The aim of this study was to explore the practice of assessment in first year teaching across health science programmes.

METHODS

The first phase involved a content analysis of module descriptors for all 53 core first year modules in health sciences to identify the number of assessments, modes of assessment and timing of assessments across first year modules. In order to develop this survey a series of qualitative semi-structured interviews were conducted with key informants (n = 7) including teaching and administration staff and individuals involved in the management and development of assessment within the university. This was followed by an anonymous self-report online survey of all staff involved in coordinating and teaching first year modules, designed to investigate the factors which influenced these types of assessment in first year modules.

RESULTS

The mean number of assessments across first year modules was 2.2 (range 1-8) however 29% of modules had three or more components of assessment. Of the 117 individual components of assessment identified 29.9% lacked specific information on the timing of assessment. A thematic analysis of the semi-structured interviews identified pedagogical and practical assessment issues as key influencing factors. Other key factors included resources and workload, as well as university structures and practices.

DISCUSSION AND CONCLUSION

In terms of the number of components of assessment and detail relating to the timing of assessments the health sciences programmes compared favourably with institutional data. While a variety of approaches to assessment were present there is still a clear emphasis on examinations, and end of semester examinations in particular. In addition the limited evidence of explicit consideration of formative assessment might suggest that this is an area for development, given its central role in learning at third level.

REFERENCE

1 Goos, M., Gannaway, D. and Hughes, C. (2011). Assessment as an equity issue in higher education: comparing the perceptions of first year students, course coordinators, and academic leaders. *Australian Educational Researcher* 38(1): 95-107



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment

Scenario-based emergency care training and improvement in confidence levels of pre-graduation senior medical students

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PURPOSE OF STUDY

Confidence levels in junior doctors are improved by pre-graduation courses that focus on clinical skills.^{1,2} The Professional Completion Module (PCM) in the final year of medicine at University College Dublin (UCD) includes an intensive 2-day scenario-based clinical skills course that focuses on initial emergency care of common problems. The course comprises certified BLS/AED, 2 core lectures, 15 x 30 minute small group skills and scenario stations. Core content is based on PHECC Clinical Practice Guidelines³. Multidisciplinary faculty includes senior medical, nursing and paramedic staff. We report the effect of emergency care clinical skills training on the confidence levels of senior medical students prior to graduation.

METHODS

Data were collected for 3 consecutive years. Pre and post-course questionnaires were completed by 447 of 540 students (response rate 83%)

RESULTS

Mean confidence levels significantly increased for all parameters related to the clinical skills taught. Students rated this course as a highlight of their final year.

Table 1: Mean scores on 5-point Likert scale

Item	Pre	Post
Current training preparedness	2.74	3.72
Confidence in initial emergency assessment	3.24	4.1
Preparedness to handle emergency	2.56	3.87
Ability to contribute to team	3.71	4.42
Confidence managing cardiac arrest	2.32	3.90
Confidence in ability to lead an emergency	2.35	3.29
Confidence in BLS/AED use	2.84	4.34

Confidence increased most for items where initial confidence level was low (preparedness to handle an emergency, confidence in managing a cardiac arrest and confidence in ability to lead).

CONCLUSIONS

Self-assessed confidence is improved by a short, intensive scenario-based course in emergency care. Competency-based training has been shown to translate to improved performance and better patient care on graduation. Assessment of competence as opposed to confidence could be monitored in the future.

REFERENCE

The significant impact of a competency-based preparatory course for senior medical students entering surgical residency. Antonoff MB, Swanson JA, Green CA, Mann BD, Maddaus MA, D'Cunha J. Acad Med. 2012 Mar;87(3):308-19.

Is the Reality of Multiple Graders Inconsistency: our experience in reducing this with Undergraduate Radiography Thesis Work

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University College Dublin; School of Medicine and Medical Science, Diagnostic Imaging

ABSTRACT NO.:

15

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment

BACKGROUND

It is widely mooted that moderation of grades is crucial to monitoring consistency, and hence validity, in the grades awarded by separate lecturers. Typically moderation involves a second lecturer grading a sample of work, often chosen as being at the top, middle and bottom of the grade range. We had applied this approach for many years, but were concerned that there remained an underlying inconsistency in the grades awarded by different lecturers for work of a similar standard. In Radiography, we use a reference image example to ensure consistent multi-observer analysis of images, and we decided to try applying this concept of a reference example in the grading of student work in our Stage 3 and Stage 4 research modules.

METHOD

To establish our start point, we constructed an objective grading rubric, and had seven lecturers grade a sample piece of work. Grades were spread, emphasising the need for some further reference point.

We then applied three approaches to moderation (in three different modules):

1. Seven lecturers and two moderators graded coursework in sight of an example piece of work graded by the module coordinator;
2. Seven lecturers graded coursework without a reference example, then two moderators graded a sample of this work with the comparator of a graded piece of work;
3. Six lecturers graded theses without a reference example, and a moderator ranked the theses into deciles without reference to either the primary grades or the detailed rubric.

In each case, as this was research work, supervisors were also asked to comment on whether the grades awarded were as anticipated. Where considerable difference (more than three grade points or more than two deciles) existed between the grades/rank given, or the grade given and the grade anticipated, the module coordinator reviewed the grading and a consensus was achieved between the three involved lecturers.

RESULTS

In the initial pilot study on the same piece of work, the seven lecturers awarded grades separated by several grade points. With each system of moderation, there was low disparity between grader and moderator, and between grades awarded were generally similar to those anticipated by supervisors. The highest consistency was achieved when a graded example was circulated to all lecturers in advance of grading.

DISCUSSION AND CONCLUSION

The importance of moderation of grades is well established. Our experience has been that even with moderation, grading standard can vary across a number of lecturers. We propose that to improve consistency across multiple graders, the introduction of a graded piece of work as a reference standard is useful



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment

Graduate Entry and Undergraduate Entry Medicine students at UCD Have Similar Grade Distributions*Butler M W**University College Dublin, Dublin 4. St. Vincent's University Hospital, Dublin 4.***BACKGROUND**

The Graduate Entry Medicine (GEM) programme at UCD has been in existence since 2007 and graduated its second intake of students as qualified doctors in 2012. We asked if there was any difference in the distribution of grades arising from their final degree GPA among Graduate Entry and their fellow Undergraduate Entry (UEM) Programme classmates in the Class of 2012.

METHODS

De-identified results were obtained and compared statistically using appropriate non-parametric tests in SPSSv18.

RESULTS

A total of 181 students graduated from their Final Stages of their Medicine Degree in 2012 (GEM n=35, UEM n=146). Overall, there were 5 first class (1H) honours (GEM n=0, UEM n=5), 81 2H1 honours (GEM n=13, UEM n=68), 74 2H2 honours (GEM n=21, UEM n=53) and 21 passes (P) (GEM n=1, UEM n=20). No students who undertook the final assessment received a fail grade. There was no statistically significant difference in the distribution of grades across the group of GEM students versus UEM students (independent samples Mann-Whitney U test p=0.487). There was no significant difference in the median grades obtained between the two student groups (independent samples Median test p=0.171).

CONCLUSION

GEM students, compared to their corresponding classmates in the UEM programme, show no significant difference in their final degree grades, pointing to a similar academic performance irrespective of the mode of entry into the Medicine Degree programmes at UCD Medical School[ref].

REFERENCE

Dodds AE, Reid KJ, Conn JJ, Elliott SL, McColl GJ. Comparing the academic performance of graduate- and undergraduate-entry medical students. *Med Educ.* 2010;44(2):197-204.

The relevance of Prior Academic Backgrounds and Demographics in Student Performance on a Graduate Entry to Medicine Programme

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ABSTRACT NO.:

17

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment

AIM AND OBJECTIVES

The Graduate entry to Medicine programme accepts students from a diverse range of educational backgrounds. The purpose of this study was to determine the predictive values of educational background including previous tertiary education, admissions test scores (MCAT and GAMSAT), entry cohort (EU versus Non-EU), age and gender on performance of students in graduate entry to medicine programmes. Specifically, we examined the type of degree (i.e. type of science versus non-science) and final degree GPA.

METHOD

Quantitative data was collated for all students admitted to the Graduate Entry to Medicine programme from 2008 to 2011 (n=263). Relationships between entry criteria (MCAT/GAMSAT points, primary degree background) and outcome measures (Year and Degree GPA) were analysed. Students were grouped into seven categories based on their primary degrees: Behavioural Science, Biomedical Science, Health Science, Non Science, Other Science and Physical Science, Pre-medical year only.

FINDINGS

Almost two thirds of the sample (62.3%) had undertaken the GAMSAT exam with the remaining 38.7% of students presenting with MCAT scores. Over one third (36%) of all entrants presented with a biomedical science background and 16% had undertaken degrees from a non-scientific discipline. There was no consistent performance differential between MCAT and GAMSAT students, with the exception of Year Three (p£0.001). Whilst, there was a weak relationship between GAMSAT scores and programme performance with (r values ranging from 0.083 to 0.280, p values from .011 to .621), MCAT scores were found to have a negative correlation with performance (r values ranging from -0.491 to 0.219, p values from .075 to .607). There was no statistically significant difference between the seven pre-defined groups. However, students from a non-scientific or physical science background were amongst the weakest performers in the first three years of the programme. This performance differential was not evident for the final degree GPA. Age and gender were at no point predictive of performance.

CONCLUSION

There is no evidence to support the claim that students from a scientific background will better succeed in a medical programme, which clearly indicates that success is attributed to non-cognitive variables such as personality characteristics, social-emotional intelligence or motivation.

REFERENCE

Craig PL, Gordon JJ, Clark RM, Langendyk V. Prior academic background and student performance in assessment in a graduate entry programme. Med Educ. 2004; 38(11): 1164-8



Aligning Assessment with Graduate Attributes and Professional Skills: our Experience in First Year Radiography

Matthews K, Butler M L - School of Medicine and Medical Science, Diagnostic Imaging, UCD

BACKGROUND

The transition to university education challenges each student to work independently and in groups, and to develop a critical, evidence-based approach to study¹. Our institution has subscribed to a commercial, on-line, learning system² to facilitate first years in rising to these challenges. We integrated this on-line material in a module where Radiography students are introduced to working in a professional health care environment. Our aims were to guide students in assimilating effective approaches to study and to prepare them for the clinical environment. The challenge we then faced was how to align the assessment with the combination of graduate attributes and professional awareness that we were aiming to develop.

METHOD

We wanted the main assessment to bring together the various module components. We were partly guided by design principles prevailing in our institution that encourage peer review, supported collaborative learning and matched sequencing of learning material and student activities (O'Neill et al, 2011). A stronger influence was the desire to provide students with the opportunity to demonstrate the skills and attributes they were learning. Since literature concerning graduate skills and radiographic practice places great emphasis on teamwork, a group assignment was highly desirable. An assignment utilising facilities within our VLE was also attractive, because an essential transferable skill for graduate Radiographers is the ability to study and work electronically. Finally, we wanted to expand the students' professional awareness by provoking them to think about their chosen degree subject in a wide context. These considerations steered us towards a group essay addressing a given aspect of Radiography (thereby encompassing collaboration on professional knowledge) that was developed in a directed series of stages (thereby matched to the online learning material) within a Wiki resource in our Blackboard VLE (thereby encouraging online working and peer review).

RESULTS & DISCUSSION

Ten First Year student groups used Wiki pages in Blackboard to plan, develop and present an essay on an aspect of Radiography. Staff input was limited to providing a title concept and one initial paper addressing an aspect of Radiography (different for each group), then to facilitate the first group discussion of the given concept. The development process and resultant essays consistently showed evidence of academic enquiry, critical thinking and emerging professional awareness. At the module close, each group reflected on the exercise, and without exception commented on the value of the learning experience. Whilst the development of transferable study skills is widely supported in literature, it has been our own career experience that students are frequently anticipated to develop these skills without explicit teaching input. The outcome can be that students reach a mixed level of expertise that ill prepares them for the CPD requirements of a health care career. Experience with this module has shown that explicit activities that are mapped to desirable attributes can accelerate the development of graduate skills and professional awareness very early in a degree programme

REFERENCE

- 1 Taylor, JA (2008) Assessment in First Year University: A Model to Manage Transition. *Journal of University Teaching and Learning Practice*: 5/1, 20-33
- 2 Palgrave MacMillan (2012) Skills4StudyCampus http://issuu.com/palgravemacmillan/docs/s4sc_brochure

English Language test as predictor of success in Medicine Programmes: A Cohort study at University College Dublin 2008-2010.

Last J, Lynch C

School of Medicine and Medical Science, University College Dublin

AIM

Non-EU students applying to study medicine at UCD, whose first language is not English, are required to present an English language competency score alongside second level exam results. IELTS (International English Language Testing System) is the most commonly presented language competency test and consists of an overall score and four individual scores in reading, writing, speaking and listening. This study sought to consider the relationship between IELTS score and academic medical programme performance.

METHOD

Data was collated for all students who entered the medical programme from 2008 to 2010 and undertook Year One, Two and Three examinations during this period (n=591). Non-EU and EU student performances were compared and correlations between non-EU entry criteria (second level exams, IELTS scores) and outcome measures (module grade point, individual assessment score and semester, year and degree GPA) were analysed. Module assessments were categorised as follows: written exam -short answer questions (SAQ) and/or essay questions; written exam-multiple choice questions (MCQ) and/or extended matching items (EMQ) and other assessments including practical and spotter exams. As most of the non-EU cohort had generally only completed a half of their programme with UCD before leaving to complete the final half in Malaysia, only the first 2.5 years of the programme were considered.

RESULTS

Lowest IELTS band scores were in the writing and speaking components. Although performance between IELTS students and native English speakers was comparable in the first year of their programme, IELTS students were on average 0.2 of a GPA weaker in the subsequent two years. This GPA difference, statistically significant in Years Two and Three, was equivalent to a modest performance difference of a fractional grade e.g. B- to a B. IELTS overall and writing band scores correlated to year GPA's with r values ranging from 0.252 to 0.428. Similar correlations were evident for module grade point scores. Furthermore, a positive statistically significant relationship was found between IELTS writing scores and performance in over 80% of the programme's writing assessments (r values ranging from 0.151 to 0.341). Reading scores, which were correlate with the Year Three GPA (r=0.389). were found to have a weak positive relationship with the Year Three MCQ/EMQ assessments (r values from 0.151 to 0.179). Analysis of Year GPA means, depending on whether students scored 6.0 or less versus 6.5 or more in the written band of IELTS, once again revealed a statistically significant fractional grade difference.

CONCLUSION

Although the study has shown that performance in University examinations is correlate with IELTS score, the mean difference in student performance is modest. In order to ascertain whether the current IELTS admission criteria are appropriate, the study will need to be extended to students who take all five years of their programme in UCD and other Irish Medical Schools.

ABSTRACT NO.:

19

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment

Exam performance following a structured Step 1 USMLE preparation programme*O'Connor W T**Graduate Entry Medical School, University of Limerick, Limerick***BACKGROUND**

The United States Medical Licensing Examination (USMLE) is a three-step licensing exam that includes a series of computerized multiple-choice questions (MCQs) [1]. In order for a student to receive a license to practice medicine in the USA, that student must pass all three steps of the USMLE. Student performance in this exam - and in particular, Step 1 - is widely employed to compare medical schools both inside and outside North America. However, until now medical school curricula in Ireland are not focused on preparation for this exam - a disconnect that may negatively impact on Irish medical schools, and on those students who plan to continue to train in North America.

SUMMARY OF WORK

The University of Limerick Graduate Entry Medical School (GEMS) working together with leading e-learning provider Kaplan has developed a structured Step 1 USMLE preparation programme involving four supports. These include (i) course books and e-learning materials, (iii) an online diagnostic self-test, (ii) a live webinar workshop on MCQ exam taking skills and a mock day-long exam and (iv) a series of twenty four interactive weekly three-hour MCQ evening exam workshops hosted by experienced tutors.

SUMMARY OF RESULTS

Exam performance in the Step 1 USMLE over a seventeen month period was compared in two groups - enrolled or not enrolled in the preparation programme. A pass rate of 83% was observed in those GEMS students not enrolled (18) compared to a pass rate of 90% in those enrolled in the preparation programme (42) including one score of 252 out of a possible 300 marks - the highest score yet achieved in the School.

DISCUSSION AND CONCLUSIONS

Incorporating a structured USMLE preparation programme into an Irish four-year graduate entry curriculum represents a significant logistical and resource challenge. However, these data suggest that such a programme is worthwhile in that it improves the pass rate possibly by ensuring that the student is adequately prepared for this exam.

REFERENCE

1. <http://www.usmle.org/>

Designing a Performance Assessment Strategy for a Postgraduate Programme

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INTRODUCTION

Competence assessment is a routine and comprehensive contributor to formative and summative assessment for post-graduate pharmacists. Assessing performance [‘does’ in the terminology of Miller’s triangle [1]] is difficult for this cohort as traditional modalities of performance assessment in the medical domain are unsuitable (patient outcomes—attributive inconsistencies, volume of care—does not reflect complexities of pharmaceutical care, standards of care—pharmacist case mix is too varied). Alternative approaches to assessing post-graduate performance are required.

OBJECTIVES

Design a formative and summative performance assessment strategy for a post-graduate pharmacist intensive care specialist rotation.

METHODS

Assessment tools based on reflection (e.g. portfolio), observation (e.g. mini-CEX) and 360o feedback (e.g. SPRAT) were reviewed and then merged with a competence assessment programme.

RESULTS

A timetable and strategy of performance assessment was created which facilitates the post-graduate pharmacy learner in achieving competence and demonstrating performance of key competencies and of holistic professional performance.

CONCLUSIONS

Performance assessment [‘does’], in addition to competence assessment [‘shows how’] may be included in pharmacy post-graduate assessment.

REFERENCE

1. Rethans JJ et al. Med Education. 2002;36:901–909

ABSTRACT NO.:

21

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Assessment



A survey of Lactation Management teaching in Malaysian undergraduate medical schools

Tan M L, Ho J J, Foong S C, Foong W C
Penang Medical College, Malaysia

BACKGROUND

Studies have revealed that the knowledge of healthcare professionals especially doctors on matters relating to breastfeeding is often low. One of the main barriers to training healthcare professional is the lack of core curriculum on lactation management in medical and nursing schools. The Malaysian Quality Agency for Higher Education (MQA) does not require all medical schools to have a minimum curriculum on lactation management.

OBJECTIVE

To describe the teaching of lactation management in Malaysian medical schools.

METHODS

We adapted the 'Wellstart' curriculum assessment form (1) and sent this to 27 medical schools in Malaysia. We asked schools whether they had a dedicated lactation module as well as to list courses that covered aspects of lactation including where and how it was taught and the allocated time.

RESULTS

10 schools responded. 6 stated that they had a dedicated lactation curriculum and 4 did not. The schools that did not have a dedicated curriculum all taught something about lactation, mainly as part of infant nutrition. All schools had classroom-based teaching and majority of them (7) spent 2-4 hours to teach the subject. 4 schools had well-defined practical clinical teaching while another 4 had no practical clinical teaching and another 2 were judged as impromptu and inconsistent because the number of hours was not stated. The leading clinical departments teaching lactation were Paediatrics and Community Medicine. There was limited information about pre-clinical coverage. This could be because most respondents came from the clinical disciplines.

CONCLUSION

There are many variations to the teaching of lactation management in the respondent Malaysian medical schools. Minimum outcome objectives covering appropriate knowledge and skills for medical graduates are needed. These would best be determined by quality agencies to ensure schools have a defined lactation curriculum which should include practical skills.

REFERENCE

1. Wellstart International and University of California San Diego. Lactation Management Curriculum: A Faculty Guide for Schools of Medicine, Nursing and Nutrition. Fourth ed. San Diego, CA: Wellstart International; 1999.

Effect of undergraduate students' pre-clinical exposure to basic library skills on Evidence-based medicine assessment results

Foong W C, Ho J J, Foong S C, Tan M L, Ching L L, Yeow T P, Easaw S, Loh R L C
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BACKGROUND

Students from University College Dublin (UCD) and Royal College of Surgeons in Ireland (RCSI) have different exposures to basic library skills during their pre-clinical years. Those who return to Penang Medical College for their final 2 1/2 clinical years undergo an EBM course which has two outcome assessments. We assume that good basic library skills are essential for evidence-based medicine (EBM) learning.

OBJECTIVE

To compare students' pre-clinical exposure to basic library skills with their EBM assessment outcomes.

Methods

A survey was conducted in Year 3 to examine preclinical exposure to basic searching skills and perceived ability to use library facilities to find an article. This result was compared with the students' assessments in Year 4 (formulating a question about a case, appraising and applying an article a patient) and Year 5 (constructing a PICO question and interpreting research data.)

RESULTS

66 students (36 from UCD and 30 from RCSI) from a total of 111 students (57 from UCD and 54 from RCSI) responded to the survey at study entry in Year 3. Students from RCSI were more likely to have heard of MEDLINE or the Cochrane Library (90% vs 69%, $p=0.00$), used MEDLINE (83% vs 53%, $p=0.01$), able to search MEDLINE (87% vs 67%, $p=0.084$), had used MEDLINE to find an article (83% vs 50%, $p=0.068$), knew they had a library password (66% vs 22%, $p=0.001$) and knew how to access full text articles (73% vs 56%, $p=0.199$). At the Year 4 and Year 5 assessments, there were no significant difference in the percentage of students who passed [(89% vs 81%) and (94 vs 98%)].

CONCLUSION

Despite the differences between the UCD and RCSI students in their exposure to basic library skills, we found no difference in the outcome assessments. Our current assessment method is not a complete reflection of the students' competence in practicing EBM because it did not specifically assess the students' ability to perform proper searches for appropriate articles. We hope to examine this skill in the next EBM assessment and conduct further studies to see if pre-clinical exposure makes a difference in our future outcome assessments.

REFERENCE

Straus SE, Richardson WS, Glasziou P, Haynes RB. Evidence-based medicine. How to practice and teach EBM. Fourth ed: Elsevier; 2011.

ABSTRACT NO.:

23

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Curriculum

A qualitative study on the coherence of student centered practices in an introductory clinical course*Rodrigues S, Cerqueira J, Costa M J, Alves P
University of Minho, Portugal***BACKGROUND**

The use of student centered educational models to design courses that introduce undergraduate medical students to clinical interviewing and physical examination may have a positive impact in student learning. There are multiple models available which generally emphasize formative assessment, collaborative methods and tutorial sessions. However, there is little research that has gathered sound evidence to demonstrate that the delivery of such courses is consistent with the envisioned outcomes, particularly in terms of student centeredness.

SUMMARY OF WORK

This work is focused on the coherence of the intended teaching and assessment practices and the actual delivery of the "Introduction to Clinical Medicine" (ICM) course, a 3rd year course of the undergraduate medical curriculum of the University of Minho in Portugal. The course lasts 9 weeks, involves interactive lectures (to approximately 120 students), training in the Clinical Skills Center (CSC) with Standardized Patients and clinical attachments in Hospitals. We observed 25 hours of lectures and CSC sessions. We used a rubric to record teaching, learning and assessment practices and interviewed 1 faculty member and 3 students. Interviews were audiotaped and transcribed verbatim. The interview data were categorized through content analysis (Bardin, 1977). We triangulated the observation records with the perspectives gathered from the interviews.

SUMMARY OF RESULTS

The observations revealed that the students were involved in the lectures, posing questions and responding to the lecturer's interrogations. At the CSC sessions, students were highly committed, asking detailed questions and seeking for understanding the process of clinical interview and physical examinations. Students valued highly the uniformity of training opportunities and feedback at the CSC, in contrast with the inequities between student experiences at the clinical attachments. The faculty member highlighted the same aspects.

CONCLUSIONS

The 3 sources of information were coherent in terms of identifying student centeredness in the IMC course. There was a student-based teaching perspective, faculty took into account differences in individual rates of learning, there was continuous formative assessment and feedback. The observations revealed an interactive environment, shared between teachers and students.

REFERENCE

Bardin, Laurence (1977). L'analyse de contenu. Paris: PUF.

A qualitative study on student centeredness of an integrated course in the basic sciences

*Lemos A R, Almeida A, Palha J A, Costa M J, Alves P
University of Minho, Portugal*

BACKGROUND

Integration and student centeredness are desirable characteristics of modern undergraduate medical curriculum. There are different models of integrated curricula which have been implemented internationally – problem based, systems based, etc - but in most cases there is insufficient evidence on their effectiveness to guide practice. We describe the results of in-class observations and interviews with the aims of researching the student-centeredness in terms of teaching and learning methodologies and course assessments, within an integrated course - “Functional and organic systems” (FOS). This is 1st year/2nd semester course that covers the traditional disciplines of anatomy, physiology, biochemistry and histology, under a “systems-based” curriculum framework.

SUMMARY OF WORK

We conducted classroom observations (34 hours) and interviewed students (semi-structured focus group) and 2 faculty members. Interviews were audiotaped, transcribed verbatim, coded and categorized through the content analysis (Bardin, 1977) and analysed in four domains: teaching, learning, assessment and classroom environment. This communication presents the research results and main characteristics of the FOS course.

SUMMARY OF RESULTS

The 3 sources of information – observations, students and faculty - agreed that teaching and learning methodologies were student-centred. The main role of the teacher was to guide student learning. Interactive methods centred in the promotion of autonomy and student’s active participation were used to encourage sharing among students. The observations revealed an informal classroom environment with frequent interaction between teachers and students. There was formative assessment with constant informal but effective feedback that contributed to the regulation of learning. Summative assessments were checkpoints of acquired knowledge. The triangulation of perspective was in accordance with one another.

CONCLUSIONS

Teachers and students collaborated through the learning process. Students felt that their learning was the main focus of the course and the interviews revealed that faculty prioritized the students as they prepared the lessons. The observations attested for the actual implementation of a student centered course.

TAKE-HOME MESSAGES

The FOS model can be applied effectively to develop integrated systems-based courses of anatomy, physiology, biochemistry and histology.

REFERENCE

Bardin, Laurence (1977). L'Analyse de contenu. Paris: PUF

ABSTRACT NO.:

25

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Curriculum

Medical Students working in Local Communities: A Personal Development Model

*Bannon A, O'Hare N
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INTRODUCTION

The Personal Development Certificate (PDC) is a dynamic project devised and facilitated by 3rd year QUB medical students, engaging young people aged 10-18 from interface areas in Belfast. The 12 week programme comprises a First Aid Qualification, a Humanitarian Education Programme, a Community Action Project and an outreach trip to QUB medical school. Participating young people may be disadvantaged, have been excluded from school or lack educational support. This programme aims to develop interpersonal and confidence skills; empower and motivate; positively influence self-esteem and create a more socially and globally aware young person. The PDC utilises a 'person centred approach' using the youth work education model, whilst combining competency skills in medical education including teamwork and the medical leadership framework.

AIM

To evaluate the perceived impact the PDC has on the medical students involved in the programme.

METHODS

Evaluation of each PDC project was considered using questionnaires, focus groups and workshop evaluations. Medical students involved were invited to participate in the evaluation. Simple descriptive statistics and thematic analysis were used to evaluate data obtained.

RESULTS

Last year 13 medical students facilitated 50 young people in the PDC. Medical student facilitators agreed that their communication skills with the young people were enhanced, they were more aware of the social issues that affect young people in local communities and felt that the skills learned from the programme would help to inform and improve their professional development.

DISCUSSION

"Community work" education modules are becoming increasingly popular within Medical Education, with a particular focus on developing relationships and awareness of social issues facing junior doctors. Creating community development programmes presents medical students with a unique opportunity to enhance communication and problem-solving skills, promotes creative thinking and enables contextualisation of various social problems which early in their education may be confined to wards or textbooks.

REFERENCE

Goodall, J. Beyond the ward and waiting room: A community-based non-clinical programme for Australian medical students. *Medical Teacher*, 2012; 34: 1070-1074

Teaching whole person medicine in the undergraduate curriculum; views of students and teachers

Harbinson M T, Boohan M, Stevenson M, Bell D
Queen's University Belfast

ABSTRACT NO.:

27

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Curriculum

BACKGROUND & PURPOSE

Although medical students should be taught 'whole person medicine' (Tomorrow's Doctors, 2009) the spirituality component is variably recognised in terms of curricular implementation. Data on delivery and assessment are lacking, particularly in UK.

The purpose of this study was to ascertain views about (i) the components of whole person medicine; (ii) the importance/relevance of spirituality in healthcare; (iii) methods of delivery and assessment of whole person care in medical undergraduate training.

METHODS

A questionnaire exploring these domains was administered electronically to undergraduate medical students, divided into 'early' (phases 1-2) and 'later' (phases 3-5) groups, and teaching staff of QUB medical school. Eighty student responses per group provided 90% power to detect a 0.5 difference in a 5 point ordinal scale for each question.

RESULTS

351 responses (54 staff and 287 students, response 25-30%) were obtained. There was overwhelming agreement (>90%) that whole person medicine included physical, psychological and social components, and a majority (60%) also espoused inclusion of spiritual issues. Most supported the availability of spiritual interventions for patients, including access to chaplaincy (71%), counselling (62%), or a member of the patient's own faith community (59%). 90% of respondents felt that personal faith/spirituality was important to some patients, while 60% stated that it influenced health. 80% felt that doctors should never/rarely engage directly in spiritual matters, and 67% felt they should do so only when invited. A significant majority supported including spiritual care in the curriculum, with 40-50% preferring optional and 40% compulsory components. Student selected components (53%) and small group teaching (51%) were the favoured methods of delivery. Most (64%) felt that spirituality teaching should not be assessed, but among assessment methods, reflective portfolios were the most favoured (30%). In general 'early' students tended to have more polarised views than 'later' students.

CONCLUSIONS

Among medical students and teachers there is general support for a spiritual aspect to healthcare, recognition of its importance for patients, support for provision of spiritual care for appropriate patients, but less agreement as to whether this should be delivered by doctors. There is agreement that spiritual issues impacting patient management should be in the curriculum, but less agreement on strategies for assessment.

REFERENCE

Lucchetti G, Lucchetti ALG, Puchalski CM. Spirituality in Medical Education: Global Reality? J Relig Health 2012;51:3-19.



ABSTRACT TYPE
Descriptive**ABSTRACT CATEGORY**
Curriculum

An Evaluation of the Undergraduate Curriculum in Trauma and Orthopaedics at Queen's University Belfast

Mullan C J, Mckeown P P
Queen's University Belfast

At Queen's University Belfast (QUB), clinical modules relating to Trauma and Orthopaedics are provided in years 3 and 4 of the undergraduate curriculum. The Musculoskeletal module in 3rd year is of 3 weeks duration and the Fractures module in 4th year lasts 1 week. Due to changes in population demographics in developed countries, it is predicted that the burden of musculoskeletal diseases will increase. It is recognized that many doctors do not receive any further training in musculoskeletal specialties beyond their undergraduate experience. It is, therefore, essential that undergraduate training in these areas is optimal.

AIMS

This study had two main aims: (1) to assess QUB medical students' knowledge of musculoskeletal conditions, and (2) to evaluate students' views on their learning experiences and how these could be improved.

METHODS

On completion of the 4th year Fractures module, participating students completed the Freedman and Bernstein questionnaire, a validated assessment of musculoskeletal knowledge.[Ref 1]

Students also completed a questionnaire related to their confidence in managing musculoskeletal conditions and how they felt educational opportunities could be improved. One third of the year group was invited to participate in the study.

RESULTS

71 students participated and the mean score achieved on the Freedman and Bernstein questionnaire was 60%. Students were confident in performing musculoskeletal examinations, but less so in interpreting these findings. Students felt that the overall duration of the undergraduate modules relating to musculoskeletal specialties was too short and suggested improvements, including use of more tutorials, enhanced outpatient clinic exposure and a reduction in the time spent in theatre time.

CONCLUSIONS

This study has identified students' perspectives regarding potential improvements to the undergraduate curriculum relating to the Musculoskeletal and Fractures modules.

REFERENCE

Freedman, K.B. and Bernstein, J. 1998, "The adequacy of medical school education in musculoskeletal medicine", *The Journal of bone and joint surgery. American volume*, vol. 80, no. 10, pp. 1421-1427.

The DNE Structured Intern Education and Training: Is it valued and what aspect?

OffiahG , Moneley D

Dublin North East Intern Training Network. Education and Research Centre, Smurfit Building, Beaumont Hospital, Dublin 9.

INTRODUCTION

Continuing Medical Education (CME) helps doctors improve their clinical skills and competence in new and developing areas of their various specialties.

This competence training takes several forms, from conferences, to online learning, to publications and workshops. In 2010 the MET Unit invited the Intern Network Coordinators to commence work on the National Intern Programme which forms the basis for SLAs between the HSE and Universities. In May 2011 the Irish Medical Council adopted the National Intern Programme Education and Training in the Intern year which was commenced for interns in July 2011 to provide additional education and training. In the Dublin North East network, we set up monthly training days that were focussed around the eight medical council competencies and skills. The content for the competence training programs are developed, reviewed, and delivered by faculty who are experts in their individual clinical areas. There is a tradition of resistance from junior doctors, especially the generation Y group to additional work that would necessitate extra time from them.

METHOD

Questionnaires were completed by 213 Interns over the period of 2012 – 2013 in 6 training day session held in the Dublin North East network. The cohort was made up of 2 different groups of interns.

RESULTS

There was an overall acceptance of the additional training days from the interns with a positive attendance of over 90%. Interestingly, it was noted in our cohort that majority of the interns appreciated technical skills training more than non-technical skills training. There was also a suggestion of holding the training at the beginning of the interns year with a more clinical focus.

CONCLUSION

Junior Doctors do appreciate additional training with a more clinical focus and relevance to their training.

ABSTRACT NO.:

29

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Curriculum



'Acclaim and recognition?' A repeated cross-sectional study investigating medical student motivations to get published in a research-orientated medical undergraduate program

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Trinity College Dublin

OBJECTIVES

Within the Trinity College, Dublin medicine programme there is an emphasis placed on developing clinicians to both pursue and critically appraise research. Batten made the statement, 'in his clinical years our student will spend more time with patients, less time in the museum, the library, and the laboratories, and very little time in the operating theatre'. The aim of this study was to identify if students felt making a contribution to medical literature was imperative to their training and future development as doctors and if these attitudes changed over the course of their undergraduate career.

METHODS

3rd year medical students were surveyed on their attitudes toward research. (n-77) A cross section of the same cohort of students was presented with the survey again in their final medical year. (n-57) A purpose designed questionnaire was used to establish a number of variables measured with Likert scales. The statements were designed based on themes identified in literature exploring evolution of undergraduate medical education.

RESULTS

The survey was applied to 127 students and expressed as percentages of the cross sections sampled. 21% and 14% of the 3rd year and final medical year cross sections had published respectively. The overwhelming majority demonstrated a desire to become published and recognised career benefits in doing so, associating with it higher earning power and equal notability to elective experience on Curriculum Vitae. The statement 'the most powerful motivating factor to pursue research is the opportunity to get published' was strongly agreed with by both groups increasing to 24% from 12% in the final year cross section. The consensus of both groups was that the curriculum did not allow sufficient time to pursue work on publications outside of the course requirements.

DISCUSSION

The survey demonstrated that students felt aiming to produce a publication was an important part of their medical training. Within the realm of patient centred education are we placing an emphasis on research that detracts from patient centred education? There is a strong desire by students to produce pieces of work that contribute to knowledge in the medical field but an equal desire for this contribution to be recognised.

REFERENCE

1. Batten, LW (1930) The Future Of The Medical Curriculum Lancet 1930; 216: 1378-1382

Academic integration for clinical competency – The ladder to success

Carlin B

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A number of educational strategies are available for curriculum planning. Arguably the approach that has been reflected most widely in curriculum reform throughout the world in the past one or two decades has been INTEGRATION (1)

The argument about integrated teaching sometimes appears to be polarised. Should there be integrated or discipline-based teaching? This is not what should be asked; rather what is important is to what extent teaching should be integrated or discipline-based. In other words, where should programmes be on the 11 stages of the continuum between fully integrated teaching at one end of the spectrum and subject-based teaching at the other? Supporting integrated services does not mean that everything has to be integrated into one package. In reality, there are many possible permutations (2)

The Centre for Emergency Medical Science developed a postgraduate 2 year MSc in Emergency Medical Science (EMS) that is delivered at University College Dublin. The course is designed to prepare and assess the ability of those health care professionals/registered practitioners who are regularly involved in pre-hospital emergency care. There was an intentional approach to developing entry criteria that would allow a variety of health care professionals to apply to undertake the programme. This integrated student group have worked in collaboration through each module to form ideas that may improve systems and patient care considering Medical, nursing and EMS perspectives.

The integration ladder was used in part during the curriculum development phase to improve the integrated learning opportunities for the students.

A questionnaire of the integration framework within the curriculum was completed by past and present MSc EMS students to assess its effectiveness. The results were extremely positive in respect of the benefits of the integrated learning curriculum and its potential positive impact to patients and systems.

REFERENCE

(1) The development of diagnostic competence: comparison of a problem-based, an integrated, and a conventional medical curriculum: Schmidt et al

ABSTRACT NO.:

31

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Curriculum



Living the DREEM: Student Perceptions of Medicine in the Community, University College, Dublin (UCD)

Ní Chróinín D1,3, Cullen W2, Kyne L1, Carberry C1, Last J1, Molphy A1, Navin E1, Steele M1, Bury G1

1 School of Medicine and Medical Science, University College Dublin; 2 Graduate Entry Medical School, University of Limerick; 3 Department of Geriatric Medicine, Beaumont Hospital, Dublin

INTRODUCTION

Recognising potential advantages of community-orientated education, and responding to reforms in medical education policy, our medical school developed community focused module (Ní Chróinín et al, The Clinical Teacher, 2012). In partnership, Medicine for the Elderly and General Practice deliver the module in a combination of primary and secondary care settings. As students' perceptions of the educational environment may affect learning outcomes, the Dundee Ready Educational Environment Measure (DREEM), a reliable, validated tool, specific to healthcare education, was used to assess participants' views of the environment in which this module was delivered.

METHODS

All medical students complete the module in Years 5/6 of the undergraduate MB programme; 155 students undertook the module in 2010. The DREEM questionnaire comprises 50 statements assessing features of the education climate, using a 5 point Likert-type scale, with an overall maximum score of 200 (150-200 excellent), with separate ranges for individual subscales of the questionnaire.

RESULTS

Response rate was 98/1% (152/155), mean age 23.99 (SD 3.9 years), 58.8% were female, 67.5% Irish. Overall mean score 135.5 (SD 20.1), indicating a generally positive environment. For specific subscales, mean scores with interpretations were: Learning- 31.6/48 (SD 6.1) (more positive perception); Course Organisers 32.1/44 (SD 4.9) (moving in the right direction); Academic Self-Perceptions 21.7/32 (SD 3.9) (more positive feelings); Atmosphere 32.4/48 (SD 5.6) (a more positive attitude); Social Self-Perceptions 17.7/28 (SD 3.6) (not too bad). All areas ranked in the 2nd highest of 4 possible categories. 68.6% of respondees agreed or strongly agreed with statements reflecting positive perceptions of the environment.

CONCLUSION

Student's perceptions of the educational environment in which the module was delivered were largely positive, although there is room for continued development and improvement. A cooperative care model involving Medicine for the Older Person and General practice, with combined delivery in the community and hospital settings, offers a learning environment that is generally perceived positively by students.

REFERENCE

Ní Chróinín et al. Medicine in the Community: A Unique Partnership. The Clinical Teacher 2012; 9: 158-163

Training medical students on rare disorders

Byrne P
University College Dublin

A significant challenge faced by families and patients affected by rare diseases is the general lack of awareness among medical professionals of the sheer number of rare diseases that exist and the sometimes devastating impact a rare disease can have on all aspects of a person's life. Many doctors believe that they are unlikely to come across a rare disease in their professional careers and simply do not realise that it is not rare to have a rare disease. The School of Medicine and Medical Science in University College Dublin has developed an innovative educational module that aims to increase awareness of rare diseases among medical students.

We have developed an elective module with contributions from patient organisations, clinicians, academic staff, research scientists and pharmaceutical industry. The module is offered to undergraduate medical students in the final year of their pre-clinical training. The module was designated a grade neutral module which makes no impact on the student's overall grade that academic year. The method of assessment had to reflect the overall aim of the module, which was to increase awareness of rare diseases among medical students and not examine the level of scientific knowledge of a host of rare disorders. Assessment of the module had two distinct components. The first was a reflective learning journal that had to be completed by the student at regular intervals during the semester. Students also had to prepare an information pamphlet suitable for a medical professional detailing genetic basis, symptoms and treatment of the disorder chosen, as well as resources for further information.

The feedback from the module has been overwhelmingly positive and shows the advantage of using a multidisciplinary approach where the student can hear directly from the patient, learn about the importance of research and advances in treatment of rare disorders and identify resources that will be useful in their future professional careers.

ACKNOWLEDGEMENTS

The author would like to acknowledge the contribution made by IPPOSI in facilitating this initiative

REFERENCE

Orphanet Journal of Rare Diseases 2010, 5(Suppl 1):025

ABSTRACT NO.:

33

ABSTRACT TYPE
Descriptive

ABSTRACT CATEGORY
Curriculum



ABSTRACT TYPE*Descriptive***ABSTRACT CATEGORY**

Curriculum

Use Of Electives in Medical Education*Mongey AB**University College Dublin*

In their report on the status of medical education in Ireland The Medical Council recommended that there be Greater emphasis on the student as an active participant in learning and not a passive recipient of teaching; Greater opportunities for electives; and encouragement of the “reflective process”.

Medical electives appear to be the least well researched of any aspect of clinical education. One study concluded that students who adopted an active learning approach in reaching their learning goals appeared more successful and “that structuring learning outcomes by a more active learning process might be even more effective” 1. Others have also suggested that it is important to structure electives, clarify the desired learning outcomes and have valid methods of assessment and that students learn most by reflecting on their experiences.

The “Medicine Elective Module” was introduced into the curriculum in UCD in 2009/2010. It is a 10 credit, required module in which students can choose a subject area. The student is required to submit a brief outline of the proposed elective that includes 2-3 goals against which the student’s performance is measured upon completion of the module. Achievement of these goals contained in a Negotiated learning contract and completion of a Reflective portfolio are required to pass this module.

Evaluation of the module by the students indicated that 97% believed it to be a worthwhile experience; 94% believed that it helped them become a self-directed learner and 88% believed that it helped develop their ability to critically reflect on and learn from experiences. While most students chose to do electives in Dublin hospitals many student have gone to countries outside Ireland for electives – primarily UK/Northern Ireland; USA; Canada; Malaysia/ Singapore.

The majority chose Medical Specialities. Interest in the subject area and career goal were the most commonly cited reasons for choice; other reasons included preparation for the long case examination, improvement of knowledge in that subject and quality of teaching. Students considered ability to choose; being more integrated into the team with more responsibility; “no pressure of examinations” and experience in different health systems as the best aspects of this module.

REFERENCE

1. Niemantsverdriet S, van der Vleuten CPM, Majoor GD et al. An explorative study into learning on international traineeships: experiential learning processes dominate. *Med Educ.* 2005; 39:1236-1242

Irish medical students' attitudes towards, and awareness of, research opportunities

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AIMS

To assess students' attitudes towards research; awareness of the importance of research in their future career; awareness of research opportunities; ability to carry out literature appraisals.

METHODS

Students enrolled in the School of Medicine in UCD during the 2010 academic year were invited to participate in an online anonymous standardised questionnaire. An exemption from ethical approval was granted by UCD. Questions were primarily closed-ended, 5 of which involved a 4-point Likert scale, and students could use free text to answer certain questions such as 'What is your understanding of evidence based medicine?'

RESULTS

Responses were received from 180 students, of whom 16% had previously participated in research. Surprisingly 83% did not feel adequately aware of research opportunities. The projects they were most aware of were Health Resource Board (HRB) scholarships and Student Summer Research Awards (SSRA), and 40% said that they would like to participate in research but did not know how to get involved. The strongest motivating factor to participate in research was the potential benefit for future career prospects, and 36% of students said that an inspiring mentor would most encourage them to do research, ahead of prizes, monetary incentives or academic credits.

The most common disincentive was 'difficulty balancing with academic commitments' (30%), followed by 'lack of awareness of research opportunities' (25%). A third of students thought that an intercalated BSc was a good idea, however only 25% were aware that UCD offers this option, and only 11% thought that the medical school provides enough information about it. Two thirds of students felt they understood the term 'critical appraisal' and 23% judged themselves capable of carrying it out. Almost all (88%) students felt they needed more guidance in interpretation of the literature.

CONCLUSIONS

Medical students show an interest in participating in research and are aware of its importance, but do not feel they are made appropriately aware of research opportunities. Students are generally unaware of the option of an intercalated degree. Finally, most students do not feel they have the ability to critically appraise literature.

REFERENCE

Park SJ, McGhee CN, Sherwin T. Medical students' attitudes towards research and a career in research: an Auckland, New Zealand study. The New Zealand medical journal. 2010;123(1323):34-42. Epub 2010/10/12.

ABSTRACT NO.:

35

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum



Design and implementation of a modularised teaching programme for undergraduate medical students using Delphi Method

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There are many challenges to designing and implementing curriculum change. Gathering a range of opinions on curriculum and teaching/examination methods from those involved in the provision of education when implementing change is essential to inform the process. The Delphi method is a means of gathering opinion and consensus in such a group of stakeholders in a systematic way whilst minimising any effects of group dynamics.

AIM

We aimed to systematically question all those involved in the provision of undergraduate psychiatry education using the Delphi method. This information was then used to inform the design and implementation of the new modularised teaching programme.

METHODS

Using the Delphi method we systematically questioned all participants on two occasions. The first questionnaire was informed by consulting the relevant literature. The participants were then questioned on identified topics (curriculum, teaching methods, examination methods etc) and asked to rate these according to importance. In the second questionnaire the results of the first questionnaire were fed back to participants for further feedback. This process ultimately provided a consensus of group opinion.

RESULTS

In the poster we present the results of this study according to themes surveyed.

These results were used to inform the design and implementation of the modularised teaching programme.

CONCLUSION

The Delphi method is a useful tool to systematically gather opinion and reach consensus within a diverse group. This process maximises participant buy in to any changes and minimises any effect of individual influences when gathering opinion. It allows a shift away from an opinion based approach to a more evidence based approach to curriculum design.

REFERENCE

Curriculum Development through Delphi'

Attitudes of medical student's in Ireland towards psychiatry revisited: A comparison of students from 1994 with 2010

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St Vincents uni Hospital/University College Dublin /JOG*

AIMS

We assess and compare; (1) the attitudes of final year medical students in 2010 to their 1994 counterparts, (2) the attitudes of third year medical students with those of their final year colleagues, (3) the impact of two different teaching modules on students attitudes.

METHOD

All students completing the year 3 psychiatry preclinical module and the final year clinical clerkship were asked to anonymously complete three well validated attitudinal questionnaires on the first and last day of their module in psychiatry.

RESULTS

These data indicate that Irish medical students have a positive attitude to psychiatry even prior to the start of their clinical training in psychiatry as evidenced by their scores on the ATP-30, SATP and Das and Chandrasena questionnaires. This attitude is significantly more positive now than it was in 1994 (ATP 30: $t= 13.4, p < 0.001$); (SATP: $t= 6.3, p < 0.001$). A positive attitudinal change was brought about only by the final year psychiatric clerkship(ATP: $t= 10.6, p < 0.001$); (SATP: $t= 8.7835, p < 0.001$). Those students for whom medicine was not their first degree were less likely to report an interest in psychiatry as a career ($r= 0.275, p < 0.05$).

CLINICAL IMPLICATIONS

If we are to address the recruitment difficulties in psychiatry we need to look at innovative and specific ways of translating these positive attitudes into careers in psychiatry.

REFERENCE

Sloan D, Browne S, Meagher D, Lane A, Larkin C, Casey P, Walsh N, O' Callaghan E. Attitudes toward psychiatry among Irish final year medical students. *EurPsychiatry* 1996; 11: 407-11

ABSTRACT NO.:

37

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum



Final Year Medical Student Intern-Shadowing: More Interns Prefer It

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¹St. Vincent's University Hospital, ²University College Dublin.

BACKGROUND

UCD has delivered a Professional Completion Module (PCM) for final year medical students (Final Med) since 2009, incorporating sub-internship (intern shadowing) and practical instruction in relevant intern tasks/knowledge base. We sought to compare its impact on current UCD-trained interns versus those trained elsewhere.

METHODS

A questionnaire was designed, tested for inter-rater reliability in a subsample, and then administered to current interns in two large Dublin teaching hospitals.

RESULTS

A total of 32 UCD-trained interns and 11 non-UCD-trained interns completed the questionnaire. The questionnaire exhibited good inter-rater reliability. Significantly more UCD (n=30, 94%) than non-UCD trained interns (n=7, 64%) felt they had, during their medical degree course, undertaken a structured period of time where the sole commitment was to spend several hours a day "shadowing" a designated intern, so as to observe their day to day work (Fishers exact p=0.0126). Among the UCD trained cohort, there was a good recollection of the correct amount of weeks spent in this form of sub-internship i.e. 2 weeks (29 interns, 91%), supporting a contention that this period of time was somehow memorable. Fewer UCD trained interns recognised that they had completed a course in practical issues and tasks as part of PCM, suggesting it was less memorable (22 interns, 69%). During this Final Med period, more UCD (32 interns, 100%) than non-UCD trained interns (7 interns, 64%) had performed a clinical skills procedure, such as taking bloods or inserting an IV cannula or obtaining an ECG (Fishers exact p=0.003). For the two combined intern groups, the highest average usefulness score (out of 10) for each of five options for preparing a prospective intern for the practical day-to-day tasks they will face as an intern, was awarded to the option of spending time in Final Med as a "sub-intern" (7.2/10; 4.1/5 for UCD trained interns, 3.1/5 for non-UCD). The lowest average usefulness score was for the option of practical teaching delivered earlier than Final Med (5.2/10; 2.4/5 for UCD, 2.8/5 for non-UCD trained interns).

CONCLUSION

According to current Dublin interns, intern-shadowing is the most useful option for preparing Final Meds for internship.

CPD for General Practitioners in Ireland – the model of Immediate Care training 2008-2012

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University College Dublin

Since 2011, the regulatory environment for medical practitioners requires focused and monitored engagement with Continuing Professional Development throughout the doctor's career. University medical education in Ireland is now increasingly challenged to move outside the traditional undergraduate education/postgraduate masters' taught courses and CPD provision which meets professional and health service demands is both a challenge and an opportunity. We describe one such challenge and medical education response.

Ireland's 2,700 general practitioners (GPs) serve varied communities with complex roles. One such role is care of emergencies which occur in the practice, during domiciliary visits or in the community. Immediate care training is therefore a key CPD component and has been provided to the general practice community by SMMS, UCD since 1991. This paper reports on the 2008-2012 experience of course provision.

A range of cardiac, trauma, paediatric and other emergency care courses are provided, using international standards and a peer led teaching faculty. The model of training is local, multi-disciplinary, adult oriented and participatory rather than assessment based.

In the five year period 1,960 course places were taken up by health professionals; mean 326 places / year, (range 300-476). These included 1081 places filled by General Practitioners, the majority of whom were principals in general practice; many attended more than one course. 664 places were filled by GP trainees, 74 by practice nurses, 12 by public health doctors, and 60 by paramedics / Advanced Paramedics. 95 courses were provided around the country. Special skills courses (such as pre-hospital thrombolysis) and additional courses (such as anaphylaxis training) were tailored to health service needs in certain areas. The mean number of students per course was 21 (range 9-38). Courses were evaluated very positively by participants and continuous refinement of content is led by the relevant evidence base. A close link to the MERIT defibrillation project reflects active and effective implementation of training.

This model may act as a framework for involvement of the university sector in other forms of CPD provision with high relevance to health service need.

REFERENCE

Experience of prehospital emergency care among general practitioners in Ireland. Bury G, Prunty H, Egan M, Sharpe B. Emerg Med J. 2008 Jul;25(7):450-4. doi: 10.1136/emj.2007.052910.

ABSTRACT NO.:

39

ABSTRACT TYPE
Descriptive

ABSTRACT CATEGORY
Curriculum



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Curriculum

A Framework for Curriculum mapping in a modular Medical programme*Last J, Lynch C & Donnelly, S**School of Medicine & Medical Science, University College Dublin***AIM**

Graduate attributes describe the comprehensive portfolio of qualities, skills, knowledge and abilities to be developed by students during their studies in a programme. UCD aims to map both these attributes and the domains outlined by the Irish Medical Council to the undergraduate and graduate entry Medicine programmes. The outcome of this project is a series of maps that clearly demonstrate how the programme's educational experiences, learning outcomes and assessments support the acquisition of our graduate attributes.

METHOD

Development of a cyclical curriculum review based on four phases: curriculum visioning, mapping the current programme, review of the mapping outcomes, planning curriculum revision.

PHASE1: CURRICULUM VISIONING

Through a review of international frameworks for core competencies and graduate attributes and in parallel with internal school workshops, programme learning outcomes are derived from the graduate attributes.

PHASE2: MAPPING THE CURRENT PROGRAMME

A curriculum mapping team collates the structure, learning outcomes and teaching and assessment activities for all core programme modules. Using a series of templates the team then:

- a. Map the programme learning outcomes to the graduate attributes and the 'eight domains'
- b. Develop a matrix to record relationship between learning outcomes and 'taught' and 'assessed' module curricula. Learning taxonomies or scales may be used to determine acquisition of outcomes
- c. Programme graduates of the programme invited to review the 'learned curriculum'
- d. Data is pivoted to identify where/how achievement of learning outcomes was supported in the programme

PHASE3: REVIEW OF THE MAPPING OUTCOMES

Learning outcomes are grouped under a number of themes and experts appointed to review the curriculum map completed during Phase 2. During this process they identify gaps/overlaps in a) how programme learning outcomes are addressed and b) the relationship between module learning outcomes and programme learning outcomes

PHASE4: PLAN FOR REVISION OF MODULES

Following feedback from theme experts, module coordinators are invited to revise their modules in terms of four key areas: Syllabus review, Revision of the module learning outcomes, Review of the assessment strategy, Review of those learning activities which students will engage in on this module

CONCLUSION

We present this plan in order to expose the concept to those who are currently undergoing curriculum mapping and in order to enhance the UCD plan and share best practice.

The Otolaryngology, Head and Neck Training Questionnaire A National General Practice Perspective

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University of Limerick, ICGP*

ABSTRACT NO.:

41

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Curriculum

INTRODUCTION

For those in training to become General Practitioners (GPs), it quickly becomes apparent the large volume of consultations that are of an Ear Nose or Throat (ENT) origin. Thus training in ENT at undergraduate level is important in order to cover these three large modalities of medicine. It is acknowledged that a very small proportion of time is spent on ENT in undergraduate training, as it is regarded as having a low profile in medical education (1). Currently in Ireland there are varying degrees of exposure to ENT in post-graduate training schemes in Ireland. Anecdotally it has become evident that the trainees who had been exposed to formal training were more confident in their ENT skills and diagnosis. There is an apparent discordance between the amount of curriculum time given to otolaryngology in medical schools and the importance of this specialty to Post-Graduate GP training.

AIMS AND OBJECTIVES

Our aim is to examine a perceived knowledge 'gap' of general practitioners in Ireland. We intend to identify the extent of their undergraduate and postgraduate training and highlight areas of the ENT curriculum they find particularly troublesome.

METHODS/DATA COLLECTION

We conducted a national postal questionnaire of General Practitioners. The only inclusion criteria were that all participants had to be practicing GPs in Ireland.

RESULTS

The questionnaire was sent to 1000 people. The response rate was 473. There was a good cross range of general practitioners of different ages and practices who responded reflecting the diversity of general practitioners. Seventy-five per cent of GPs did not feel they had adequate training at undergraduate level. The level of dissatisfaction decreased as length of training received increased. Almost 70% of GPs had less than a month exposure to ENT in medical school, and 35% had less than two weeks, or none at all.

DISCUSSION

The results of this study appear to show a deficiency in under-graduate and post-graduate training needs, in a field of medicine commonly encountered, amongst GPs in Ireland.

REFERENCE

Clarke R, Fenton J. Otolaryngology and the new undergraduate medical curriculum. Clin Otolaryngol Allied Sci 2001; 26:73-75.



Working and Training as an Intern/Resident: A Survey of Graduates of the Graduate Entry Medical School, University of Limerick

*Dempsey R, McGrath D, Shannon B, Hannigan A
University of Limerick*

In 2011 the Graduate Entry Medical School, University of Limerick graduated the first class of Medical Interns. This survey was undertaken to provide information to School as to how well the new programme had prepared its students for Internship. A similar survey was carried out in 2003 by Paul Finucane and Tom O'Dowd under the auspices of the Medical Council. They surveyed 461 interns.

Previously, the Medical Council had introduced some initiatives to enhance the education and training of interns. Their aim was to get feedback on the impact of these reforms. (1) A significant portion of their questions were incorporated into this study so that comparisons could be drawn between results of both studies. The UL Interns surveyed also were asked to compare themselves to other Intern colleagues from other schools. Therefore this report draws comparisons between the 2012 UL Interns and the 2003 Interns. This survey had several aims including; the identification of the experience of GEMS graduates regarding the education, training, performance and feedback they receive as Interns, the perception of GEMS graduates of their undergraduate preparation for internship/residency, acquisition of basic information on the intern/resident work environment, assessment of the professional relationships that Interns experience during clinical practice and obtainment of information on the subjective opinion of GEMS graduates of their training and performance when compared to the performance of Interns from other Medical Schools.

It was also anticipated that the survey would provide the opportunity to improve the current GEMS programme of study for future students. The results showed the UL graduates expressed a higher level of agreement (93.3% versus 32% of 2003 Interns) in response to the statement "my undergraduate education prepared me well for internship". UL graduates felt better able to apply knowledge, were happier that their communication and procedural skills were adequate for their role as interns, were more confident in their ability to deal with ethical issues that might arise during clinical practice, were more prepared to work within a team, felt more prepared for a professional role and were better able to direct their learning than the 2003 cohort.

REFERENCE

Working and Training as an intern:a national survey of Irish Interns

Learning styles and language proficiency does not affect format preference of lecture delivery - a study of online voice-over lecture vs traditional didactic lecture

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Penang Medical College

BACKGROUND

Voice over lecture (VoL) consisting of an online PowerPoint™ slideshow with voice-over narration, coupled with a 30-minute interactive session has been compared to traditional didactic lecture in our institution with varying acceptance. We set to establish if this is influenced by learning styles and proficiency of instructional language (English).

SUMMARY OF WORK

Students who participated in a randomized, crossover trial comparing VoL with traditional lecture were asked to fill in perception questionnaires pertaining to the format preference and subjective proficiency in English. Qualitative data was obtained from free text. Learning styles were assessed with Index of Learning style (ILS).

SUMMARY OF RESULTS

VoL is preferred because it allows repeated study of the lecture content at the students' own pace while qualitative data revealed that vivid animation during traditional didactic lecture enhances retention of knowledge. Although 24% students rated themselves to have limited working proficiency in English, this is not associated with preference for VoL. Learning style scores are not associated with format preference.

CONCLUSIONS/TAKE-HOME MESSAGES

Preferred format of lecture delivery is variable among undergraduate students and is not related to learning styles or proficiency in instructional language.

ABSTRACT NO.:

43

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
E-learning and Technology
Assisted Learning



ABSTRACT TYPE

Research

ABSTRACT CATEGORYE-learning and
Technology Assisted
Learning**Evaluation of Video Presentation to Deliver Surgical Anatomy Teaching***Walsh IK, Boohan M., Dorman A.**Centre for Medical Education, Queen's University Belfast***OBJECTIVES**

To evaluate the efficacy of newly introduced video presentation to deliver Surgical Anatomy teaching to undergraduate medical students.

DESIGN AND SETTING

Qualitative and quantitative study using questionnaires and focus groups, employing students undertaking the perioperative medicine module of the phase 4 undergraduate medical curriculum at Queen's University Belfast.

OUTCOME MEASURES

To determine:

1. if video presentation is effective in delivering surgical anatomy teaching,
2. student's learning preferences regarding this teaching method.

RESULTS

The questionnaire response rate was 89% (216 of 244 students; female: male ratio 1.25) and 42 students participated in 6 focus groups. Mean questionnaire responses indicated a favourable opinion on quality assurance items, with a mixed response to video presentation as a learning method. 71% of students preferred to receive a lecture in person, rather than via video presentation. There were no statistically significant differences between genders regarding learning preferences in general and regarding video versus live presentation in particular. Exploratory factor analysis demonstrated that favourable responses to video presentation were strongly associated with perceived audiovisual quality and learning preferences (Cronbach's alpha coefficient 0.77), with 72% of students considering video presentation worthwhile. Positive perception of overall quality was strongly associated with learning preferences as well as more generic quality assurance issues (80% students; alpha coefficient 0.83). The results were supported by triangulation of the above quantitative data with qualitative data generated by the focus groups. Students further articulated the view that video presentation may be more appropriate and effective in a mixed method setting.

REFERENCE

Basu Roy R, McMahon GT. Video-based cases disrupt deep critical thinking in problem-based learning. *Med Educ* 2012 Apr;46(4):426-435.

Educating Medical Students in the Safe Moving and Handling of Patients

Anderson M
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AIMS

Tomorrow's Doctors 2009 indicates that moving and handling training for medical students is essential to avoid injuring the patient, the student or their colleagues. We found there to be a deficit in the curriculum of medical education and so sought to create a training package to improve student and patient safety in the clinical environment.

We designed an e-learning resource combining theory, video demonstrations and assessments to determine pre- and post-package knowledge in order to fulfil the training deficit in safe moving and handling. This data is currently being collected for research purposes.

METHODS

Research into the legislation and best practice of moving and handling was conducted initially. A narrative with four core themes was developed: 1) Background and legislation; 2) Spinal awareness; 3) Risk assessment; 4) Techniques.

These themes were placed within the context of vignettes from sufferers of poor moving and handling. Emphasis was placed on the importance of risk assessment and good back care in both the clinical environment and day-to-day life. An inter-professional team from nursing, physiotherapy and medical education worked with a production team to develop clear and concise videos in order to demonstrate the correct moving and handling techniques.

OUTCOME

An interactive e-learning package has been made available to first year medical students in Queen's University Belfast. Data of pre- and post- package knowledge is being collected and analysed as part of ongoing research. We have found a clear improvement in knowledge of how to appropriately move and handle patients among this cohort. It is hoped the package will be rolled out to other year groups, Queen's University Belfast's School of Nursing and to other universities and health trusts as part of their training in the moving and handling patients.

REFERENCE

Gormley, G. Collins, K. Boohan, M. et al. 'Is there a place for e-learning in Clinical Skills? A survey of undergraduate medical students' experiences and attitudes'. Medical Teacher 2009; 31: e6-e12

ABSTRACT NO.:

45

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
E-learning and Technology
Assisted Learning



Multidisciplinary Anaesthesia Surgical Crisis Operation Simulation Training in Ireland: Initial Experience and Future Directions

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BACKGROUND

Multidisciplinary simulation-based team training has been shown to improve patient safety, crisis management, and may improve patient outcomes. The workload of the anaesthetists, surgeons and nurses include management of complex tasks and rapid response to critical events. It has been demonstrated that the outcome of such situations highly depends on communication, leadership, situation awareness, decision-making and ability to work in teams. Simulation-based training provides a unique platform to bring together various specialities in order to practice crisis management. The College of Anaesthetists of Ireland (COA) in collaboration with the Royal College of Surgeons in Ireland (RCSI) have devised a Multidisciplinary Anaesthesia Surgical Crisis Operation Training (MASCOT) course funded by the HSE-METR.

METHODS

A joint team of consultants, psychologists and educators convened to set out the learning objectives, curriculum and course material. Simulated scenarios addressed both anaesthetic and surgical emergencies (e.g. surgical bleeding, multiple trauma, cardio-respiratory complications of laparoscopic surgery). The realism of scenarios was ensured by using a SimMan mannequin and associated software, and relevant anaesthetic and surgical equipment (e.g. laparoscopic trainers, surgical mulage). Three courses were piloted in 2012 with the participation of 29 trainees (16 anaesthetists, 13 surgeons). Participants were asked to quantitatively and qualitatively evaluate the course content and delivery.

RESULTS

Overall course satisfaction was excellent among participants with a median score of 4 [IQR 4, 5]. There was no significant difference in satisfaction scores between anaesthetic and surgical trainees. Joint multidisciplinary training, realism, hands-on learning environment and constructive debriefing were the most preferred aspects of simulation training. Other useful comments included the need for a shift of crisis trigger from the anaesthetic to the surgical end, and more surgical sub-specialty scenarios.

CONCLUSION

This is the first time that a multidisciplinary full-scale realistic simulation course has been designed and delivered in Ireland. Our initial data suggest that MASCOT was successful among both anaesthetic and surgical trainees. We further aim to improve the course by taking into account participants' observations. Furthermore, future MASCOT courses may provide additional insight into the impact of team training in crisis management.

REFERENCE

Andreatta PB, Bullough AS, Marzano D. Simulation and team training. Clin Obstet Gynecol. 2010; 53(3):532-544.

Cardiovascular prescribing e-learning tool for interns

*O'Keeffe A, Branigan T, Spooner M, Strawbridge J, Gallagher P, McElvaney G
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ABSTRACT NO.:

47

INTRODUCTION

Prescribing errors and near misses are commonplace in Irish teaching hospitals. Cardiovascular disease is increasing in prevalence in Ireland and will be a considerable area of practice for future doctors and pharmacists. It is estimated that up to 10,000 deaths each year can be attributed to cardiovascular disease.

OBJECTIVES

Cardiovascular medicines are commonly implicated in prescribing errors. This highlighted the need for alternative resources to be made available to interns to help bring together the different components of cardiovascular drug management.

METHODS

A literature review of e-learning resources and blended learning techniques was conducted to identify prescribing modules already available. Research was conducted on best practice guidelines for prescribing in hypertension, heart failure, dyslipidaemias and arrhythmia. This included literature from formularies, national and international guidelines and local hospital guidelines. This information was condensed into tables, mind maps and pictures for ease of learning. A two day visit of the coronary care unit and heart failure clinic was undertaken in a Dublin hospital to identify the most commonly prescribed cardiovascular medicines. Consultations with specialist cardiac nurses and pharmacists were held to help identify areas where cardiovascular medicines were implicated in prescribing errors. An e-learning module was constructed using WIMBA Create®. The module also provided links to other resources, online lectures, embedded MCQ's and case studies to test knowledge and focus key learning points.

RESULTS

The results from the literature review demonstrated that blended learning was a positive and useful tool for students. E-learning and web based activities, assessments and quizzes are engaging and interactive resources which enhance traditional learning.

CONCLUSIONS

This e-learning tool was designed to help bridge the gap between theoretical knowledge and practical aspects of writing prescriptions. The e-learning module will be validated and uploaded to the VLE and incorporated into the Interprofessional Prescribing Science module that will be delivered to senior medical students from RCSI, postgraduate medical interns and postgraduate pharmacy interns next year. This will provide a valuable resource for students and interns on the complex and multifaceted components of prescribing in cardiovascular disease.

REFERENCE

Maxwell,S., Mucklow, J. (2012) 'E-learning initiative to support prescribing', Br J Clin Pharmacol, 74(4), pp. 621-631

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

E-learning and Technology
Assisted Learning



ABSTRACT TYPE

Research

ABSTRACT CATEGORYE-learning and
Technology Assisted
Learning**Student evaluation of E-Learning in Psychiatry:
Used and helpful?***Tessema H1, Schneider I2, Guerandel A3 , Holloway P4, Watts N5, Malone K6
SVUH/University College Dublin***INTRODUCTION**

E-Learning: is defined as instruction delivered on a digital device such as a computer or mobile that is intended to support learning. E-Learning is increasingly becoming widely used in medical education. E-Learning has been used in the teaching of psychiatry to UCD undergraduate students since 2002.

OBJECTIVES

Evaluate the uptake of e-Learning units in psychiatry and assess students' views on the utility of e-Learning units in facilitating learning.

METHODS

Two groups of students that completed clinical two psychiatry module in the semester year 2011/2012 were selected to partake in the evaluation. At the end of each six week attachment students were given a paper questionnaire on e-learning. Students' anonymity was respected and questionnaire was filled on voluntary basis only.

RESULTS

There is a high user rate and positive experience towards e-Learning in psychiatry. Ninety two percent of the student group responded that e-learning and blackboard material was helpful in aiding learning in psychiatry and it was only 7.4% who responded that it was not helpful. The e-learning units on history taking and interview skills had the highest user uptake at 93.75% followed by Affective disorders (84.3%), Psychopharmacology (76.92%) and Delirium (61.54%). A small proportion of students having used the e-learning units responded that it did not facilitate their learning. This emphasizes the need to reinforce knowledge gained from e-learning through direct clinical exposure. Conclusions: There is a very high student user rate of E-learning in psychiatry. E-learning units prioritizing core subject matter which students are expected to master are popular with students. E- Learning in psychiatry is not a replacement to face to face teaching and clinical exposure but properly blended in the curriculum contributes to enhance the learning experience.

REFERENCE

Ruiz et al et al, (2006) The Impact of E-Learning in Medical Education: Academic Medicine: Volume 81 - Issue 3 - pp 207-212

Feasibility of an e-learning module on delirium

*Ni Chorcain, MacSuibhne S, O'loughlin K, Watts N, Guerandel A, Malone K
SVUH/University College Dublin*

Delirium is a commonly encountered condition with high levels of associated morbidity and mortality, yet is often unrecognised or poorly managed. It has been argued that better recognition results in improved management (Rockwood 1999). Educating medical students about delirium poses many challenges (Irving 2009). Bedside teaching and exposure to the condition at undergraduate level is often limited, one reason being its often fluctuant nature.

We wished to investigate the feasibility of an e-learning module on delirium for use by students during their psychiatry placement. We used action research methodology.

In action research cycle one a prototype of an interactive elearning session was developed following consultation with clinicians and educators. The module included an entry knowledge quiz, followed video clips of simulated actors demonstrating the condition accompanied by further interactive questions. A structured tool, which has been demonstrated to improve recognition, The Confusion assessment method, was then demonstrated and followed by further, interactive questions. For the second cycle feedback was sought from staff on the prototype module, and the elearning module was further developed alterations made based on their suggestions.

The module was then piloted with a group of students. Students were encouraged to use the session, but it was not compulsory. Focus groups were held with the students to seek feedback on the module. Student engagement was also measured quantitatively by recording the frequency of online visits to the e-learning delirium module. Content analysis of the focus groups revealed a high level of engagement and satisfaction with the module. 83% of students visited the site at least once, the median number of visits was 4. In summary the positive feedback from the students and the level of engagement suggests it is feasible to use trigger clip videos and on line material to teach delirium

REFERENCE

Irving K, Detroyer E, Foreman M, Milisen K The Virtual Gateway: opening doors in delirium teaching and learning (2009) Int Rev Psychiatry Feb 21(1):15-19

ABSTRACT NO.:

49

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

E-learning and Technology

Assisted Learning



ABSTRACT TYPE
Research**ABSTRACT CATEGORY**
E-learning and
Technology Assisted
Learning**AXON: A Novel Interactive Educational Tool for Improved 3-D Understanding of Neuroanatomy**

Chan C, Tattersall A, Last J, Flanagan T C
University College Dublin

There is a general consensus that neuroanatomy is one of the most difficult subjects of the undergraduate medicine curriculum on account of its sheer complexity. Studies have reported that better teaching methods may be more effective in conveying the complex spatial relationships of brain anatomy (1). This study aimed to develop a freely-available interactive animated learning resource that could be used to improve spatial and functional understanding of neuroanatomical concepts, and to determine its effectiveness through a student survey.

As a pilot concept, we proposed to develop interactive animations to demonstrate complex sensory pathways. Original images were created in Adobe Illustrator, and subsequently animated using Motion software to illustrate sensory pathways. These animations were then integrated into a website using Adobe Fireworks and Dreamweaver to allow for an interactive user experience, and the resource was made available to undergraduate Medicine students for one semester. The students (n=230) were subsequently invited to complete a survey comparing this resource to other learning resources used to aid their 3-D understanding of neuroanatomy.

The resulting pilot interactive website (AXON - Animated Exploration of Neuroanatomy) allowed users to 'stimulate' sensations in a virtual character at specified locations (foot, hand and face). Interactive images, animations, anatomical/clinical information, in addition to voice-over material, were provided in the package to assist the overall learning experience. 65 students (28%) completed the subsequent survey. As an overall resource, the vast majority of those students (88%, n=57) felt that AXON offered a better 3-D understanding of nervous system structures compared to other neuroanatomy resources. With regard to resource components, most students suggested that the graphics (91%), animated sequences (92%), mouse-over information (74%) and voice-over material (86%) were superior to those of other neuroanatomy resources. Suggestions for further development of the product focussed on classical lesions (34%), descending pathways (29%) and special sensory pathways (27%).

A freely-available pilot resource has been developed for integration into undergraduate Medicine curricula to assist neuroanatomy teaching. It is evident that this tool can be used to enhance the learning experience of neuroanatomy. The product will be further developed to aid teaching and learning of additional neuroanatomy topics.

REFERENCE

1. Zinchuk AV, et al. (2010) Attitudes of US medical trainees towards neurology education: "neurophobia" – a global issue. *BMC Med Educ* 10:49-55.

Health Informatics for Physiotherapists Using a New eLearning Approach

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In today's health sciences curriculum, the focus has shifted from traditional information technology teaching to more practical health informatics, focusing on information and communication.

A new module was created for Physiotherapists at our university. Using an entirely e-Learning approach, students were introduced to concepts such as the clinical record, decision-making, communication theory and online professionalism over the course of one semester in Year 1. Specific tasks were provided to stimulate students and facilitate discussion of their opinions with peers. These online discussions were moderated and also contributed to students' continuous assessment marks. Students were asked to complete an evaluation after submitting their final assignment.

11 students (response rate 35%) completed the survey. Overall the course was rated 4.5 out of 5. The most popular session was on Electronic Health Records. A majority (64%) reported that the online tasks were very effective for stimulating discussion. Although eLearning was new for all students, several were positive, e.g. "was a bit dubious at first but class was very well laid out"; "pushes you to think about the topic and give your opinion, very effective". Students felt that the online environment helped ensure all students had an opportunity to contribute. They suggested the course could be improved by providing some reading material in advance.

An eLearning approach with online discussion of tasks as part of continuous assessment was extremely successful.

ABSTRACT NO.:

51

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

E-learning and Technology
Assisted Learning



ABSTRACT TYPE

Research

ABSTRACT CATEGORYE-learning and
Technology Assisted
Learning**Introduction of an online discussion forum into post-graduate intensive care teaching; a pilot study***O'Connor E, Harper P, McKenny M**Department of Anaesthesia and Intensive Care, St James' Hospital,
James' Street, Dublin 8***INTRODUCTION**

Despite its weaknesses, the once-weekly classroom-based lecture for junior doctors is a common teaching method in hospital practice. Complementary online discussion learning may address some of these weaknesses. Despite numerous studies in the postgraduate medical setting, the use of online discussion learning for the purpose of ongoing, continuous junior doctor training is underreported. Furthermore, any new e-learning tool needs to be carefully designed and tested to enhance its effectiveness and usability.

METHODS

In this 4-week mixed-methods pilot study, we designed and tested a standalone, consultant-led educational online discussion forum to complement weekly intensive care classroom teaching. The forum moderator used guidelines to support effective online learning. We evaluated the habits and attitudes of users, the educational content of the discussion threads according to Bloom's taxonomy as well as evidence of peer learning. Data was collected by paper questionnaire, semi-structured interview and analysis of forum content. Forum messages and interview transcripts were coded manually by two researchers.

RESULTS

The response rate for the questionnaires and interviews was 97.5%. Of 20 anaesthetic/intensive care trainees recruited, 18 used the forum site. One learning topic (acute respiratory distress syndrome, coma, sepsis or shock) was discussed each week. The forum had 178 visits and 43 messages posted. Its usability scored highly on Likert scales. Users identified numerous features of the forum which enhanced their learning. Frequent use of conceptual and procedural knowledge and high levels of cognitive processing was evident. There was infrequent evidence of peer learning, users preferring to interact with the moderator rather than with other users. 78% of users felt the forum complemented intensive care classroom teaching and all said they would use it again in the future. Feedback was received about ways of improving the forum.

CONCLUSION

The online forum was a user-friendly, effective educational resource when combined with classroom teaching. Our results will be used to inform its national rollout in 2013.

REFERENCE

10. Wolbrink TA, et al. Internet-based learning and applications for critical care medicine. *J Intensive Care Med* 2012; 27: 322-332.

Shush – I am counting!:The impact of distraction on medical students’ ability to perform drug dose calculations

Gormley G J, Leerson A, Scott W, Wylie J
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BACKGROUND

Doctors are often interrupted during the course of their clinical activities and it is likely that such distractions contribute to medication related errors. However the impact of distraction on an individual’s ability to perform drug related calculations has never been formally tested. This study aims to assess the impact of cognitive distraction on medical students drug calculation abilities.

METHODS

Medical students were randomised into either an intervention (distraction) or control group. Participant’s base line numeracy ability was measured. Both groups were asked to perform a series of drug related calculations. However in the intervention group a series of ‘clinical statements’ were read out and participants had to remember these statements whilst performing the drug calculations. The control group performed the same drug calculations but in a quiet environment.

RESULTS

Those participants, who were distracted, had a significantly lower score in the drug calculation test ($P<0.005$). Objectively measuring participant’s numeracy ability correlated with their performance in the drug calculation test for both the distraction ($P<0.01$) and control groups ($P=0.001$).

CONCLUSIONS

Cognitive distraction appears to have a negative impact on medical student’s ability to perform drug related calculations. Non-technical skill training, such as dealing with interruptions, should be an integral part of their training.

REFERENCE

Aspden P, Wolcott J, Bootman L, et al. Institute of Medicine. (2006). Committee on Identifying and Preventing Medication Errors. Preventing Medication Errors. Washington, DC: National Academies Press

ABSTRACT NO.:

53

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Patient Safety



Medical students opinion of fluid prescription and its teaching as an undergraduate

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BACKGROUND

It is well recognised that junior doctors find fluid prescription a difficult topic. Various studies have documented the poor understanding of the content and administration of intravenous fluids to patients.¹ The aim of this study was to gain a greater understanding of the experiences and challenges that medical students face regarding the learning of intravenous fluid prescribing.

METHODS

This was a qualitative study using focus groups analysis. Final year medical students in academic year 2011-12 at Queens University Belfast (QUB) were approached during their work shadowing placement in March 2012. They were invited to participate in 5 focus groups consisting of 6-8 students per group, which were recorded and transcribed verbatim. The research team, consisting of 3 separate investigators, carried out thematic analysis independently and a final consensus regarding emerging themes was reached by discussion within the whole research team.

RESULTS

Six prominent themes emerged from the focus group analysis: 'Teaching experience: disruptive variation' where, in the students opinion, the teaching of intravenous fluids varied considerably; 'Insufficient curricular connections' where the students believed there was insufficient vertical and horizontal integration of the teaching between and within years; 'The driving test: theory-practice transformation' where there appeared to be a difference between what is taught in theory and what happens in practice; 'Theory-assessment gap' where the students noticed a difference between what is taught in theory and how it is assessed; 'Role modelling: which standard to aspire to?' where students regarded the doctors on the ward as being role models and had difficulty judging which standard to aspire to; and finally 'Perceived risk conflict' where students expressed a conflict between risks of fluid prescription highlighted in the media and teaching they had received.

CONCLUSION

This study has provided an insight into medical students opinion of the teaching practices and learning experiences of intravenous fluid prescribing. It has added to the growing body of evidence that fluid prescription is a difficult topic, and is the first study to look specifically at the method of fluid teaching used and the advantages and disadvantages of each approach. It has generated a number of recommendations to improve fluid prescription and its teaching as an undergraduate in the future.

REFERENCE

Powell AGMT et al. FY1 doctors still poor in prescribing intravenous fluids. *BMJ* 2011; 342: d2741

Diabetes: an E-learning Prescribing Module

*O'Reilly Z, Branigan T, Spooner M, Strawbridge J, McElvaney N G, Gallagher P
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ABSTRACT NO.:

55

INTRODUCTION

Diabetes Mellitus is one of the most common chronic diseases in the developed world. Diabetes Ireland estimated that there are nearly 191,000 people living in Ireland with Diabetes Mellitus in 2011. 1 in 20 people suffer from either type 1 or type 2 diabetes mellitus. Approximately 25% of diabetic patients have experienced a medication error with their insulin or anti-hyperglycaemic agents.

OBJECTIVES

The aim of the research product was to review the literature regarding the prevalence of prescribing errors in hospitals among students and to review the literature concerning different e-Learning methods and the success of blended learning. The second aim was to review the literature regarding diabetes mellitus medications. The final aim was to construct an eLearning module for the purpose of educating final year medical and pharmacy students as well as medical and pharmacy interns.

METHOD

Different databases were searched in order to review the literature using particular keywords. A two day visit was completed to a Diabetes day clinic in a Dublin Hospital. E-Learning modules were constructed using the software package Wibma create®. Multiple choice questions (MCQs) were written and uploaded to RCSI's Virtual Learning Environment (VLE) so that they can be used to assess students knowledge before and after completion of the e-Learning prescribing module.

RESULTS

The results from the literature review illustrate that blended learning- which includes teacher lead interaction, e-Learning and web-based assessment is the most acceptable and effective way of learning. Results also emphasised the importance of good e-Learning development. Results also show that 1 in 4 diabetic patients experienced a medication error due to prescribing practices.

CONCLUSIONS

An e-learning prescribing module on diabetes mellitus medications was created based on the literature about these medications, consultations with endocrine doctors and diabetes specialist nurses. This has been validated by a consultant endocrinologist and will be made available to final year medical students and pharmacy interns in RCSI for next year. This will provide a valuable resource for learning about these complex medications and a reference source for students and junior medics and pharmacists.

REFERENCE

10. Maxwell S., Mucklow J. [2012] E-learning initiatives to support prescribing. British Journal of Clinical Pharmacology Vol. 74 No.4 Pg 621-31

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Patient Safety



An audit of prescribing errors on admission to hospital

*Lally A, Branigan T, Spooner M, Strawbridge J, McElvaney N G
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It has been well documented in the literature that admission and discharge from hospital are key points where medication errors occur. Reconciliation of medication is an important step to ensure these errors do not occur and to prevent adverse outcomes due to these errors. Non reconciliation is a major cause of adverse effects in hospitals and ranges from mild to severe. Omission of medications is the largest source of error and leads to the potential for interactions with newly prescribed medicines.

This project focuses on the medicines reconciliation process in a Dublin hospital. It aims to examine the current procedures in place and compare it to a procedure drawn up from guidelines and best practices used elsewhere in Europe. By design of an audit examining key steps in the medicines reconciliation process, we hope to identify where the current procedures can be updated and improved upon to minimise the risk of errors. This audit focuses on the patient from admission to discharge in a single ward. This ward was chosen as it is a short stay ward with the average time from admission to discharge being four days. This makes it possible to follow a sufficient number of patients from start to finish. The Ward also deals with patients presenting with many different complaints and as such is not confined to a single speciality. This allows us to examine a more general picture for the medicines reconciliation process.

The audit is currently in process and upon completion a results feedback presentation will be compiled and presented during grand rounds to medical interns, doctors and pharmacists. Already trends can be observed, such as the admitting doctor taking the medicines history on admissions, and on doing so relying in many cases only on patient interviews for the information. Research has shown that if a pharmacist is to take the history, more accurate information is recorded. The long term aim is to re audit after the presentations have been given and note if any improvements have been observed.

REFERENCE

Model-based cost-effectiveness analysis of interventions aimed at preventing medication error at hospital admission (medicines reconciliation) Jonathan Karnon MSc PhD,¹ Fiona Campbell RGN² and Carolyn Czoski-Murray RGN MSc² ¹Associate Professor, ²Research Fellow, School of Health and Related Research, University of Sheffield, Sheffield, UK

Establishing a Prescribing teaching programme in undergraduate medicine

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INTRODUCTION

The Essentials of Clinical Practice (ECP) is a week-long teaching programme delivered to RCSI Senior Cycle 2 (SC2) final year students. It focuses on medical professionalism and is designed to highlight common problems faced by newly qualified interns (clinical emergencies, ethical and legal aspects of patient care, communication). The ability to prescribe safely and effectively represents a challenging task, as it involves a complex set of sub-competencies, each of which demands a mixture of knowledge, judgement and skill (1). The Department of Geriatric and Stroke Medicine is responsible for delivering a 3-hour session on medication prescribing and patient safety in the older adult.

DESCRIPTION OF TEACHING PROGRAMME

The ECP is delivered in a small group case-based teaching format of 8 to 12 students. Students are expected to have prepared the relevant material on prescribing (available on RCSI Moodle website) in advance. They are encouraged to participate actively in case discussions and to reflect on what they have learned. The first hour involves an interactive lecture on prescribing safely in older adults, with particular focus on issues such as polypharmacy, adverse drug events, pharmacokinetics, pharmacodynamics, medication errors and the principles of good prescribing. The second hour is an accompanying video on a particular prescribing error involving Vincristine (World Health Organisation 'Learning from Error'). Emphasis is placed on identifying reasons for errors and developing ideas for improved patient safety. Finally, students are required to complete 5 case-based prescribing scenarios. In total, 14 parameters are assessed, of which 4 of these test a student's comprehension of critical drug interactions, weekly medication prescribing and drug allergy respectively. These scenarios are designed to assess the students' knowledge of good prescribing practices and common prescribing pitfalls.

CONCLUSION

Overall, the verbal feedback comments were positive and students enjoyed the participation and exposure to real life case scenarios during the lecture. Further emphasis needs to be placed on teaching students about medication interactions, the significance of drug allergies and prescribing weekly and controlled medications.

REFERENCE

1. Ross S, Maxwell S. Prescribing and the core curriculum for tomorrow's doctors: BPS curriculum in clinical pharmacology and prescribing for medical students. *Br J Clin Pharmacol* 2012; 74(4) 644-661.

ABSTRACT NO.:

57

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Patient Safety



An audit of intern prescribing practices one month into their first placement

*Branigan T, Spooner M, Moneley D, McElvaney G
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An audit was carried out in the form of a nine question written exam. All participants were given hospital forms to prescribe inpatient medications, discharge prescriptions, warfarin, steroid sliding scale, intravenous fluids, controlled medications and high tech medications. No restrictions were placed on their use of smart phones, computers or medications formularies. No time restriction was imposed. The interns were free to complete the exam and leave when they felt they were finished.

The exam was written by a first year senior house officer from scenarios that are regularly encountered during the intern year.

48 interns took part in the exam altogether. Where the medications to prescribed were given in the question stem, interns were generally able to fill in the appropriate prescription, although 12% of prescriptions still contained at least one error of either dose, frequency or route. Where the medication to be prescribed was not given in the question stem, 80% of interns were able to identify an appropriate medication, with a similar number, 14% of errors of dose, frequency or route. Only 16% of interns identified themselves legibly, 77% signed the prescription and only 3% supplied their medical council number.

This highlights the worrying issue of being unable to identify the prescriber. The exam will be repeated towards the end of the intern year and compared with the results from this exam. Information attained in both will be fed back to the prescribing module coordinator to aid in the updating of that course.

'From Broken Bone to Walking Home' - The introduction of guidelines for Hip Fracture Management in St Vincent's Hospital, Dublin

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BACKGROUND

Four separate audits looking at hip fracture management in St Vincent's Hospital Dublin were carried out between January 2011 and March 2012. They looked at emergency department management, pre-operative assessment and waiting times and post-operative bone protection. They highlighted both positive and negative aspects of overall hip fracture management. With the hip fracture burden in Ireland set to increase over the coming decade we must ensure both efficiency and quality of care of hip fractures continues to improve.

METHODS

A review of the results and recommendations of three departmental audits was carried out. Comparisons were made to international best practice guidelines for hip fracture management. Using these data we have built on existing areas of strength and aim to improve on our deficiencies to introduce new guidelines for hip fracture management.

RESULTS

- AUDIT 1 and 2: On Emergency Department admission, 23% of patients in moderate pain did not receive analgesia within 30 minutes of arrival. 23% of patients did not have a plain radiograph within 1 hr of triage in the emergency department. 18% of patients were admitted to a ward within 6 hours.
- AUDIT 3: 91% of patients had surgical fixation within the recommended 48hr period. 15% of patients were on bone protection medication on discharge. 66% of patients were admitted from home, 27% were discharged home.
- AUDIT 4: 17% of elderly patients sustaining low-velocity fractures were discharged on bone protective therapy. 12.8% had a follow-up DXA scan of which 50% were found to be osteoporotic. The remainder were osteopenic.

CONCLUSIONS

St Vincent's Hospital provides a good hip fracture management service however, there are areas for improvement. The introduction of 'complete care' guidelines will ensure optimum care is delivered at all stages of treatment from time of fracture to day of discharge and beyond. Following their introduction, re-auditing is essential to ensure an ever improving standard of patient care.

ABSTRACT NO.:

59

ABSTRACT TYPE
Descriptive

ABSTRACT CATEGORY
Patient Safety



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Patient Safety

Emergency Department Discharge Summaries -Do we really need them?*Ramasubbu B, Yap L, El-Gammal A, Kennedy U**Department of Emergency Medicine, St James's Hospital Dublin.***BACKGROUND**

Studies carried out in the Emergency Department (ED) setting have demonstrated that the provision of discharge information via a discharge summary in conjunction with verbal instructions improves patient management of their medical issue. Discharge summaries should also be provided to the patient's General Practitioner (GP) in order to facilitate continuity of care.

AIMS

The aim of this audit was to evaluate the documentation of discharge information and follow-up care in ED notes in our institution.

METHODS

Records of 46 patients, who presented to the ED on an arbitrarily chosen day (22.05.12), and discharged to self care or to the care of their GP, were reviewed. The documentation of relevant information regarding the patient's diagnosis, prescribed medications, additional instructions upon discharge, and planned follow-up care was recorded. If lacking, a pre-formatted electronic discharge summary would be introduced within the department to standardise and unify the discharge summary process.

RESULTS

Of the 46 patients sampled no copies of discharge letters were filed with patient notes. A diagnosis was documented in 85% of cases and documentation of a prescription provided in 44%. Documentation of appropriate follow-up care and self-care instructions was demonstrated in 32/46 (69%) and 22/46 (48%) of cases respectively. Following the introduction of the electronic discharge summaries GP correspondence letters were sent and a copy saved in all cases. A diagnosis, follow-up care plan and results of key investigations were documented in 100% of discharge summaries. Self-care instructions on discharge were documented in 93% of the electronic patient discharges. The prescription of medications given or not given was documented in 41/50 (82%) of cases.

CONCLUSION

Good clinical practice involves comprehensive documentation. Furthermore this may prevent medico-legal action. The electronic discharge summary significantly ($p=0.05$) improved documentation in our institution. It also paves the way for electronic mail transfer of information from hospital to primary care.

Writing a prescription is not a piece of cake! - interprofessional hospital placements for medical and pharmacy students

Joy A, Sahm L, O'Flynn S, Kerins D
UCC

ABSTRACT NO.:

61

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Patient Safety

BACKGROUND AND PURPOSE

Recent recommendations to help tackle the complex task of safe prescribing within healthcare education have included inter-professional, practical workplace-based interventions (1). Learning Outcomes for an undergraduate prescribing curriculum have also been revised recently using a Delphi process. Here we describe a new intervention at University College Cork incorporating the above, the student responses to it from a disciplinary and interprofessional learning perspective, as well as results of ongoing assessment of ward-based simulated prescribing exercises by medical students. What will the effect of this intervention be with regard to prescribing practice and readiness for interprofessional lifelong learning?

METHODS

This is a mixed method study. Inter-professional student teams consult with patients, their kardexes and charts in order to decide what should be transcribed more accurately onto a simulated kardex and written on a simulated discharge prescription. Pre and Post RIPLS (Readiness for Interprofessional Learning Scale) as well as student reflections and minute paper (classroom assessment technique) exercise post intervention will be analysed. Quantitative data analysis by SPSS and qualitative data analysis by NVivo 9, with two independent coders are ongoing. A prescribing portfolio with exemplars of weekly written prescriptions/transcriptions onto simulated kardexes and discharge scripts are formatively assessed using a rubric devised by the author, based on the literature⁵.

RESULTS

Themes emerging include the fact that pharmacy and medical students feel they can learn a lot from each other with regard to prescribing legally, controlled drug prescribing, the importance of communication for prescribing safely. Lack of patients' knowledge about the medications they take has truly surprised them. Pharmacy students really appreciate the chance to consult with patients in the hospital environment and their medication counselling skills for patients have impressed medical students. Prospective analysis of written prescriptions by medical students before and after this intervention is ongoing.

DISCUSSION/CONCLUSION

Following a successful pilot project last year with a randomized selection of students, all Final Year Medical and Pharmacy students now participate in a practical prescribing ward-based activity. Results to date have shown that this is a comprehensive exercise that can achieve most of the learning outcomes for an undergraduate prescribing curriculum.

REFERENCE

1. Dornan T, Ashcroft D, Heathfield H, Lewis P, Miles J, Taylor D, Tully M, Wass V. An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education. EQUIP study.2010



Learning to collaborate for patient safety through a networked simulation-based learning environment

Joy A
UCC

Collaborative practice has been shown to be essential for the optimal patient care. Recently, at simulation centres in Ireland (UCC) and Canada (NOSM, McGill, Ottawa, Algonquin), healthcare workers, educators, students and technicians have been working together to create scenarios that best simulate optimal collaborative practices in the acute and chronic care settings.

This has been achieved by connecting the high fidelity simulation lab (people and devices), through a network, to other centres and virtual tools. This network is the Health Services Virtual Organisation (HSVO) platform (www.hsvo.ca) that can integrate simulation devices, through which scenarios can be built to test the delivery of collaborative healthcare services. It can also afford a patient – centred and patient - informed approach to learning, for all levels of healthcare education (undergraduate / postgraduate / CPD) across different professions.

The purpose of this presentation is outline three phases of a doctoral study (PhD in Education) which will focus on the socio-material analysis of optimal collaborative practices for designers, learners and practitioners, in the development and execution of networked healthcare simulation-based training for efficient and safer patient care.

REFERENCE

Ellaway, Rachel, Jeremy Cooperstock, and Bruce Spencer. "Simulation Integration for Healthcare Education, Training and Assessment." (2010). available at <http://nparc.cisti-icist.nrc-cnrc.gc.ca/npsi/ctrl?action=rtdoc&an=16885319>

Informed consent for laparoscopic cholecystectomy – a pilot study to assess patient comprehension

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OBJECTIVE

The available literature suggests that comprehension may be sub-optimal in patients undergoing surgical procedures. We performed a pilot study to assess comprehension following standard verbal consent in patients undergoing laparoscopic cholecystectomy.

METHODS

35 consecutive patients undergoing elective laparoscopic cholecystectomy were recruited. All patients were subjected to a standardised consent discussion and received an information leaflet pertaining to the procedure. A validated questionnaire (1) was used to assess patient understanding of the indication for surgery, the nature of the proposed surgery, the treatment alternatives, and the potential risks of the surgery.

RESULTS

35 patients were recruited all of whom agreed to complete a questionnaire. The overall mean patient comprehension score was 45%. Patients scored highly (>85% correct) in relation the type of procedure, the indication for surgery, the operative technique (laparoscopic), and certain complications (bile duct injury, conversion to open surgery). Patients scored poorly (<40%) in relation to certain other complications, alternative treatment options to surgery, and the potential for involvement of trainees in their procedure. All feedback from patients on the consent process was positive.

CONCLUSION

Deficiencies exist in the level of following verbal consent in patients undergoing laparoscopic cholecystectomy. Strategies that may improve understanding in patients consenting to surgical intervention warrant further investigation.

REFERENCE

1. Fink AS et al. (2010) 'Enhancement of surgical informed consent by addition of repeat back: a multicenter, randomized controlled clinical trial'. *Annals of Surgery*, 252(1): 27-36

ABSTRACT NO.:

63

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Patient Safety



Effect of Additional E-Learning On Radiologic Interpretation Of Nasogastric Enteral Tube Placement

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BACKGROUND

Nasogastric enteral tube (NGT) placement is associated with adverse clinical outcomes in physicians lacking relevant competency(a). The Professional Completion Module (PCM) for UCD final year medical students (Final Meds) incorporates intern shadowing (sub-internship). A pilot was undertaken whereby interested Final Med sub-interns were asked to have completed an external e-learning module on NGT placement and then joined hospital interns, who had not been asked to undertake the prior e-learning module, during a Clinical Nutrition Seminar, for a Radiologist-delivered Powerpoint tutorial and optional multiple choice competency assessment based on X-ray images of NGTs.

METHODS

De-identified scores among participants in the competency assessment were analysed using non-parametric statistical tests in SPSSv18.

RESULTS

A total of 36 sub-interns and interns completed the competency assessment (26 UCD Final Med sub-interns and 10 interns). For the a priori actual/required pass mark minimum threshold of 9/10 correct answers, there was a non-statistically significant trend towards a superior pass rate among those participants asked to undertake the NGT placement e-learning in advance of the Seminar, i.e. sub-interns (n=17, 65%) compared to interns (n=3 passed, 30%) (Fisher's Exact p=0.07). For the subset of sub-interns, there was no significant correlation of the NGT competency test pass rate with subsequent student performance in the summative PCM assessment (Pearson correlation 0.01, p=0.69), with the strongest, albeit weak, correlation being observed among NGT test result and the student's prior Surgery examination grade (Pearson correlation 0.26, p=0.21). NGT test pass rates were not associated with graduate vs undergraduate entry student status (Fisher's Exact p=1.0). When the NGT exam pass mark was notionally set at a minimum threshold of 8/10 correct MCQ answers, the trend towards superior pass rate among sub-interns attained statistical significance (sub-interns n=25, 96%) over interns (n=6, 60%; Fisher's Exact p=0.015).

CONCLUSION

The NGT placement competency test performance among seminar participants, which overall was very satisfactory, was better for UCD sub-interns, who had been asked to undertake a relevant e-learning module in advance of the seminar and its competency test, compared to interns who had not received the e-learning opportunity. Blended teaching/learning for NGT placement outperforms more traditional instruction methods.

REFERENCE

(a) Sorokin R, Gottlieb JE. Enhancing patient safety during feeding-tube insertion: a review of more than 2,000 insertions. JPEN J Parenter Enteral Nutr 2006, 30(5):440-5.

Levels of burnout among postgraduate trainees in the Republic of Ireland

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ABSTRACT NO.:

65

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Patient Safety

INTRODUCTION

Burnout is 'a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who work with people in some capacity'. The condition is prevalent (10 -71%) among postgraduate medical trainees. This study aims to quantify levels of burnout among postgraduate medical trainees in the ROI using a validated burnout inventory. Burnout among healthcare providers carries implications for patient safety and quality of care. It also adversely affects retention of NCHDs and contributes to higher rates of alcohol and substance abuse, depression, and suicide compared with other professions.

METHODS

The population included NCHDs working both in acute hospitals and in the community. The data collection was based on cross sectional probability sampling. 260 NCHDs responded to the survey. Burnout was measured using the Copenhagen Burnout Inventory (CBI). The CBI comprises three scales assessing personal, work related, and patient related burnout, each assessed on a 5-point Likert scale. Scores were individually calculated out of 100 for each respondent. Beyond a total average score of 50 points the person was defined as being exposed to burnout. A subgroup analysis for each NCHD grade was also performed. Continuous data was expressed as mean \pm standard deviation. Categorical variables were expressed as frequencies and percentages. Statistical calculations were performed using IBM SPSS Version 21.0 (IBM Corporation, New York, USA).

RESULTS

A total of 260 NCHDs responded. Each NCHD grade reported scores reflecting high degrees of personal (mean 60, SD 17) and workplace related (mean 60 SD 19.1) burnout. Rates of client related burnout were low (mean 32 SD 18.3).

CONCLUSIONS

Self-reported rates of personal and work-related burnout among NCHDs were high, with comparatively low rates of client related burnout. Further studies are required to identify contributory factors to personal- and work-related burnout and to establish comparative rates of burnout among the different postgraduate specialties and subspecialties.

REFERENCE

Borritz M, Kristensen TS. Copenhagen Burnout Inventory. <http://www.arbejdsmiljoforskning.dk/upload/omi/copenhagen%20burnout%20inventory%20-%20normative%20data%20from%20a%20representative%20danish%20population.pdf> (2004)



“Wind them up and let them off” Audit with limited resources

Callanan I, Ellard N, Doherty G
St Vincents Healthcare Group, Elm Park Dublin 4

AIM

To explore the concept that, with limited resources, staff can be motivated to audit the care provided to patients against all of the required categories of standards as set out by JCI

BACKGROUND

Joint Commission International ® is one of several international healthcare accreditation schemes, with a presence in 90 countries. It requires organisations to self assess the standard of care provided to patients against criteria grouped into 12 categories, ranging from organisational governance to compliance with the WHO international patient safety goals. Organisations are challenged to get clinical staff actively involved with clinical audit activity in a resource limited environment. St Vincents Healthcare Group with a combined bed capacity of 665 beds has been undergoing JCI accreditation for the past 4 years.

METHODOLOGY

The Clinical Audit Support Function (1.2 WTE) provides support, education and direction to staff. A review of the submitted audit proposals for the years 2011 and 2012 was conducted, matching the audit proposal to the appropriate categories of JCI criteria. 290 audit proposals were examined. Facility Management and Safety as a category was not considered in this review.

RESULTS

Though some audit activity is clearly driven by the strategic approach of the organisation to obtaining and maintaining JCI accreditation and is mediated through senior managerial input, most clinical audit proposals registered in the organisation are formulated by clinical staff at frontline level, with the help and guidance of the clinical audit staff. Clinical staff actively carry out audits as individuals or departments. The audit function assists with a user- managed software package. Clinical audit data is collected by the clinical staff who autonomously put forward and implement recommendations.

Matching all audit proposals to the categories of JCI criteria confirms that all categories ended up with audit activity to address the necessary criteria. Unsurprisingly, “Care of Patient” and “Assessment of Patient” categories had the greatest volume of audit proposals addressing its content(84% and 50%, with Patient and Family Rights, Anaesthesia and Surgical Care and Patient and Family Education (8%, 9% and 11%)registering the lowest matches.

Our analysis shows that, with active intervention of focussed resources, a healthcare organisation will address the clinical spectrum of accreditation criteria, validating the high standard of care and commitment by clinical staff within an academic setting.

REFERENCE

JCI standards handbook 3rd edition

European Innovation Partnership on Active and Healthy Ageing is a key driver of the Irish National implementation Plan on Falls and Bone Health

O' Byrne-Maguire I - State Claims Agency, Ireland.

PURPOSE

To explore how the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) is a key driver in implementing the 'National Strategy for the Prevention of Falls and Fractures in Ireland's Ageing Population'.¹

RELEVANCE

Falls are the dominant cause of injuries among older persons, accounting for approximately one-third of fatal injuries in persons aged 60 and over. The causes of falls in older persons are multi-factorial, many of which are modifiable and preventable. Falls prevention (A2) is the pilot initiative for EIP-AHA which aims to increase the average healthy life years (HLY) in the EU by 2 years by 2020.² This approach coincides with the HSE /DOH decision to prioritise implementation of the National Strategy in 2013.

PARTICIPANTS & METHODS

The European Strategic Implementation Plan (SIP), of which A2 is a part, involves (older) persons in their own care through shared decision-making and engaging people in community initiatives as co-producers of health and wellbeing.³ Over 30 commitments, representing over 150 partners and some 15 countries to date, are involved from many different types of organisations and stakeholders. Stakeholders identified in the Irish commitment are also multi-sectoral/disciplinary/agency. Key policy documents, action plans and change management methodologies were reviewed to explore the relationship between the EIP-AHA and the Irish National Strategy.

CONCLUSIONS

Critical change management success factors are intrinsic to both the EIP-AHA project and the Irish project. There is significant alignment between the A2 objectives, action areas and deliverables and the HSE Implementation Plans. The political, funding, legislative and organisational reforms and challenges happening within the Irish health and social care system resonate with the EIP-AHA strategy in its desire for standardisation, collaborative working, scaling up of good practices and clarifying privacy restrictions for data sharing. The EIP-AHA project will enable nations/regions to leverage the necessary resources, innovations and collaborations needed to affect safe, effective and sustainable outcomes.

IMPLICATIONS

Ireland will share in international best-practices, strengthen monitoring and service improvement measures, contribute to the alignment of data-registries and toolkits and learn how innovative technologies can be implemented as an integral part of integrated care pathway models. Technological innovations, industrial collaborations and continuous improvement models will drive sustainability and cost-effectiveness.

REFERENCE

- 1 HSE National Strategy on Falls and Bone Health http://www.hse.ie/eng/Publications/services/Older/Strategy_to_Prevent_Falls_and_Fractures_in_Ireland%E2%80%99s_Ageing_Population.html
- 2 Clinical Indemnity Scheme Slips/Trips/falls webpage <http://ituatdb01.hq.ntma.ie/stateclaims/ClinicalIndemnityScheme/SlipsTripsFalls.html>
- 3 European Innovative Partnership on Active and Healthy Ageing - <https://webgate.ec.europa.eu/eipaha/actiongroup/index/list>.

ABSTRACT NO.:

67

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Patient Safety

Waking the Dead: Introducing DNACPR Guidelines

*Woods G, Battersby B, Barton D, Westbrook A, Callanan I
St Vincent's University Hospital*

INTRODUCTION

Cardio Pulmonary Resuscitation (CPR) is an intervention that does not require consent. Any patient in hospital will receive CPR in the event of a cardiac arrest, unless otherwise documented. SVUH did not have clear guidelines for Do Not Attempt CPR (DNACPR). The cardiac arrest team was frequently called to resuscitate patients despite it being the natural end of that person's life. The need for clear DNACPR guidelines was evident. In July 2009 DNACPR Guidelines were introduced in SVUH. These included guidelines, a record and review sheet, patient and visitor information leaflet.

OBJECTIVES

An audit was undertaken to identify the impact of implementation of the DNACPR guidelines in relation to documentation and communication, and to identify areas for improvement.

COMMUNICATION

Information sessions were presented at Medical Grand Rounds, Nurse Manager Meetings. They were published on the hospital's intranet, were sent to 'all users' via email and to all Medical Staff.

METHODS

Following the publication of DNACPR Guidelines, staff were encouraged to provide feedback to the Resuscitation Department and the CPR Committee. Observations were made from copies of DNACPR records received and an audit of DNACPR records of 40 patients from November 2012 was performed.

RESULTS

- There is a reduction in the number of cardiac arrest calls in SVUH.
- Practical issues relating to the DNACPR record form were identified.
- The name was recorded on 95% (N) of record sheets.
- The majority, 95% (N) of physicians signed the record.
- The date was recorded on 88% (N) of the records.
- Confusion arose regarding validity of DNACPR orders originating in other organisations.
- One Consultant indicated a need for guidance and education on addressing DNACPR issues with patients.
- The DNACPR decision was discussed 12% (N) of the time with the patient and 84% (N) with the relatives.
- The need for patient consent for DNACPR has been questioned.

CONCLUSION

Following introduction of the DNACPR program, there is a reduction in the number of cardiac arrest calls. It has been identified that further education is required on communication with patient's, their relatives or power of attorney, other members of the multidisciplinary team and completion of documentation.

REFERENCE

Micallef, S., Skrifvars, M., Parr, M. (2011) Levels of agreement on resuscitation decisions among hospital specialists and barriers to documenting do not attempt resuscitation (DNAR) orders in ward patients, *Resuscitation*, Vol 82 (7) pp 815-818.

Embedding civic engagement in medical education – rationale, process, opportunities and challenge

Boland J, McGrath D

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Civic engagement is a mutually beneficial knowledge-based collaboration between a university, its staff and students and the wider community. It is generally characterised by values such as partnership, reciprocity and respect for diversity. Civic engagement espouses an explicit transformative purpose, for students, staff and/or community partners. It offers a way of fulfilling the core functions of teaching, research and service to wider society, through activities such as community based learning, community engaged research and public engagement (Boland, 2012). The Higher Education Authority, in its recent strategic plan for higher education, has identified engagement as one of the three core missions of higher education.

Civic engagement offers a myriad of possibilities for medical education, research and practice. For educators, community based learning (CBL) where students apply discipline specific knowledge and skills to address specific needs in the local community. It offers authentic opportunities for students to develop a humane and ethical approach to healthcare, gain an appreciation of the social determinants of health and a capacity to work effectively with diverse communities. For researchers, community engaged research (CER) enables development and sharing of knowledge which is grounded in community issues.

Despite the benefits – for students, the community and the university – a crowded and regulated curricula, busy clinical environment and the pressures of academic life pose challenges for educators seeking to embed civic engagement in their work. We offer models and examples of how CBL and CER can be implemented in medical and health care education, highlighting some key ethical and professional challenges, including sustainability. We draw on a qualitative multi-site case study of the policy and practice of embedding civic engagement within the curriculum in Irish higher education. The paper is also informed by our experience supporting student learning and collaborative research in community settings. We make the case for a strategic, deliberative and critical approach to embedding the principles and practice of engagement into healthcare education, research and practice.

REFERENCE

Boland, J. (2012) Strategies for enhancing the sustainability of civic engagement through alignment: a tale of potential, risks and un-tapped opportunities in Lyons, A, Mc Ilrath and Munck, R. (eds) Higher Education and Civic Engagement: Comparative Perspectives New York: Palgrave Macmillan

ABSTRACT NO.:

69

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Professionalism



ABSTRACT TYPE
Descriptive

ABSTRACT CATEGORY
Professionalism

Discovering emotional honesty: The transformative effects of devised theatre

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NUIG

Current trends in Medical Education highlight the importance of supporting the development of the learner as an individual, (e.g. self-awareness, , critical thinking), yet all too often our curricula are characterized by a focus on uncritical knowledge acquisition at the expense of personal growth.¹ One of the curricular antidotes to prescribed learning was the advent of special study modules (SSMs) in the 1990s. SSMs provided students, it was argued, with opportunities to develop individual interests and aptitudes. SSMs are now a feature of many medical curricula around the world. Whilst there are many descriptions of SSMs, very few relate to drama, yet drama represents a powerful means of exploring difficult issues and playing out roles in safe environments.

We would like to present one such module in which we used a devised theatre model to help students to explore their perspectives on the profession of medicine. . The quotations used are all derived from student learning journals and a qualitative post hoc evaluation of the SSM. Through participating in this module of experiential learning, students developed an emotional honesty with themselves and each other. They thought and wrote about their profession, learned physical discipline, discussed ethics, developed confidence and teamwork, and touched on performing and relaxation skills. It was a wholly appropriate mode of development for young doctors and modules such as this are valued both in Ireland and U.K 5,6. This module most definitely gives the students something to enrich their professional careers and allows for development of the doctor through non typical curricular teaching. It is worthwhile and evidence to show its long-term benefits may not be far off.

The student's reflective diaries (Quotations included) confirm the worthwhile nature of the module and speak of its benefits for team-work, problem solving, creativity and public speaking. The students seem to feel that type of module is missing from the curriculum and this type space is needed in order to reflect appropriately as we encourage them to do so.

REFERENCE

4. Grewal D, Davidson HA. Emotional Intelligence and Graduate Medical Education. JAMA 2008;300 (10) :1200-02

Where is the patient in medical ethics education?

Campbell L
NUI Galway

The purpose of this presentation is to explore the role of patients or patient representatives in the delivery of medical ethics education. There is an urgent need for medical ethics education to become more clinically-focused and relevant to the needs of medical students. In addition to clinical relevance, however, current international consensus on the importance of patient-centred care means that medical ethics education must also focus on patients' experiences, preferences and self-reported needs.

One way of making ethics education more patient-focused is to explore the growing literature examining patient preferences; another is to expose medical students to the experiences of actual patients or patient representatives themselves, through first-hand narrative accounts. This brief presentation will outline the aims of medical ethics education and explore ways in which the use of patient narratives may enhance these aims.

REFERENCE

Epstein RM and Street, RL (2011). "The Values and Value of Patient-Centred Care". *Annals of Family Medicine* 9:2, 100-103

ABSTRACT NO.:

71

(Please note that there will not be a poster presented for this abstract)

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Professionalism



The impact of a reflective writing assignment within the undergraduate medical curriculum

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1 Dept. of Psychiatry, Penang Medical College, 2 Dept. of Family Medicine, Penang Medical College

BACKGROUND

Consensus expert opinion regards reflective learning as an essential component of medical education. Among various approaches to teaching in this area, reflective writing (RW) is relatively well established- yet debate persists regarding its usefulness.

AIMS

To explore the impact of a reflective writing (RW) exercise among fourth year medical students and the implications for curriculum planning.

METHOD

A reflective learning module introduced within an 8 week psychiatry posting included a 600 word RW assignment (compulsory but not graded) on the subjects of professionalism and attitudes to mental illness. Thematic analysis of how students approached the subject material was undertaken by one of the authors (VR) and the level of reflection achieved was evaluated independently by the third author (CKY) using the REFLECT rubric¹. Students' self-rated understanding of reflective learning and the value attached to the RW experience was also documented at the end of posting evaluation.

RESULTS

All 28 students completed the assignment. While some based their RW on personal clinical encounters many maintained a relatively detached and intellectual position. Predominant themes that emerged included initial apprehension about psychiatry and performance anxiety in relation to patient contacts with expressions of increasing comfort by the end of the posting and acknowledgement of prior mistaken misconceptions regarding patients mental illness. RW submissions frequently demonstrated "thoughtful action or introspection" using the REFLECT rubric, but examples of more advanced levels of reflection were infrequent. Almost all students reported a good understanding of reflective learning but were polarised regarding the value they attached to the RW exercise. A minority regarded it as an unhelpful chore and expressed a preference for the small group reflective discussion groups which had been provided during the psychiatry clerkship.

CONCLUSIONS

Our findings support previous research illustrating the challenges of incorporating reflective writing within under-graduate medical curricula. The value of a single RW assignment during clinical postings may be limited. Key issues to address in future research include the influence of students' aptitude and preparedness for RW during pre-clinical years and the potential for offering greater student choice in reflective learning methods

REFERENCE

1Fostering and evaluating reflective capacity in medical education; developing the REFLECT rubric for assessing reflective writing. Wald HS et al. Acad Med; 2012, 87 (1): 41-50.

Students as researchers: The student experience of conducting a narrative study with their peers

Goggins A, Grant M, Corrigan M, Johnston J, McGlade K
Queens University Belfast

BACKGROUND

A large study, "The Student Story" is currently exploring the student experience of studying medicine and developing professional identity. The study involves medical students as researchers interviewing their peers on camera. This paper reports on a sub-study which aims to describe the collective experience of these students in their role as researchers including practical problems encountered; recording interviews and insights gained.

METHODS

A specially constructed questionnaire was distributed to all student researchers (n=16) at the end of the first year of data collection in the main study. This sought information about changing opinions of researchers as a result of involvement, benefits and barriers in conducting interviews on video and depth of student narratives. A follow up focus group allowed elaboration of opinions expressed in the questionnaire. A consensus was developed within the group of student researchers by iterative feedback of the conclusions from questionnaire responses and focus group interviews.

RESULTS

All students returned questionnaires and took part in the focus group. Preliminary results suggest that their involvement in the study has had a distinct impact on the student researchers' own concepts of what good medical practice is. Student researchers were concerned that their personal relationship and knowledge of interviewees during interview may have added an element of bias to the questions posed and the information sought from various narratives. However, early findings suggest that using students as researchers has provided deeper insights by virtue of the informality inherent in peer interviews.

DISCUSSION

The acquisition of professional skills and attitudes by medical students has received a lot of attention in recent years reflecting perhaps cultural changes both within the profession and society. 'The Student Story' set out to explore the professionalisation process through students' narratives. This smaller study highlights the potential power of using students as researchers in the creation of a social constructionist perspective on the development of professional identity. We believe this provides unique insights on the so called 'hidden curriculum' which incorporates unacknowledged elements of training such as role-modeling and socialisation. While findings are still preliminary, the implications of this change in perception could be far-reaching in terms of medical training.

ABSTRACT NO.:

73

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Professionalism



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Professionalism

Introduction of a new Assessment of Professionalism in Medical Students*Magee F, Fahey T**Royal College of Surgeons Ireland***AIM AND OBJECTIVES**

The curriculum of a medical school should include teaching and assessment of Professionalism. This project aimed to introduce a new tool to assess Professionalism as part of the General Practice attachment in an Irish medical school, which previously had no formal assessment of Professionalism, and to evaluate it in this context.

The primary objective was to improve the students' learning of Professionalism, as the assessment is formative in nature. Other objectives include increased accountability for the medical school, and better quality assurance for patients regarding the levels of Professionalism in graduating doctors.

METHOD

The assessment tool selected was a modified version of the Professionalism Mini-Evaluation Exercise (P-MEX), which has been shown to be a valid and reliable tool 1. The tool was introduced as a pilot study, utilising the HSE Model for Change.

RESULTS

Quantitative data was collected, using pre-test and post-test questionnaires, based on the students' self-rated scores of Professionalism. These indicated that the objective of improved learning had occurred. However, the evaluation method did not isolate the new assessment from the learning of Professionalism that occurred during the GP rotation as a whole. Further evaluation using qualitative methods is pending, and will evaluate the new assessment in isolation.

Patterns of medical student attendance – a cohort study and survey

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ABSTRACT NO.:

75

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Professionalism

BACKGROUND

Attendance is often cited as a key factor in undergraduate medical education (Vinceneux et al. 2000). The aim of this study was to determine attendance patterns among medical students in a clinical undergraduate programme and student and staff perceptions of the importance of attendance.

METHODS

A cohort study evaluating student attendance of all students attending over a full academic year from September 2011 to June 2012 was conducted. A student logbook was used to document attendance at all classroom-based activities and clinical activities. A survey establishing attitudes of all students and staff towards student attendance was then completed using an online anonymous survey tool (SurveyMonkey®).

RESULTS

The logbook was completed by 147 students (100%) and the survey was completed by 128 students (87%) and nine staff members (90%). The overall attendance rate across all activities was 90% and the attendance rate was similar for both classroom-based activities (90%) and clinical activities (89%). Poor attenders (defined as more than one standard deviation below the mean attendance rate i.e. 79%) were more likely to be male, to be rostered for the first rotation and to have previously failed an end-of-year examination. Many poor attenders turned up on a daily basis but only attended a proportion of their required activities for that day.

Both students and staff placed a high importance on attendance. The vast majority of students and staff (75% and 88% respectively) believed that student attendance should be mandatory and that it was reasonable to monitor attendance (84% and 100% respectively). Students were divided over whether attendance should contribute to academic credit (40% in favour) in contrast to staff members who were almost universally enthusiastic (89% in favour). The majority of students (63%) acknowledged that they attended activities they would not have otherwise attended had they not been required to document their attendance.

CONCLUSIONS

Students and staff rate the importance of attendance highly and this was reflected in high attendance rates for both classroom-based activities and clinical activities. Undergraduate programmes need to address attendance for male students, students on early rotations and students with previous academic underperformance.

REFERENCE

Vinceneux, P, Carbon, C, Pouchot, J, Crickx, B, Maillard, D, Regnier, Desmonts, JM and Fontaine, A (2000). Undergraduate Medical Education: Students' Perspective and Medical School Policy. *Presse Médicale* 29(30): 1654-1657.



Leading the good life: TCD medical students make healthy lifestyle choices

McCrohan M, McGarry J, Walsh C, Gavin K T
School of Medicine, Trinity College Dublin.

AIMS

This study proposed to compare caffeine consumption, cigarette smoking, exercise and dietary habits of First- and Third-year medical students at Trinity College Dublin.

METHODS

Following ethics committee approval, all 1st- and 3rd-year medical students were emailed project details and invited to participate. A link to the anonymous, self-administered online survey followed subsequently. Questions included estimated weekly caffeine intake, cigarette smoking, diet and engagement in moderately intense exercise. Likert scales measured effects of certain situations on caffeine consumption, smoking and participant's perceived level of dependence. Chi-squared and p values were calculated using the R-project for statistical computing, and a Monte Carlo strategy for small counts (1).

RESULTS

Overall response rate was 45.1% (144 students; (81 1st-years, 46.8%; and 63 3rd -years, 43.2%). Most were non-smokers (90%, 1st-years and 80%, 3rd-years) and reported no dependency on cigarettes. Smokers did so primarily in a social setting. Over fifty percent consumed caffeine products daily, with consumption increasing around exam-times. Third- years were significantly more likely than first-years to consume caffeine when under stress (P=0.03). Some dependence on caffeine was reported by 24.7% of 1st-years and 19.4% of 3rd-years. Third-years were significantly more likely to be moderately or highly dependent on caffeine (P=0.04). Recommended weekly exercise levels were achieved regularly by over 50% of students in both years. The majority (68%) had 3 standard meals a day, although skipping breakfast was quite prevalent (> 30%). Fast-food consumption was surprisingly low for a college population with 58% of 1st-years and 53.4% of 3rd-years unlikely or highly unlikely to consume fast-food in an average week.

CONCLUSION

There were few lifestyle differences between the two-years. Overall, students reported healthy behaviour, particularly in terms of diet, exercise and smoking. Our results would appear to contradict commonly held misconceptions regarding medical student dietary habits and lifestyle. We would recommend comparing the lifestyle habits of First-years with Final-year medical students or interns to determine the effects of increased clinical exposure or work demands on these parameters.

REFERENCE

1. www.r-project.org

Attitudes towards patients with mental illness in Irish Medical Students

*O' Connor K1, Brennan D2 , O Loughlin K4, Wilson L3, Pillay D3, Clarke M1, Casey P3, Guerandel A4, Malone K4, Lane A1
SVUH/University College Dublin*

A positive attitude to patients with mental illness is important in all branches of medicine, as it can impact on the quality of care patients receive from doctors . Attitudes of preclinical medical students is an under researched area.

AIMS

This study aims to (1) assess the attitudes of preclinical and clinical medical students to patients with mental illness, (2) assess the effect of two modules taught using different teaching methods on students' attitudes to patients with mental illness.

METHOD

During the same academic year all students (N= 394) completing the year 3 preclinical psychiatry module and the final year psychiatry module anonymously completed an attitudinal questionnaire at the beginning and following completion of the module.

RESULTS

There was no significant difference in attitudes displayed by preclinical and clinical medical students prior to starting their respective modules. An association was found between female gender and more tolerant attitudes ($r=0.20$, $p=0.02$). Students who knew someone with experience of mental illness were associated with more tolerant attitudes ($r=0.32$, $p<0.001$). Final year students who completed the clinical module demonstrated a positive attitudinal shift ($p< 0.001$) and the attitudes of third and final year male students improved significantly following the module ($p<0.05$).

CONCLUSIONS

Given the high rates of physical illness in patients with mental health problems specific educational initiatives to address medical student's attitudes to patients with mental health problems should be an educational priority in medical school.

REFERENCE

Disability Rights Commission.(2006) Equal treatment: closing the gap. A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems. London: Disability Rights Commission

ABSTRACT NO.:

77

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Professionalism



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Professionalism

Developing Student Empathy with a Child's Perspective of the X-ray Department*Matthews K**School of Medicine and Medical Science, University College Dublin***BACKGROUND**

Empathy can be defined as an ability to identify with and understand another's situation, feelings, and motives – the ability to put oneself in someone else's shoes. Empathy involves health care professionals being able to communicate that understanding to their patients (Hojat et al, 2009). Empathy is important in dealing with children in hospital. "When patients feel they have been heard and understood, their adherence to medical management plans is increased" (Shore, 2009). An empathetic approach from the radiographer can make the examination less stressful for the child, and can result in greater ease for the radiographer in obtaining diagnostic images. Whether empathy is an inherent personality trait or a skill that can be taught is a moot point in published literature. However, Anderson and Konrath (2011) report that while students have varying inherent ability to empathise, that ability can be developed through teaching and individual effort.

METHOD

We wanted to provoke radiography students to think about how a child perceives the X-ray department, such that they could better empathise with a child's anxieties. We developed a simple and fun exercise where each student was asked to sit or lie on the floor or an X-ray table, anywhere in an imaging department, and take a photograph of what a small child would see. The students then had to present the photo and a reflective commentary within group pages of our virtual learning environment. The commentary had to identify how the child's perspective is different to that of an adult, how that may influence a child's thoughts and feelings about being in X-ray, and how this knowledge can help a radiographer communicate empathy to the child.

RESULTS

An interesting, imaginative and sometimes terrifying variety of images were presented. The commentaries were thoughtful and well considered, highlighting issues of perspective, scale, and unknown environment as being particularly threatening to a paediatric patient. In a post exercise de-briefing, the students agreed that while the work was fun, they learned a lot, both from their own work, and from the images and commentary of their class mates.

DISCUSSION AND CONCLUSION

Whether it is possible to teach empathy to the extent that students' feelings will change is debatable, but this exercise has shown that it is possible to make students more aware of a paediatric patient's perspective. The images and commentaries have resulted in a useful resource for students, lecturers and radiographers, giving us sight of aspects of the X-ray department that we may have become inured to in our day to day practice. Selected images and commentaries will be presented in the proposed poster.

REFERENCE

Anderson P, Konrath S (2011) 'Why Should We Care?'—What to Do About Declining Student Empathy. *Chronicle of Higher Education* <http://chronicle.com/article/Why-Should-We-Care-What/128420/> Last accessed 04/08/2011

Medical student and postgraduate trainee attitudes to reflective practice

Guerandel A
University College Dublin/SVUH

ABSTRACT NO.:

79

AIM/BACKGROUND

The Medical Practitioners Act 2007 has given formal recognition to the need for clinicians to maintain and develop the knowledge and skills relevant to their professional work (1). In their review of medical schools in Ireland (2007), the Medical Council list the encouragement of 'reflective practice' processes as one of the key indicators of good practice in assessment (2). To date in Ireland, no studies have examined medical students' and doctors' views about reflective practice. This study explores compares and contrasts medical students' and postgraduate's understanding of, and attitudes to reflective practice.

METHOD

A case study design was undertaken within the broad paradigm of qualitative research. Final year medical students were interviewed about their understanding of and attitudes to reflective practice at the commencement of their final year module in psychiatry. A further series of interviews examining these same issues were held with postgraduate trainees at various stages of their postgraduate training. Exploratory thematic analysis and an interpretive approach were used. A focus group was undertaken to explore emergent themes.

RESULTS

There were clear deficits in in understanding amongst both medical students and doctors with regard to the concept of reflective practice. The relevance of reflective practice for a career in medicine was more evident amongst postgraduate trainees. The concept of 'reflection' was more familiar to medical students who in general demonstrated more negative attitudes towards reflective practice.

CONCLUSION

This study begins to highlight medical students' and doctors views about reflective practice. It suggests a need for greater attention to how reflective practice techniques are taught and assessed in a structured way in medical school. It suggests that their relevance for a career in medicine or psychiatry needs to be highlighted. Medical educators should be encouraged to consider introducing teaching in reflective practice as a method of formative and summative assessment earlier in the psychiatric undergraduate and postgraduate curriculum

REFERENCE

The Medical Practitioners Act 2007. [21st April 2011]; Available from: <http://www.irishstatutebook.ie/2007/en/act/pub/0025/index.html>.

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Professionalism



Emotional Intelligence in First Year Health Sciences Students

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University College Dublin School of Medicine and Medical Science

BACKGROUND

Emotional intelligence (EI) may be defined as the ability to perceive, appraise and express emotion, access and process emotional information, generate feelings, understand emotional knowledge and regulate emotions for emotional and intellectual growth. The significance of self-awareness and self-regulation of one's emotions is of high priority in many sectors especially in health settings and students who develop EI may be better able to endure the pressures associated with health professional education and in their postgraduate careers.¹ The aim of this study was to explore entry-level EI across health science programmes.

METHODS

All entry-level health sciences students (n=613) were invited to participate in an anonymous online survey containing the 30-item validated short form of the trait EI questionnaire (TEIQue-SF) at the beginning of the 2012/2013 academic year. This questionnaire yields scores on global trait EI and its four factors (Well-being, Self-control, Emotionality and Sociability). Demographic data including sex, age and ethnicity was also recorded.

RESULTS

An overall response rate of 38.2% of the population was achieved. Physiotherapy students scored highest in terms of global EI (mean=5.57), well-being (6.05), self-control (5.25) and sociability (5.28) while midwifery students scored highest on emotionality (5.69). Statistically significant differences between programmes were identified in terms of global EI (p=0.050), self-control (p=0.027), emotionality (p=0.008) and sociability (p=0.048). Sex differences were found for self-control (p=0.030; Male>Female) and emotionality (p=0.044; Female>Male).

DISCUSSION AND CONCLUSION

While the root of some of the above differences between programmes requires further consideration, sex was found to be a factor influencing student EI scores in keeping with other studies. Studies have also demonstrated significant declines in EI scores throughout the course of health professional programmes. It has also been argued that EI can be enhanced and as students / professionals with higher EI are better able to endure the pressures associated with their studies / career it is important to consider EI in the context of entry-level scores and potential curricular interventions with the aim of trying to produce exceptional health professionals who are more employable and better positioned to enhance the patients' / clients' experience.

REFERENCE

1 Mackay, S.J., Hogg, P., Cooke, G., Baker, R.D. and Dawkes, T. (2012). A UK-wide analysis of trait emotional intelligence within the radiography profession. *Radiography*, 18(3), 166-171.

Student Attitude Towards Professionalism Teaching In a New Medical School

McNamara R, O Hanlon S, McMahon E, Crowley L, Velupillai Y, Walsh S, Murphy L, McGrath D

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The delivery of meaningful training in professionalism in medical education remains challenging. Most published definitions of professionalism describe attributes such as high ethical and moral standards, honesty, integrity, altruism, empathy, reflective practice and life-long learning. In our school we have tried to incorporate several different methods of professionalism teaching.

We sought to explore student attitudes towards our current model of professionalism teaching. Using seventeen characteristics of professionalism (including those listed above) as a framework, we developed an anonymous online survey in which students across the four years of the programme and intern graduates of the school, were asked to rate how well we taught each aspect of professionalism to our students.

A total of 148 students replied (35% response rate). The majority of respondents (54.1%) were aged between 26 and 30 years.

While the majority either agreed or strongly agreed that they were taught these characteristics, a significant minority was ambivalent about our teaching of two of the seventeen characteristics namely, 'subordinate their own interests to the interests of others', 'are altruistic'.

Overall our students have very positive attitudes to professionalism training at our school. Further consideration needs to be given to the two areas highlighted.

REFERENCE

Swick HM. Toward a normative definition of medical professionalism. Acad Med. 2000 Jun;75(6):612-6.

ABSTRACT NO.:

81

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Professionalism



A study of students' preferences for learning from real or simulated patients as part of early patient contact in the undergraduate curriculum

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INTRODUCTION

Medical students may learn history taking and clinical examination skills by practising with either real or simulated patients. As part of their second year, students at the institution take part in workshops whereby simulated patients are used to allow students to practise their clinical skills. At a minority of these workshops, real patients are recruited from the community in place of actors. This allows students to practise basic clinical skills with real patients. We sought to elicit students' preferences for learning clinical skills from real or simulated patients.

METHOD

As part of a series of clinical skills workshops in year 2 of the undergraduate programme, a musculoskeletal workshop was organised for 218 students. In contrast to other workshops, real patients were recruited using hospital outpatient mailing lists. Small groups of students then rotated between patients, such that each student met with at least three patients over the course of the workshop. The patients had diagnosed rheumatologic disorders with clinical signs and symptoms. Students had the opportunity to take a history, practise their communication skills and examine patients. This was facilitated by clinical skills tutors. Subsequently, all students were invited to complete a brief anonymous online evaluation (See Table 1). Likert scales were used to elicit students' preferences for learning. The students also had the opportunity to provide qualitative feedback.

RESULTS

The response rate was 50% at time of abstract submission. 74.3% preferred learning clinical skills with real patients. 91.6% enjoyed encountering real patients. 78.0% felt they were able to ask patients the questions they wanted to ask. 77.0% thought the workshop helped their confidence in communicating with patients. 78.8% felt more motivated to learn. 85.2% indicated that they had a more realistic understanding of musculoskeletal conditions as a result of seeing them in a real life context. 90.8% indicated that they had a better understanding of the impact of disease on patients' lives.

CONCLUSION

Medical students exhibited a strong preference for learning clinical skills from real patients as opposed to simulated patients. Students indicated that practising with real patients made them feel more confident in their communication skills and more motivated to learn.

A qualitative study on the experience of graduate entry students in a 4 year program in the transition to clinical training

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As an increasing number of countries allocate more places in medical schools to graduate students, it becomes crucial to understand the experience of graduate students (GS) in medical schools. At this point in time, Portugal is an excellent case-study to conduct research on the experience of GS in medical schools. In the country, there is an approximate global annual intake of 300 GS in a total of 1800 students by the 8 medical schools. The medical curricula in Portugal cover the following models of programs available internationally: i. long (6 year) programmes in 7 medical schools for school leavers; ii. Long (6 year) programmes in 6 medical schools, for graduate entry students; iii. "Fast-track" 4 year programs in graduate entry medical schools; iv. a 4 year graduate entry track program that runs parallel to a 6 year school leaver programme in Minho's medical school, since 2011/2012.

We have started to study the experience of graduate entry students in the fast-track program in Minho. We are particularly interested in the transition moments: 1. The start of medical school; 2. The transition to the primarily clinical part of the Degree; 3. The transition to the first year of residency training. In this communication we will present results of an ongoing qualitative study that aims at understanding the experience of graduate students in the transition from the basic to the primarily clinical part of an undergraduate medical degree in Portugal.

A semi-structured focus group interview was conducted with students from the first cohort of Graduate Entry students (admitted in September 2011). The discussion was taped and transcribed verbatim. The coding of data is proceeding with constant comparison. The thematic coding of the data is inductive and is being undertaken by the researchers using a grounded theory approach. In this communication, we will share our initial findings.

REFERENCE

Prideaux D, McCrorie P. Medical Education 2004.

ABSTRACT NO.:

83

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Teaching and Learning



Simulated interprofessional teaching session on labour and childbirth for undergraduate medical students

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INTRODUCTION

Medical students are often anxious at the start of labour ward attachment due to the sensitive nature of the speciality. Poor interprofessional relationships in labour ward setting lead to marginalisation of medical students, undermining their confidence and opportunities for hands on experience. Simulated interprofessional teaching could be used to familiarise the students to clinical environment and to improve their confidence levels to perform and interact effectively.

OBJECTIVES

- To alleviate medical students' anxieties surrounding labour ward and to improve their understanding of the process of labour and clinical environment.
- To improve their self perceived confidence levels in caring for women in labour and performing a vaginal delivery
- To improve relationships between medical students and midwives through better understanding of each others roles

MATERIALS AND METHODS

New simulated teaching session on labour and childbirth, delivered by preregistration midwives was introduced to a cohort of 44 fourth year medical students commencing their obstetrics and gynaecology attachment in Queens University Belfast. The teaching session was based on a pregnant woman presenting in labour progressing to delivery. The medical students participated in the assessment and providing support to the women with hands on experience in delivery using birthing simulators. At the end of the session, a structured Likert scale questionnaire was distributed to all the medical students participated and the responses were evaluated to assess the impact of the teaching session.

RESULTS

98% of students felt less anxious about working on labour ward on their first day, while 95% felt less anxious of performing a delivery. 93% of students agreed that their understanding of the labour ward environment improved, while all the students (100%) agreed that they felt more confident about their understanding of the process of labour. 86% of students felt more confident in caring for women in labour. 98% had a better understanding of the role of the midwife while 84% of students felt more confident about their role on delivery suite.

CONCLUSION

Simulated interprofessional teaching sessions can be used successfully to alleviate students' anxieties and to improve their confidence levels in performing and interacting with other professionals in clinical environment.

REFERENCE

Siassakos D, Timmons C, Hogg F, Epee M, Marshall L, Draycott T (2009) Evaluation of a strategy to improve undergraduate experience in obstetrics and gynaecology; Medical Education; 43; 669-673

Using students' personal stories for learning

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BACKGROUND

Narrative techniques are being increasingly employed to help understand complex social interactions. In this project, students were engaged both as researchers and subjects with the objective of collecting students' own stories of their experiences of medicine before and during medical school. In particular we were interested in how professional identity is formed and whether the phenomenon of the loss of idealism and emergence of cynicism, observed as students progress¹, could be addressed with materials derived from these interviews. This paper describes the research process and how we have approached the organisation of these potentially useful learning materials.

METHODS

First and fourth year students interviewed their respective year groups on video to capture their stories. These together with "field notes" and research diaries were analysed for content and themes by the research team consisting of students and academics. A website was thought to be a useful way both to organise and provide access to the interview materials for teaching and learning purposes. Brainstorming and storyboarding techniques were employed to develop a suitable layout for the website to have the greatest impact on learning.

RESULTS

To reflect a process of continual growth through the medical profession it was decided a suitable website metaphor needed to have a progressive element. Ideas included "snakes and ladders", a river trip, a hospital corridor but eventually a "monopoly" game board was settled on. This incorporates important elements relevant to medical students' development; an on-going pathway, elements of chance and external influences and opportunities. Those themes deemed most relevant or important as identified in the interviews will feature significantly in the website. Emergent themes included students' expectations, their motivation for medicine, their personal experiences and ideas of professionalism in medical school and what that might mean.

DISCUSSION

Not all scenarios will be relevant to every student but different perspectives can serve learning. Following-up the students as they progress through medical school and monitoring how opinions and stories change will be important as will updating the learning materials. The small window this work provides on the hidden curriculum may have an impact on future curricular development.

REFERENCE

J Johnston, M Cupples, K McGlade and K Steele. Medical students' attitudes to professionalism: an opportunity for the GP tutor? *Education for primary care*: 09/2011; 22(5):321-7.

ABSTRACT NO.:

85

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Teaching and Learning



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Assessment

An interprofessional initiative in development of a workshop on teaching and assessment for postgraduate trainers

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BACKGROUND

Trainer selection for non-consultant hospital doctors has been based on clinical expertise. Existing and prospective trainers require support in educational roles. Clinicians need awareness of educational and assessment theory. Initiatives in undergraduate faculty development may be translated to post-graduate trainers.

SUMMARY OF WORK

Education development in RCPI collaborated with teaching trainers in Physiotherapy and Medicine. Learning Objectives were agreed. Focus groups were conducted with trainers to identify perceived challenges. Simulated videoa of challenging scenarios were made. Workshop attendees received: educational "glossary", sample teaching schedules, "top tips" in feedback/assessment, summaries of teaching;feedback, and assessment methodology. Workshops are ongoing. A post-workshop questionnaire was provided to all attendees.

SUMMARY OF RESULTS

18 trainers attended workshops to date. 15 questions were returned, on which Eval report was generated. Free-text comments indicated positive evaluation: "an excellent programme", "it addressed many issues that we deal with in common clinical practice". 88% of respondents agreed objectives were met. 100% agree the course was relevant to current role. 89% agreed they would recommend course to a colleague. 100% agreed they could apply what they had learned.

CONCLUSIONS

Collaboration among educationalists and clinicians can provide effective and time-efficient essential skills for trainers.

REFERENCE

Dahlstrom, J., Dorai-Raj, A., McGill, D., Owen, C., Tymms, K. and Watson, D. A. 2005. What motivates senior clinicians to teach medical students? BMC Med Educ, 5, 27.

Comparing undergraduate and postgraduate students on an integrative learning lesson in health literacy and health communication across two international medical schools

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1 Royal College of Surgeons in Ireland, 2 RCSI Medical University Bahrain, 3 Perdana University-RCSI.

Healthcare professional students should be engaged in best practice regarding communication with patients, including awareness of the relationship between patient health literacy and use of patient information leaflets (PILs). Such PILs should have good readability, use health psychology theory content to maximise motivation and provide practical assistance for behaviour change, and provide good quality, unbiased information for patients. We describe a compulsory first semester flexible learning student project that requires identification, quantification and application of these indices to enhance PIL design, comparing findings across 2 international sites, and undergraduate and graduate student cohorts.

After ethical approval was provided, a cross-sectional survey of first semester students across two RCSI sites (Dublin [undergraduate and graduate entry programmes], Malaysia) investigated readability (Flesch score), quality ratings (DISCERN) and health psychology theory content in six international PILs promoting physical activity. Students were also asked to propose theory-based improvements for the PILs, and submitted a report.

While Flesch readability scores were variable among PILs, no differences were reported in pre- or post-modification Flesch scores (for all PILs averaged) among student groups. Importantly, student-added content was not detrimental to average Flesch scores. In comparison to the Dublin cohort, identification of theories in PILs differed in various ways between the Malaysian and graduate students. For example, graduate students were significantly more likely to identify a theory that was not taught on the course, possibly indicating a greater ability to integrate material outside the core course content. Furthermore, graduate students were more critical of the quality of the PILs, as evidenced by lower ratings on the DISCERN overall and reliability subscales. In contrast, the Malaysian undergraduate cohort provided higher DISCERN overall and reliability ratings than the Dublin undergraduates.

Importantly, the results have highlighted significant differences between undergraduate and graduate entry groups, but also differences between undergraduate cohorts across Dublin and Malaysia. Such findings may reflect differences in teaching across sites, or cultural differences that are important for education. Overall, this integrative learning project addresses the international relevance of student engagement in material that highlights patient health literacy issues and the usefulness of theory to guide good quality communication.

ABSTRACT NO.:

87

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning



Establishing A New Geriatric Teaching Programme For Undergraduate Medical Students

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INTRODUCTION

The Department of Geriatric and Stroke Medicine in our hospital supports undergraduate clinical teaching and has strong links with other university-affiliated teaching hospitals. We recently reconfigured our clinical curriculum in geriatric medicine with the aim of pursuit of excellence in education of undergraduate students. Our programme aims to develop the key knowledge, skills, attitudes and behaviours which would be expected of all graduates and forms the basis for developing a future interest in the speciality of geriatric and stroke medicine.

METHODS

The programme is comprised of a one week didactic lecture series delivered by local and visiting geriatricians, psychiatrists of old age and allied health professionals. Students also participate in a two-week small group clinical rotation in Elderly Care. The clinical rotation is delivered in a structured manner with dedicated teaching components. Teaching modalities include formal lectures, teaching ward rounds, small group tutorials, case-based problem solving exercises, and practical sessions with multidisciplinary team members in an affiliated stroke rehabilitation unit. Learning outcomes for time spent with multidisciplinary team members, incorporating speech and language therapists, occupational therapists, physiotherapists and social workers, included appreciation of inter-disciplinary work, impact of social history from admission through to discharge and importance of supporting communication.

RESULTS

Feedback questionnaires were distributed to the students. 74.85% of students rated the teaching components as "excellent" or "very good". Student comments highlighted their enjoyment with the increased level of involvement with the clinical team and their exposure to the multidisciplinary team approach to patient care.

DISCUSSION

Our experience with this programme has demonstrated the feasibility of aligning structured teaching components with a clinical rotations and delivering multidisciplinary teaching in a clinical setting. Increasing student interaction with the clinical team and their level of involvement with all aspects of patient care has met with positive reviews from the students.

An Evaluation of the Study Habits and Learning Strategies of Students in an Irish Medical School and their Correlation with Academic Success

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ABSTRACT NO.:

89

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning

BACKGROUND

Recent studies have shown that a combination of personality factors, aptitude and study habits/strategies are strong determinants of academic success at medical school. In particular, there is limited evidence to suggest that study skills such as efficient time management and self testing are associated with better overall exam performance.

AIMS AND OBJECTIVES

To determine the successful and detrimental study habits and learning strategies of UCC medical students.

METHODS

A newly-devised questionnaire instrument investigating study habits (including use of social media during study), as well as the Approaches and Study Skills Inventory for Students (ASSIST; Tait et al., 1998), were distributed to Year 2 and final year UCC medical students. Year score percentage from the preceding year was the measure of academic achievement.

RESULTS

A significant difference in year score percentage was found between students who study consistently (M=66.33% SD=7.84%) and those who rely on last-minute study sessions ("cramming") (M=66.33% SD=8.14%; $p < 0.0001$), as well as between students who used social networking sites often during study time (M=67.24% SD=9.18) vs. those who refrain from use during study (M=72.88% SD=9.11; $p = 0.02$). Year score percentage was positively correlated with effort management/organised studying strategy ($r_{s[176]} = 0.39$, $p < 0.01$); conversely, a negative correlation was found between year score percentage and surface learning strategy ($r_{s[177]} = -0.34$, $p < 0.01$).

CONCLUSION

These data indicate that effort management and organised studying should be promoted, and surface rote learning discouraged, as part of any effort to encourage development of study skills at medical school.

REFERENCE

1. Clarke DM, McKenzie DP. Learning approaches as a predictor of examination results in pre-clinical medical students. *Medical Teacher*. 1994;16(2/3):221. PubMed PMID: 9410310934



A Reflection on Continuing Professional Development

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Our paper discusses the importance of reflective practice in the context of the continuing professional development of post-graduate trainees.

The Irish Medical Practitioners Act (MPA) 2007[1] has given formal recognition to the need for clinicians in Ireland to maintain and develop the knowledge, skills and attitudes relevant to their professional work. Trainees need to be encouraged to manage their own professional growth by developing a broad range of skills and competencies in their own work and personal environments and integrate these with the established evidence base derived from CPD activities.

The term 'reflective practice' was initially used by Donald Schön[2, 3]. _ ENREF_12At the root of Schön's work was an attempt to outline how professional knowledge is unlike the kinds of knowledge presented in textbooks, scientific papers and academic journals. He noted that clinicians often find themselves responding to a wide variety of complex situations that are poorly defined. The primary reason for consciously and systematically engaging with the process of reflection in these contexts is to consider to what degree the influences from our past overlap with the requirements of whatever clinical situation we now face.

A reflective practice model of CPD implies that psychiatrists are actively involved in their own personal and professional development, critically analysing their clinical environment, evaluating their decision making and drawing on this insight to help identify what activities are likely to be of most benefit in addressing personal deficits in knowledge or competence.

In this paper we outline the processes involved in reflective practice and the detail how such processes can link day to day clinical encounters to CPD activities relevant to the trainee clinician. The merits of clinical supervision, peer review, reflective diaries and online discussion boards in enabling this reflection are delineated.

We discuss how traditional CPD activities, if undertaken in a judicious manner by the trainee, have the potential to both enable the process of trainee reflection and address deficits in trainee knowledge or competency. The importance of case conferences, balint groups and clinical audit are outlined in this context.

We detail how reflective practice may be assessed and discuss the implications for patients care.

REFERENCE

2. Schon Donald A., Educating the reflective practitioner

NeuroSKILL: Increasing training and skills in dementia through a new neuroimaging initiative in the Ireland Wales region

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ABSTRACT NO.:

91

BACKGROUND

Currently, more than 41,700 people in Ireland and 12,000 people in North Wales are living with dementia, and the number of Irish people with the disease is likely to rise to 147,000 by 2041 due to increased life expectancy. Dementia frequently remains undiagnosed, however, depriving many of early interventions. The aims of NeuroSKILL2 are: (i) the production of training and skills programmes to increase capacity, knowledge and expertise regarding neuroimaging techniques in dementia for healthcare professionals in Ireland and Wales, (ii) the development of innovative techniques for utilisation of neuroimaging information by health care professionals, and (iii) the provision of increased knowledge and awareness of the diagnosis, treatment and living with dementia through a web-portal.

METHODS

Using state-of-the art technology, the project involves the development of web-based and in person training courses to increase knowledge and skills in neuroimaging techniques in dementia among healthcare professionals. The programmes will be aimed at general practitioners, neurologists, psychiatrists, psychologists, geriatricians, radiographers, radiologists, and specialist nurses. A web-portal for patients and their carers along with a parallel portal for healthcare professionals increases knowledge and awareness of dementia and enables the provision of online training courses for healthcare professionals.

RESULTS

The provision of training courses in neuroimaging in dementia increases the knowledge and skills of healthcare professionals in the region and improves understanding of the diagnosis. The combination of several imaging modalities enables improved diagnostic capability. More accessible neuroimaging information facilitates a better comprehension of neuroimaging in dementia. The provision of a web-portal enhances awareness and knowledge of dementia and allows for the provision of online training courses.

DISCUSSION AND CONCLUSIONS

Early diagnosis of dementia is essential for the provision of adequate treatment and care. Yet dementia is currently underdiagnosed while the capability of neuroimaging in the diagnosis and understanding of dementia is underutilised. Through improved diagnostic capability and the provision of online and in person training, NeuroSKILL enhances skills and furthers the use of neuroimaging in the diagnosis and understanding of dementia in the region.

2NeuroSKILL is a collaboration of University College Dublin, Trinity College Dublin, and Bangor University in Wales and is funded under the EU ERDF INTERREG 4A Ireland Wales Scheme.

REFERENCE

1Cahill, S., O'Shea, E. and Pierce, M. (2012). Creating excellence in dementia care: a research review for Ireland's national dementia strategy. Retrieved 10/01/2013, from https://www.tcd.ie/Communications/content/pdf/Creating_Excellence_in_Dementia_Care2012.pdf

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Teaching and Learning



Undergraduate Surgical Education: A Multi-institutional Analysis

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INTRODUCTION

A significant amount of valuable undergraduate medical teaching may be informal, unscheduled and delivered by non-consultant hospital doctors (NCHDs)¹.

METHODS

Questionnaires were distributed to NCHDs and consultants working in Irish teaching hospitals. The aim was to quantify the level of unscheduled teaching carried out in these hospitals and the manner in which it was performed. Medical students, NCHDs and consultants were surveyed to elucidate preferred teaching methods and to identify potential targets for improvement.

RESULTS

A significant majority of doctors who replied are independently teaching undergraduate medical students, without any association to a formal curriculum, including the majority of interns and senior house officers (SHO). Students tend to prefer small group teaching. A majority of students feel they could benefit from more surgical teaching time. Most students receive what they consider valuable unscheduled teaching at least once a week and rated intern teaching as beneficial. No interns surveyed were scheduled to teach as part of a formal curriculum.

CONCLUSIONS

A significant amount of unscheduled teaching by interns and senior house officers takes place in the hospital setting. It may prove beneficial to surgical education to incorporate interns into scheduled surgical teaching curricula.

REFERENCE

1. Jeffree RL, Clarke AC. Ten Tips for Teaching in the Theatre Tearoom: Shifting the Focus from Teaching to Learning *World J Surg* 2010 34(11); 2518-23.

tubeTag: The development of an online image annotation tool for developing medical e-Learning resources

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INTRODUCTION

Labelled images available online are poor substitutes for image interpretation in the presence of an expert who will provide timely feedback.

To this end tubeTag was created in consultation with a variety of educators experienced in teaching the identification and interpretation of features in medical images. It is an online tool with a shallow learning curve that allows medical educators to easily create effective, distributable e-Learning resources.

MATERIALS AND METHODS

Following development of a pilot desktop application, a group of medical educators was recruited to contribute to the user needs analysis of a more developed version. Opinions were gathered using informal, semi-structured interviews. Functionality that was commonly sought and deemed to be deliverable within the development timeframe was incorporated. To facilitate ease of access and testing the tool was developed as an online web application. The experts were given access to the tool and asked to submit feedback via an online questionnaire.

RESULTS

Four medical educators were recruited for the user needs analysis. Ease of use, the ability to rapidly update content, the capacity to request bespoke features, and "levels of difficulty". The pathologists and radiologists wanted the tool to be able to use the large specialist file formats associated with their specialties but were willing to be limited to the more common formats in the interests of usability.

These teachers joined by 4 others for the alpha testing. Only 3 of the testers had used e-Learning creation software previously but 7 of the 8 testers reported that the software was either very or extremely user-friendly. 7 testers reported that the software crashed or froze "not at all often". 6 of the testers found the software either extremely or very successful at its intended task.

CONCLUSION

It is possible to produce a stable online application that is usable by medical subject matter experts with no training to create bespoke reusable learning interactions for a spectrum of medical domains from pathology to rheumatology.

REFERENCE

Ker, J Bradley, P (2007) Understanding Medical Education: Simulation in medical education, Association for the Study of Medical Education, Edinburgh. 16-26.

ABSTRACT NO.:

93

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Teaching and Learning



A Profile of Physiotherapy Clinical Education Settings 2009-2012

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BACKGROUND

According to the Department of Health and Children directive Primary Care – A New Direction 2001 – Primary care is the appropriate setting to meet 90-95 per cent of all health and personal social service needs.[1] With the ongoing reform of the Irish Health service it is likely that future employment opportunities for physiotherapy graduates will be in primary care. In order to adequately prepare a future workforce, pre-registration physiotherapy courses must respond to the change in focus of healthcare delivery.

AIM

The purpose of this study was to examine clinical education placement data in order to provide a profile of settings of clinical placements in the four schools of physiotherapy in the Republic of Ireland (UCD, TCD, RCSI and UL) over a three year period 2009-2012

METHOD

All four schools of physiotherapy were asked to categorise clinical placement allocations under the following six headings (1) Acute Hospitals (2) District Hospital / Specialised Rehabilitation (3) Primary Community and Continuing Care services (4) Private Hospitals / Clinics (5) Overseas and (6) Other

RESULTS

A total of 3142 placements were used in the three years from 2009-2012. Of these, 73.5% (n= 2310) were in Acute Hospitals, 17.2% (n= 542) were in District hospitals / Specialised Rehabilitation services, 5.4% (n=171) were in Primary care services, 1.3% (n=41) in private hospitals / clinics and 2.2 % (n=72) were overseas placements. Specifically looking at the number of primary care placements, the trend was as follows; 2009/10 and 2010/11 4% of placements were in primary care settings and this increased to 7% in 2011/12.

DISCUSSION

The findings of this study indicate that the vast majority (73.5%) of clinical placements take place in acute hospital settings. This is at odds with the shift in Irish healthcare delivery, from secondary / tertiary, to primary care. Possible reasons for the results of this study are discussed.

CONCLUSION

Although the allocation of clinical placements to primary care services increased slightly over the three years, acute hospitals are the predominant settings for clinical education. Further research is needed to explore and address issues providing placements primary care settings.

REFERENCE

13. Rankin G, Rushton A, Olver P, Moore A. Chartered Society of Physiotherapy's identification of national research priorities for physiotherapy using a modified Delphi technique *Physiotherapy* <http://dx.doi.org/10.1016/j.physio.2012.03.002>

Parent attitudes towards medical student review of children waiting for Emergency Department assessment

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University College Dublin

BACKGROUND

Increases in the numbers of medical students and in the workload of non-consultant hospital doctors (NCHDs) has resulted in reduced learning opportunities for undergraduate medical trainees on the wards. We propose that patients awaiting NCHD review in the Emergency Department (ED) could be assessed by medical students, as a method of enhancing patient-centred education. As an initial step, we aimed to ascertain if parents would be amenable to this in the paediatric ED setting.

METHODS

Over 50,000 children attend The Children's University Hospital's ED annually. Parents of patients awaiting review in this ED completed questionnaires outlining attitudes towards an initial review by medical students. We also recorded the child's presentation, age, time spent waiting in Aand E and the time of day.

RESULTS

All (n=100) parents approached agreed to participate in this study. 91% would have allowed a medical student to see their child while waiting. We stratified parents' responses by their age (mean 4.7, SD 4.1), hours spent in Aand E (mean 1.73 hours, SD 1.81) and clinical presentation. The most common presentations were acute respiratory illness, gastroenteritis and minor trauma, accounting for 58% of the total. There was no consistent factor that increased the likelihood of a negative response.

CONCLUSIONS

Medical student assessment of patients awaiting NCHD review in the paediatric ED would provide an excellent learning opportunity. Feedback to enhance learning would be guaranteed as all patients would subsequently be assessed by an NCHD, and prompt learning points would efficiently be imparted. We have shown that parents would be open to the introduction of this in a paediatric setting. Potential difficulties with the introduction of this include limited space in many EDs and the need for close supervision to ensure that evolving severe illness in a previously medically unassessed patient is detected.

ABSTRACT NO.:

95

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Teaching and Learning



Medical student responses to different formats for teaching delivery in a Dublin medical school

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The Irish Working Group on Undergraduate Medical Education and Training and the General Medical Council (UK) published key recommendations in relation to standards of delivery for teaching medical students. These included different teaching and learning opportunities providing a balance between large and small teaching groups; the provision of practical classes and opportunities for self directed learning; the incorporation of new teaching technologies including simulation as a method of delivery. In University College Dublin medical school some of these recommendations are being implemented for the teaching of psychiatry.

In the present report medical student responses, by self completed questionnaire, on the psychiatry component of a teaching module were evaluated for 2 successive student streams in 2011 (n=187) and 2012 (n=224). Evaluation included collating data about large group (didactic teaching; 8 lectures of 1 hour duration delivered to entire group) small group teaching (8-16 in composition, dialectical, 3 x 2 hours duration) and web based e learning units.

Overall questionnaire response was 38.5 % for both streams (31, 46%). Preference for small group interactive workshops compared to lectures 96.5% (95%; 98%). Perceived relevance of the course material 80% (69%; 91%), perceived helpfulness of E learning material 70.5 % (62%, 79%), perceived clarity of learning goals or outcome 73% (74% 72%), perceived encouragement of reflection 75% (68%, 82%), tutors perceived as supportive 82% (79%, 85%); student colleagues perceived as supportive 74% (64%, 84%), quality of course organisation 71% (71%, 71%). Perceived relevance of what was taught to described course outcomes 74.5 % (73%, 76%).

The results indicate that students significantly preferred small group workshop delivered teaching to didactic lectures. A 2/3 majority found the course material relevant or valid. A majority described the e learning material as helpful in both streams. Their tutors were perceived as more supportive than student colleagues in stream 1, but both groups were considered supportive by 84% in stream 2. A limitation of the study is the low response rate at 38.5% compared to value of 75% + 2.8 reported for medical students for 40 studies in different countries. This low response rate may be attributable to the questionnaire being handed out immediately preceding a composite module assessment test. In future, we will time the collecting of similar data differently.

REFERENCE

Undergraduate Medical Education and Training (Fottrell Report, 2006)

The Effect of Clinical Placement on Students' Attitudes towards Interprofessional Learning, Interprofessional Interaction and Communication skills

Waters N, Keddy J, Phelan D, O'Mahoney M, McMahon S
University College Dublin School of Public Health, Physiotherapy and Population Science

BACKGROUND

The effect of university-based Interprofessional Learning (IPL) activities has been shown to have a positive influence on attitudes of healthcare students (medical, physiotherapy, nursing etc) towards future interprofessional working. Hospital-based IPL has also been investigated in some countries and shown to be equally beneficial. Currently in the Republic of Ireland, anecdotal evidence suggests that there little interaction between healthcare students while on clinical placement.

AIM

The aim of this study was to investigate whether clinical placement has a positive or negative effect on the attitudes of physiotherapy students towards interprofessional working.

METHODOLOGY

Permission was sought and granted from the University of West England (UWE) to use the UWE Interprofessional Questionnaire. This questionnaire was designed to explore health and social care students' attitudes to IPL, interprofessional interaction and communication skills (Pollard and Miers, 2008). The questionnaire was distributed to 34 stage 3 physiotherapy students, in the first and final week of a sixteen week clinical placement block.

RESULTS

Of the three scales in the UWE IPL questionnaire, only one, the Interprofessional Interaction Scale, showed a statistically significant change: students' perceptions of interprofessional interaction were significantly more negative, by the end of the placement block ($P=0.04$).

DISCUSSION

The results of this study indicate that clinical placement experience may have a negative effect on physiotherapy students' attitudes towards interprofessional interaction. Possible reasons and solutions for this are suggested.

CONCLUSION

Further research is required to investigate whether a formal interprofessional workshop for healthcare students carried out during clinical placement blocks, improves the students' attitudes towards interprofessional interaction. The workshop could take the form of a patient-centred discharge planning meeting

REFERENCE

Pollard, K. and Miers, M. (2008). From students to professionals: results of a longitudinal study of attitudes to pre-qualifying collaborative learning and working in health and social care in the united kingdom. *Journal of Interprofessional Care*, 22(4), 399-416.

ABSTRACT NO.:

97

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning



Cultural attitudes to learning

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INTRODUCTION

Students prefer different teaching methods. The cultural background of students may impact preference for teaching methods. The role of electronic learning (e-learning) in teaching Pathology in a multicultural classroom is controversial.

It is important to understand students' opinions and adjust our teaching accordingly to cater their needs to make our teaching more effective and efficient for their learning (Vaughn and Baker, 2001).

MATERIALS AND METHODS

Questionnaires were distributed to stage 4 undergraduate and stage 2 graduate entry medical student cohorts. Students were asked to indicate the value of different learning methods which included attending lectures, reading around lecture notes, attending small group tutorials and using electronic resources. The usefulness of different electronic resources was also enquired.

RESULT

One hundred and thirty three students (43%) responded to the questionnaire; of which, 106 (79.7%) were undergraduate and 27 (20.3%) were graduate entry medical student cohorts. The responders were divided into two groups: students with English as first language and students with other than English as first language. A group of 105 students (79.5%) had English as their first language and a group of 28 students (20.5%) had other than English as their first language, of which Malay was the commonest language (67.9%). The most useful teaching methods in Pathology were ranked in following order: small group tutorials, reading around lecture notes, e-learning and attending lectures. There was statistically significant difference ($p=0.0139$) between both the groups of students for lectures as their learning method. Lectures were more popular among our students with other than English as their first language (41.7%). Self-study (97%) remained the students' choice for studying medicine. E-learning appears to increase as students' progress through medical college. Online interactive activities top our list of e-learning resources.

CONCLUSION

Small-group tutorial format and reading around lecture notes were perceived as the most useful learning methods in Pathology by the students. Cultural background appears to affect students' choice for lectures. However, other teaching modalities do not seem to be affected by cultural variation. Delivering medical education through a variety of lectures, small group teaching and electronic format remains preferable, but increasing the number of small group tutorials and developing interactive electronic resources may aid the teaching in Pathology.

REFERENCE

Vaughn, L. And Baker, R. (2001) Teaching in the medical setting: balancing teaching styles, learning styles and teaching methods. *Medical Teacher*, 23, 610-612.

Clinical Placement in Developing Countries: Perceptions of Undergraduate Physiotherapy Students

O'Sullivan C, McMahon S, Garrett S
University College Dublin

ABSTRACT NO.:

99

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Teaching and Learning

AIM

The aim of this study was to explore students' perceptions and experiences following a 5 week clinical placement in Africa

METHODS

All 6 students who had undertaken placement in a developing country during summer 2012 volunteered to participate. Placements took place in Uganda (n=3) and Ghana (n=3) in June 2012.

A structured group feedback approach was employed (O'Donoghue et al 2011), where students were presented with open ended questions in relation to (i) pre-departure preparation; (ii) teaching and learning during the placement; and (iii) environmental/cultural aspects of the experience.

RESULTS

Students' perceptions of their placement experience were very positive. Students reported that they were adequately prepared in terms of background physiotherapy knowledge but suggested that further preparation regarding the cultural aspects of working in a developing country would be beneficial. Positive results in the teaching and learning domain included: diverse patient population, good physiotherapy resources (equipment and space), benefits of peer learning and that their placement goals were patient treatment orientated rather than grade orientated. The development of generic skills was emphasised as follows: improved communication, improved confidence, improved confidence when working in a multi-disciplinary team, innovative with treatments, improved self-motivation and adaptability. Students reported feeling more competent as physiotherapists, as they had a larger scope of practice than they would on placement in Ireland. Negative aspects included lack of resources for patients and different systems of physiotherapy assessment. Under environmental aspects, the students reported that the working environment was relaxed, which improved their confidence. Language was reported as a common barrier to rehabilitation

CONCLUSIONS

There is evidence that overseas placements in developing countries develop generic skills in physiotherapy students. More research is required to further evaluate the effects of clinical placement in developing countries on health professions students and their host communities.

REFERENCE

O'Donoghue G, Doody C, Cusack T (2011). Using student centred evaluation for curriculum enhancement: an examination of undergraduate physiotherapy education in relation to physical activity and exercise prescription. *Studies in Educational Evaluation*, 37:170-176



What do students perceive as the educational value of PBL in a systems based graduate entry curriculum and does it promote development of teamworking?

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AIM

To determine how graduate entry students view the educational "utility" of modified PBL in a clinically integrated hybrid 4 year curriculum and to investigate the perceived contribution of PBL to the team working aspect of medical practice.

METHOD

Students completed a questionnaire following the final PBL "wrap up" in Stage 2. Students selected the opportunities afforded by Problem Based Learning in terms of their overall learning and development and scored both (i) overall team performance and (ii) component aspects or domains of team performance. Tutors also rated their group

RESULTS

61 of 93 Stage II GEM students completed the questionnaire in December 2012. Mean team performance score was 74/ 100 (range 68-85; n=7). Mean tutor score was 61 (range 50-75). The "TOP 5" educational opportunities afforded by PBL identified by the students were to

1. develop clinical reasoning skill
2. have a practising doctor facilitate their learning
3. consider basic sciences in the context in which they will later use them
4. practice searching for appropriate information and sources thereof
5. (tied) participate in team based learning; identify and fill knowledge gaps and present findings concisely & in context.

Students scored the following aspects highly: *respect for one another; managing personalities to avoid group conflict* and *professional attitude*. They identified weak performance in *time management; punctuality* and *sharing of ideas and resources*

DISCUSSION & CONCLUSIONS

As PBL is acknowledged to be resource intensive it is important to ensure that PBL "delivers" as student numbers increase. Four objectives must be achieved for a truly problem-based approach; (a) structuring knowledge for better recall and application in clinical contexts;(b) developing effective clinical reasoning ; (c) developing self-directed learning; (d) increasing motivation for learning (Barrows,1986). This study provides evidence that modified PBL achieves these objectives and confirms its utility in developing skills fundamental to lifelong learning such as identification & rectification of knowledge gaps and information retrieval. Students also report that they value team based learning. Assessment of domains of team performance revealed broad agreement in ranking between students and tutors. External factors such as larger group size pose challenges for time management in PBL and this may require attention by curriculum managers. Less easily addressed is the poor rating given to sharing of ideas and resources, suggesting that further effort is required to promote the development of true "team players" from the PBL experience.

REFERENCE

(1) Barrows HS. A taxonomy of problem-based learning methods. *Medical Education* 1986;20:481-6.

Experiences of using Prezi in Medical Education

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ABSTRACT NO.:

101

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning

Prezi is a free cloud based presentation software allowing lecturers to create a zoomable canvas on which to develop ideas. The software can also produce a mind map; which are much harder to produce using conventional presentation software. Prezi facilitates learners in gaining both an over view of a subject and understanding where more complex issues fit into the overall picture. This study examines student's experience of lectures presented using Prezi both in the lecture theatre and for their personal study. It then considers the steps that can be taken by medical educators to appropriately use Prezi, maximising on its benefits while avoiding potential

METHODS

Prezi was used to lecture delivery and presentation in 25% of all lectures delivered in Psych 40150 (psychiatry for the final year medical students) in the Mater Misericordiae University Hospital. These lectures were available on Blackboard and students were free to download the lectures in their own time. The rest of the lectures were delivered using more conventional presentation styles. This cross sectional study used a questionnaire with both open and closed questions to assess student's experience of the software.

RESULTS

97% (32/33) of students found Prezi to be a more engaging experience compared to other styles of lecture delivery. 93% (31/33) said it provided them with a useful overview of the subject. On the whole the media was not found to be distracting or confusing. Problems arose when students tried to use Prezi in their personal study with 48% (16/33) reporting some difficulties. These were mostly technical problems but for a minority this was with the medium itself.

CONCLUSION

This study highlights the potential Prezi has in providing students with an engaging and stimulating educational experience. However for Prezi to be effective the lecturer using it has to understand and be familiar with the software and its appropriate use as this can be the cause of the drawbacks highlighted in this study. It is essential that teachers planning to use Prezi familiarise themselves with it. It is important that teachers equip students to get the most out of it too. Information gained from feedback from students can inform them on how to improve Prezi delivery. This experience can then be used to support other teachers to avail of the benefits offered by Prezi. Many pitfalls can also be avoided by following basic rules in designing a presentation. Prezi's potential uses in medical education extend beyond the classroom; with straight forward inclusion of video media opening up possibilities for online lectures and providing visual, interactive overviews of courses or subjects.

REFERENCE

Davis J, Crabb S, Rogers E, Zamora J, Khan K. Computer-based teaching is as good as face to face lecture-based teaching of evidence based medicine: a randomized controlled trial. *Medical Teacher* 2008; 30: 302-307



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Teaching and Learning

Engaging medical students in teaching about delirium

*Ni Chorcorain A1, MacSuibhne S2, Guerandel A3, Malone K3
SVUH/University College Dublin*

AIM

This poster is intended to a discussion of the reality of implementing structural changes in tutorials using medical education principles.

BACKGROUND

Delirium is one of the most acute medical presentations, and it is under-recognized. It is associated with increased rates of mortality and morbidity including inappropriate prescribing of sedative and antipsychotic medication, increased length of stay, increased usage of multidisciplinary team resources. In University College Dublin Psychiatry teaching there is an emphasis on student-focused, interactive teaching which addresses the entire range of learning styles.

METHOD

There are detailed e-learning resources on the topic of delirium available. Therefore a tutorial was designed to consolidate existing knowledge rather than to impart new learning, and was aimed to work on higher levels of Bloom's taxonomy of learning. The educational objectives were in the cognitive domain. Clinical importance of delirium was underlined to the students, highlighting its prevalence and the importance of recognizing it. Baseline entry knowledge was assessed using an MCQ, which corresponds to evaluation as termed by Bloom. This was done individually with students personally completing a questionnaire on differences between delirium and dementia, and then as a group. A series of video clips demonstrating different clinical scenarios lead to a discussion on the differences between dementia and delirium. The learning strategy was to foster deep learning so that learners actively construct their own personal interpretation and there is lasting behavioral changes.

DISCUSSION

One obstacle to this was apparent student unfamiliarity with the lower-level knowledge domains, which were a pre-requisite for the tutorial. Therefore time in the tutorial was spent teaching in a more didactic way than planned. Given that learning material was available both through lectures and online that was intended to address these purely knowledge based domains, this may point to a difficulty with educational approaches that aim to enhance student autonomy – they are dependent on a positive view among students of this approach. The tutorial forms part of a course designed with the ambitious ultimate aim of effecting long lasting behavioral change, level three of Kirkpatrick's hierarchy. Measurement of this behavioral change and subsequent final results is challenging and would require longer-term follow up. It is ethically (and logistically) impossible to examine delirium as a long case in final medical exams or in an OSCE . Assessment utilising virtual patients however may be a possible way forward for evaluating students on this topic.

REFERENCE

Bloom, Robert S., Stating Educational Objectives in Behavioral Terms, Nursing Forum 14(1), 1975, 31-42

An Evaluation of the Introduction of an Interprofessional Problem Based Learning Module

Cusack T, O'Donoghue G, Butler ML, Blake C, O'Sullivan C, Smith K, Sheridan A, O'Neill G
University College Dublin

Patient care is complex and demands that health professionals work together effectively. Interprofessional education (IPE)¹ encourages collaboration by educating students from different professions together.

This study examined the effectiveness of IPE in terms of changing students' perceptions of teamwork, professional identity, role, competency and autonomy, and the need for interdisciplinary co-operation.

Two multidisciplinary cohorts (n=51 and n=48) of health science students (medicine, diagnostic imaging, nursing and physiotherapy) elected to participate in an interprofessional problem based learning module (PBL). The module included problems addressing areas of professional identity and cases requiring a multidisciplinary team approach.

Evaluation was undertaken using the Readiness for Inter-Professional Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IPES). Regarding the RIPLS, both cohorts reported significant ($p<0.05$) improvements in their perceptions of teamwork, collaboration, and positive professional identity. Regarding the IEPS students' perceptions of professional competency and autonomy improved significantly ($p<0.05$) in both cohorts. An IPE module delivered using PBL appears valuable for professional development.

REFERENCE

1. Centre for the Advancement of Inter-professional Education CAIPE. (2011). The definition and principles of interprofessional education. Retrieved August 9, 2011, from <http://www.caipe.org.uk/about-us/the-definition-and-principles-of-interprofessional-education/>

ABSTRACT NO.:

103

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Teaching and Learning

What clinical exposure is available to students through an attachment to a Medical Assessment Unit in a small general hospital?

*Dann L, Nema G, Carey B, de Buyl O, Williams J, Finucane P
Bantry General Hospital, Co Cork.*

INTRODUCTION

In recent years and for many reasons, the educational environment for undergraduate clinical teaching has begun to shift from major urban teaching hospitals to smaller hospitals and to community settings. There may be uncertainty about the breadth and depth of clinical exposure available to students in relatively novel clinical settings. This study aimed to measure the level of clinical exposure that would be available to undergraduate students through a short attachment to a Medical Assessment Unit (MAU) at a small (118-bed) acute general hospital.

METHODS

Over a four-week period, all presenting clinical problems, co-morbidities and past medical problems were recorded for all patients presenting to the MAU at Bantry General Hospital. The problems identified were compared with a list of 96 key clinical problems relevant to the discipline of Medicine which the Medical Council of Canada (MCC) and the Australian Medical Council (AMC) consider that a graduating doctor should be able to assess and manage in a competent manner.

RESULTS

Over the four week study period, 165 new patients with a mean age of 63 years (range: 17 - 95 years) presented to the MAU. A total of 1046 active or inactive clinical problems were identified (mean: 6.3 problems per patient; range 1 - 18 clinical problems). Overall, 17 (18%) of the 96 key medical problems identified by the MCC/AMC were encountered on more than 20 occasions; 34 (35%) were encountered on between 5 and 20 occasions; 26 (27%) were encountered on between one and four occasions while 19 (20%) were not encountered.

CONCLUSION

Over a relatively short time period, a single clinical area in a small general hospital can provide undergraduate medical students with a high level of exposure to patients with a broad range of important medical problems.

REFERENCE

Dornan T et al. 2006. How can experience in clinical and community settings contribute to early medical education? A BEME systematic review. *Med Teach*, 28, 3-18.

A study into how well a preclinical Problem-Based Learning medical curriculum is preparing medical students for their clinical training years

Healy C, Lawes N, Hannigan A, McGrath D
Graduate-Entry Medical School, University of Limerick

BACKGROUND

In problem-based learning (PBL) medical programmes, students are exposed to hypothetical clinical cases that stimulate discussion and are used as vehicles for learning both preclinical and clinical medical knowledge. With the constant changes occurring in medicine it is important to be able to ensure that the knowledge being generated in PBL reflects the needs of students entering the clinical portion of their training and to be able to identify gaps, when present, so they can be corrected.

AIMS

1. Identify areas of medical knowledge taught in preclinical years found to be useful to students in clinical years.
2. Identify areas that students feel are deficient.
3. Identify areas that clinical teachers feel are strong or proficient in students.
4. Identify areas that clinical teachers feel are lacking in students.

METHODS

600 surveys were sent to participants including current and former UL medical students and clinicians directly involved in the training of these students. Surveys consisted of both quantitative and qualitative questions that asked the participant for their opinion on the level of preclinical knowledge, broken into several recognizable disciplines, present in UL students during their clinical training. A further group of 6 participants, selected from the survey participants, took part in semi-structured interviews to further elaborate on the answers given in the surveys. Results and Conclusion: Results are currently being compiled and relevant findings will be presented following detailed analysis.

ABSTRACT NO.:

105

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Teaching and Learning



ABSTRACTS FOR ORAL PRESENTATIONS

Medical Student Selection: Can Multiple Mini Interviews work in an Irish setting? – A feasibility study

Kelly M*, Dowell J[^], Husbands A[^], Kropmans T*, Jackson A, Dunne F*, O'Flynn S, Newell J*, Murphy A*

*National University of Ireland (NUI), Galway, [^]The Medical School, Dundee, Scotland, Western Training Programme in General Practice, The Medical School, University College Cork (UCC)

BACKGROUND

Demand to study medicine far outweighs the number of places available, a need therefore exists for fair and transparent selection tools. The introduction of the Health Professions Admission Test has proved controversial.

AIM

The aim of this study was to consider the feasibility of running a Multiple Mini Interview (MMI) as an alternative selection tool. MMI comprises a series of interview stations, each designed to measure performance on a different aspect of medical professionalism such as communication skills, team work, and ethical decision making (1). MMI is gaining popularity internationally based on its promising performance in terms of predictive validity.

METHODS

All students enrolled in First Year Medicine, NUI Galway, September 2012 were eligible. Ethical approval was granted by NUI Galway Research Ethics Committee. The MMI circuit consisted of 10 seven minute stations. Marking the MMI was carried out using OMIS software. Examiner training was conducted online and face to face. Five stations were interactive involving an examiner, an actor roleplaying a scenario and the candidate. Whereas five of the stations were interview based (one examiner: one candidate). Stations were scored across three domains and one global rating scale.

RESULTS

In total 109 students completed the MMI (45% of class). There were 49 examiners comprising senior clinical and academic staff. Nine simulated patients, nine senior-cycle medical students and three administrators, also participated. Each station was scored out of a total of 15. The median total score, out of 150, was 100 (min 63, max 129). Comparisons of scores on interactive stations versus interviews stations revealed median (min, max) of scores on interactive stations were 9 (3, 15) respectively, whereas interview stations total score were 11 (3, 15), ($p > 0.001$), mean (95% CI) difference of -1.7 (-2.01; -1.4). Within-station Cronbach's Alphas for the 10 individual stations range from 0.75 to 0.91 with a mean of 0.84. Overall Cronbach's Alpha of MMI items was 0.86.

CONCLUSION

This study demonstrated that it is feasible to hold a MMI with acceptable levels of reliability, in an Irish setting. Further work is required to establish the concurrent and predictive validity of MMI in this cohort of medical students.

REFERENCE

(1) Eva, K. W., J. Rosenfeld, et al. (2004). "An admissions OSCE: The multiple mini-interview." *Medical Education* 38(3): 314-326.

Temporary transfer tattoos to simulate skin conditions: appraisal of a novel OSCE assessment tool

Gormley G J, Menary A, Layard B, Hart N D, McCourt C
Centre for Medical Education, Queen's University Belfast

BACKGROUND

Whilst OSCEs are widely used to assess clinical competency, there are many issues regarding the use of real patients. In dermatology OSCEs, standardised patients (SPs) with clinical photographs are often used. Temporary transfer tattoos can potentially simulate skin lesions when applied to a SP. This study aims to appraise the use of temporary malignant melanoma tattoos within an OSCE framework.

METHOD

Within an 11 station OSCE, a temporary malignant melanoma tattoo was developed and applied to SPs in a 'skin lesion' OSCE station. A questionnaire captured candidate, SP and examiners' opinions, and the degree of perceived realism of each station was determined. Standard post hoc OSCE analysis determined psychometric reliability of the stations.

RESULTS

97.6% of candidates and 100% of examiners and SPs responded. The 'skin lesion' station achieved the highest realism score compared to other stations. 88.2% of candidates felt the skin lesion appeared realistic. Only 27.7% of candidates had ever seen a melanoma before in training. The melanoma stations' psychometric performance was comparable to, and in many instances better than, other stations.

CONCLUSION

Tattoo technology facilitates a realistic dermatology OSCE station encounter. Temporary tattoos, alongside trained SPs, provide an authentic, standardised and reliable experience, allowing assessment of integrated dermatology clinical skills.

REFERENCE

Langley RGB, Tyler SA, Ornstein AE et al. Temporary tattoos to simulate skin disease: report and validation of a novel teaching tool. Acad Med 2009; 84(7):950-3.

ABSTRACT NO.:

107

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Assessment

Introducing workplace-based assessment in postgraduate medical training; designing the faculty development programme*Spooner M, Barrett A, O'Shaughnessy A, Levy H**Royal College of Surgeons in Ireland; Royal College of Physicians of Ireland***BACKGROUND**

Trainer selection for non-consultant hospital doctors has been based on clinical expertise. Existing and prospective trainers require support in educational roles. Clinicians need awareness of educational and assessment theory. Initiatives in undergraduate faculty development may be translated to post-graduate trainers.

SUMMARY OF WORK

Education specialists collaborated with teaching trainers with backgrounds in physiotherapy and medicine. Learning Objectives were agreed. Focus groups were conducted with trainers to identify perceived challenges. Simulated videos of challenging scenarios were made. Workshop attendees received: educational "glossary"; sample teaching schedules; "top tips" in feedback/assessment; summaries of teaching; feedback; and assessment methodology. Workshops are on-going. A post-workshop questionnaire was provided to all attendees.

SUMMARY OF RESULTS

Fifty-six trainers have attended workshops to date. 45 evaluations were returned, on which the evaluation report was generated. Free-text comments indicated positive evaluation: "an excellent programme", "it addressed many issues that we deal with in common clinical practice". 88% of respondents agreed objectives were met. 100% agree the course was relevant to current role. 89% agreed they would recommend course to a colleague. 100% agreed they could apply what they had learned.

CONCLUSIONS

Collaboration among educationalists and clinicians can provide effective and time-efficient essential skills for trainers.

REFERENCE

Steinert, Y, Naismith, L, Mann, K [2012]. Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME Guide No. 19. *Medical Teacher* 34: 483-503

OSCE assessment of student inter-personal and communication skills by standardised patients compared with clinical tutors – Is there a correlation?

Meagher F M, Sheehan K M, McElvaney N G
Royal College of Surgeons in Ireland

BACKGROUND

The role of standardised patients (SP) in the teaching of communication skills to medical students is well established.¹ Recently, the potential contribution of SPs as examiners in assessment of student inter-personal and communication skills has been studied. Incorporation of SP ratings of student performance is a useful approach to the assessment of student inter-personal skills and professionalism.

OBJECTIVE

This study aims to determine the correlation between SP and clinical tutor ratings of final year medical student performance in a communication skills OSCE.

METHODS

The Essentials of Clinical Practice (ECP) is a one-week module for final year students in which the focus is on professionalism. The learning outcomes included the skill of effective communication in an emotionally charged situation. On completion of the module, students' inter-personal skills and professionalism were assessed in a 2-station OSCE, which was a component of the Final Professional OSCE Examination. Students (n=215) were independently graded on their performance by a clinical tutor and an SP. Using a 5-point scale, judgments ranged from 'clear fail' to 'excellent.'

RESULTS

Students' overall (global) grades for the 2 stations were analysed and the relationship between clinical tutor and SP scores was determined. The correlation coefficient (rs) for station 1 and station 2 was 0.71 and 0.69 respectively, indicating a strong positive relationship between the 2 types of examiners at each station. Further analysis showed that by combining the 2 station scores, both examiners were in full agreement for 49% of students. There was a one-point difference for 43%, 2-point difference for 7.7% and in the case of only one student, there was a 3-point divergence in scoring (0.2%). Moreover, at both stations, the SP examiners were more likely to give a top score (5) than the clinical tutors (mean 15.5% vs. 6.3%). At the other end of the spectrum, fail rates (≤ 2) were similar for both examiner types (mean 11.6% vs. 9.5%).

CONCLUSION

The results of this 2-station OSCE indicate a high level of agreement between SPs and clinical tutor examiners. Using a 5-point scale, 92% of the grades were either equal or within a 1-point difference. These results suggest that there may be a role for incorporating SP ratings in an OSCE assessment of inter-personal and communication skills. In addition, it will re-enforce the perceived importance of these skills to all stakeholders.

REFERENCE

1 McLaughlin K, Gregor L, Jones A, Coderre S. Can standardized patients replace physicians as OSCE examiners? BMC Med Educ. 2006; 6; 12.

ABSTRACT NO.:

109

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment



A cohort study of the relationship between attendance and academic achievement in undergraduate Obstetrics and Gynaecology – does attendance matter?

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BACKGROUND

Student attendance is assumed to be a key factor in academic achievement. The literature shows a positive but weak correlation between medical student attendance at lectures and academic achievement (correlation coefficients ranging from +0.2 to +0.5) (Horton et al. 2012). The aim of this study was to evaluate the relationship between student attendance and academic achievement in a clinical undergraduate programme. A unique feature of the study was that attendance across individual classroom-based and clinical activities were examined.

METHODS

A prospective cohort study was conducted over a full academic year from September 2011 to June 2012. Each student was required to document attendance at all classroom-based and clinical activities during their eight-week rotation in his/her logbook by obtaining a signature from the tutor. The attendance rate for each student was calculated by comparing the number of activities the student actually attended with the number of activities the student was required to attend. Academic achievement was based on an assessment score that included an OSCE, MCQ examination, a scenario-based written examination, a long case clinical examination and viva voce examination. The relationship between attendance and academic achievement was investigated using correlational analysis.

RESULTS

There were 147 students in the cohort. There was a moderate positive correlation between overall attendance and total assessment score ($r=+0.586$, $P=0.01$). This applied to both classroom and clinical attendance ($r=+0.567$, $P=0.01$ and $r=+0.503$, $P=0.01$ respectively). Correlation was highest for male students (+0.670) and students from the EU (+0.674). Attendance correlated equally with both knowledge-based and skills-based assessments. The failure rate increased from three percent among students with high attendance (80-100%) to 63% among students with low attendance (less than 70%).

CONCLUSIONS

This study confirmed a positive relationship between student attendance and academic achievement. Attendance at both classroom-based and clinical activities were equally important in academic achievement. Attendance was important for achieving a pass grade to such an extent that satisfactory attendance rates ($\geq 80\%$) almost guaranteed a pass grade. For faculties wishing to specify a satisfactory attendance rate 'threshold' should consider adopting a threshold of 80% based on the dramatic increase in failure rates below this level.

REFERENCE

Horton, DM, Wiederman, SD and Saint, DA (2012). Assessment Outcome Is Weakly Correlated with Lecture Attendance: Influence of Learning Style and Use of Alternative Materials. *Advances in Physiology Education* 36(2): 108–115.

Development and pilot of a novel, developmental student assessment for the PBL component of a therapeutics course

Heaphy P, Liston A, Murray P, Donnelly S
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ABSTRACT NO.:

111

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Assessment

INTRODUCTION

“Modified” PBL is a component of therapeutics modules in Stages I & II of the GEM programme. PBL was deployed to promote learning in clinical context; to develop clinical reasoning skills and to facilitate the development of team working & self direction . It was recently decided to award marks for ‘participation’ in each session. To do so , we developed & piloted a novel PBL assessment instrument, based on the descriptive, developmental RIME scheme of Pangaro .

AIM

The purpose of this study was to examine the utility of a novel assessment of participation in PBL using an adaptation of the RIME framework relevant to PBL performance.

METHODS

Approximately 900 episodes of student participation were assessed by tutors of Stage II GEM in semester one 2012-13. Discussion and Report phases of each session were scored separately according to the behavioural descriptors below. Students were invited to self assess using the instrument and record this in an anonymised online log. Tutors and students gave feedback on the instrument.

RESULTS

Tutors preferred the new instrument to a previous multidomain assessment of participation and they considered it to have face validity. They reported confident identification of each “level” of performance in both discussion and report, and this is supported by reasonable interassessor reliability for 42 double scored episodes. All scale levels were used by assessors, while the “old” multidomain likert scores clustered around 3/5. Tutors also reported that the novel assessment enriched formative feedback.

DISCUSSION & CONCLUSIONS

This pilot study supports the further development and validation of a novel, holistic and developmentally relevant assessment of student participation in PBL. We acknowledge that it may not be considered theoretically “sound” by purists to assess performance in PBL at all , nonetheless we consider that in mixed curricula such an assessment may be educationally necessary. This novel scale was developed in consultation with three experienced PBL tutors and draws heavily on the RIME work of Pangaro. We report high face validity, good use of all elements of the scale and reasonable reliability in this pilot. Pending larger scale validation, we propose that this instrument may be most useful in the assessment of PBL participation in mixed methods curricula where there is an emphasis on formative, development feedback.



How do students decide on their specialty of preference? A national cross-sectional study in Portugal

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There is a deficit and an imbalance in the distribution of primary care physicians. In order to understand how medical schools can contribute to overcome the situation, it is important to recognize the factors underlying specialty preference of medical students. This study was set to uncover the specialty preference of undergraduate students attending medical schools in Portugal.

This was a cross-sectional study conducted through a national online questionnaire. The sample included 924 students from the first to the sixth years of all medical schools in Portugal. The study explored sociodemographic variables, year in medical school, career expectations, motivations and perceptions about specialties and the practice of medicine. The factors contributions to the preference for the three main specialty categories – medical, surgical and primary care – were analyzed with multiple logistic regression using as independent variables the above factors that differed significantly statistically.

The study revealed that students in general do not prefer primary care specialties. Students who prefer primary specialties are in the clinical years of the curricula (OR = 2.5, OR = 2.5), intend to pursue the profession in a non-urban area (OR = 2.5, OR = 3.3) and plan to pursue primary care, regardless of the location (OR = 5.4, OR = 4.1). Students who give more importance to social responsibility in the choice of specialty opt for primary specialties instead of surgical specialties (OR = 2.4). Students who prefer medical or surgical specialties attribute greater importance to innovation and scientific research (OR = 3.0, OR = 2.2). However, the regression model accounted for 21.9% of the preferences of the students, suggesting the other factors should be considered to understand specialty preference of medical students in Portugal.

REFERENCE

J. Senf, D. Campos-Outcalt, and R. Kutob, The Journal of the American Board of Family Practice, vol. 16, no. 6, pp. 502–512, 2003.

Tracing the Training Trajectory. A Descriptive Study of Applicants to Postgraduate Medical Education and Training under the Royal College of Physicians of Ireland

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ABSTRACT NO.:

113

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Career

BACKGROUND

Postgraduate Medical Education and Training (PGMET) lies at the intersection of the interests of multiple stakeholders - the medical profession and its trainees, government, regulatory bodies, manpower planners, health service providers, patients and medical educators. The careers of the graduates of Irish medical schools are currently at the forefront of national debate, with discussion linking an "exodus" of graduates to negative aspects of postgraduate medical education and training in Ireland. The current discourse is often founded on information derived from studies with low response rates, taken at a single point in time. There is a paucity of accurate basic demographic data on those applying for, entering and progressing through PGMET in Ireland. This lack of tracking of graduates has hampered policy responses to challenging issues(1). This study focusses on applicants to and successful candidates for postgraduate medical education and training (PGMET) under the auspices of The Royal College of Physicians of Ireland, covering Basic Specialist Training (BST), the Registrar Training Program (RTP) and Higher Specialist Training (HST), in Medicine, Paediatrics, Obstetrics and Gynaecology and Histopathology for July 2012. The objective of the study was to describe RCPI trainees at 3 points on the PGMET trajectory in Ireland. This is part of a larger joint study between RCPI and School of Medicine, University College Cork, looking at career choice and quality of PGMET under the RCPI.

METHODOLOGY

Data from the application forms from a total of 870 applicants to BST, RTP and HST were entered into Excel. Descriptive analysis was performed in SPSS version 18. Ethical approval was granted by Cork Regional Ethics Committee.

RESULTS

Demographic data and metrics of candidate quality for each group will be presented. Outcomes of application at each level will be described. Prevalence of time spent working outside Ireland and location and duration of these posts will be reported. Career intentions and reasons for choosing to train in Ireland for the BST group will be shown.

DISCUSSION

Data will be related to previously published figures and implications for PGMET and future research will be discussed.

REFERENCE

Buttimer, J. (2006). Preparing Ireland's doctors to meet the health needs of the 21st century. Dublin, Postgraduate Medical Education and Training Group.



The Advanced Paramedic Training Programme: challenges for an adult workforce entering the university sector

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University College Dublin Centre for Emergency Medical Science

In the last decade, university medical education in Ireland has been increasingly challenged to move outside the traditional undergraduate education/postgraduate masters' taught courses. The rapidly changing health service environment demands that medical education respond innovatively to new or changed forms of medical practice. We describe one such challenge and medical education response.

Adults entering the university for the first time face specific challenges ; this is particularly so for those whose career and promotional trajectories depend on their achievement or academic success. The Graduate Diploma in Emergency Medical Science (GradDipEMS) is offered jointly by SMMS, UCD and the HSE National Ambulance Service and trains Advanced Paramedics for Ireland's statutory ambulance services. Advanced practice was established in 2005 by the statutory regulator, the Pre-Hospital Emergency Care Council.

The GradDip is a demanding full-time, one year, 80 ECTS credit, level 4 course. Key outcomes include the competencies required to make complex clinical decisions in emergencies, administer more than 50 drugs, carry out interventional procedures and practice with a high level of autonomy. Candidates are principally nominated by HSE, Dublin Fire Brigade and the Defence Forces, have at least three years Paramedic experience and are selected by intense internal competition.

Since its inception in 2006, 338 candidates have entered the programme (88% male, mean age 36 (range 24-56), 84.5% from HSE, 10% from DFB, 2.5% Defence Forces and 2.5% others). All have previously undertaken a Diploma level EMS course prior to the GradDip, but only 9% have a primary or higher degree. More than 90% of candidates have successfully completed the programme and 15% have entered Master's level courses in UCD; several have entered Graduate Entry to Medicine courses and at least two candidates are undertaking PhD programmes.

This is a highly motivated candidate group with strong incentives to succeed. A high proportion hold vocational / volunteer qualifications prior to programme entry. The framework, teaching and assessment components of the course required to address the needs of this unique cohort are described. The potential lessons for mainstream health professional education are discussed.

REFERENCE

The Adult Learner (7th Edition). Routledge, 2011. Malcolm S. Knowles, Elwood F Holton, Richard A. Swanson.

Are Future Doctors Interested in International Child Health?

Geoghegan SF1, Stenke E1, Nicholson AJ2,3, Molloy EJ1,2,4,5

1. Paediatrics National Maternity Hospital, Holles Street 2. Paediatrics Royal

College of Surgeons in Ireland 3. Children's University Hospital Temple Street

4. School of Medicine and Medical Sciences, UCD

INTRODUCTION

Worldwide over 6 million children under 5 die annually. The chance of a child surviving to 5 years of age in sub-Saharan Africa is 16.5 times lower than in a developed nation. Ongoing disparities in global child health emphasize the importance that future doctors in developed nations be informed on some of the major issues early in their training.

AIM

To survey final year medical students and their level of interest and knowledge of key topics in international child health. (ICH)

METHODS

We surveyed final year medical students via a questionnaire given prior to and after an hour long interactive seminar on ICH. The seminar was given by a pediatric Registrar with recent experience of working in emergency medical projects in developing nations. Problem based learning with real case examples were used as a teaching tool as well as a question and answer session. The cases covered the major contributors to under 5 mortality; childhood pneumonia, neonatology, malaria, diarrheal disease and malnutrition. In the questionnaire students were asked demographic information, perceived relevance of ICH to their degree and future careers and their knowledge of core subjects in ICH. In the post seminar questionnaire they were asked additional questions on the impact of the session on their interest in ICH.

RESULTS

We included 93 medical students with equal gender distribution. 86% of students were aged 18-27 years. There were 18 nationalities and 59% were non-Irish. The majority of students perceived ICH to be relevant to both their degree (80%) and future Career (69%). A high proportion of students rated their knowledge in core topics as poor or fair prior to the seminar but this significantly improved post seminar. Interest in ICH was increased in 57% of students following the seminar.

CONCLUSION

This survey demonstrates the interest among final year medical students in international child health but also the gaps in knowledge of some of the major contributors to child mortality. The results suggest that problem based learning with real case examples from developing nations is an effective teaching tool. International child health should be formally integrated into undergraduate pediatric curricula.

REFERENCE

Rowson M, Smith A, Hughes R, Johnson O, Maini A, Martin S, Martineau F, Miranda JJ, Pollit V, Wake R, Willott C, Yudkin JS The evolution of global health teaching in undergraduate medical curricula. *Global Health*. 2012 Nov 13;8(1):35.

ABSTRACT NO.:

115

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Career



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Career

The Impact Of Undergraduate Teaching On The Career Choice Of Junior Doctors

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BACKGROUND

The Basic Specialist Training applications open to first year doctors (interns) early in intern year and determine eventual career pathway. Interns' experience of the medical profession is largely based on the six years spent as an undergraduate. We looked at the influence of undergraduate teaching on the career choice of junior doctors.

METHODS

A questionnaire was distributed to interns in 3 major teaching hospitals within 6 months of graduation. Using a Likert scale, this assessed whether undergraduate teaching in their chosen speciality influenced their decision. Factors assessed included the structure and the timing of undergraduate modules and the impact of exposure to clinicians and university teachers during their undergraduate training.

RESULTS

95% of interns (n=45) approached completed the survey. 91.1% of interns had a working career plan. Popular career choices included Paediatrics (29.3%), Medicine (19.5%), General Practice (19.5%), medical subspecialities (9.8%) and Surgery (7.3%). 87.8% agreed that their choice was influenced by undergraduate teaching. All aspects of undergraduate teaching assessed were identified as influential. 53.7% felt that the timing of their exposure to a subject influenced their decision to choose it as a career, with 58.6% believing that the structure of the undergraduate module influenced their decision. 75.6% agreed that exposure to clinicians in their area of interest influenced their career choice, with 56.1% strongly agreeing. Teachers at university influenced career choice in 61.1%.

CONCLUSION

Most interns have chosen their career pathway by the first 6 months of internship, and this is influenced by undergraduate training in the majority. Teachers and clinicians were the most influential factors. They are therefore ideally placed to improve the quality of undergraduate medical education. The data is overall encouraging, with a positive undergraduate teaching experience in a subject correlating with a decision to pursue it as a career. These data are also relevant to the less popular specialities in this study, such as surgery, as increasing clinician-student interaction in these fields could increase undergraduate interest in pursuing these specialities as a career.

General Practice Career Intentions Amongst Graduate-Entry Students: a cross sectional study at Ireland's newest medical school

Lane G, O'Donovan N, English A, Hanrahan C, O'Connor R, O'Sullivan B, Griffin M, Dunne C, McGrath D, Finucane P, Cullen W
Mid-Western/UL GP Training Programme and Graduate Entry Medical School, University of Limerick (UL-GEMS)

BACKGROUND

Ireland is facing a manpower shortage in general practice (GP). There has been an increase in postgraduate training places in GP but despite this, the availability of GPs per 100,000 population will deteriorate further in the next decade. The advent of graduate entry medical schools in Ireland may help address this imbalance. To date, no data has reported the GP-related career intentions of graduates of such programmes in Ireland.

AIMS

To determine the GP career intentions of students at UL-GEMS and the factors that influence this.

Methods: Cross sectional online survey of students in Years 1 and 4 of the BM BS degree programme at UL-GEMS. Study instrument, which was based on previously conducted studies,¹ collected data on: demographics, career intentions, degree of exposure to general practice both prior to and during medical school and factors which may affect intentions.

RESULTS

We received 139 responses (78% response rate), of whom 82(59%) were female, 99(71%) were Irish / EU and 80(58%) aged 25-29. Seventy-three (53%) of respondents had defined career intentions prior to starting the course. For 29(21%) respondents, GP was the preferred career option at entry, while 41(29%) indicated this as their preferred career option at the time of the survey. Factors associated with career intentions were: job satisfaction, enthusiasm/commitment to the speciality and variety in daily practice.

CONCLUSIONS

This first Irish study to present data on GP career intentions among students on a GEMS degree programme, highlights GP as a popular career both at entry to, and during the programme and identifies important factors that may influence career choice. Further research at other medical schools and longitudinally among individual cohorts of students to determine if these career intentions are pursued over time is a priority.

REFERENCE

Career choices of United Kingdom medical graduates of questionnaire surveys. Lambert TW, Goldacre MJ and Turner G. BMJ 2003 January 25; 326(7382): 194-95

ABSTRACT NO.:

117

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Career



ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

Curriculum

Curriculum mapping – a purposeful journey rather than a destination

Ashe D, Boo T W, Dunne F, Geoghegan R, Flynn S, Flaherty G, Kropmans T, Malone C, McDonald C, Boland J
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Curriculum mapping is about representing spatially the different components of the curriculum so that the whole picture and the relationships and connections between the parts of the map are easily seen' (Harden 2001, p 123). We report on the early stages of a curriculum mapping Rand D project in the School of Medicine, NUI Galway. Outlined are the rationale, strategy, vision and report of the process, challenges and progress to date.

The process of mapping makes the curriculum transparent and accessible to key internal and external stakeholders while providing important information to students and academics. Curriculum mapping involves, initially, documenting a complex curriculum in a consistent and navigable way. The process of blueprinting learning outcomes with assessment enhances validity and constructive alignment. It also promotes a programmatic approach to assessment planning. The process of mapping module outcomes against the programmatic outcomes mandated by the Medical Council serves as a potentially powerful tool for collaborative curriculum development and review.

Mapping brings particular benefits for a medical curriculum which is characterised by a systems-based approach and involves interdisciplinary learning, with domains such as professionalism embedded throughout the students' learning experience. Mapping has significant implications for how we conceive of, develop and offer a learner-centred curriculum that meets the changing needs of learners and medicine. It challenges all of us to critically examine the way our learners experience the curriculum.

Software and Web 2.0 technologies have revolutionised how curriculum maps can be represented, enabling the building of a dynamic and interactive map which links learning events and objects with outcomes, across modules and through the years. The rapidly developing landscape of technology-enhanced learning and social media offers an imperative as well as opportunities for a mapping process that places student engagement and learning as at the centre.

The process involves significant commitment of time and resources in challenging times, requiring creative responses. We invite collaboration from other medical schools in advancing on this journey in the interest of achieving the best outcome for medical education in Ireland. A journey shared is a journey halved.

REFERENCE

Harden, R. (2001) AMEE Guide No. 21 Curriculum Mapping: a tool for transparent and authentic teaching and learning *Medical Teacher* 23 (2) 123-137

The Surgeon Scientist? Trainee and trainers views on the role of research in surgical education

Mohan H M, O'Riordan J M, Collins D, O'Connor D B, Traynor O, Winter D C
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AIMS

Internationally, surgical training is facing the challenge of balancing research and clinical experience in the context of reduced working hours. This study aimed to investigate trainees and trainers' views on surgeons participating in full-time research during surgical training.

METHODS

An anonymous voluntary survey was conducted of surgical trainers and trainees in two training systems. To examine surgeons views across two different training schemes, surgeons were surveyed in Ireland (Royal College of Surgeons in Ireland) and in a Canadian centre (University of Toronto) between January 2009 and September 2010.(n=397 respondents)

RESULTS

The majority of respondents felt that time spent in research by trainees was important for surgery as a specialty, while 65% felt that research was important for surgical trainees (Trainers 79%, Trainees 60%, p=0.001). A higher proportion of Canadian surgeons reported that they enjoyed their time spent in research, compared to Irish surgeons (84% versus 66%, p=0.05). Financial worries and loss of clinical time were common demotivating factors. Full-time research was more popular than part-time options to obtain a post-graduate degree.

CONCLUSIONS

Most agree that research remains an important component of surgical training. However, there are significant differences in opinion among surgeons in different countries on the precise role and structure of research in surgical training.

(Note this study has been accepted for publication in the IJMS)

REFERENCE

Mohan HM, O'Riordan JM, Collins D, O'Connor DB, Traynor O, Winter DC Bench and Bedside? Surgeons' views on the role of research in surgical training. Ir J Med Sci. 2012 Nov 23. [Epub ahead of print]

ABSTRACT NO.:

119

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum



As Medical Students Mature Research Interest Shifts from Exam Focus to Career and Area of Personal Preference

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AIMS

To determine attitudes and motivation of 2nd- and 3rd-year medical students towards involvement in research.

METHODOLOGY

An anonymous questionnaire asked students the best time to introduce research in the curriculum, factors motivating participation and choice of research project. Likert scales were used to determine relative importance of variables. Statistical significance was calculated using the R-project for statistical computing.

RESULTS

Response rates were 57% (n=86) and 35.6% (n=52) for 2nd- and 3rd-years, respectively. The majority of respondents (66.27% and 75%, respectively) suggested 2nd-year was the best time to introduce research. Main motivators for 2nd-years towards involvement were "having research as a curriculum requirement" (42.86%; n=36) and to "get good marks in exams" (22.35%; n=19). Third- years prioritised and were motivated by "personal interest in a topic or field" (44.23%; n=23), "long term career interest" (41.51%; n=22) and possibility of "a publication" (p=0.0005).

Possible benefits for their overall medical education and career progression were additional significant motivators ($p \leq 0.02$). For both years, but significantly greater for 3rd-years (P=0.0005), "being personally interested in a topic or field" (21.18%; n=18 and 52.83%; n=28) was the greatest influence on project choice. A topic closely linked to long term career interest/ goals (p=0.0005), and the "likelihood of getting a publication" (p=0.02) ranked highly and along with "wanting to work with a particular tutor" (p=0.001) were significantly greater project choice motivators for 3rd-years.

Both years, placed "a lot" of importance on "being shown the link between basic science research and clinical practice" (27.38%; n=23 and 26.92%; n=14), "being able to embrace scientific principles to keep relevant to developing medical practice" (21.18%; n=18 and 26.92%; n=14) and "being introduced to research as early as possible in the foundation years" (20%; n=17 and 19.23%; n=10). Third-year students placed significantly greater importance on "getting a publication during undergraduate years" (p=0.001) and "presenting research results at conferences" (p=0.003).

CONCLUSIONS

Medical students recognise the importance of being introduced to research early in their education. Second-years appear more motivated by curriculum and exams, while Third-years appear more motivated by topics of personal interest, long-term career goals, the possibility of a publication and tutor preference.

Undergraduate Ophthalmology Education in Ireland: A Comparison with International Guidelines and Evaluation of Doctor Confidence in the Management of Ophthalmic Conditions in the General Medical Setting

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ABSTRACT NO.:

121

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Curriculum

BACKGROUND

Ophthalmology teaching may form an ever-shrinking component of the undergraduate medical curriculum. This may impact on the ability of medical schools to produce doctors with sufficient knowledge and skills to deal with basic ophthalmic conditions.

AIMS AND OBJECTIVES

The aim of this project is to survey whether the ophthalmic curricula delivered in Irish medical schools are in accordance with the standards set out by the International Council of Ophthalmology (ICO) guidelines, and how this may impact on the confidence of non-consultant hospital doctors (NCHDs) in managing ophthalmic problems.

METHODS

In a cross sectional educational study, questionnaires were sent to the six medical schools in Ireland to determine the structure of their respective ophthalmic curricula, while a separate questionnaire was distributed to (NCHDs) working in hospitals in Cork to determine their confidence in assessing and managing ophthalmic conditions.

RESULTS

All six medical schools in Ireland returned completed questionnaires (100% response rate). The mean (standard deviation) number of teaching hours in ophthalmology was 53.3 hours (26.2). There was a wide variation in clinical attachment hours among the schools. Only two schools taught all the recommended topics and clinical skills from the International Council of Ophthalmology curriculum guidelines. Eighty NCHDs (93%) who returned appropriately completed questionnaires were graduates from Irish medical schools. Their median confidence levels in addressing ophthalmic pathology was "not confident at all". They were most confident in dealing with neuro-ophthalmology related cases and performing a physical examination of the eye. They were least confident in managing paediatric ophthalmic cases and performing minor ophthalmic procedures. There was no correlation ($p=0.100$) between clinical-based ophthalmology teaching hours received and confidence in ophthalmic assessment amongst University College Cork (UCC) medical graduates.

CONCLUSION

The ophthalmic curriculum in some Irish medical schools may not meet the standards set by the International Council of Ophthalmology guidelines. There is also a wide variation in ophthalmology education across the schools. A majority of Irish medical school graduates are not confident in dealing with ophthalmic cases in general.

REFERENCE

Baylis O, Murray PI, Dyan M, Undergraduate ophthalmology education - A survey of UK medical schools, *Medical Teacher*, 2011;33:468-471



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum

The Relevance of Basic Sciences in an Undergraduate Medical Programme: An Irish Medical School Perspective

*Lynch C & Last J**School and Medicine and Medical Science, University College Dublin*

AIM

UCD operates a Six-Year undergraduate medical programme which includes a basic science curriculum in Year one. Entrants also require any one school laboratory science. The purpose of this study was to consider how specific school or university basic sciences contribute to enhanced performance on the medical programme and to explore whether six year medical programmes are justifiable.

METHOD

Quantitative data was collated for all Leaving Certificate (LC) students entering the programme from 2006 to 2009 (n=413). Correlations between entry criteria (LC subjects and points, HPAT scores) and outcome measures (Year and Degree GPA) were analysed and linear regression used to examine the relationship between models of predictor variables and outcome measures. International medical education practice in the UK and Australia was considered alongside student opinion.

RESULTS

Five year programmes are prevalent in the UK with A-Level Chemistry a common entry requirement. Ireland and Australia, having similar broad-based second level exit examinations, still offer a number of six year programmes. An ASTI report in 2012 showed a decline in the availability of Chemistry (-11%) and Physics (-21%) for the LC programme. Student consultation indicated a preference to a medical programme, which offers access to a broader educational experience. There was no statistically significant difference in the medical programme performance of students with/without prior knowledge in a school science. The presence of Honours Maths was predictive of performance in all years, particular years one to three ($p \leq .05$). Significant but weak correlations found the LC and its constituent subjects to be weak predictors of medical programme performance (r values from -0.073 to 0.277). Regression analysis found second level English, Maths and a science subject to be the strongest model to predict programme performance (r² values from .022 to .17). Performance in the first years of the programme, including performance in the basic science curriculum, was highly indicative of later performance.

CONCLUSION

Our research suggests that university basic sciences are more predictive than LC sciences of success in later studies. This, alongside the reducing availability of chemistry and physics at second level, justifies the inclusion of basic sciences within medical curricula in Ireland. Advances in medical practice are increasingly based on a foundation in these subjects, with nano biology, advanced therapeutics and radiographic imaging requiring graduates intellectually agile enough to truly understand the diagnostic and therapeutic tools of the future

REFERENCE

Mercer, A and Puddey, A.B. Admission selection criteria as predictors of outcomes in an undergraduate medical course: A prospective study. *Medical Teacher*. 2011; 33:997-1004

Evaluation of the GEMS Mentoring Programme (2007-2011) using mixed methods

Nathan Y, O'Mahony M, O'Donovan N
GEMS Limerick

AIM

To evaluate the Graduate Entry Medical School (GEMS) 1st year peer mentoring programme (2007-2011) using mixed methods

INTRODUCTION

The GEMS UL was established in 2007 – with its first intake of students in September of that year. At that time an informal mentoring scheme was set up. The programme was reviewed in 2011 – 2012 and a more formal structure was put in place, with an academic lead taking responsibility for its delivery. Until this time the programme had not be formally evaluated.

METHOD

A survey instrument was developed and piloted to capture the views of both mentees and mentors. The survey was administered online using Survey Monkey. Participation was voluntary and responses were anonymous. Ethical approval was obtained for the study from UL's EHSREC. All students would have been a mentee when they were in year 1 of their course. In year two 42 students become mentors on a voluntary basis. As part of the new formalised structure this year's mentors were given additional support training in the way of meetings with the coordinators of the programme before and after the programme. Questions for Mentees included about the benefits, timing and comments about the programme. For the Mentors questions were about the support they received. They also had the opportunity to give free text comments. The data were analysed using SPSS. The relationship between number of contacts (in categories) and ordinal responses to attitudinal variables was explored using chi-square tests. A 5% level of significance was used for all tests.

RESULTS:

Quantitative analysis

There were 144 responses. The main results from this study were that the frequency of contact between the mentees and their mentor was the most important factor in the success of the programme. There was a statistically significant association between enjoyment of the programme and number of contacts ($p < 0.001$) and also between the number of contacts and the satisfaction of the mentee with the mentor (performed his/her role adequately) ($p < 0.001$). Qualitative analysis: The quantitative findings were supported by the qualitative analysis which showed in the comments made by both the mentors and mentees.

ABSTRACT NO.:

123

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Curriculum



ABSTRACT TYPE

Research

ABSTRACT CATEGORYE-learning and
Technology Assisted
Learning**Can online voice-over lecture replace traditional didactic lecture? An evaluation through randomized cross over study***Tan T M, Yeow T P, Loh L C
Penang Medical College, Malaysia***BACKGROUND**

Attendance of on-campus didactic lecture is made difficult by off-site clinical placement. We evaluate if traditional didactic lectures can be replaced by online voice-over lectures (VoL).

SUMMARY OF WORK

We conducted a randomized, crossover trial in an undergraduate medicine programme using 4 lectures delivered by 2 lecturers. Students were randomly allocated to either attend VoL (consisting of an online PowerPoint™ slideshow with voice-over narration, coupled with 30-minute interactive session) or traditional lecture delivered by same lecturer. Students crossed over to receive both formats twice. Learning outcome was evaluated with MCQ quiz and confidence rating of lecture content mastery. Format preference was evaluated using perception questionnaire.

SUMMARY OF RESULTS

14 students completed double cross-over study with no difference in MCQ scores, mean \pm SD of 6.93 ± 2.00 (VoL) and 7.29 ± 1.72 (traditional), $p=0.364$. No difference in confidence rating, mean \pm SD of 2.20 ± 0.63 (VoL) and 2.12 ± 0.59 (traditional), $p=0.493$. VoL is preferred for allowing repeated study of the lecture content at own pace and place. 27.1% prefer VoL to replace traditional lecture, while 96.4% prefer it as add-on.

CONCLUSIONS/TAKE-HOME MESSAGES

Our study shows that VoL can replace traditional lecture without compromising learning outcome but is preferred as add-on rather than replacement to traditional lecture.

REFERENCE

Harden RM. E-learning—caged bird or soaring eagle? *Medical Teacher*. 2008;30(1):1- 4.

“Lived-through learning”: Phenomenological elicitation pedagogies in medical students’ simulation learning

Skinner J, Gormley G, Huang C, Kanter K, Samuels K, Rocha J, Medeossi D, Wu W
Queen’s University Belfast

CONTEXT

Task-based simulated learning is known to foster active, assisted and autonomous learning, and a high level of commitment and enthusiasm in students. With embodied and phenomenological dimensions to student learning, students have the opportunity to practice key skills in challenging but supportive environments.

METHODS

Headcams were used to develop elicitation interviews between 14 medical students undergoing ward simulations, and 7 graduate level anthropology students undergoing research methods interview training. Medical students were encouraged to narrate their experiences whilst viewing their headcam recordings. This elicitation interview technique improves upon post-rationalised interviews that typically rely upon memory.

RESULTS

Simulation-style learning explored with a new technological base resulted in perceptibly high levels of student immersion and involvement, student confidence and competence, and produced insightful reflexive accounts of this active learning encounter.

CONCLUSIONS

The use of headcams in simulation-based learning allows for deeply reflexive and flexible learning. They enhance and highlight practice-based pedagogies, particularly when used to elicit the lived-through experience. This simulation-style and technological-base has wide application to other HEIs, clinical settings, and apprenticeship learning environments.

REFERENCE

Gore, G., G. Rix-Lièvre, O. Wathelet and A. Cazemajou (2012) ‘Eliciting the Tacit: Interviewing to Understand Bodily Experience’ in, J. Skinner (Ed.), *The Interview: An Ethnographic Approach*. Oxford: Berg Publications, pp.127-142.

ABSTRACT NO.:

125

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

E-learning and Technology

Assisted Learning



ABSTRACT TYPE
Descriptive**ABSTRACT CATEGORY**
E-learning and
Technology Assisted
Learning

The Evaluation of a Novel Virtual Patient Resource to Deliver Undergraduate Microbiology Medical Education

McCarthy D
Queens University, Belfast

With an increasingly computer literate undergraduate population and with restrictions on resources, both time and financial, there has been a noted recent increased use of online materials by medical schools throughout Ireland. These resources such as e-lectures, discussion forums and online videos have the benefit of being reproducible from year to year but are often criticised by students for not replicating what is experienced in the real medical setting. Further, in simply regurgitating the information given the student does not develop their own clinical reasoning nor recognise how to apply this information to the benefit of treating the patient.

Successive studies have shown that Virtual Patients (VP) can be an effective tool in developing this clinical reasoning. These VPs are given the hallmarks of a 'real life' patient with a complicated history, presentation of signs and symptoms, requests for and results of clinical investigations. The student's role is not simply to recall the differential diagnosis but to use these elements to determine what is the most likely condition given the presentation, what would be the most serious conditions to rule out and what investigations would be required to both determine the diagnosis and guide future treatment.

This presentation focuses on the rationale behind why Virtual Patients are a vital tool in equipping students with the knowledge to identify, investigate and diagnose the "common and catastrophic" conditions that are advocated in the modern medical school's curriculum. This is done with reference to the experiences of developing such resources for the third year microbiology course at Queens University, Belfast. Recognition is made as to VPs being just one resource in the armoury of materials required to meet these real world challenges but it is argued that they are currently being underutilised as the key online resource to develop student clinical reasoning.

REFERENCE

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The lived experience of medical students in a constructivist eLearning environment. A qualitative analysis

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BACKGROUND

Computer-based learning environments are increasingly utilised in various formats at both undergraduate and postgraduate level. In the last year we have introduced eLearning resources for students to facilitate learning in certain components of the psychiatry undergraduate curriculum in University College Dublin. The transition from a teacher-centred to learner-centred approach to curriculum delivery inherent in this move inevitably brings with it a wide range both individual and collective student experience.

AIM

The aim was to characterize the lived experience of medical students in an innovative online learning environment with regard to its emotional, cognitive and behavioural dimensions. Specifically, a key consideration was to determine how these experiences related to the eLearning process.

METHOD

This study was situated within the qualitative research paradigm. Semi-structured interviews were conducted with student eLearners to elicit their experiences. Exploratory thematic analysis of data was carried out and an interpretive approach was used. A constant-comparison method of examining relationships between the emerging themes and current research in the field was undertaken.

RESULTS

Learning online is held to be an interactive multisensory experience. The integration of interactive instructional material into the multimedia platform is valued by students as is the opportunity to establish links with fellow students and tutors. Both intrinsic and extrinsic motivational factors are emergent with a sense of control over learning revealed as an important facet of intrinsic motivation influencing student engagement with eLearning. The breadth of emotional experience is noteworthy, as is its association with elements of the student learning environment. Negative affective experiences, such as anxiety are associated with extrinsic motivational factors influencing engagement with eLearning. 'Time' considerations are paramount as these new ways of learning emerge.

CONCLUSION

This study highlights a broad spectrum of individual experiences in a novel eLearning environment and hints at the complexity of the interaction between cognitive, emotional and behavioural elements when students undertake such learning. The results have implications for the development and delivery of eLearning in psychiatry at both undergraduate and postgraduate level. Attention is drawn to new experiences inherent in the transition from a learner-centred to teacher-centred approach to curriculum delivery. This serves to highlight the importance of a coherent alignment of learning objectives, learning strategy and assessment method if motivation for engagement in eLearning is to be maintained.

REFERENCE

Reiser R. A history of instructional design and technology: Part II: A history of instructional design. Educational Technology Research and Development. 2001;49(2):57-67

ABSTRACT NO.:

127

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

E-learning and Technology

Assisted Learning

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORYE-learning and
Technology Assisted
Learning**The academic/student partnership: the ideal combination for developing teaching/learning packages***Tattersall A, Ennis R, Ryan B, Creane D, Kelly B, Last J, Giles S
University College Dublin, School of Medicine and Medical Science***BACKGROUND**

With the rapid development of educational technology, teachers need to keep pace with student needs. In this regard, consideration must be given to the various ways one can develop and deliver existing and new material and to the various media through which this can be disseminated. The student is the target. It therefore makes sense, for teachers to be informed by, and involve students in the development of new teaching products. This study, reports on the experience of one such academic/student team, which was formed to develop an anatomy teaching package.

SUMMARY OF WORK

Based on student feedback to an initial basic interactive anatomy teaching tool we decided to develop the next product using an academic/student team. The latter was formed after an advertising/interview process and comprised of 2 academics and 4 students, with each person making a unique contribution.

SUMMARY OF RESULTS

Anatomical Picture Explorer (forearm) was developed incorporating digitally enhanced anatomical drawings, cadaveric and radiographic images and a comprehensive self-test platform. This product was designed to supplement the existing lecture/dissection schedule. The teacher/student perspectives were addressed at all times through constant constructive dialogue. In addition, many offshoot project ideas were generated.

DISCUSSION AND CONCLUSIONS

Our starting point was that learning should be an enjoyable experience. The team experience was at all times enjoyable, resulting in a product that we feel will be both fun yet taxing to use. We therefore approach the evaluation of the effectiveness of this product with confidence.

YouTube as a Global Delivery Vehicle for E-Learning Resources in Medical Education: A Case Study

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BACKGROUND

Students are bombarded with online material through a variety of different applications every day. After developing neuroanatomical content a decision was made to place one of the clips in Youtube and see if its quality and qualified content would be found and then watched.

SUMMARY OF WORK

After the 2 minute animation was completed it was uploaded into Youtube to be discovered. UCD students were given access to this material via a separate website. There was no promotional work done to drive traffic to this content. A conscious decision was made not to advertise the clip to see how it would be discovered by the general public searching in youtube. This clip was also put up with a creative commons license allowing people to add this clip to their site.

SUMMARY OF RESULTS

This material has been available online since the 28th September of 2012. Currently it has been viewed just under 1300 times in a total of 44 different countries and would have played continuously for over 24 hours. In the US alone it has been played in a total of 34 different States and Ghana holds the highest retention rate at just under 200%. It has been embedded into a variety of locations such as facebook, World News.com, to Beaufort County Community College and twitter to name a few. Just under 13% of all the views were undertaken on a mobile device and 71 views from facebook.

DISCUSSION AND CONCLUSIONS

The hits for this clip continue to go up on a daily basis. Although modest numbers compared to the numerous sporting mishaps that are online it shows that if educational content is uploaded it will be found. It has also shown that the content will also be passed on by a variety of different ways and shared by what ever means are available. It provides an interesting background for the next part of the project which will be to add the additional clips and then to actively promote the material.

ABSTRACT NO.:

129

ABSTRACT TYPE

Descriptive

ABSTRACT CATEGORY

E-learning and Technology
Assisted Learning



The impact of distraction on left-right discrimination ability in medical students-the need for human factors training in Medical Education

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BACKGROUND

Doctors are aware of the impact of distraction on clinical performance-think of the houseman receiving multiple bleeps and interruptions. Human factors training has been instrumental in improving aviation safety and given that doctors work in a complex, unpredictable and equally high stakes environment, we should learn from innovations of aviation. We know that 'simple' left-right errors can have devastating consequences for patients such as in the case of wrong site surgery or radiotherapy. Using a neuropsychological paradigm we highlight in medical students the impact of different methods of distraction on left-right discrimination ability, an important non-technical skill or 'human factor', often implicated in medical errors such as wrong site surgery

METHODS

Psychometric, observational study of medical students measuring left-right discrimination ability using validated Bergen left-right discrimination test under auditory (continuous ambient ward noise), cognitive (interruption with clinical cognitive task); combined auditory and cognitive distraction against a control group.

RESULTS

234 medical students were recruited. Isolated cognitive distraction had the greatest negative impact on performance in the left-right psychometric test ($p < 0.001$, partial $\epsilon^2 = 0.17$). Isolated auditory distraction had a significant negative effect ($p = 0.008$, partial $\epsilon^2 = 0.05$). Combined auditory and cognitive distraction did not have any significant effect beyond that of cognitive distraction alone.

CONCLUSION

Distraction has a significant impact on performance in this key cognitive function. Historically undergraduate and postgraduate medical curricula have focused on knowledge and technical skills. High stakes industries such as aviation and nuclear power generation have elucidated the need to acquire non-technical skills to maintain safety and this study further highlights the need to consider the development of a human factors and wider patient safety curriculum and assessment strategy as part of undergraduate and postgraduate training if catastrophic errors or 'never events' such as wrong site surgery are to be avoided.

Improvement in challenging times: building leadership and improvement capability in Ireland in collaboration with the professional colleges

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BACKGROUND

As health services face unprecedented challenges to the ability to deliver quality care at lower cost, it is clear that any change will require the support and participation of clinical leadership. This paper will discuss the impact of an educational intervention to engage clinical leaders and develop future leaders for quality and safety. In Ireland the development of a cadre of clinical leaders to improve services has become a national priority. Experience from other countries is that without this, improvement gains are short-lived.

In 2011 RCPI engaged healthcare improvement and leadership experts to develop a bespoke course for a multidisciplinary group of Clinical Directors, Directors of Nursing and Hospital CEOs. The programme was oversubscribed and very well attended particularly by doctors, who demonstrated significant commitment throughout despite demanding schedules.

METHODS

The programme is based on eight key learning themes. The teaching of W Edwards Deming is a central component and critically, the primary faculty members are medical professionals. Participants take part in experiential learning sessions supported by virtual, inter-residential distance learning. The theoretical construct is supported by the delivery of improvement projects. Project phases are integrated with learning outcomes throughout the programme. Projects have covered flow, development of metrics, and reduction of variation and patient safety. A mixed method evaluation including pre and post skills self assessment questionnaires, outcomes of improvement projects, impact measures and qualitative feedback was conducted (n=32).

RESULTS

A response rate of 84% and significant improvement in skills and knowledge was measured for all eight key learning themes. Improvements from individual projects have led to a 10:1 return on investment and impact measurements show encouraging changes in practice of these influential leaders with 77% of participants now prioritising QI in the workplan of their department and 68% of participants now spending >10% of their week on QI activities. Qualitative feedback has also been very positive.

CONCLUSION

It is possible to engage senior clinical leaders in healthcare improvement and with the engagement of senior clinical leaders significant, measurable improvements and changes in practice can be achieved.

REFERENCE

Deming, W. Edwards (2000). The New Economics for Industry, Government, Education (2nd ed.). MIT Press

ABSTRACT NO.:

131

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Patient Safety



A study of differences between baseline and post-call cognitive performance in non-consultant hospital doctors as measured by the computerised CogState test battery

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The objective of this project is to determine if a difference exists between baseline and post call cognitive performance in NCHDs.

The CogState workplace test was used to evaluate and compare the cognitive performance of NCHDs at baseline and at the end of their rostered call shift. NCHDs were recruited from Beaumont Hospital and St. Vincent's University Hospital. Exclusion criteria included familiarity with the CogState Workplace software and colour blindness. Nutritional intake and duration of sleep during the on call shift were recorded as well as the candidate's subjective assessment of their confidence and sharpness post call. The data was analysed using SPSS software.

37 NCHDs took part in this study. 19 NCHDs were found to be cognitively impaired post call. The average sleep recorded for an NCHD who showed a decline in their cognitive performance post call was 105.5 minutes in comparison to an average of 173.6 minutes for NCHDs who did not show a decline in their cognitive performance post call ($p=.01$). 26 NCHDs reported that they did not feel sharp post call. These NCHDs had a mean sleep duration of 130.19 minutes in comparison to a mean sleep duration of 158.64 minutes amongst the NCHDs who reported feeling sharp post call ($p=.34$). On average, NCHD's rated their confidence to deal with an emergency 6.26/10 post call. Amongst those candidates who were found to be cognitively impaired, the average confidence was 5.95/10 as opposed to a confidence level of 6.58/10 amongst those candidates who did not suffer a decline in cognitive performance post call ($p=.17$).

This study concluded that the amount of sleep an NCHD got during an on call shift was related to whether they were cognitively impaired or not, as determined by the CogState WorkPlace battery. These results were found to be statistically significant ($p=.01$). This finding suggests that a minimum amount of sleep is required in order to preserve cognitive ability. This study also found that a candidate's objective measure of sharpness and the amount of sleep during their shift on call were related. However this result was not found to be statistically relevant ($p=.34$).

Time Out Audit in St Vincent's Private Hospital

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ABSTRACT NO.:

133

BACKGROUND AND AIMS

Surgical time out is a recent addition to pre-operative protocols worldwide. This audit was carried out to investigate whether the guidelines and regulations relating to surgical time out are being comprehensively followed in SVPH, so that there are less preventable errors in the operating room.

MATERIALS AND METHODS

The results of the audit were obtained through the observation of 30-40 surgical cases, by one observer (CG), randomly chosen over a period of 5 working days. The tool used was a sphinx survey, which consisted of a number of tick-the-box questions.

RESULTS

This audit was focused on whether the entire surgical team played an active role in time out both by listening and stopping what they were doing and the role of the patient in time out. Time out was carried out in 39/40(97.5%) of the cases observed. Time out was initiated by the nurse the majority of the time, 37/40(92.5%) times. In all cases the patients' details were confirmed from the chart with the wrist band on the patient. All members of the team stopped what they were doing completely 23/40(57.5%) times. Time out was interrupted in 11 out of the 40 cases (27.5%). The patient was anaesthetised prior to time out in 100% (32/32) of the general anaesthetic cases.

CONCLUSION

From the results of this audit, it can be seen that the fundamentals of surgical time out are carried out well in SVPH but there are some aspects of the time out procedure, which could be improved upon. Primarily, ensuring that every member of the surgical team completely stop what they are doing and pause during time out to ensure complete staff compliance and that each team member is actively listening and, thus, actively involved.

REFERENCE

World Alliance for Patient Safety. 'Implementation Manual Surgical Safety Checklist (First Edition)'. pg14. 2008 May. [cited 2012 September 01]

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Patient Safety



A Study of Stress in an Irish Intern Network

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BACKGROUND

Stress is mental, emotional or physical strain which can have a huge effect on an individual's wellbeing and, in the case of doctors, can have a detrimental effect on work performance and subsequent patient care¹. A literature review revealed that intern stress rates ranged from 18% to 82%, that there was a paucity of good quality studies on intern stress internationally and that most of these studies had been done in the US with minimal studies of stress in Irish interns. This study examines stress from quantitative and qualitative perspectives reported by interns in an Irish Intern Network, with a particular focus on interns who have completed General Practice rotations.

METHODS

A mixed methods approach was used. Firstly an on-line quantitative survey (incorporating 3 components: the General Health Questionnaire (GHQ); questions pertaining to situational / professional / personal stressors identified from the literature; and questions about work-life balance) was distributed electronically to all interns (101 interns) in the Mid Leinster Intern Network. Secondly, two focus groups were convened involving a group of interns who had completed a General Practice rotation (six interns) and another group who had not (eight interns). The focus groups were audio-recorded, transcribed and then thematic analysis was used to carry out the analysis.

RESULTS

There was a 46% response rate to the on-line survey. Using the Goldberg analysis of the GHQ-12, 22 of the 46 interns (48%) scored a level suggestive of pathological levels of stress with female interns having a higher (but not statistically significant) average score than male interns. There was a statistically significant difference in the 'older interns' being more stressed in that those over 28 years old had a higher score. 78% of interns felt there was a conflict between their work-life balance. Being 'on call' and 'conflict with nurses' were the two biggest stressors identified from the quantitative survey. These two themes were also the commonest stress inducing themes to emerge from the focus group. The interns found their General Practice placements to be more supportive and educationally beneficial than their hospital placements.

CONCLUSION

Almost half of the interns in this study reported scores consistent with pathological levels of stress. High levels of stress in doctors have been linked to adverse patient outcomes and increased malpractice claims. Interns reported stress in their relationships with nurses; more work needs to be done on this area so that changes can be made to address the problem. On-call commitments are stressful for all doctors but policies could be put in place to reduce the stress load. The relationship with consultants is complex, but team building, leadership and clearer intern roles could improve intern morale. This study has shown that high levels of stress are an issue for many Irish interns. Given the effect this has on the mental health of the interns and patient safety it is an issue that should be addressed.

REFERENCE

Newbury-Birch D, Kamali F. Psychological stress, anxiety, depression, job satisfaction, and personality characteristics in preregistration house officers. *Postgraduate medical journal*. 2001;77(904):109.

An Analysis of the Culture in Ireland on Open Disclosure following Adverse Events in Healthcare

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ABSTRACT NO.:

135

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Patient Safety

ABSTRACT

A number of areas were examined from the patient's and healthcare team's perspectives. The barriers / constraints to open disclosure, the extent of policies, procedures or guidelines that are available for staff to consult with, inclusive of how they are implemented, harvested valuable insight. The supports available for healthcare staff following an adverse event and patients' expectations after such an event are also encompassed to include the relationship open disclosure has on concerns regarding litigious intent.

SUMMARY

A questionnaire was disseminated, with a response rate of 67% (n=192). 56.5% of respondents stated their organisation did not have an open disclosure policy, procedure or guideline in place (PPG) however, 16% of the attendees stated there was one in place. 54.4% (104) acknowledged barriers/ concerns surrounding open disclosure, with fear of litigious intent noted by 24% of respondents. 52.3% (101) identified support availability to staff following an adverse event, 38.9% (10) felt there was little/no follow up support, with 11.1% (2) stating they were made to feel guilty, and associated it with being 'on trial'

MAIN CONCLUSIONS

The research findings demonstrate an unstructured approach to disclosure of adverse events in Ireland, with fear of litigation a major concern for healthcare professionals. Error awareness among the general public, the introduction of protective legislation and implementation of a national standard on open disclosure in conjunction with practical training and education will all positively and practically influence open disclosure of adverse events in Ireland.

REFERENCE

Kohn, L., Corrigan, J., Donaldson, ME. 'To Err is Human; Building a Safer Health System' Institute of Medicine. Washington D.C. 1999



The level playing field: the impact of assessment practice on professional development

*Gormley G, McCourt C, Johnston J, Cooper S
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INTRODUCTION

The effects of assessment practice on students' learning are unclear, particularly regarding professional development. Corralling in objective structured clinical examinations (OSCEs) is designed to reduce illicit passing of examination information. Candidates completing an examination are kept secluded until the next cohort of examinees has begun. We used the introduction of corralling as a context in which to explore social influences on examination misconduct, with the aims of improving understanding of the hidden effects of assessment, and evaluating the acceptability of corralling from the student perspective.

METHODS

A questionnaire was administered to students corralled post-OSCE for the first time. Eleven semi-structured interviews were subsequently conducted. Questionnaire data were analysed for descriptive statistics and thematic analysis of interview transcripts was carried out.

RESULTS

The questionnaire response rate was 95.4% (251/263). Before corralling, 80.9% (203/251) of students were aware of the sharing of information among peers and 78.5% (197/251) agreed that such misconduct was unprofessional. The majority were in favour of corralling (90.8%, 228/251). Four themes emerged from the semi-structured interviews: the student network versus the individual; assessment-driven culture; the deferring of professionalism, and the 'level playing field'. Students saw interaction within the student network, on a background of assessment-driven culture, as the key driver in examination misconduct. Conforming to the rules of the social network was prioritised over individual agency, although the mismatch between the rules of the network and the dominant professional discourse caused some conflict for individuals. Deferred professionalism (described as the practice of taking on the norms of professional behaviour only when qualified) was a rationalisation used to minimise this conflict. Corralling provided a 'level playing field' in which the influences of the network were minimised.

DISCUSSION

Examination misconduct is thus a complex social construction with implications for individual learners in terms of professional development. Corralling is one mechanism for addressing misconduct that is acceptable to students, but assessment processes have important hidden effects which educators should acknowledge.

REFERENCE

McCourt C, Johnston JL, Cooper S, Gormley GJ. The level playing field: the impact of assessment practice on professional development. *Medical Education* 2012; 46: 766–776

Emotional intelligence assessment and selection for surgical speciality training: Preliminary findings

*Doherty E, Schackleton H, O'Keefe D, Traynor O
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Emotional intelligence (EI) is recognised to be an important component of the doctor-patient relationship and has been demonstrated to be related to the level of trust and satisfaction felt by the patient towards the doctor. A recently published laboratory based study demonstrated that self-rated EI was associated with both subjective and objective measures of stress in novices instructed to perform an unfamiliar laparoscopic task using a simulator.

The aim of this preliminary study was to investigate the use of two forms of EI measurement (self-report and performance) and their applicability for selection for higher surgical training across the first three years of the study period. The scores of the male and female candidates on the self-rated EI and performance EI measures were compared. The relationship between EI scores and success at interview and the effect of repeated testing was investigated. All candidates short-listed for interview completed a self report and a performance measure of EI online. The EI assessment was a component of the aptitudes assessment battery which included the assessment of perceptual skills and eye-hand coordination.

129 candidates completed at least one EI assessment and 37 candidates repeated the EI assessment more than once. Ninety-four of these were male. Male candidates obtained significantly higher scores than female candidates on the self-report EI measure ($t(165)=2.84, p<.01$) but no differences were demonstrated on the EI performance measure. Male and female candidates demonstrated a number of significantly different specific EI abilities and competencies as measured by the test subscales. There was no relationship between EI scores and success at interview and no practice effects demonstrated.

This study has demonstrated that it is possible to include measures of EI in a surgical aptitude assessment battery in the selection of surgeons for higher surgical training. Male and female candidates demonstrated different EI scores depending on whether EI was assessed by self-report or performance. There were no practice effects demonstrated indicating that the measures can be used with candidates who have presented for selection previously. This a preliminary report of a longitudinal study of the concept of EI and surgical competence.

ABSTRACT NO.:

137

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Professionalism



Developing Reflective Writing among Psychiatry Students

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AIMS

- To develop medical students as reflective learners
- To help medical students become reflective practitioners
- To create and evaluate online learning activities in reflective writing

BACKGROUND REVIEW

Schön (1983) developed the concept of the reflective practitioner based on his studies of how professionals actually worked - by analysing, reflecting and learning from their experiences. Raw et al (2005) describe reflection in medical practice as thoughts or feelings about a situation, a critical analysis of that situation, leading to the development of a new perspective.

The medical students used a short online, interactive presentation to familiarise themselves with reflection and reflective writing. Then they participated in online group discussions of a thought-provoking article on Psychiatry. Each student had to write posts at three, increasingly deep levels of reflection. Tutors gave feedback in the forum. Finally, students wrote a reflective essay. Most of the students' grade was for this essay. They were assessed for knowledge, communication and reflection. The students received a small grade for participating in the online discussion.

METHOD

To determine the effectiveness of this approach, usage data from the Blackboard virtual learning environment was analysed. Student participation was measured by counting the number of posts. The number of posts was compared with the grade for the reflective essay and the grade for the reflective component of that essay. Some students were surveyed and interviewed on their motivation for engaging with the resources.

RESULTS

There was a close relationship between the number of posts and high grades in both the essay and the reflective component of the essay. Students had both extrinsic and intrinsic motivation for participation.

CONCLUSIONS

Use of the online learning resources helped the students to develop their reflective writing skills. The reasons for little or no participation by a minority of students should be further investigated.

REFERENCE

Wald, H.s. et al. (2012) Fostering and Evaluating Reflective Capacity in Medical Education: Developing the REFLECT Rubric for Assessing Reflective Writing. *Academic Medicine* 87,(1) 47-50.

Developing Physiotherapy professional practice through the use of 'social wikis'

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OBJECTIVES

To explore the use of wikis in the development of key health professional skills including critical appraisal of literature, collaborative work, use of technology, peer discussion and reflective practice.

METHODS

Groups of BSc Physiotherapy students created and contributed to a Wiki (Blackboard) regarding exercise for specific clinical populations and reported on their Wiki learning experience in an online reflective journal over a semester. Reflective online journal data were coded and analysed for common themes.

RESULTS

Students produced a number of creative, user- friendly Wikis which demonstrated a strong ability to appraise and summarise literature. The online reflective journals mapped the progressive experiences of an undergraduate cohort with social media and reflect the learning experience. Common themes which emerged from the students' journal data are outlined below.

Group Learning experiences

- Learned from others
- Learned to delegate
- Learned to compromise
- The need for a group leader was identified
- Frustrated by a lack of contribution from some group members

Wiki as a tool

- Wiki content will act as a useful and readily accessible resource for professional practice
- Concerns regarding wiki-recorded participation levels and their accuracy in reflecting the workload of individuals
- Frustration with software eg. having difficulty with formatting
- Students expressed a reluctance to edit others' work as didn't feel expert in the topic area

DISCUSSION

The introduction of the wiki has led to a modular transformation and enabled an assessment re-design. Overall students engaged well with the process and learning objectives were met. Any negative feedback was based on group dynamic and software issues, the latter which may be remedied via the use of alternative Wiki software.

CONCLUSION

Wikis were found to be a useful tool in the development of key health professional skills, fostering teamwork and acting as an ongoing learning resource.

ABSTRACT NO.:

139

ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Professionalism



Emotional Intelligence and Culture Difference between First Year Radiography Students: an International Perspective

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BACKGROUND

Emotional intelligence (EI) has been identified as an important trait for healthcare professionals and several studies have explored the EI of students on health professional programmes and graduates at varying stages of their careers. Emotion-related self-perceptions and dispositions such as emotion regulation, relationship skills, and social competence, along with empathy can vary across different cultures. It has also been suggested that EI may also be influenced by social and cultural learning. This study explores cultural aspects of entry-level EI in radiography and radiation therapy students across three countries.

METHODS

First year radiography and radiation therapy students from three universities in Hong Kong, Ireland and the UK were invited to participate in an anonymous online survey containing the published and validated short form of the trait EI questionnaire (TEIQue-SF) at the beginning of the 2012/2013 academic year. Demographic data including sex and age was also recorded. Data was analysed using independent sample t-tests with post-hoc Bonferroni for multiple testing and analysis of covariance to correct for the effects of age and gender.

RESULTS

Of the 230 students who completed the survey (Hong Kong, n=123; Ireland, n=33; UK, n=74) 51.3% were female (n=118) and 48.7% (n=112) were male. Hong Kong students scored significantly lower in terms of global EI (mean=4.75) than students in Ireland (mean=5.01) and the UK (mean=5.05) ($F(2, 210) = 4.97, p=0.008$). Statistically significant differences emerged for the factors of well-being ($F(2, 221) = 4.84, p=0.001$) and sociability ($F(2, 217) = 6.76, p=0.02$).

DISCUSSION AND CONCLUSION

This survey demonstrated differences between students from Hong Kong and both Ireland and the UK in terms of their EI profiles in terms of global EI, well-being and sociability. It has been suggested that Asian university students tend to show greater humility in their self-estimations of overall, verbal and cultural intelligence compared to American and British students.¹ The difference in well-being score could perhaps confirm that individualistic cultures, such as Ireland and the UK, would have higher estimations of their well-being than collectivist cultures, such as China and Hong Kong.

REFERENCE

¹Furnham, A. (2001). Self-estimates of intelligence: culture and gender difference in self and other estimates of both general (g) and multiple intelligences. *Personality and Individual Differences*, 31, 1381-1405.

Faculty Attitudes Towards Professionalism Teaching In a New Medical School

McNamara R, O Hanlon S, McMahon E, Crowley L, Velupillai Y, Walsh S, Murphy L, McGrath D

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The delivery of meaningful training in professionalism in medical education remains challenging. Most published definitions of professionalism describe attributes such as high ethical and moral standards, honesty, integrity, altruism, empathy, reflective practice and life-long learning . In our school we have tried to incorporate several different methods of professionalism teaching.

We sought to explore faculty attitudes towards our current model of professionalism. Using seventeen characteristics of professionalism (including those listed above) as a framework, we developed an anonymous online survey in which faculty members, including tutors, lecturers and clinical supervisors were asked to rate how well we taught each aspect of professionalism to our students.

A total of 74 faculty replied. While the majority either agreed or strongly agreed that we were teaching these characteristics to our students, a significant minority was ambivalent about our teaching of 5 of the 17 characteristics: 'subordinate their own interests to the interests of others', 'respond to societal needs', 'behaviors reflect a social contract with the communities that they serve', 'are altruistic', 'exercise accountability for their colleagues'.

While our teaching of professionalism meets most of the required outcomes, there remain certain challenging areas that require further work to ensure that the aims of our mission statement are met.

REFERENCE

Swick HM. Toward a normative definition of medical professionalism. Acad Med. 2000 Jun;75(6):612-6.

ABSTRACT NO.:

141

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Professionalism



ABSTRACT TYPE

Research

ABSTRACT CATEGORY

Teaching and Learning

Evaluation of Multidisciplinary Delivery of Surgical Anatomy Teaching

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Queen's University Belfast

OBJECTIVES

To evaluate the efficacy of newly introduced multidisciplinary methods to deliver Surgical Anatomy teaching to undergraduate medical students.

DESIGN AND SETTING

Qualitative and quantitative study using questionnaires and focus groups, employing students of the perioperative and emergency medicine (POEM) module of the phase 4 undergraduate medical curriculum at Queen's University Belfast.

OUTCOME MEASURES

To determine:

1. if multidisciplinary teaching is effective in delivering surgical anatomy teaching,
2. student's learning preferences regarding this teaching method.

RESULTS

The questionnaire response rate was 89% (216 of 244 students; female: male ratio 1.25) and 42 students participated in 6 focus groups. Mean questionnaire responses indicated a favourable opinion on quality assurance items and multidisciplinary teaching. 81% of students agreed that multidisciplinary teaching enhanced learning and 86% felt that this did not adversely affect interaction. A positive contribution towards POEM learning was reported for Radiology (95% of students), Anatomy (93%) and Surgery (78%). The benefits of multidisciplinary teaching were congruent for Anatomy, Radiology and Surgery with 78% of students indicating a perceived favourable association with learning. Multidisciplinary teaching was not associated with diluted interaction, with 62% of students describing interaction as sufficient. 88% of students positively ranked tutor characteristics of enthusiasm and encouragement as being strongly associated with teacher quality. Positive perception of overall quality was strongly associated with learning preferences as well as more generic quality assurance issues (80% students; alpha coefficient 0.83).

The results were supported by triangulation of the above quantitative data with qualitative data generated by the focus groups. Whilst students frequently misunderstood the meaning of "multidisciplinary teaching", there was an appreciation of the method's worth; students recognised and valued the relevance of Anatomy, Radiology and Surgery teaching to POEM learning. The importance of vertically integrating Anatomy into all stages of the undergraduate curriculum was especially recognised.

REFERENCE

Aarnio M, Nieminen J, Pyorala E, Lindholm-Ylänne S. Motivating medical students to learn. 2010 *Med Teach*;32(4):199-204.

The development of interactive virtual patient simulations for an undergraduate medical psychiatry module

Holloway P, Malone K, Last J, Guérandel A
University College Dublin school of Medicine and Medical Science

INTRODUCTION

Patient simulations may offer some solutions to the challenges posed to medical education by changing patterns of patient care but actors and patient simulators help but can be costly and impractical, text-based branching clinical vignettes can lack the necessary fidelity for engagement and watching video encounters can lack the necessary agency to make them optimally effective.

We have developed a suite of 9 virtual patients to help students to get more benefit from actual patient and tutor encounters.

- Materials and methods
- Core functionality for the resources was defined through consultation.
- The development process was iterative with multiple reviews.
- Scripts were developed by multiple subject matter experts.
- As a pilot project use of 4 virtual patients was integrated into the curriculum and the students' reflections on these encounters were formally assessed in meetings with their tutors. The documentation from these assessment meetings was used to infer the students' attitudes towards and experiences of the virtual patients.

RESULTS

182 students were given access to the resource and all used it. Feedback was available from 155 students. Each student was required to cite at least one aspect of each of the 4 cases that they found difficult and at least one aspect that they found straightforward. There were 28 statements (of a minimum of 728) that cited technical difficulties or that questioned the relevance of the activities. 28 students (15%) stated that they found the structured and thorough nature of the first clinical lab helpful. 81 (45%) of the students stated that they found it difficult to construct a formulation. However, 36 of those 81 (20% of the total) went on to state that in subsequent exercises they now found formulation straightforward.

CONCLUSION

It is feasible to create virtual patients that appear, at this stage, to be usable and acceptable to students and aid learning of case formulation. However, more formal assessment of student attitudes and educational impact is required.

REFERENCE

Ker, J Bradley, P (2007) Understanding Medical Education: Simulation in medical education, Association for the Study of Medical Education, Edinburgh, 16-26.

ABSTRACT NO.:

143

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning



Providing undergraduate physiotherapy Clinical Education in the Primary Care Setting –the barriers and facilitators

McMahon S, Cusack T, ODonoghue G

University College Dublin School of Public Health, Physiotherapy and Population Science

BACKGROUND

Traditionally, clinical education opportunities for undergraduate physiotherapy students have been centred around secondary care, focusing on acute services in large teaching hospitals. With the worldwide shift in health care from secondary to primary care, employment opportunities for newly qualified physiotherapists are likely to be in the primary care setting. For contemporary physiotherapists to become effective first-contact primary care providers, they must be exposed to the primary care environment during their undergraduate education.

OBJECTIVES

To explore the concept of and identify perceived barriers and facilitators to providing physiotherapy undergraduate clinical placements in the primary health care setting

DESIGN & PARTICIPANTS

A three round Delphi survey was used. Participants were asked to answer open-ended questions with regard to (a) student preparation for and (b) provision of primary care placements (Round 1). Content analysis was employed to identify themes. These themes generated statements for round 2. In round 2, participants were asked to rate their level of agreement/ disagreement with the generated statements. In round 3 a final process of rating was conducted. Level of consensus was established as $\geq 75\%$ agreement, with a mean rating ≥ 3.5 and coefficient of variation $\leq 30\%$. [1] Participants were 198 primary care physiotherapy staff.

RESULTS

120/198 (response rate 60%), 84 /120 (70%) and 64/84 (76%) respondents replied to rounds 1, 2 and 3 respectively. All seven key facilitators identified reached consensus. They included additional support for staff taking students and motivated students. Barriers identified included shortage of resources such as staff and a lack of tradition; in other words, students are not by tradition educated in the primary care setting.

CONCLUSIONS

This study reveals there is support for providing physiotherapy clinical education in the primary care setting. Through careful consideration with clear planning and collaboration with all stakeholders, it may be possible to convert the main barriers identified into facilitators to ensure there will be an adequately prepared physiotherapy work force in the future.

REFERENCE

1. Rankin G, Rushton A, Olver P, Moore A. Chartered Society of Physiotherapy's identification of national research priorities for physiotherapy using a modified Delphi technique Physiotherapy <http://dx.doi.org/10.1016/j.physio.2012.03.002>

Who Donates Their Body to Science? An International, Multicentre, Prospective Study

Cornwall J1* Perry G2, Louw G3, Stringer D1

1Department of Anatomy, University of Otago, Dunedin, New Zealand

2Division of Anatomy, School of Medicine and Medical Science, University College Dublin, Dublin

3Department of Human Biology, Unit of Applied Anatomy and Biological Anthropology, Faculty of

ABSTRACT NO.:

145

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning

AIMS/OBJECTIVES

For centuries, Human cadavers have been an invaluable resource for medical education. Medical schools in many countries depend on the generosity of altruistic individuals who self-register to donate their bodies following their deaths. The inconsistent supply of donated bodies has prompted some medical schools to teach anatomy without cadaver dissection; a few schools reinstated this resource after discovering that medical students' knowledge of human anatomy declined when human dissection was withdrawn or restricted. Given that successful body donation programs are important for medical education, surprisingly little is known about individuals who donate their bodies to science. A better understanding of donor populations may assist the development or improvement of donor recruitment strategies.

The aim of this study was to determine and compare the contemporary characteristics of registered donors from three separate international institutions. Individuals registering as a body donor during a single calendar year (2010) at three institutions, University College Dublin, Ireland (IE), University of Otago, New Zealand (NZ) and the University of Cape Town, Republic of South Africa (RSA) were prospectively surveyed to identify donor characteristics. Two hundred completed surveys were returned (IE 92% response rate, NZ 85%, and RSA 67%).

RESEARCH FINDINGS

This was the first international, multicenter, prospective study of donor characteristics. Results indicate that donors in Ireland, New Zealand and the Republic of South Africa share certain characteristics; however, some variations between locations were noted including donor age at the time of registration and the mode of programme awareness. This information could be important for assisting the identification of potential body donors in new and established Body Donation Programmes.

Individuals who donate their bodies to medical science are most often older than 60 years of age when they register. However, registrants in Ireland were significantly younger than the other two groups ($P < 0.01$). The mean age of donor registrants was 60 ± 15 years (Ireland) compared to 68 ± 13 years (New Zealand) and 69 ± 12 years (South Africa). Sources of program awareness varied significantly among the three countries but relatives and friends were the single largest source of information. Ireland showed the highest proportion of internet-derived awareness (22%, as compared to 2% in New Zealand and none in South Africa). With this better understanding of the profile of donors it may assist in developing or improving recruitment strategies. This study has been expanded in 2012 following the successful recruitment of thirteen international medical schools in an attempt to get a broader and deeper understanding of who donates their body for the advancement of medical education.



Evaluation of the educational effectiveness of patient narratives and discussion of experiences of care in the Irish Healthcare System using the Jefferson Scale of Empathy in a final year medicine cohort

Donnelly S, Butler M, Drumm B
School of Medicine and Medical Science, University College Dublin

BACKGROUND

Empathy is essential for high quality care but is difficult to define and measure. The Jefferson Scale of Empathy (JSE) is a validated instrument "to measure empathetic qualities". We designed a learning intervention to promote empathy using a "patient narrative" approach and measured empathy in final year students using the JSE in a cross sectional study 2 months before graduation.

AIM

To measure empathy in final year students and to evaluate the effectiveness of a patient centered "Care Seminar" on this using the JSE

METHOD

The seminar was designed by a multidisciplinary educational team as a 3-hour patient centered discussion of experiences of care with student interaction. All students in final year were asked to complete an online version of the JSE (Student version). Statistical comparison of scores investigated the role of various factors on JSE scores. Other evaluation included detailed follow up feedback. Statistical comparisons were made using the method of Bonferroni (SPSS) for the following variables

- i. UEM 5, UEM6 and GEM Programmes
- ii. Gender
- iii. Previous healthcare work
- iv. Care seminar attendance
- v. Age
- vi. GPA Results

92 of 180 final year students completed the questionnaire which has a maximum score of 140. 53 had attended a Care Seminar at the time of completion, 39 had not. Empathy scores were normally distributed [mean 113, sd=10], lower than reported scores in other populations. No statistical difference in JSE scores was found for any variable tested. Score analysis from the subscale "perspective taking" revealed an unexpected fall in scores for attenders.

DISCUSSION & CONCLUSIONS

This study is a cross sectional observational study and this instrument does not uncover any association between JSE measured empathy and any variable studied, at odds with accepted gender variation (women score more highly than men). This finding has prompted a full validation study of the JSE in the UCD medical student population. We consider that we are thus unable to draw conclusions about the efficacy of the "Care Seminar" measured by the JSE, but note that feedback via other methods was strongly positive from participants. Falls (ns) in scores on 'perspective taking' questions in seminar attenders may indicate that these offered "too much perspective" or may reflect the instrument itself. We acknowledge that the JSE was neither designed or validated for subscale analysis of this sort and conclude that measuring the educational effectiveness of a 'patient narrative' intervention to engender empathy may require a more nuanced instrument responsive to a greater awareness and deepening understanding of the patient's perspective irrespective of how 'difficult' that perspective taking might be, as reported on the JSE.

Use of an Instructional Design Model with Learner Involvement enhances Postgraduate Teaching in Intensive Care Medicine

Puttappa A, Collins D, O'Connor E

Department of Anaesthesia and Intensive Care, St James' Hospital, James' Street, Dublin 8

ABSTRACT NO.:

147

ABSTRACT TYPE
Research

ABSTRACT CATEGORY
Teaching and Learning

INTRODUCTION

Weekly, scheduled, small-group tutorials are an important aspect of post-graduate medical education within hospital clinical departments. However, curricula for these teaching programs may be compiled by senior doctors lacking training in medical education or curriculum design. Therefore, they may focus more on academic college requirements and teacher convenience than on learners' needs.

AIM

To design and evaluate a 6-month teaching program for post-graduate trainee doctors in intensive care medicine using an instructional design model with learner involvement.

METHODS

Ethics approval was obtained for the project. 27 junior anaesthetic/ICU trainee doctors were asked to complete a questionnaire at the beginning of the 6-month rotation outlining their preferred learning topics and teaching methods. Their responses were analysed, preferences rated and then applied to an ASSURE model to design a 6 month program of weekly 45-minute ICU tutorials. A further questionnaire was completed at the end of the program, focusing on trainees' attitudes to the teaching and how it compared to junior medical education in their previous jobs.

RESULTS

Four of the 27 trainees did not participate in the study due to their full-time research or anaesthetic duties. The remaining 23 trainees all completed an end-of-program questionnaire. On a Likert scale (1-10), the teaching program was rated highly (mean \pm -SD = 8.17 \pm -1.05). All but one trainee reported a difference between the teaching program in the ICU and their previous jobs, 61% attributing this difference to their input into its design. The most popular teaching methods were round table discussions, bedside ICU teaching and data-interpretation exercises. In comparison to previous experience, trainees reported a better variety of teaching methods (95.6%), a greater emphasis on learners' needs (95.6%), more active participation during learning (73.9%) and that it was more effective for their learning (100%) and their clinical work (100%). Furthermore, the teaching program promoted learner-reflection and metacognitive exercises in 86.9% of trainees.

CONCLUSION

Post-graduate trainee education can be enhanced by the use of instructional design principles and the inclusion of trainees in the design process. This may create enjoyable, active, learner-orientated teaching which is relevant to clinical practice, all of which are important aspects of adult education.

REFERENCE

Levinson AJ. Where is evidence-based instructional design in medical education curriculum development? *Med Educ* 2010; 44: 536-37.



ORAL PRESENTATION SCHEDULE

ASSESSMENT		CURRICULUM
VENUE	RED ROOM	BLUE ROOM
FACILITATOR	Mr Jonathan McNulty	Ms Mairead Boohan
09:00	<p><i>Medical Student Selection: Can Multiple Mini Interviews work in an Irish setting? – A feasibility study</i></p> <p>Presenter: Dr Maureen Kelly Institution: NUIG</p>	<p><i>Curriculum mapping – a purposeful journey rather than a destination</i></p> <p>Presenter: Dr Josephine Boland Institution: NUIG</p>
09:10	<p><i>Development and pilot of a novel, developmental student assessment for the PBL component of a therapeutics course</i></p> <p>Presenter: Dr Suzanne Donnelly Institution: UCD</p>	<p><i>The Surgeon Scientist? Trainee and trainers views on the role of research in surgical education</i></p> <p>Presenter: Dr Helen Mohan Institution: St Vincent's University Hospital</p>
09:20	<p><i>Introducing workplace-based assessment in postgraduate medical training; designing the faculty development programme</i></p> <p>Presenter: Ms Aileen Barrett Institution: RCPI</p>	<p><i>As Medical Students Mature Research Interest Shifts from Exam Focus to Career and Area of Personal Preference</i></p> <p>Presenter: Dr Katherine Gavin Institution: TCD</p>
09:30	<p><i>OSCE assessment of student inter-personal and communication skills by simulated patients compared with clinical tutors – Is there a correlation?</i></p> <p>Presenter: Dr Frances Meagher Institution: RCSI</p>	<p><i>Undergraduate Ophthalmology Education in Ireland: A Comparison with International Guidelines and Evaluation of Doctor Confidence in the Management of Ophthalmic Conditions in the General Medical Setting</i></p> <p>Presenter: Mr Mingyong Lee Institution: UCC</p>
09:40	<p><i>A cohort study of the relationship between attendance and academic achievement in undergraduate Obstetrics and Gynaecology – does attendance matter?</i></p> <p>Presenter: Dr Richard Deane Institution: TCD</p>	<p><i>The Relevance of Basic Sciences in an Undergraduate Medical Programme: An Irish Medical School Perspective</i></p> <p>Presenter: Dr Jason Last Institution: UCD</p>
09:50	<p><i>Temporary transfer tattoos to simulate skin conditions: appraisal of a novel OSCE assessment tool</i></p> <p>Presenter: Dr Gerard Gormley Institution: QUB</p>	<p><i>Evaluation of the GEMS Mentoring Programme (2007-2011) using mixed methods</i></p> <p>Presenter: Dr Yoga Velupillai Institution: UL</p>

E-LEARNING AND TECHNOLOGY ASSISTED LEARNING**CAREER**

ROOM 5/6/7

DEBATING CHAMBER

Dr Deirdre McGrath**Dr Siun O'Flynn**

Can online voice-over lecture replace traditional didactic lecture? An evaluation through randomized cross over study

How do students decide on their specialty of preference? A national cross-sectional study in Portugal

Presenter: Dr Mark KM Tan*

Institution: PMC

Pre-recorded presentation*Presenter: Prof Manuel João Costa**

Institution: University of Minho, Portugal

"Lived-through learning": Phenomenological elicitation pedagogies in medical students' simulation learning

Tracing the Training Trajectory. A Descriptive Study of Applicants to Postgraduate Medical Education and Training under the Royal College of Physicians of Ireland

Presenter: Dr Jonathan Skinner

Institution: QUB

Presenter: Dr Deirdre Bennett

Institution: UCC

The Evaluation of a Novel Virtual Patient Resource to Deliver Undergraduate Microbiology Medical Education

The Advanced Paramedic Training Programme: challenges for an adult workforce entering the university sector

Presenter: Mr David McCarthy

Institution: QUB

Presenter: Ms Jacintha Vallely

Institution: UCD

The lived experience of medical students in a constructivist eLearning environment. A qualitative analysis

Are Future Doctors Interested in International Child Health?

Presenter: Dr Kieran O'Loughlin

Institution: UCD

Presenter: Dr Sarah Geoghegan

Institution: Paediatrics National Maternity Hospital, Holles Street

The academic/student partnership: the ideal combination for developing teaching/learning packages

The Impact Of Undergraduate Teaching On The Career Choice Of Junior Doctors

Presenter: Dr Seamus Giles

Institution: UCD

Presenter: Dr Sinead McGlacken-Byrne

Institution: UCD

YouTube as a Global Delivery Vehicle for E-Learning Resources in Medical Education: A Case Study

General Practice Career Intentions Amongst Graduate-Entry Students: a cross sectional study at Ireland's newest medical school

Presenter: Mr Adam Tattersall

Institution: UCD

Presenter: Dr Ger Lane

Institution: UL



THEME	PATIENT SAFETY
VENUE	RED ROOM
FACILITATOR	Dr Tara Cusack
10:00	<p><i>The impact of distraction on left-right discrimination ability in medical students-the need for human factors training in Medical Education</i></p> <p>Presenter: Dr John McKinley Institution: Department of Neurology, Royal Victoria Hospital Belfast.</p>
10:10	<p><i>Improvement in challenging times: building leadership and improvement capability in Ireland in collaboration with the professional colleges</i></p> <p>Presenter: Gillian Walsh Institution: RCPI</p>
10:20	<p><i>A study of differences between baseline and post-call cognitive performance in non-consultant hospital doctors as measured by the computerised CogState test battery</i></p> <p>Presenter: Ms Rebecca Horgan Institution: RCSI</p>
10:30	<p><i>Time Out Audit in St Vincent's Private Hospital</i></p> <p>Presenter: Ms Ciara Gibbons Institution: UCD</p>
10:40	<p><i>A Study of Stress in an Irish Intern Network</i></p> <p>Presenter: Dr Crea Carberry Institution: UCD</p>
10:50	<p><i>An Analysis of the Culture in Ireland on Open Disclosure following Adverse Events in Healthcare</i></p> <p>Presenter: Ms Ann Duffy Institution: State Claims Agency, Clinical Indemnity Scheme</p>

PROFESSIONALISM	TEACHING AND LEARNING
BLUE ROOM	DEBATING CHAMBER
Ms Ann O'Shaughnessy	Dr Seamus Giles
<i>Developing Reflective Writing among Psychiatry Students</i>	<i>Evaluation of Multidisciplinary Delivery of Surgical Anatomy Teaching</i>
Presenter: Mr Niall Watts Institution: UCD	Presenter: Mr Ian Walsh Institution: QUB
<i>Emotional intelligence assessment and selection for surgical speciality training: Preliminary findings</i>	<i>The development of interactive virtual patient simulations for an undergraduate medical psychiatry module</i>
Presenter: Dr Eva Doherty Institution: RCSI	Presenter: Dr Peter Holloway Institution: UCD
<i>Emotional Intelligence and Culture Difference between First Year Radiography Students: an International Perspective</i>	<i>Providing undergraduate physiotherapy Clinical Education in the Primary Care Setting –the barriers and facilitators</i>
Presenter: Mr Jonathan McNulty Institution: UCD	Presenter: Ms Sinead McMahon Institution: UCD
<i>Developing Physiotherapy professional practice through the use of 'social wikis'</i>	<i>Who Donates Their Body to Science? An International, Multicentre, Prospective Study</i>
Presenter: Dr Caitriona Cunningham Institution: UCD	Presenter: Mr Gary Perry Institution: UCD
<i>The level playing field: the impact of assessment practice on professional development</i>	<i>Evaluation of the educational effectiveness of patient narratives and discussion of experiences of care in the Irish Healthcare System using the Jefferson Scale of Empathy in a final year medicine cohort</i>
Presenter: Dr Gerard Gormley Institution: QUB	Presenter: Dr Suzanne Donnelly Institution: UCD
<i>Faculty Attitudes Towards Professionalism Teaching In a New Medical School</i>	<i>Use of an Instructional Design Model with Learner Involvement enhances Postgraduate Teaching in Intensive Care Medicine</i>
Presenter: Dr Rosa McNamara Institution: UL	Presenter: Dr Anand Kumar Institution: Crumlin Children's Hospital



AWARDS

Oral and Poster Presentation Award Categories

Prizes will be awarded in the following categories

- i. Best student poster
- ii. Best poster
- iii. Best oral presentation – educational development
- iv. Best oral presentation –educational research

AGM AGENDA

1. Minutes of the 2012 INMED AGM
 2. Matters arising
 3. INMED – the past 12 months; reports from the executive:
 - a. INMED activities and events (Peter Cantillon)
 - b. INMED financial report and progress towards charitable status (Nick Fenlon)
 - c. INMED communication (Shane O’Hanlon)
 4. INMED strategy 2013 – 18
 5. INMED constitution
 - a. Proposed changes to constitutional wording
 - b. Governance structure including roles, remit and reporting relationships between the INMED board and the executive
 - c. Formal constitution of the board and the executive.
 6. INMED symposium ideas for 2013 – 14
 7. Any other business
-

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