INHED
IRISH NETWORK OF HEALTHCARE EDUCATORS

Irish Network of HealthCare Educators
1st ANNUAL SCIENTIFIC MEETING
13 – 14th February 2020

Preparing students for the complexities of practice and transformative experiences

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

#inhed2020

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UCC Medical Education Unit

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Contents

Welcome

TCD INHED Organising Committee.

On behalf of the local organising committee, we are delighted to welcome you to the inaugural conference for the newly evolved Irish Network of Healthcare Educators, INHED 2020 at Trinity College Dublin. The theme of the conference is "*Preparing Students for the complexities of practices and transformative experiences*". Being a professional is a complex set of skills that covers many domains from technical ability to professional manner. The aim of this meeting is to explore how we as educators can prepare our graduates for this complex role and develop educational strategies within our curriculums to prepare our future healthcare professionals.

We are privileged to have highly renowned, international keynote speakers, from Canada, Netherlands, UK and the USA. Professors Austin, ten Cate, Roberts and Wald will share their expertise and perspectives on student learning, assessment and assurance of standards in relation to the formation of healthcare professionals. We will be encouraged to consider how current developments in healthcare education research apply in our own contexts.

The interprofessional character of INHED is reflected across the conference programme. There are a wide range of presentations from across the healthcare professions spanning many areas of educational research. Parallel sessions will discuss preparing students and the educational environment to promote student clinical learning and professional formation. These include program development, innovative teaching and learning approaches, experience-based learning, patient as educator, peer learning, simulation, interprofessional learning, cultural competency, professional identity formation, assessment, reflection, feedback, transitions and stress, faculty development and quality assurance

In-conference workshops will run parallel to the communications sessions, addressing areas as: the complexities of healthcare educational systems, methods of supporting students, developing collaborative interprofessional practice, quality and assessment in healthcare education, and project management in education innovation. The conference will host special interest groups in interprofessional learning, and entrustable professional activities.

The student-led session will feature medical, nursing & midwifery, pharmacy, radiation therapy, speech and language, and dentistry students answering the question, "Has my college course prepared me to become the healthcare professional I would like to become?".

We would like to thank the members of the TCD organising committee for giving their time so generously over the past six months. Thank you to the facilities team in TBSI who have been very accommodating to all our requests and to the administrative team in the School of Medicine who have given generously of their time. Particular thanks are due to the School of Medicine administrator Cintia Marques who played a key role in organising and running INHED 2020.

We hope that you will enjoy the programme.

Aileen Patterson and Claire Poole

Co-Chairs of TCD INHED Organising Committee

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Peter Cantillon,
Chair of the Irish Network of Healthcare Educators.

As chair of the Irish Network of Healthcare Educators, (INHED) I would like to warmly welcome you to our inaugural conference at Trinity College Dublin. As you probably know, INHED was formerly the Irish Network of Medical Educators, (INMED). We changed our name, our ethos and our articles of association to reflect the fact that we are now a multi-professional organisation representing all of the health professional disciplines. Our executive, our scientific meeting planning committees and the experts that we invited to those meetings all reflect our new multi-professional and interprofessional focus. On behalf of INHED I would like to thank Dr Aileen Patterson and her team at Trinity who have led the organisation of this year's scientific meeting.

This year's conference explores important themes such as transition, identity, competence and assessment. The organising team have provided many opportunities for learning new teaching skills, meeting like-minded colleagues and hearing about the latest educational research. Given our new direction as a multi-professional organisation, we would really welcome your feedback and ideas about this conference and how we might run future conferences so that they can meet your needs as well as provide sufficient challenge and interest.

Finally, I would like to recognise the continuing and ever-present support of Carol Lynch, our INHED administrator who makes both the concept and operation of INHED possible.

Peter Cantillon
Chair of INMED/INHED

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Conference Information

Certificates of Attendance

This event has been approved for CPD points as follows:

Thursday 13th February	6 CPD points for full day
Friday 14th February	3 CPD points for half day

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

Registration Desk

The registration desk will be located in the foyer of the TBSI building and will be open from 8.00am on both Thursday and Friday mornings.
An information desk will be available in the same location throughout the conference.

Luggage

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

Coffee Breaks

During the coffee breaks refreshments will be provided on the second floor of the TBSI building.

Lunch

Thursday: Lunch will be provided in TBSI second floor

WIFI Internet

Please ask at the registration desk if you require the WIFI login and password.

Please tweet along using *#INHED2020* on twitter.

Confidentiality and Media Policy

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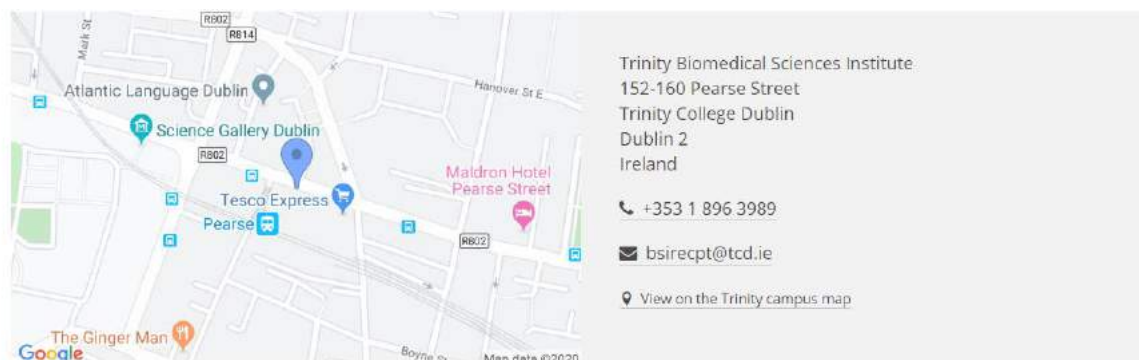
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Local Information

Trinity Biomedical Science Institute (TBSI)
TBSI is located on Pearse Street. The below link provides the location in Google Map:
https://goo.gl/maps/gG2tqYGjF6nP1ZjD8
If travelling from the direction of the City Centre / TCD Campus, cross Westland Row after the Science Gallery and it is the first building after DHL.
If travelling from the direction of Grand Canal Dock it is past Tesco Express and the first building after Subway.

Trinity Biomedical Sciences Institute
152-160 Pearse Street
Trinity College Dublin
Dublin 2
Ireland
📞 +353 1 896 3989
✉ bsirecpt@tcd.ie
📍 View on the Trinity campus map

Directions to Trinity College Dublin
GETTING HERE.
TRAVELLING FROM DUBLIN AIRPORT
Dublin airport (DUB) is easily accessible, with flight connections with almost all major European and inter-continental cities. From the airport terminals, Dublin city centre can be reached either by bus or by taxi.

TAXI
Taxis are readily available outside both terminal buildings. A taxi will take about 20-30 minutes (depending on traffic). The usual fare for a journey to Dublin city centre is approx. 25 EUR. The trip can be shortened by asking the driver to take the Port Tunnel. At most times this will incur a 3 EUR toll charge. However, at peak times on weekdays (06:00-10:00 from airport to city; 1600-1900 from city to airport), the toll charge rises to 10 EUR.

BUS
TCD can be reached by the following bus services,
- Aircoach – €7 one way or €12 return. The Aircoach leaves from the airport every 15 min to Grafton St (just beside the TCD front gate),
- Airlink 747 – €6 one way or €10 return. This service runs every 15 min to Busáras (north of River Liffey) or College Green (at TCD front gate),
- Dublin Bus 16 – A cheaper alternative is to take the regular bus from the airport (bus no. 16) that will take about 45 minutes and will cost €3.30. The exact fare needs to be

paid directly to the bus driver. Tickets are available for sale at the small markets in the arrival section of the airport (both Terminal 1 and Terminal 2).

TRAVELLING BY TRAIN
The conference venue can be reached by the DART train services from Connolly Station to Pearse station via the DART.

More travel information can be found on the main Trinity travel page.
https://www.tcd.ie/Maps/

Accommodation

There are many hotels close to the venue that are suitable and competitive
The Trinity Capital, The Davenport, The Mont, The Maldron,The Alexander

Conference Secretariat

Chair, Organising Committee/ Chair, INHED:
Dr Aileen Patterson, Dr. Claire Poole

Members, Organising Committee:

Trinity College Dublin
Dr Claire Gleeson
Prof Joseph Harbison
Prof Martina Hennessy
Dr Claire Poole
Prof Cicely Roche
Prof Sheila Ryder
Prof Derek Sullivan
Prof Ladislav Timulak
Dr Jan de Vries
Prof Irene Walsh
Prof Margaret Walshe
Ms Eimear Garvey
Mr Mark Nolan
Mr Joseph Proctor

TCD Administrative Co-ordinator
MS. Cintia Marques

INHED Administrative Co-ordinator
Ms. Carol Lynch

Student Volunteers
Michelle O'Dwyer
Hannah Devitt
Conor Lane
Eimear Kyle
Roisin Carr
Blaithin Downey
Lucy Abraham
Panya Matreja
James Prendergast
Alan O Connor
Akshita Maheshwari
Liz Ong
Maketa Puntambekar

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Conference Programme – at a glance

Thursday 13th February 2020		
08:00-09:00	*Registration*	*TBSI Foyer*
09:00-09:20	**Conference opening** Dean of Faculty Health Sciences, Professor Orla Sheils	*Tercentenary Lecture Theatre, floor 2, TBSI*
09:20-10:30 ***Keynote Addresses***	**Understanding and developing learning in clinical settings** Professor Trudie Roberts	
	Professional Identity (Trans)Formation for Flourishing in Health Professions Education & Practice: *Reflection, Relationships, Resilience* Professor Hedy Wald	
10.30-10.45	**Open floor Q & A** Professor Martina Hennessy	
10.45-11.00	**INHED Survey** Professor Peter Cantillon/ Crea Carberry	
11:10-11:30	*Tea / Coffee*	*TBSI 2nd Floor*
11:30-13:00 ***Parallel Sessions*** *OP: Oral Presentations* *WS: Workshop*	*OP* **(i) Patient, (ii) Peer Learning**	*B1.04*
	OP **Simulation**	*B1.06*
	OP **Experienced Based Learning**	*B1.18*
	OP **Assessment and Learning**	*B2.36*
	OP **Interprofessional Education**	*B2.38*
	WS **Evidencing and assessing "Troublesome attributes" across the disciplines**	*Goldsmith 2A*
	WS **Unravelling the complexities of practice and workplace learning in postgraduate medical education**	*KEA, 2nd Floor*
	WS **Project management in medical education innovation**	*B2.73, B2.74*
	WS **Stirred but not shaken. Helping health professions' learners to navigate uncertain situations**	*B2.72*
13:00-14:00	*Lunch*	*TBSI 2nd Floor*
13:00-14:00	*SIG **Entrustable Professional Activities***	*Tercentenary Theatre*
14.00-15.30 ***Parallel Sessions*** *OP: Oral Presentations* *WS: Workshop*	*OP* **(i) Cultural competency, (ii) Diversity**	*B1.04*
	*OP **Professional Identity Formation***	*B1.06*
	OP **Teaching and Learning Innovations**	*B1.18*
	OP **Assessment and Learning**	*B2.36*
	OP **(i) Reflection, (ii) Feedback**	*B2.38*
	WS **A challenge shared in a learning opportunity explored…collaborative learning in health professional education**	*B2.72*
	WS **Who do you think you are? An introduction to emotional intelligence in the professions**	*B2.73, B2.74*
	WS **Student support in Healthcare professions- promoting resilience**	*Goldsmith 2A*
	*SIG **Entrustable Professional Activities***	*KEA, 2nd Floor*
15:30-16:00	*Tea / Coffee*	*TBSI 2nd Floor*
16:00-17:00	**Student-Led Session**; Has my college course prepared me to become the healthcare professional I would like to become?	*Tercentenary*
17:30-18:30	**INHED AGM**	
19:00	*Conference Dinner*	*Dining Hall, Front Square*

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| Friday 14th February 2020		
09:00-10.30 **Parallel Sessions** OP: Oral Presentations WS: Workshop	OP: **Programme Development**	B1.04
	OP: *Stress and Transition, supporting students*	B1.06
	OP: *Quality Assurance*	B1.18
	OP: *Educating the Educators*	B2.36
	WS: <u>Using quality criteria to identify EPA for a profession</u>	Goldsmith 1A
	WS: **Quality and Undergraduate Medical Education**	B2.73, B2.74
	WS *Shared understandings: interprofessional educators and their community of practice*	Goldsmith 2A
	WS: **The complexities of life for students and educators – how Mindfulness transforms wellbeing.**	KEA, 2nd Floor
10:30-11:00	*Tea /Coffee*	TBSI 2nd Floor
11.00-12.20 **Keynote Addresses**	**Entrustable Professional Activities and the essence of trusting learners to take over responsibilities:** Professor Olle ten Cate	*Tercentenary Lecture Theatre, floor 2, TBSI*
	Competence Assessment in the Professions - A global review Professor Zubin Austin	
12.20-12.40	**Open floor Q & A** Professor Cicely Roche	
12.40-13.00	**Announcement of 2020 Prize-giving and Conference Closing**	

2nd **Floor**
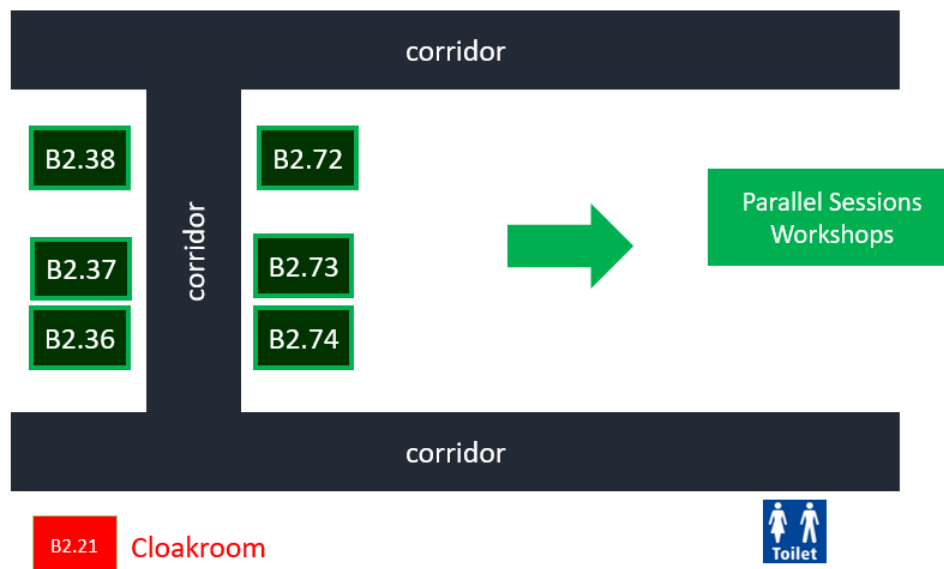Knowledge Exchange + Mezzanine + Tercentenary Theatre and Bullnose
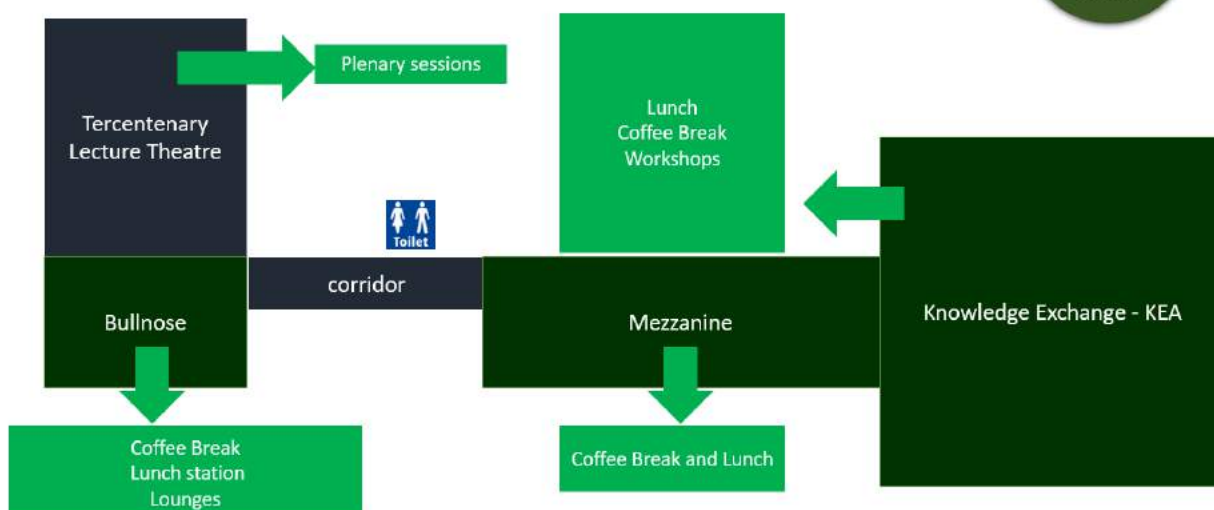
-1 Floor
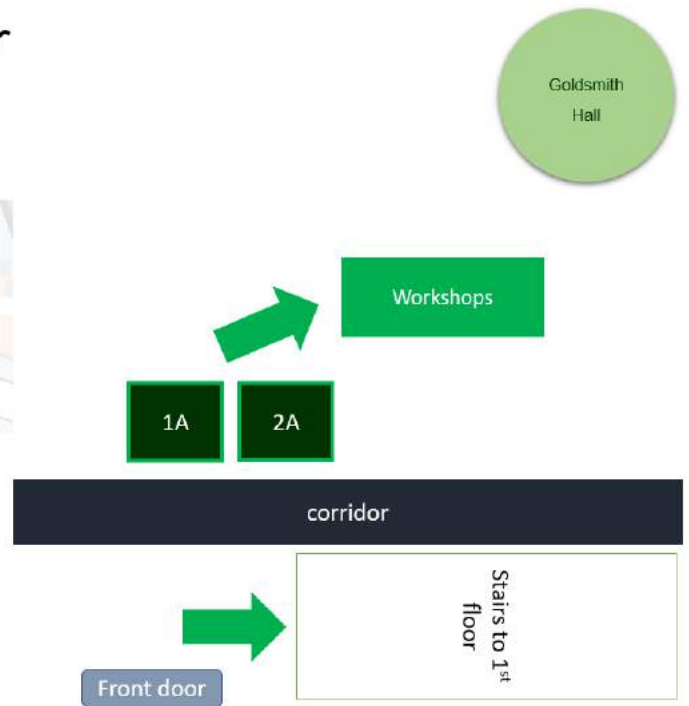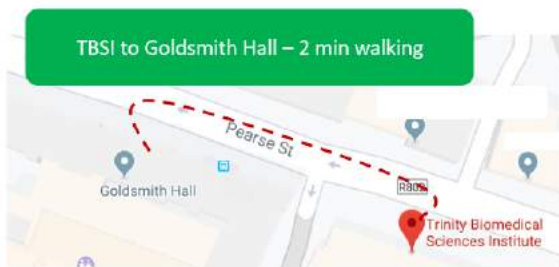Parallel Sessions B1.18/B1.04/B1.06
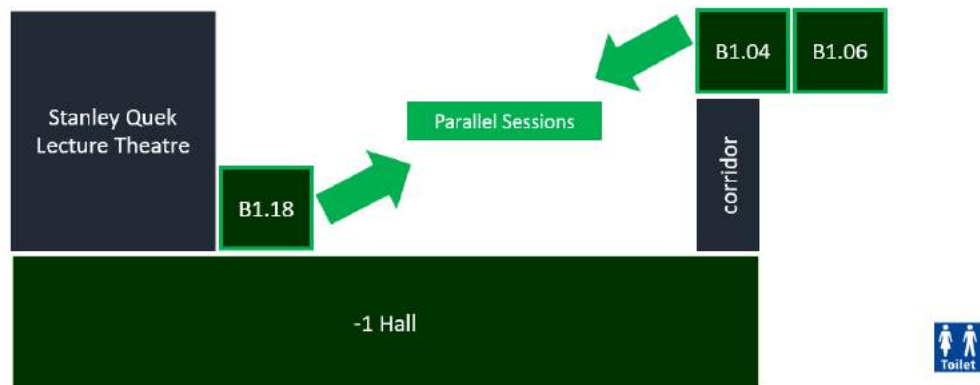
-2 Floor
Oral Presentations and Workshops
B2.72/B2.73/B2.74/B2.36/B2.37/B2.38/B2.21

If you are attending a workshop in Goldsmith 1A or 2A please ask at reception and you will be shown the way.

Goldsmith Hall – 1st floor
Workshops
1A / 2A

Keynote Speakers

Olle Ten Cate, PhD attended medical school at the University of Amsterdam, the Netherlands and has spent his professional life serving medical education. He currently leads the Center for Research and Development of Education at the University Medical Center Utrecht. His research interests include curriculum development, peer teaching and competency-based medical education. He was appointed adjunct professor of medicine at the University of California, San Francisco, next to his work in Utrecht, to execute a collaborative doctoral program in health professions education. He has published extensively in the medical education literature and supervises many doctoral students in medical education research.

Professor Trudie E. Roberts Professor Trudie E Roberts, BSc MB ChB PhD FRCP FHEA FAoME is Director of the Leeds Institute of Medical Education, University of Leeds, England

Professor Roberts graduated from Manchester with a degree in Medicine and a BSc in Anatomy. She undertook her early medical training in Manchester and her research in Manchester and the Karolinska Institute in Sweden. In 1995 she was appointed Senior Lecturer in Transplant Immunology at the University of Manchester. In 2000 she was appointed Professor of Medical Education at the University of Leeds. She was awarded a National Teaching Fellowship in 2006. In 2009 she was appointed Director of the Leeds Institute of Medical Education. She was a council member of the General Medical Council from 2009 until 2012 and Chair of the Association for the Study of Medical Education until July 2013. She was a council member for the Royal College of Physicians of London from 2010 until 2013 and is currently a Censor for the College. In September 2013 she became President of the Association for Medical Education in Europe. Professor Roberts's main interests and expertise are in the areas of assessment of competence, professionalism, and transitions in training and education.

Zubin Austin BScPhm MBA MISc PhD FCAHS is Professor and Murray Koffler Chair in Management at the Leslie Dan Faculty of Pharmacy, and cross appointed at the Institute for Health Policy, Management, and Evaluation at the Faculty of Medicine. His research focuses on the professional and personal development of the health workforce, with a particular interest in internationally educated health professionals. He uses qualitative methods to examine issues of professional identity formation and its influence on competency, professional practice, and engagement in the workforce. He has pioneered use of novel methods in examining questions related to workforce development and continuous professional development, their impact on quality of patient care. He has served as an external consultant to, and written commissioned reports on health workforce development for the Government of Canada, the College of Physiotherapists of Ontario, the Health and Care Professions Council of the United Kingdom, the Supreme Council of Health of the Government of Qatar, the World Health Organization, the World Bank, and other international governments and agencies. Professor Austin is also the only University of Toronto faculty member have ever received both the President's Research Impact Award (for the societal impact of his research work) and the President's Teaching Award (for sustained excellence as an educator).

Hedy S. Wald, PhD is Clinical Professor of Family Medicine at the Warren Alpert Medical School of Brown University and Faculty, Harvard Medical School Global Pediatrics Leadership Program. Dr. Wald has been honored with Dean's Excellence in Teaching Awards, served as a Fulbright Scholar in medical education for the Ben Gurion University of Health Sciences Faculty of Medicine in Israel, and is a Gold Humanism Foundation Harvard-Macy Scholar. Dr. Wald presents invited keynotes, plenaries, and experiential workshops for faculty retreats, trainee sessions, and international conferences on promoting resilience, wellbeing, and vitality in health professions education and practice, a research interest. She presents internationally on reflective writing-enhanced reflection to support professional identity formation in health professions education and has published widely on this, including guest editing a collection of articles for an Academic Medicine theme issue on Professional Identity Formation. Frameworks for assessing reflection and for guiding faculty in crafting quality written feedback to students' reflective narratives which Dr. Wald helped develop are currently in use worldwide within health professions education. Her creative writing, reviews, and poetry have appeared in literary and medical journals as well as medical education blogs.

Her work has been cited in the NY Times, Wall Street Journal, LA Times, Chicago Tribune, and Jerusalem Post.

Plenary sessions

Understanding and developing learning in clinical settings,

ProfessorTrudie Roberts University of Leeds

In this presentation I will discuss a project aimed to explore students' early clinical placement experiences in audiology, medicine, and nursing. In this study we set out to explore students' understandings of their clinical placement learning, what clinical placement was like for students, whether there were any differences between students and staff members' understandings of early clinical placements, and how workplace learning can best be facilitated.

Previous research and practice in healthcare education has assumed that to enhance students' learning in clinical settings, students must be better "prepared". In contrast, our results emphasised the role of the specific clinical environment in students' learning. We observed that students learned through practice, through making minor mistakes, and through interaction with particular people, objects, and places. Rather than focusing on preparation, we suggest that educators and researchers consider the ways that clinical interactions and environments can be improved.

Using the experience gained from this project, we are now working to further develop clinical placements in medicine and to enhance student and Faculty understanding of early clinical placement learning.

Professional Identity (Trans)Formation for Flourishing in Health Professions Education &
Practice: *Reflection, Relationships, Resilience*

Professor Hedy S. Wald, PhD, Clinical Professor of Family Medicine, Warren Alpert Medical School of Brown University,Faculty, Harvard Medical School Global Pediatrics Leadership Program

 The active, dynamic process of professional identity formation is fundamental to preparing health professions' students for complexities of practice and transformative experiences. This session will describe core themes within this process, ie. reflection, relationships, and resilience (both emotional and moral), review relevant literature, and present some exemplars of curriculum implementation.

Entrustable Professional Activities and the essence of trusting learners to take over responsibilities, Professor Olle ten Cate

The seniors among us: remember when you first handed keys to your kid when asked to borrow your car? Or educators: when you decided to give a learner control over your patient, because you wanted them to experience responsibility, but also were not fully sure they could handle it? Entrustable Professional Activities are tied to entrustment decision making, an approach in assessment that may shift our thinking about workplace-based assessment. This contribution will discuss some of the intricacies.

Competence Assessment in the Professions - A global review, Professor Zubin Austin

This session will review recently published work examining diverse models for the assessment and measurement of competence. Lessons learned from this review and implications for educators and regulators will be discussed.

Has my college course prepared me to become the healthcare professional I would like to become?

Mark Nolan, Joseph Noctor, Eimear Garvey, Emileen Healy, Niamh Reynolds, Jestlin Ng, Orsolya Hevesi, Nicholas Stefanovic

From the programmes: Dentistry, Occupational Therapy, Radiation Therapy, Speech and Language Therapy, Pharmacy, Nursing and Medicine,

Students and recent graduates will reflect on the process of forming a professional identity and the components of their courses which facilitate this. They will discuss their experience with feedback mechanisms, the place of reflective practice, the purpose of examinations and the relevance of the early years of programmes.

Those who study on health sciences programmes often comment on the loss of a traditional college experiences. How important is this, are there arguments for ensuring students' experience allows for extra-curricular interests or is this counter to the education of professionals? The balance between personal development and professional identity formation will be explored by the group.

Finally, the group will look at the question of student engagement in healthcare education: "to attend or not to attend?", possible reasons behind this, the consequences of attending or not attending in the short and long term to the individual and the professions.

Closing message
Students should be viewed as collaborators rather than passive recipients/consumers of their education. We believe that this will facilitate the development of our independent professional identity.

Presentation Guidelines

Oral Presentations

Oral presentations will be allocated a total of 12 minutes. Presentations should not exceed 10 minutes allowing 2 minutes for Q&A. Times will be kept by the session facilitator.
AV facilities will be available; if you have any additional requirements please notify the INHED Organizing Team at inhed2020@tcd.ie by Wednesday, 5th January.
All oral presentations should also be emailed to inhed2020@tcd.ie by 5pm, Wednesday 5th February.

e-poster Presentations

E-Poster presentations should appear as one main slide in landscape orientation, this may be augmented by one or two additional slides, animations and/or embedded videos if appropriate. The main slide should outline the rationale for your research or educational design, how you completed it and highlight your findings and what they mean.
The time allotted for this presentation will be 5 minutes presentation, 2 minutes Q&A.
All E-Poster presentations should also be emailed to inhed2020@tcd.ie by 5pm, Wednesday 5th February.
Please note: hard copy A0 posters should not be brought to the conference as a display space will not be available

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Oral Presentation Schedule

Thursday 13th February 2020, 11:30 – 13:00

(i) Patient as Educator (ii) Peer based learning

Room B1.04   **Session Chairs;**

11.30	A0067	How best to treat me: improving medical students' communication skills with people living with a learning disability *Lousantha Azad (Queens' University Belfast)*
11.42	A0107	What are the Complexities of Practice on Medical Students Confidence *Triona Flavin (TCD)*
11.54	A0040	"I feel I have something worthwhile to give"- A qualitative study to explore The Patient Experience Advisor perspective on their potential role in Medical Education *Deirdre Mc Dermott (NUIG)*
12.06	A0047	Patients' attitudes towards medical student presence in psychiatric consultations *Dr Elaine Kolshus (UL)*
12.18	A0023	The Impact of Peer and Near-Peer Relationships on GP Trainees *Dr Davina Carr (qub)*
12.30	A0062	Does a short training session based on peer dialogue impact decision making in assessment? *Dr Emer Barrett, (TCD)*
12.42	A0015	The benefits of introducing peer-led teaching in obstetrics courses for medical universities *Leah Flanagan (UCD)*
12.49	A0031	Stop, Listen & Learn *Julie Flanagan & Edwina Walsh (NRH)*
12:56-13:00		*Chair's Comments*

Thursday 13th February 2020, 11:30 – 13:00

Simulation

Room B1.06   **Session Chairs;**

11.30	A0118	An analytical approach to implementing in-situ simulation programme: its impact in healthcare education and faculty development. *Marcus Jee Poh Hock MD. (HSE - Galway Emergency Department)*
11.42	A0099	Introducing simulated teaching into the final year medical teaching programme: Feasibility & Overcoming Barriers *Dr Sinead Walsh (NUIG)*
11.54	A0100	Transforming theory into practice: Using manikin-based simulation to deliver Junior Intern competencies to Final Year medical students *Ella Murphy (NUIG)*
12.06	A0042	Is in-situ simulation a useful tool in Undergraduate medical education? A pilot study.*Dr. Kathyrn Ferris, Dr Seana Molloy (Royal Belfast Hospital For Sick Children.)*
12.18	A0024	Feeling like a dummy: a comparison of student responses to wrist fracture reduction teaching using a bench model and an educator's own arm *Julie R M Craig (QUB)*
12.25	A0025	Developments in simulation training for closed reduction of distal radial fractures: a scoping review of literature. *Julie R M Craig (QUB)*
12.32	A0071	Mayo Medics- An Integrative Teaching & Learning Innovation *Mayo Medics Steering Committee*
12.39	A0073	Enhancing Medical Students Communication Skills Through Simulated Patient Encounters *Ms Olive Killoury Ms Clare Whelan (TCD)*
12.46	A0045	The 'Perc's and Vibes' of Paediatrics! *Dr Seana Molloy (Royal Belfast Hospital For Sick Children.)*
12:53	A0006	The Inclusion of Laparoscopic Simulation within Gynaecology Postgraduate Medical Education *Dr Gemma Ferguson (QUB)*
13:00		*Chair's Comments*

Thursday 13th February 2020, 11:30 – 13:00

Experience Based Learning

Room B1.18		Session Chairs;
11.30	A0013	Does a longitudinal community pharmacy placement promote integration, engagement and learning? Dr. Judith Strawbridge, Aisling Kerr (RCSI)
11.42	A0021	An optimal learning environment for placement learning: Listening to the voice of Speech and Language Therapy students Dr. Duana Quigley (TCD)
11.54	A0063	Supervision Models in Physiotherapy Practice Education: Student and Practice Educator Evaluations Lucy Alpine (TCD)
12.06	A0134	The road so far: Developing a national interprofessional practice education quality framework for health and social care professions Dr Caroline Hills *(NUIG)*
12.18	A0085	Learning to Practice through Practise. Preparing Tomorrow's Doctors using an Experienced-Based Learning approach Rachel Philpott, Emma McCann *(QUB)*
12:25	A0096	Contemporary practice education models in healthcare education: the development of resources for students and practice educators to effectively participate in the paired and co-supervision models of practice education. Mairéad Cahill *(UL)*
12.37	A0058	Undergraduate Students' Perceptions of Experiential Learning in the MPharm Programme: a Quantitative Study Ruth McCarthy *(UCC)*
12.44	A0127	Investigating physiotherapy stakeholders' preferences for the development of performance-based assessment in practice education *Dr. Anne O'Connor (UL)*
12:56- 13:00		*Chair's Comments*

Thursday 13th February 2020, 11:30 – 13:00

Interprofessional Learning

B2.38		**Session Chairs;**
11.30	A0051	Learning to Swallow Together – Interdisciplinary education of medical and speech and language therapy students around dysphagia management: a pilot study *Dr Helen Kelly (UCC)*
11.42	A0120	Listening and Responding to Feedback from the Irish National Patient Experience Survey to establish a communication skills training programme for Ireland. *Eva Doherty (RCSI)*
11.54	A0044	The Fear of losing a child! *Dr Seana Molloy (Royal Belfast Hospital For Sick Children)*
12.06	A0011	Barriers to interprofessional Simulation: A Scoping Review *Dr Jacqueline Price (QUB)*
12.13	A0035	Combining Efforts to Achieve Success - Interprofessional Education in the Mercy University Hospital (MUH) *Jennifer Daly (Mercy University Hospital, Cork)*
12.20	A0053	Harnessing the Potential for Interprofessional Learning in a Large Health Science Faculty. *Emer Guinan (TCD)*
12.27	A0061	Development and evaluation of an novel teaching session in prescribing *Elaine Walsh (UCC)*
12.34	A0078	Inter-professional learning across eight disciplines of health care students in a large urban teaching hospital. *Pauline Wilson (St James's Hospital)*
12:41	A0046	Medical Education Crash Team *Dr Seana Molloy (Royal Belfast Hospital For Sick Children)*
12:48	A0081	Interprofessional Education Intervention in the Paediatric Emergency Department *Helen Magnier (CHI @ Crumlin)*
-13:00		*Chair's Comments/ end*

Thursday 13th February 2020, 11:30 – 13:00

Assessment and Learning

B2.36   **Session Chairs;**

Time	Code	Title
11.30	A0052	Programmatic assessment of the Intern Year *Dr Orla Mongan (NUIG)*
11.42	A0072	Test Enhanced Learning for continuing education *Claire Poole (TCD)*
11.54	A0020	Do fellowship examinations really examine competency? Dynamic and integrated assessment of the domains of good professional practice in surgeons. *Dale Whelehan (TCD)*
12.01	A0049	The impact of the introduction of a workplace based assessment on the GP trainer trainee relationship *Deirdre Fitzgerald (NUIG)*
12:08	A0098	Impact of the Trauma Evaluation and Management Course (TEAM) on Final Year Medical Students *Triona Flavin (TCD)*
12.15-12:20		*Chair's Comments*
		Please feel free to join some parallel sessions that continue to 13:00.

Noe: this is an abbreviated session, there is a second "Assessment and Learning" session in the afternoon (B2.36 at 2:00-3:30pm)

Thursday 13th February 2020, 14:00 – 15:30

Cultural Competence, Diversity

B1.04		**Session Chairs;**
14.00	A0083	Cross-border Post-Graduate Medical Education; Contextualising the Irish GP Training Curriculum for Malaysia. Irish College of General Practitioners. *Dr Brian McEllistrem (ICGP)*
14.12	A0105	Stakeholders' perceptions of a widening access to medicine school outreach initiative. *Ruairi Connolly (NUIG)*
14.24	A0017	Cultural Competence education for medical students; a systematic review *Mohd Ikhwan Marion (TCD)*
14.36	A0095	Mini Medical School: Inspiring students to consider a career in their local hospital *Hannah Gillespie (QUB)*
14:48	A0087	Community Engagement: A Teaching Hospital & An Inner City School. *Noreen O'Shea (St James's Hospital & TCD)*
14.55	A0019	An insight of Malaysian students attending European University toward participation in Malay Language Class; Introduction to initial results of the pilot project *Mohd Ikhwan Marion (TCD)*
15.02	A0080	Infant Feeding Implicit Association Test in Healthcare Workers *Emily Stoll (NUIG)*
15.09		*Chair's Comments/ end*
15:30		

Thursday 13th February 2020, 14:00 – 15:30

Professional Identity Formation

B1.06		Session Chairs;
14.00	A0039	Milestones during professional identity formation in graduate entry medical students *Dervla Kelly (UL)*
14.12	A0086	'Striking fear into students' hearts'. Phenomenological exploration of patient safety education *Dakota Armour (QUB)*
14.24	A0079	Challenges in experiential learning during transition to clinical practice : A comparative analysis of reflective writing assignments during General Practice, Paediatrics and Psychiatry clerkships *Ellen Stuart (RCSI)*
14.36	A0123	Easing the Transition to Clinical Learning in Surgery through Multi-Modality Experiential Undergraduate Bootcamp *Hilary Hurley (UCD)*
14:48	A0136	Paediatric Bootcamp: Are they more prepared? *Dr Jennifer Yates (UCD)*
15.00	A0048	Students' experiences of graduate attribute development *Dr. Diarmuid O'Connor 1. University Hospital Galway 2. Irish Centre for Applied Patient Safety and Simulation*
15.12	A0138	A longitudinal study of the lived experience of relationships with other doctors during the transition to clinical practice *Niamh Coakley (Department of Medicine, UCC)*
15:24-15:30		*Chair's Comments/ end*

Thursday 13th February 2020, 14:00 – 15:30

Teaching and Learning Innovations

B1.18		*Session Chairs;*
14.00	A0028	Learning Cardiac Embryology – which resources do students use, and why? *Jane Holland (RCSI)*
14.12	A0055	An evaluation of the efficacy of fluency training to teach medical students to interpret key orthopaedic radiological images *Noirin Fitzgerald (NUIG)*
14.24	A0092	The Purple Pen Project – Improving Undergraduate Prescribing Education *Eleanor McCrystal (QUB)*
14.36	A0119	Bedside Teaching in the emergency departments - Urgent need for consistency in definition, training and delivery *Plutarco Chiquito-Lopez (QUB)*
14:48	A0129	Developing PlayDecide™ as an Assisted Decision Making educational intervention for healthcare professionals *Lauren Christophers (UCD)*
15.00	A0038	A Scoping Review of the Potential of Educational Games to Teach Non-technical Skills in Postgraduate Medical Education *Dr Caroline Hart (QUB)*
15:07	A0065	The Recognition and Management of Power during Undergraduate Medical Education and Beyond *Cathy Cunningham (TCD)*
15.14	A0132	Teaching an Atypical Audience using Medical Students and NCHDs *Dr. Stephen Flannery (TCD)*
15.21	A0133	Development of an online checking accuracy programme for pharmacy technicians in Ireland *Claire Stack (Athlone Institute of Technology)*
15:28-15:30		*Chair's Comments/ end*

Thursday 13th February 2020, 14:00 – 15:30

Assessment and Learning

B2.36		***Session Chairs;***
14.00	A0077	The incremental validity of the BioMedical Admissions Test (BMAT) in predicting on-course performance *Safiatu Lopes (Cambridge Assessment UK)*
14.12	A0082	Innovative Development and Evaluation of Professional Attributes through Integration of Science and Practice at First Year Pharmacy Level *Maire O'Dwyer, (TCD)*
14.24	A0089	The relationship between examination performance on recall and applied single best answer questions among medical students – a correlational study *Mei Yee Ng (TCD)*
14.36	A0114	Becoming a medical specialist in Europe in the 21st century: Comparative Analysis of Postgraduate Medical Education in Estonia, Latvia and Lithuania *Helen Reim (The University of Tartu, Estonia)*
14:48	A0125	Urban legends in workplace-based assessment *Aileen Barrett (ICGP)*
15.00	A0135	Lessons Learned: Revising and Standard Setting a Postgraduate Paediatric Examination *Aisling Smith (RCPI)*
15:12		
15.24		
15:30		*Chair's Comments/ end*

Reflection (ii) Feedback

B2.38		**Session Chairs;**
14.00	A0003	Impact of participation in Continuing Medical Education small group learning (CME-SGL) on the stress, morale, and professional isolation of rurally based general practitioners. *Dr Stephanie Dowling (ICGP)*
14.12	A0076	Threshold Concepts: A clinical teacher's notes on facilitating gateways to transformational learning in complex practice settings *Dr Tina McGrath (TCD)*
14.24	A0027	Physician associate students and their experiences of a cadaveric anatomy programme *Jane Holland (RCSI*)
14.36	A0056	The use of online module to enhance medical students' ability to reflect critically on the complexities of patient encounters. *Mary O'Neill (TCD)*
14:43	A0005	The development and implementation of an evidence-based model of feedback in the clinical learning environment with dental students *Siobhain Davis (TCD)*
15.00	A0018	'An Exploration of Health Professional's experiences of providing feedback to Healthcare Students following formal Postgraduate training in Clinical Teaching' *Emma Kilkelly (HSE Longford)*
15:07	A0041	Edit Can simple mobile video recording enhance student feedback: a feasibility study *Dr Roisin McDonald, Dr. Seana Molloy*
15.14	A0094	Development of MeFB - an electronic teaching feedback tool *Aoife Duignan (NHS Borders)*
15:26-15:30		*Chair's Comments/ end*

Friday 14th February 2020, 09:00-10:30

Programme Development

B1.04   ***Session Chairs;***

Time	Code	Title / Presenter
9:00	A0113	Evaluation of an Innovative Multidisciplinary Education Programme on Domestic Abuse *Dr. Anita Byrne (Dundalk Institute of Technology)*
9:12	A0034	Curriculum renewal: exploring faculty perspectives on a 'wicked problem' using rich pictures *Claudia Tielemans (University Medical Centre Utrecht, The Netherlands)*
9:24	A0009	Introducing Case Based Learning into an Undergraduate Medical Curriculum *Rogan, P.J. (QUB)*
9:36		A Compulsory Graduate Entry Medical Student Research Module: Process, Evaluation, Content *James O'Hare (UL)*
9:48	A0128	Give Students First-hand Experience of the Integral Relationship between Research and Effective Nursing Practice. *Sylvia Huntley-Moore (TCD)*
10:00	A0066	Curriculum initiatives that enhance research activity by medical students: A scoping review of the literature *Crea Carberry (UCD)*
10:12	A0074	Research-Teaching Linkages: The undergraduate medical student perspective *Katherine Howell (UCD)*
10:24	A0090	Prevalence of and Attitudes to Occasional and Social Smoking in Trinity College Dublin *Catherine Hayes (TCD)*
10:31	A0111	Health Literacy-an integral component of Health Professional Education. *Verna McKenna, Jane Sixsmith (NUIG)*
10:40		*Chair's Comments/ end*

Transitions, Resilience, Stress

B1.06   **Session Chairs;**

Time	Code	Details
9:00	A0068	An Evaluation of the Prevalence of Stress in Medical Students *Dr Margaret O'Rourke (UCC)*
9:12	A0104	Supporting the Transition from Medical Student to Doctor: Evaluation of an Educational, Online Well-being Intervention, for Interns in Ireland. *Dr Niamh McCarthy, St. Vincent's University Hospital and University College Dublin.*
9:24	A0112	Medical Students Evaluation of an Interactive e-Learning Unit. *Fionnuala Crowley (UCC)*
9:36	A0141	Transition into Graduate Entry Medicine: Student experiences and the impact of re-orientating Orientation. *Dr Louise Crowley, Dr Helena McKeague, Dr Sarah Harney (UL)*
9:48	A0139	Interventions to support the transition from medical student to doctor- A Scoping Review . *Dr Niamh McCarthy, St. Vincent's University Hospital and University College Dublin.*
10:00	A0097	Resilience training in medical students: what works? A scoping review of the literature. *Ms Zarina Bell (QUB)*
10:07	A0110	Promoting student wellbeing through a selfcare interactive session with early programme medical students *Marie Sutton (TCD)*
10:14	A0101	Toolkit to help students turn failure into success *Dr Kathy M Cullen (QUB)*
10:21	A0103	Building resilience is the pathway to success *Yvonne Howell, Sviatlana Anishchuk (Dublin Dental University School, TCD)*
10:30		*Chair's Comments/ end*

Friday 14th February 2020, 09:00-10:30

QUALITY ASSURANCE

Session Chairs;

9:00	A0054	Exploring doctors' values, beliefs, and behaviours relating to maintenance of professional competence. A qualitative study. *Dr Anel Wiese (UCC)*
9:12	A0121	Interns' readiness to prescribe insulin *Dr Sara Coffey (UCC)*
9:24	A0130	The experience of Irish paediatric trainees returning to work after maternity leave. *Ellen Crushell, (Royal College of Physicians, Faculty of Paediatrics)*
9:36	A0131	Paediatric trainee knowledge and opinions of less than full time training. *Ellen Crushell, (Royal College of Physicians, Faculty of Paediatrics)*
9:48	A0008	To the OSCE and beyond! How can a Clinical Skills team best assist medical students as they prepare for Objective Structured Clinical Exam (OSCE) assessment? An evaluation of Revision Session structure. *Clare Conway (UL)*
10:00	A0064	A continuing professional development programme for Pharmacists on adolescent and adult vaccines in Ireland. *Laura J Sahm, (UCC)*
10:07	A0106	An audit on ECG documentation *Lok Yi Tan (University Hospital Limerick)*
10:14	A0057	Cross-institutional OSCE Quality Assurance as part of an EU assessment strategy; are we equipped for it? *Dr Thomas Kropmans (NUIG)*
10:30		*Chair's Comments/ end*

Friday 14th February 2020, 09:00-10:30

(i)CME (ii)Faculty Development

B2.36

Session Chairs;

9:00	A0004	How does small group continuing medical education (CME) impact on practice for rural GPs and their patients, a mixed methods study. *Dr Stephanie Dowling (ICGP)*
9:12	A0026	Strategies employed to enhance recruitment and retention in Paediatrics: a scoping review *Dr Tom Bourke (QUB)*
9:24	*A0059*	*Supervisor initiation tactics during training rotations. A grounded theory study* *Dr Anel Wiese (UCC)*
9:36	A0088	A Programme to Develop Clinicians' Teaching Skills in an Acute Hospital. *Noreen O'Shea (St James's Hospital & Trinity College Dublin)*
9:43	A0102	A systematic review of job analyses in medicine. *Ruairi Connolly (NUIG)*
9:50	A0043	#ChoosePaediatrics- Career's Fair! *Dr Seana Molloy (Royal Belfast Hospital For Sick Children)*
9:57	A0030	What factors can enhance pharmacists' participation in extended patient care practice? *Laura O'Loan (Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)*
10:04	A0084	"Interaction: a means to bring the training curriculum alive!". Irish College of General Practitioners. *Dr Brian McEllistrem (ICGP)*
10:11	A0140	Attrition from Irish Surgical Training *Nally Deirdre*
10:23-10:30		*Chair's Comments/ end*

In-Conference Workshops Schedule

Thursday, 13th February 2020 11:30-13:00			Venue
W01	Dr Cicely Roche, Dr Ciara O'Farrell. Trinity College Dublin	Evidencing and Assessing 'Troublesome attributes 'across the disciplines	Goldsmith 1A
W02	Dr Anel Wiese, Dr Deirdre Bennett, University College Cork	Unravelling the complexities of practice and workplace learning in postgraduate medical education	KEA
W03	Aileen Barrett, Georgina Farr, Lighthouse Communications	Project management in medical education innovation	B2.73, B.74
W07	Jenny Moffett, RCSI	Stirred but not shaken. Helping health professions' learners to navigate uncertain situations	Goldsmith 2A
Thursday, 13th February 2020 14:00-15:30			
W04	Dr. Anne O'Connor, Ms. Mairead Cahill, School of Allied Health, University of Limerick	A challenge shared is a learning opportunity explored….. Collaborative learning in health professional education	Goldsmith 1A
W05	Professor Zubin Austin Professor and Koffler Chair in Management, Leslie Dan Faculty of Pharmacy, University of Toronto	Emotional Intelligence 101: Who do you think you are? An introduction to emotional intelligence in the professions	B2.73, B.74
W11	Dr Margaret O'Rourke, University College Cork	Student Support in Healthcare professions - promoting resilience	Goldsmith 2A
Friday, 14th February 2020 9:00-10:30			
W08	Dr Josephine Boland, Independent Medical Education Consultant, Galway, Ireland	Using quality criteria to identify Entrustable Professional Activities for a profession.	Goldsmith 1A
W09	Dr. Enda O'Connor, St. James's Hospital, Trinity College Dublin	Quality and Undergraduate Medical Education	KEA
W06	Julie Browne, Centre for Medical Education, Cardiff University School of Medicine	Shared understandings: interprofessional educators and their community of practice	B2.73, B.74
W10	Dr. Eva Flynn, Discipline of General Practice, National University of Ireland, Galway.	The complexities of life for students and educators – how Mindfulness transforms wellbeing.	Goldsmith 2A

In-Conference Workshops Outlines

W01 Evidencing and Assessing 'Troublesome attributes 'across the disciplines,

Dr Cicely Roche: rocheci@tcd.ie
Dr Ciara O'Farrell: cofarre@tcd.ie

Target Audience: Those involved in developing, evidencing and assessing of (a) 'troublesome attributes' such as e.g. 'decision-making through ambiguity', team-working, or peer feedback and (b) Interprofessional learning.

Rationale: Educational interventions that incorporate a mix of logic, role play and peer interaction, by using Intermediate Concept Measures (ICMs)[1,2,3], have shown positive impact on development of professional decision-making in pharmacists in Ireland[3]. Derived from Neo-Kohlbergian Theory (NKT)[1], ICMs were originally developed to address profession-specific learning and assessment, and the approach has since been adapted for use in the online environment[3]. More recently, the approach has underpinned curriculum design for Balancing Assessment with "In-Service Practical Training" in a series of online modules co-delivered to students from three schools of pharmacy during their 16-week placement and for which evidencing reflective writing, online professionalism and peer feedback are prioritised[4]. Research also indicates that interprofessional education (IPE) initiatives face challenges when seeking to: identify teaching materials that appropriately motivate interaction between students from different disciplines; design objective assessment of students' development, and accommodate the timetabling and logistical demands[5,6]. The methodology can be adapted to help accommodate these challenges.

Methods: This workshop provides an introduction to and 'hands on' experience of the teaching and assessment methodology known as an 'Intermediate Concept Measure' (ICM). The 'Neo-Kohlbergian' methodology used to develop 'validated' ICMs will be outlined, and participants will be directed to publications that include sample ICMs that may be adapted to their particular context(s). Participants will be introduced to how the methodology can be used in face-to-face, online and 'blended' approaches to evidence 'troublesome attributes' such as e.g. 'decision-making through ambiguity', team-working, reflective writing, online professionalism and peer feedback.

Outcomes: By the end of this session participants should be able to:

a) Articulate why specified troublesome attributes pose difficulty (with respect to evidencing and assessment);
b) Explain how ICMs can support evidencing and assessment of these 'troublesome attributes';
c) Incorporate this methodology into curriculum design in a manner that supports evidencing and assessment of (some) 'troublesome attributes'; and
d) Develop or adapt existing resources/ICMs for use in their own professional context(s).

References

1. Rest J, Narvaez D, Bebeau MJ, Thoma SJ. Postconventional moral thinking: A Neo-Kohlbergian approach. Mahwah, NJ: Lawrence Erlbaum Assoc. 1999.
2. Penn, WY. Teaching ethics – a direct approach. *J Moral Educ*. 1990; 19(2):124-138.
3. Roche C, Thoma SJ, Grimes T, Radomski M. Promoting peer debate in pursuit of moral reasoning competencies development: spotlight on educational intervention design. *Innovations in Pharmacy*. 2017; 8(4): Article 2. ***[includes samples/resources].***
4. Roche, C.; Flood, M.; Lynch, M.; Sahm, L.J. Balancing Assessment with "In-Service Practical Training": A Case Report on Collaborative Curriculum Design for Delivery in the Practice Setting. *Pharmacy*. 2019; 7:93. ***[Includes samples/ resources]***.
5. Oandasan I, Reeves S. Key elements of interprofessional education. Part 1: The learner, the educator and the learning context. *J of Interprof Care*. 2005 May Supplement; 1:21-38.
6. Oandasan I, Reeves S. Key elements of interprofessional education. Part 2: Factors, processes and outcomes. *J of Interprof Care*. 2005 May Supplement; 1:39-48.

#inhed2020

W02 Unravelling the complexities of practice and workplace learning in postgraduate medical education

Dr Anel Wiese : a.wiese@ucc.ieUniversity College Cork

Dr Deirdre Bennett, University College Cork

Target audience: Doctors working with and supervising postgraduate medical trainees, people involved in the design and delivery of postgraduate medical education, trainee doctors, medical education researchers.

Rationale:

Trainee doctors learn through work in highly complex healthcare environments that are governed by local practices and system-wide policies. Service delivery in these environments is increasingly under pressure. To optimise learning, those involved in the design and delivery of postgraduate medical education (PGME) need to understand the processes of workplace learning and the influence of local and broader health system contexts on those processes. Drawing from a programme of research that explored the informal learning between trainees and their supervisors, the proposed workshop will guide participants in examining supervision and workplace learning. Participants will consider how contexts at local and system-level can either support or hinder these educational activities. The facilitators will present a theoretical framework (1) for understanding the mechanisms of workplace learning arising from trainee-supervisor interaction that lead to the outcomes of PGME and the contexts that shape the operation of these mechanisms. Through highly interactive activities, participants will have the opportunity to identify opportunities and challenges for workplace learning within their own organisational context.

Methods:

The workshop will include a combination of presentations and interactive small group discussion with practical examples. The first portion of the workshop will feature a presentation describing the model of supervised workplace learning. The bulk of the time will be spent in small group discussion in order for the workshop participants to effectively draw on each other's collective knowledge and experience of local practices and policy that impact workplace learning. Structured discussion in small groups will enable participants to identify opportunities for workplace learning and compare local workplace practices within their own clinical workplaces.

The workshop will be a forum to share ideas, prior experience, and discuss what works best to achieve desired learning outcomes in PGME.

1.Wiese A, Kilty C, Bennett D. Supervised workplace learning in postgraduate training: a realist synthesis. Medical Education. 2018 Sep;52(9):951-69.

W03 Project management in medical education innovation

Aileen Barrett : info@lighthousecommunications.ieLighthouse Communications,
Georgina Farr

Rationale

The aim of this workshop is to provide participants with project management skills to improve and enhance the design and implementation of medical education innovations and initiatives. While many medical educators are experienced researchers, project management skills are very much learned 'on-the-job'. Designing and implementing 'good ideas' and evidence-based innovations in the real world of medical education is challenging; disruptive initiatives that challenge the status quo and appear to threaten to increase workloads are regularly met with obstacles and barriers that are different to those encountered in research.   As experienced academics, researchers and project managers, we will present practical approaches to managing a design project in medical education and discuss strategies to improve the successful implementation of these innovative designs. We will use examples of our own successes and failures to illustrate our approach.

By the end of this workshop participants will be able to:

- •   Scope a medical education project and complete a project design proposal
- •   Identify potential project risks and dependencies and design strategies to mitigate or minimise their impact
- •   Define project governance, terms of reference, roles and responsibilities
- •   Identify key stakeholders and design a communications strategy for the design, pilot, implementation and evaluation phases of the project

Methods   Drawing on project management, user-design and implementation science principles, we will guide participants through a project design process. Participants are invited to come to the workshop with a project idea and work through the workshop objectives.

The workshop will include:

- •   A brief presentation on the workshop objectives, project management in medical education
- •   Practical project design session using a project proposal template
- •   Discussion and trouble-shooting
- •   Using Gantt charts and identifying/managing potential project delays; finding workarounds
- •   Using workshops to engage stakeholders
- •   Identifying opportunities for publishable research within the project design

The workshop will take the format of large and small group discussions along with individual writing time. At the end of the workshop, participants will be invited to email us a project proposal and receive feedback within six weeks of the INHED workshop.

W04 A challenge shared is a learning opportunity explored.....
Collaborative learning in health professional education

Dr. Anne O'Connor : Anne.OConnor@ul.ieSchool of Allied Health, University of Limerick
Ms. Mairead Cahill, School of Allied Health, University of Limerick

Rationale:
In the current clinical learning environment, challenges and barriers are commonly presented regarding the workload associated with the supervision and assessment of health professional students. Regulatory and accreditation bodies insist that student supervision is the professional responsibility of every healthcare professional, therefore it is timely for health professional educators to consider how collaborative models of practice-based learning may yield underestimated benefits for student learning, patient care and service delivery which may outweigh the initial challenges of their set-up and development.

Methods:
In this workshop, participants will firstly consider current evidence underpinning collaborative learning in the clinical learning environment. Pre-workshop reading will be provided to facilitate this discussion. This will enable participants to consider potential benefits and challenges to collaborative learning within their own specific healthcare context. A series of short videos will be presented where health professionals in a variety of healthcare settings will outline their experience of collaborative learning models, their development within their specific healthcare context, together with their perceived challenges and benefits. Using this as an ice-breaker, the presenters will facilitate small group discussion to enable participants identify tasks/ learning opportunities within their specific work context where collaborative learning could present dual benefits for the student and clinical educator/ healthcare team.

Participants will consider this task under three headings

1. Student learning/ learning environment
2. Patient experience
3. Health service delivery

Findings:
Findings will be synthesised under each heading. This will provide a framework for novice and experienced educators to consider the development of collaborative learning opportunities within their health professional context. Take home message: While collaborative learning models are not new to allied health professions, their uptake is variable depending on educator motivation and resources available. Collaborative learning models are less common in medical education. This workshop will initiate a fresh exploration of learning opportunities available when a number of students are on practice placement together, in order to highlight potential time efficiencies for health professionals, greater learning opportunities for students and benefits for healthcare provision and service delivery.

W05 Emotional Intelligence 101: Who do you think you are? An introduction to emotional intelligence in the professions

Professor Zubin Austin, Professor and Koffler Chair in Management, Leslie Dan Faculty of Pharmacy, University of Toronto

Emotional Intelligence (EI) is a crucial competency for success as a professional, yet few professional education programs formally teach or assess EI during the academic program. This 90-minute workshop will introduce participants to a model of EI that can be used effectively with learners in diverse settings, and focuses on the importance of self-assessment and self-reflection as important tools for personal and professional development. During this workshop, participants will have the opportunity to complete an inventory that will be used to prompt discussion and interaction around EI, it's importance in professional practice, and strategies for introducing this concept to learners as part of their professional education.

W06 Shared understandings: interprofessional educators and their community of practice

Julie Browne : brownej1@cardiff.ac.ukCentre for Medical Education, Cardiff University School of Medicine. Professor Alison Bullock, Cardiff University School of Social Sciences Professor Derek Gallen, Association for the Study of Medical Education Professor John Jenkins, Royal College of Surgeons of Ireland

Rationale

Healthcare educators are often knowledgeable, skilful and experienced in helping learners within their own professional disciplines, but may struggle when expected to work outside their 'professional comfort zones'. Interprofessional education (IPE) involves an additional level of complexity and challenge as healthcare educators learn to work in a team with educators from other professional disciplines. Our recent study (in press) identified the values and activities that are common to all healthcare educators and generated a strong consensus on these. The next step is to explore how these shared understandings can be used to support healthcare educators who work interprofessionally.

Methods

This is an interactive workshop designed to draw on the expertise and experiences of participants, to generate ideas and discussion, and to share and record general feedback. The proposed plan for the workshop involves a short plenary introduction, a 'forced choice' exercise, a structured group conversation and some practically focussed vignette activities.

Outcomes The outputs of the session will identify: what is important to being a good IP educator; how the shared values and activities of healthcare educators can be demonstrated in the IPE context; and how to develop IPE skills in different settings. The outputs will also be used to further develop our thinking around the best way to support healthcare educators who wish to make practical steps towards developing effective IPE as part of the wider healthcare team.

W07 Stirred but not shaken. Helping health professions' learners to navigate uncertain situations

Jenny Moffett : jennymoffett@rcsi.comRCSI, Dublin,

Jenny Hammond, School of Veterinary Medicine, University of Glasgow Elizabeth Chan, Royal Veterinary College, London Teresa Pawlikowska, RCSI Dublin

Rationale   Health professionals are expected to practise successfully within complex, uncertain and often rapidly changing clinical environments. It is recognised that an ability to tolerate uncertainty offers several benefits for health professionals from the perspective of their own health (i.e. reduced burnout, reduced work-related stress)[1,2], and those of their patients (i.e. better communication, reduced medical error)[3]. Despite the growing recognition of the importance of this area, there is little evidence-based guidance on how best to prepare health professions' learners to negotiate complexity or uncertain situations.   Ongoing research by the workshop facilitators suggests that undergraduate health professions' learners come into contact with uncertainty in somewhat predictable places, categorised by their nature (e.g. problem-based and workplace-based learning) and/or timing (e.g. entry into the university setting, transition into clinical work placements). It is proposed that this workshop will help health professions educators to recognise and harness key educational experiences which support their learners to navigate uncertain situations.

Methods   During the workshop, facilitators will use scenario-based role-play to illustrate common situations where health professions' learners meet uncertainty, including patient-professional communication and lack of complete information. Through a process of guided reflection[4] which incorporates contemporary thinking around uncertainty in health care[5], workshop participants will be asked to analyse the scenarios, unpack the concept of uncertainty, and explore the experiences of their learners. Participants will then discuss practical approaches to managing uncertainty and will co-construct a list of competencies, i.e. knowledge, skills, and attributes, with which to equip learners.

Findings   By the end of this workshop, it is aimed that participants will be able to analyse uncertain situations using Han's taxonomy of uncertainty[5]. Participants will also identify a series of learning outcomes that can be mapped back to existing professional competency frameworks within their own programme or discipline. Finally, it is hoped that the resulting list of outcomes will be used to seed further research in the area, and be communicated to a wider audience through publication in the medical education literature.

Take home message   Health professions' educators can be empowered to support their learners navigate complex and uncertain situations through recognizing and harnessing experiences of uncertainty.

References   1. Cooke, G. P., Doust, J. A., & Steele, M. C. (2013). A survey of resilience, burnout, and tolerance of uncertainty in Australian general practice registrars. BMC medical education, 13(1), 2. 2. Iannello P, Mottini A, Tirelli S, Riva S, Antonietti A. Ambiguity and uncertainty tolerance, need for cognition, and their association with stress. A study among Italian practicing physicians. Medical education online. 2017 Jan 1;22(1):1270009. 3. Bovier PA, Perneger TV. Stress from uncertainty from graduation to retirement—a population-based study of Swiss physicians. Journal of general internal medicine. 2007 May 1;22(5):632-8. 4. Schön, D. A. (1987). Educating the reflective practitioner. 5. Han, P. K., Klein, W. M., & Arora, N. K. (2011). Varieties of uncertainty in health care: a conceptual taxonomy. Medical Decision Making, 31(6), 828-838.

W08 Using quality criteria to identify Entrustable Professional Activities for a profession.

Dr Josephine Boland : josephinea.boland@gmail.com
Independent Medical Education Consultant, Galway, Ireland

Rationale:

As an organising framework for competency based education in the health professions, Entrustable Professional Activities (EPAs) have been widely adopted internationally, across a range of specialties in both undergraduate and postgraduate education. This workshop is designed for those considering developing a competency based programme, with EPAs as the organising framework.   The process of developing an EPA-based curriculum commences with scoping out the essential and important tasks for the profession, then gaining consensus and subsequently writing the details for each EPA, namely title, description, competencies (knowledge, skills and attitudes), assessment methods and criteria for entrustment.   There are a number of different ways to 'cut and slice' the EPAs for a profession (e.g. by task, by life cycle, by clinical presentation or some combination). EQual, is a novel rubric to evaluate entrustable professional activities for quality and structure, developed by Taylor et al, 2017, Academic Medicine, 92(11S), S110-S117).

Some of the key characteristics of EPAs are that they:
- • Represent a professional unit of work of the specialty in a given context
- • Require adequate knowledge, skills and attitudes
- • Are independently executable within a time frame
- • Are observable and measurable
- • Reflect one or more domains of competence
- • Are suitable for focused entrustment

Several methods are available for gaining consensus from stakeholders on what represents a comprehensive list of EPAs (e.g. nominal group method, Delphi survey), depending on the scale of the stakeholder population, the resources and the time available.

Methods: Participants will be engaged in brainstorming, small group evaluation exercises and discussion in order to:
- - explore alternative strategies for scoping out EPAs
- - evaluate sample EPAs using Taylor et al's EQual rubric
- - consider who to involve in the process of identifying EPAs for the profession
- - review the pros and cons of alternative approaches for gaining consensus
- - reflect on appropriate steps for their own organisation

Take home message

Context and the nature of the specialty have a significant bearing on the feasibility and appropriateness of various approaches to identifying EPAs and of methods for gaining consensus.

W09 Title: Quality and Undergraduate Medical Education

Dr. Enda O'Connor, St James' Hospital, Trinity College Dublin.

Summary: This workshop will explore the concept of quality as it applies to medical student education, from the perspective of international, national and local practice.
Participants will consider questions such as:
- Can healthcare quality models be used in the education setting?
- How well do quality metrics correlate with learning outcomes?
- How can we evaluate the quality of our teaching in the undergraduate setting?
- What does a good quality clinical workplace environment look like?
- Learning methods will include discussions, group activities, reflection and literature analysis.

W10 The complexities of life for students and educators – how Mindfulness transforms wellbeing.

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Rationale
Both students and educators are faced with considerable stressors, academic, personal, existential and psychosocial. The stimuli for stress can take many forms including technologies, individual and other peoples' needs, past experiences and expectations. Impressions and reactions to the outside world and our own inner experience often occurs at a fast pace, unknowingly and without our own consideration or awareness. This is the automatic reaction of the automatic pilot and often creates a sense of urgency, tension and anxiety. This tension and anxiety can continually take us away from the present moment and drives our lives further on automatic pilot. For students this leads to low mood, difficulties in learning, insufficient competencies, a lack of performance, frustration, demotivation and loss of self-esteem decreases. For educators this can lead to low mood, growing professional, personal challenges and burnout. Mindfulness is the practice of moment to moment awareness, cultivated by purposefully paying attention without judgement and with a sense of loving kindness to what is in the present moment. Nurturing mindfulness for students and educators is a vehicle for active learning, observing what is in the present, building skills on dealing with stress, thoughts, patterns and common automatic unhelpful reactions.

Methods To effectively show how mindfulness transforms wellbeing in the environment of education this workshop is made up of three components and requires engagement of participants for active learning. The first component is an exercise exploring awareness of self-care, the nature of this and the effect on wellbeing. The second component of this workshop is an exercise exploring mindfulness and the relationship between observer awareness, stimuli, cognitive interpretation and behaviours effecting wellbeing. The third component of this workshop is a guided sitting meditation for the participants to cultivate the practice mindfulness.

Findings: The practice of mindfulness for students and educators offers the opportunity to understand oneself better, perceive and reduce anxieties, to discover individual strengths and use them for wellbeing.

W11 Student Support in Healthcare professions - promoting resilience

Dr Margaret O'Rourke :University College Cork

Margaret O'Rourke, Carol Tunney, Colm O'Tuathaigh and Eileen Duggan

Over the past 10-15 years' study after study has demonstrated that there is a challenge posed by unmanaged stress in medicine. International professional organisations such as the BMA, AMA, CMA, and others, continue to dedicate time, research and resources into providing various avenues of support for health care professionals, especially, physicians. For over a decade we have been researching, developing and auditing stress and resilience training in medicine, dentistry, psychology, nursing and veterinary medicine, and it is very clear that being in a caring health profession brings a vast amount of stress which is very often not recognised until it is well down stream – often at the burnout stage (O'Rourke et al 2018).   Data available has shown that clinician stress is linked to higher rates of "burnout" and lower empathy toward patients and colleagues. Both of these- burnout and decreased empathy have a direct impact on the quality of patient care provided, patient safety and overall outcomes in patient wellbeing and care (Hall et al, 2016). Stress in health service provision is not a problem to be fixed, medicine, nursing and other health professions are not broken but the challenge of unregulated stress must be confronted.   Mitigating the negative effects of occupational stress is, we believe, the responsibility of both the individual and the organisation. We have found that investing in clinician health and wellbeing produces worthwhile returns on the investment (reduced stress and anxiety, increased energy, coping and resilience and improved wellbeing and self-confidence) and it fills an important curriculum gap at all levels – that of self-care and personal health. Our experience has shown that stress inoculation and resilience is measurable and teachable – This workshop presents our total medical school approach to optimising health and well-being and preventing burnout for healthcare education and clinical practice.

Learning outcomes for this workshop include :

- • To understand how to provide structure, guidance and support for student mental health and wellbeing
- • To identify and start the process of self -care ….an important contribution to patient safety, experience and outcomes

Methods: Mapping student support programmes   & issues encountered / PowerPoint presentation of SAFEMED & discussion

Abstracts

A0003

Impact of participation in Continuing Medical Education small group learning (CME-SGL) on the stress, morale, and professional isolation of rurally based general practitioners.

Dr Stephanie Dowling

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Background The pressures of general practice contribute to high levels of stress, low morale and burnout in some general practitioners (GPs). In addition, rurally based doctors may experience significant professional isolation. Participation in continuing medical education (CME) appears to reduce stress, and may improve the retention of rural GPs. Aim As part of a larger study devised to examine the effectiveness of regular participation in CME small group learning (SGL) on rurally-based Irish GPs, this study explored whether CME-SGL had any impact on GP stress, morale, and professional isolation. Design and setting This was a qualitative study involving four CME-SGL groups based in rural Ireland.

Method Semi-structured focus group interviews were conducted in established CME-SGL groups in four different rural geographical locations. Interviews were audio recorded, transcribed verbatim, and analyzed thematically.

Results All members of these CME-SGL groups (n=43) consented to interview. These GPs reported that regular meetings with an established group of trusted colleagues who are 'in the same boat' provided a 'safe space' for discussion of, and reflection on, both clinical concerns and personal worries. This interaction in a supportive, non-threatening atmosphere helped to relieve stress, lift morale, and boost self-confidence. The social aspect of CME-SGL sustained these rural GPs, and served to alleviate their sense of professional isolation.

Conclusion Delivery of CME through locally-based SGL provides as an important means of supporting GPs working in rural areas. The non-educational benefits of CME-SGL as described by these Irish GPs are of relevance for rural doctors in other countries.

A0004

How does small group continuing medical education (CME) impact on practice for rural GPs and their patients, a mixed methods study.

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Aims The educational needs of rural general practitioners (GPs) are unique; however, studies which report outcomes of educational interventions for these doctors are limited. This study was designed to see if small group continuing medical education (CME) changes clinical practice for rural GPs.

Methods This mixed methods study recruited GPs from four CME small group learning (SGL) groups run by different tutors based in different rural geographical locations in the Republic of Ireland. Following an educational needs assessment, a two-hour teaching module was devised which focused on deprescribing of medications known to be problematic in older patients. The module was implemented, and assessment of educational outcomes for both doctors and their patients was through questionnaires, prescribing audits and qualitative focus groups.

Results All GPs (n=43) in these four CME-SGL groups agreed to participate, 27 of whom (63%) self-identified as being in rural practice. Doctors in rural practice were more likely to be male (56%), in practice for longer (19 years), and attending CME for longer (13 years). The questionnaires showed that predefined learning outcomes were achieved, and that knowledge increased immediately after the education and was maintained 6 months later. Forty GPs (93%) volunteered to conduct an audit; 24 GPs (60%) completed audits involving 191 patients. Of these, 152 (79.6%) were de-prescribed medication. In the qualitative focus groups conducted 6 months after the educational module, GPs reported making prescribing changes to other patients not involved in the audit. They reported that sharing experiences with their peers helps them to improve patient care. CME-SGL helps with the practical application of guidelines, and ensures that clinical practice is more consistent across the group.

Conclusions For rural GPs, locally-based CME-SGL involving discussion of cases and the practical implementation of evidence based guidelines, when associated with audit, can lead to changes in patient care.

A0005
Title

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Rationale:

Dental students must graduate with a high level of clinical skills. Education in this environment needs to go further than merely supervision, otherwise clinical competence can suffer. Feedback in clinical assessment and in the clinical learning environment is critical to the development of these clinical skills. This study was developed to enhance and develop the feedback and assessment processes on clinical sessions in an effort to contribute to the development of self-assessment skills and improving clinical competence in dental graduates.

Methods:

Quantitative data were collected via a Survey Monkey questionnaire, which was a quality assessment of feedback processes to date at the dental school. The model of feedback was evaluated both quantitatively (through re administration of the questionnaire) and qualitatively (in 15-minute recorded focus groups). Emergent themes from these data were identified using thematic analysis.

Results:

Students place a high value on feedback with the majority stating that it is important to receive regular feedback on their work. Student preference was for both positive feedback and areas for development, both in dialogue and in written formats, delivered during and after each clinical session. Feedback was necessary so that good performance could be replicated, repeated and improved.

Conclusions:

Feedback is at the heart of all learning and does remain a complex and challenging area. By adopting effective and evidence-based feedback practice students can be supported in regulating their own learning in the clinical learning environment.

A0006

The Inclusion of Laparoscopic Simulation within Gynaecology Postgraduate Medical Education

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Background

Modern medical training with its limitations, along with patient pressure for treatment by the most experienced clinicians, has contributed to a reduction in the training opportunities available to junior doctors. Simulation is a tool in medical education, which is valuable in these circumstances for bettering clinical practice. Aim   The aim of this study is to explore what is known about laparoscopic simulation within gynaecological postgraduate medical education.

Methodology and Methods   Scoping review methodology was used to address the research question. 66 aSixty-six articles were included as they contained information on laparoscopic simulation used in gynaecological postgraduate medical education. Basic numerical analysis and content analysis were completed.

Study Findings

3025 of obstetricians and gynaecologists have been involved in laparoscopic simulation in postgraduate gynaecology research. There has been an increase in publications over the last decade signifying the growing importance of laparoscopic simulation in gynaecological education. Studies which explore laparoscopic simulation, within postgraduate gynaecology have included a variety of methodologies and methods. Box trainers and VR simulation have been identified as the most used modalities of laparoscopic simulation for acquiring laparoscopic skills but no method has been identified as superior to the other in regards to education. Other methods of laparoscopic simulation are reported less often in the literature.   Multiple descriptions of curriculum within laparoscopic simulation in gynaecology education have been described. There is still no standardized method of implementation or uniformed outcomes for laparoscopic simulation education.   Barriers where identified to implementation of a curriculum these included time, supervision and access to equipment.

Conclusions

Laparoscopic simulation is playing an increasingly active role in the education of gynaecologists. Participation in comprehensive simulation training curriculum for gynaecological laparoscopy leads to an improvement in knowledge and skill. It is important that this is integrated in postgraduate education, via a uniformed standardized curriculum, taking into account barriers to participation.

To the OSCE and beyond! How can a Clinical Skills team best assist medical students as they prepare for Objective Structured Clinical Exam (OSCE) assessment? An evaluation of Revision Session structure.

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RATIONALE: Student learning needs anecdotally differ as OSCEs draw near. An important part of the educator's role is to encourage Directed Independent Learning and to support individual revision goals. Our study aims to gauge the perceived learning value of an optional Clinical Skills Revision (CSR) programme offered to all Year 1&2 graduate entry medical students in the pre-clinical phase of the BMBS course. Our curriculum objective is to facilitate the robust acquisition of clinical skills in a safe environment, nurturing skills for transfer to the clinical setting. We aim to gain insight into student engagement and experience, to identify areas for development and to guide improvements to session format.

METHODS: The Clinical Skills team agreed upon an anonymous, 10-question, online survey design, with free text for comments.   A study information email and participation invite went to 286 students (class lists). Data collected over 4 weeks enabled quantitative description and qualitative text analysis, with themes identified and corroborated amongst the study team.   A summary presented at tutor meetings facilitated wider staff discussion.

FINDINGS: Of 86 participants, the majority rated CSR sessions as "very good" overall. 41% of respondents, however, did not always attend and 88% didn't go to all stations. Students reported that tutors demonstrated practical skill aspects and provided 1:1 supervision. Tutor feedback was mostly "helpful" & consistent with written guides. There was a strong "OSCE-focus" to learning.   The challenges most quoted were; queues/crowding, time constraints and a need to prioritize procedural & examination skills requiring simulation equipment for OSCES.

DISCUSSION: The survey prompted plans for a pilot re-structure, including:

- Open-plan circuit introduction - to improve flow
- Sign-up sheets for allocated 1:1 time with tutors
- Extra equipment
- Circulating a "You said, We did" action & response plan (highlighting practical tips, reasonable behaviour, notes on valid variations in practice, and topic pre-selection options).
- Re-emphasizing broader preparation for clinical training beyond the OSCE skill-sampling context. It is clear that students recognise their individual learning needs, capitalizing on opportunities to address their revision priorities (especially those concerning simulation equipment).   We can guide effective sessions through a dynamic, responsive and practical approach to CSR.

A0009

Introducing Case Based Learning into an Undergraduate Medical Curriculum

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In 2020, a new undergraduate medical curriculum (code-named 'C25') will be introduced at Queen's University Belfast. At the heart of C25 is case-based learning (CBL). CBL is an approach by which students apply their knowledge to answer contextualised questions based on 'real-life' scenarios. In their first and second years of study, students will spend each two-week period focusing on a multi-faceted case. The cases will form a scaffolding on which other teaching opportunities (such as lectures, tutorials and practical classes) will hang. Each case will feature a clinical scenario, and students will be prompted to explore the material in an integrated and applied manner.

Several meetings were held with relevant staff members (and a summer studentship medical student) to outline the ethos of CBL. Small group discussions were utilised to generate a large selection of scenarios that could potentially have been used for case development. These cases were then grouped into themes and then evaluated by looking at issues such as the flexibility of the scenario to allow coverage of learning outcomes and the relevance of the scenario to future clinical exposure. 22 cases were chosen for further development. These cases were then expanded with the creation of characters, situations, dialogue and memorable taglines. Lists detailing which learning outcomes could be covered in each case were generated. The end result of this process was the framework for cases which together will cover the majority of the learning outcomes for first and second year.

Cases were circulated to all relevant staff members for comment. It was agreed that one further case should be included for training purposes, but otherwise no major changes were required. Module coordinators are now using the cases to plan the delivery of their curriculum content.

For other institutions contemplating a switch to CBL, we recommend engagement with a wide cross-section of teaching staff from the outset. This helps to ensure that everyone feels a sense of ownership of the cases and should help to ease staff uncertainty during a major change to the undergraduate medical curriculum. We also recommend student involvement in the process.

A0010

Does a longitudinal community practice placement for pharmacy students promote learning?

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Rationale:

Longitudinal clinical placements are defined as involving "a regular, recurrent placement in the same setting with the same supervisor over a period of time". The underlying mechanism promoting learning is "continuity" in its varying forms of patient, supervisor and location longitudinal exposure. Longitudinal placements have been reported to promote learning by establishing more opportunities for connection with patients ("continuity of care"), integrating knowledge, skills and attitudes across science and practice ("continuity of curriculum") and enhancing supervision, role modelling and mentoring ("continuity of supervision").   This study sought to answer the question: Does an early longitudinal community practice placement (LCPP) for pharmacy students promote learning by establishing more opportunities for connection with patients, curriculum integration and professional engagement?

Methods: This was an explanatory mixed methods study. Data for the quantitative before and after study was collected using a validated tool called the Student Pharmacist Inventory of Professional Engagement (S-PIPE) and the questionnaire also contained questions related to connection with patients and curriculum integration. Qualitative semi-structured interviews, focussed on continuity of care, curriculum and supervision, with students, supervisors and practice-educators were conducted following the 12-week longitudinal placement. The interviews transcripts underwent thematic analysis.

Findings: 78% (n=47/60) students completed the questionnaire. Significant increases in the sum scores for professional engagement (S-PIPE) and sub-scores for belonging, meaningful experience and connectedness were recorded post placement. Some increases were recorded relating to connection with patients. The majority of students agreed with questions relating to integration. The qualitative component showed trends of continuity of curriculum integration, through learning activities promoting links between module content and practice and contextualising learning. Continuity of supervision generally was experienced through role modelling and professional working relationships. Continuity of care was not as apparent due to not seeing interactions to completion, inconsistencies with level of interaction with patients and lack of repeated encounters with the same patient.

Take Home Message:

The LCPP promotes professional engagement, curriculum integration and patient-centred beliefs. The LCPP creates more opportunities for curriculum integration and professional engagement but there is room for creating more opportunities for connection with patients

Barriers to Interprofessional Simulation: A Scoping Review

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Background   Interprofessional simulation is increasingly being used in healthcare education as a safe space for teams to develop their technical and non-technical skills. It is recognised that there are difficulties encountered in the development and implementation of these programmes.

Method   A scoping review was performed using established scoping review methodology: 1) identifying the research question; 2) identify relevant articles; 3) study selection; 4) chart the data; 5) Collate, summarise and report results. The search was performed on four databases, Web of Science, MEDLINE, SCOPUS and EMBASE.

Results Twenty-four articles were included in the study review. Three of these studies were reviews, whilst twenty-one were original articles. Barriers are encountered by both the organisers as well as the participants. Barriers encountered by the organisers were in relation to scheduling, costs and recruitment of faculty. The participants encountered barriers in relation to the psychological stressors associated with simulation, eg unfamiliar settings and being observed. They also faced issues in relation to hierarchy within the team and difficulties in relation to feedback. Both the organisers and the participants experiences difficulties in relation to different learning needs. Potential solutions were postulated by ten papers. These reflect the barriers encountered and included giving consideration to costs and schedule planning from an early stage in the development of the programme; improved support from their institutions and developing profession specific learning outcomes. There were also recommendations to develop a training programme for the facilitators in relation to both the equipment and giving feedback, as well as improved pre-simulation orientation for the learners.

Conclusions   Interprofessional simulation has been shown to be beneficial for training healthcare teams. There are however barriers and difficulties encountered which affect both the learner and the organiser. There have been some potential solutions suggested in an attempt to overcome these barriers. We recommend that further research and increased reporting of barriers would be beneficial and that consideration be given to the construction of a committee during the development of programmes. We have developed an interprofessional design checklist based on these results.

A0015

The benefits of introducing peer-led teaching in obstetrics courses for medical universities

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Jerome R Seitz Mary F Higgins

Rationale Medical education has evolved greatly in recent times. Progression from lecture-based learning to interactive workshops and simulation are becoming the norm. Peer-led teaching reduces cognitive bias and increases student confidence in clinical practice and augments learning.

Methods Qualitative collection of feedback after a peer-led Obstetric Emergencies Workshop. Thirteen final-year students from University College Dublin were taught how to run and manage eight different workshop stations including vaginal birth, shoulder dystocia, maternal collapse and post-partum hemorrhage. The students were taught by a consultant senior obstetrician and specialist registrar and were encouraged to any questions they may have had before selecting a station to run themselves. The following week, a workshop was conducted by the 13 students that invited a mixed group of thirty-six pre-clinical and early clinical medical students to interact and engage with each station. At the end of the night, we participants were asked to write three things that they had enjoyed and three things that could be improved going forwards. Open ended questions were deliberately asked in order to eliminate bias and encourage students to write honest feedback.

Findings The feedback collected following the event was overwhelmingly positive. Some of the themes that were identified included the engagement of the pre-clinical students in practical workshops. Phrases such as "practical" and "informative" recurred throughout the feedback. The shoulder dystocia and laparoscopy stations were the most popular with students requesting more time at these. In methods of educating, final years medical students were capable of providing the information in a succinct way that the pre-clinical students found easier to understand. The information that they had gleaned from a consultant level was able to be repeated in an accessible manner for undergraduate students.

Take Home Message Peer-led workshops were a successful method of providing medical education on Obstetric Emergencies for pre-clinical year medical students.

A0017

Cultural Competence education for medical students; a systematic review

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Rationale: Cultural competence is important in medical education due to the rapid and significant change in the number of ethnic minority patients and sustained inward migration of the population. Formal structured teaching as part of a cultural competence curriculum prepares medical students to be competent and beneficent in the context of cultural differences. Curriculum delivery varies among medical educators. A systematic review of the literature was conducted. This aimed to identify the most common and effective delivery methods, examine the outcome and assessment in recent publications.

Methods: Initial searches using key terms "cultural competence" and "medical education" yielded 82 papers through an electronic search databases. A total of 8 randomised controlled trials were identified, between 2008-2019, of which 7 publications included cultural competence curriculum delivery involving 812 medical students. RCTs assessed the effects of cultural competence training for students by comparing students who received this training to students who did not.

Findings: Four studies were conducted in the USA and three in Taiwan. Learning modalities included web-based training, didactic lectures and workshops. Two studies found no difference between students taught through web-based module compared to didactic lectures. No clear superior method of delivery for training emerged. One study found a combination of a workshop and practice session was more effective than a workshop alone at improving cultural competency. As for outcome measures, four studies were assessed by Objective Structured Clinical Examinations (OSCEs) and three studies by questionnaires. All studies found significant improvement in those who received training compared to who did not. Two studies found that the group with training retained more competence than the control group.

Conclusion: The review findings showed the positive outcome from cultural competence education for medical students with different learning modalities. This review will guide medical educators introducing and delivering cultural competence as one of the core elements of the curriculum. However, as the quality of evidence is low, further research should examine the specific components of cultural competence.

A0018

'An Exploration of Health Professional's experiences of providing feedback to Healthcare Students following formal Postgraduate training in Clinical Teaching'

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Background: Feedback is the cornerstone of effective clinical supervision and teaching. It is important for reinforcing learner's abilities and skills and identifying areas of learning need (Cantillon and Sargeant 2008). In Ireland, across the disciplines of Medicine, Nursing and Allied Health, there is a paucity of evidence in relation to whether formal postgraduate training impacts the healthcare professional's ability to deliver effective feedback to students on placement. This study was important as it addressed a gap in our understanding of how health professionals give feedback to students, by seeking to explore if completion of a module on Clinical Teaching Methodologies (CTM), impacted on: 1) their knowledge of and confidence in giving feedback and 2) their skills in delivering feedback to students on clinical placement.

Methods: A qualitative methodology was adopted, using purposive sampling. A qualitative descriptive (QD) research design based on the interpretivist paradigm was selected, and semi- structured interviews were conducted with eight participants. Data was analysed using the six steps thematic analysis framework by Braun and Clarke (2006, 2013).

Results: Four main themes and seven subthemes emerged following data analysis. Following completion of the clinical teaching methodologies module participants described changes in their feedback practices in the key areas of delivering feedback, their 'feedback toolbox', awareness of the importance of partnership and encouraging student self-reflection on placement.

Conclusions: The results of this study generated new empirical data about the knowledge, confidence and skills of health professionals in relation to feedback provision to students on clinical placement. It provided insight into health professionals' perceptions and knowledge of feedback, their confidence in giving feedback and aspects of their feedback skills that have changed following completion of formal post-graduate training via the CTM module.

Take Home Message: This study showed how training in clinical teaching impacted on healthcare professionals feedback practices. It also showed how timely, structured, sensitively delivered, positive and constructive feedback is imperative for improving student performance in order to ensure they become competent, reflective clinicians and life-long learners.   Key words: feedback, clinical placement, healthcare students, health professionals, training

A0019

An insight of Malaysian students attending European University toward participation in Malay Language Class; Introduction to initial results of the pilot project

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Rationale: There is a sustained demand of international students from Malaysia studying medicine in Ireland. Malaysian medical students must develop communication skills in Malay Language as part of their preparation for internship. A Malay Language exam is mandatory before application is made. This pilot study examined an insight of students' attitudes and awareness toward teaching and participation in a formal Malay Language Class (MLC).

Method: A descriptive cross-sectional study was undertaken. This involved the use of an online survey to gain information on career goals, prior learning exposure, perceived area of interest and confidence in a MLC. Volunteers were selected from Year 1 to Year 5 from one of Dublin universities. Volunteers were Malaysian nationalities with no Malay Language exam qualification.

Findings: 7 respondents, 4 males and 3 females, with median age of 23, were volunteered. 2 students were from year 3, 4 and 5, 1 from year 1 and 2. 71% (5) intended to apply internship in Malaysia. 43% (3) received formal MLC in secondary school, 29% (2) in primary school and 29% (2) in GCSE. 57% (4) planned on speaking Malay Language when treating patients and 100% (7) were interested in learning and mastering Malay Language for better patient care. Regarding their motivation to participate in MLC, 40% (6) felt it was a requirement to work in Malaysia, 33% (5) wanted to increase confidence in clinical practice, 13% (2) believed it was as an honour and 13% (2) with an intrinsic interest. 42.9 % agreed that they have confidence in speaking Malay Language abilities during day-to-day communication, 28.6% disagreed in talking to colleagues, 14.3% strongly disagreed in talking to patients.

Conclusion: All respondents demonstrated an interest in participating MLC with different motives. Forthcoming study with more participants can further support the argument. The study suggest that Irish medical schools should investigate the need for Malay students for MLC in preparing for their future career. Results of the full survey will be presented at the conference.

A0020

Do fellowship examinations really examine competency? Dynamic and integrated assessment of the domains of good professional practice in surgeons.

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Rationale: Non-technical competency has been at the forefront of medical professions discussion since the publication of 'To err is human' in 2000 by the Institute of Medicine. This study, which evaluates a single station of a simulated assessment, known as the alternative clinical examination or 'ACE', hopes to explore the domains of professional practice amongst experienced general surgeons by evaluating their performance in non-technical aspects at several points of transition throughout and after the examination. Secondary outcomes may include evaluation of diversity of those who will be completing the OSCE examination with representation likely from the Middle East, Asia, Europe and Northern American States. Cultural differences in approaches will be explored in the post-hoc group discussions.

Methods: This research study invites surgeons ending their formal 'training' to senior registrar or consultancy practice to participate in a fellowship examination. Participants will be invited to participate from those who are recruited from the European Union of Medical Specialists (UEMS) Examinations in General Surgery in Dublin September 2019. They will be asked to partake in four aspects to this research project:

1. A pre examination questionnaire which will explore clinical decision making in a context-specific ethical dilemma.
2. An in-simulation assessment station which is a standard part of the examination and will reflect the constructs evaluated within the pre examination questionnaire.
3. A post-examination focus group exploring perceptions of the station, reflection on the scenario and collaborative decision making
4. A follow up survey to explore real-life application to professional practice of the research assessment process

Results: Performance is not fixed and therefore must be assessed in many contexts in order to fully understand true competency. This research project will produce a simulated assessment model which assesses the non-technical aspects of professional practice in general surgeons in a dynamic manner by evaluating performance at nodal points throughout an examination process.

Take Home Message: The 'ACE' protocol for assessment of competency is a novel approach to evaluate performance in general surgeons at the point of transition to fellowship. This approach may have applicability at other nodal points along the medical education continuum.

A0021

An optimal learning environment for placement learning: Listening to the voice of Speech and Language Therapy students

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Background: Placements are a core component of learning within speech and language therapy (SLT) third level programmes. They facilitate the development of students' professional and clinical competencies and socialisation into the profession. It is indicated that the quality of a placement often pivots on the mentoring, supervision and the feedback the student receives in the clinical learning environment. Aims: This study aims to explore the perspectives of student SLTs in relation to factors that would best support their learning and competency development on placement.

Methods and Procedures: Qualitative data was collected from an anonymous online student survey that consisted of eight open-ended questions. Thematic analysis was applied to the data. Excerpts from the data were selected to illustrate the themes constructed. Outcomes and

Results: 117 students responded. Four salient themes were generated that capture the students' perspectives of optimising learning and competency development on placement.

Conclusions and Implications: This study supports quality assurance within the practice education of student SLTs and highlights aspects of an optimal learning environment that Practice Educators (PEs) can strive to develop. In parallel this study points to the need for improved supports from university personnel and placement site managers, and an increased need for student preparedness and self-reflection. Implications for continuing professional development specific to the role of a PE is described, in addition to the recommendation of an expanded perspective of supervision within Speech and Language Therapy.

A0023

The Impact of Peer and Near-Peer Relationships on GP Trainees

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Rationale The aim of this study was to explore what is known about the impact of peer and near-peer relationships on GP trainees' ability to acquire the knowledge and skills to equip them for independent practice; what organisational structures may enhance accessibility to high quality peer and near-peer relationships; and what are the perceived barriers so as to better inform GP trainees and all those involved in the postgraduate education of GPs.   This research was carried out in response to the growing recognition of the challenges that face GP trainees in modern healthcare environments; having the shortest training period but the largest curriculum of any of the specialities (Taylor et al., 2012b), increasing workload and the widespread recruitment and retention crisis in General Practice (BMA, 2018) and the loss of the traditional 'firm-based' approach following the introduction of the European Working Time Directive (NHS employers, 2009 and Brown et al, 2010). High-quality professional and social support is known to reduce the negative impact of job-related strain (Brown et al., 2010 and Clarke et al., 2014).

Methods   Scoping review methodology was used to address the research question. Thirty-seven articles were included, and basic numerical and content analysis was performed.

Findings Large numbers of GP trainees participated in the thirty-seven international studies included in this review; thirty-two of which used qualitative research methodologies. Most studies (n=22) had additional participants reflecting the diverse and complex healthcare systems that GP trainees work and train in.   Ten themes emerged from GP trainees in relation to the impact of peer and near-peer relationships with educational impact being the most common theme. Other themes included pastoral support, professional support, confidence, team working, future career choices, GP identity, scholarship, professional calibration and improved patient care.   Organisational support structures that supported the development of peer and near-peer relationships were grouped into seventeen categories. These were residential workshops, educational supervisors, educational resources, team-based learning environment, day release of GP trainees from clinical practice, shared curricula, team-based healthcare, educator-led events, VLE technology platforms, financial support, small group provision, peer practice visits, intra-professional collaboration, PBSGL, peer advocacy, mentoring and extended speciality training. Fifteen main themes emerged from analysis of the barriers to GP trainees accessing peer or near-peer relationships. Challenging group dynamics was the most common barrier. Clinical workload, lack of professional support, financial costs, geographical considerations and group composition were the next most common reasons. Stigma was a less common but very important reason for GP trainees declining to access support from peer and near-peer relationships. Take Home Message Educational impact was the most commonly referenced theme in GP trainee quotations. This research should encourage all stakeholders to promote and enhance the educational impact of high-quality peer and near-peer relationships for GP trainees throughout training and as they transition to independent practice. Stakeholders should engage with GP trainees to develop organisational structures that will facilitate this more effectively.

Feeling like a dummy: a comparison of student responses to wrist fracture reduction teaching using a bench model and an educator's own arm

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Ian K Walsh

Rationale: Simulation has become increasingly common as a method for providing training on important competencies, such as distal radial (wrist) fracture reductions. Two different methods were used for teaching the technique for reduction of a wrist fracture to medical students who attended a regional trauma unit for a fracture educational placement. One method was the use of a high-fidelity "bench model" arm, containing a simulated wrist fracture. The other was the educator acting as a simulated patient.

Methods: 48 year 4 undergraduate medical students received training on wrist fracture reduction during their clinical placement. After a tutorial (discussing management principles, case and x-rays), students each received one opportunity to perform a simulated wrist reduction technique. Students then completed a questionnaire with 5-point Likert responses regarding their previous level of educational experiences and attitudes to this educational experience.   In the "bench model" group, 23 students used a high-fidelity model (Sawbones Colles' fracture reduction and casting technique trainer). In the "simulated patient" group of 25 students, the educator acted as a simulated patient.

Findings: In both groups 100% of available responses stated that students agreed/strongly agreed that the employed educational method was interesting, was beneficial, helped them understand the principles of fracture reduction, allowed them to receive real-time feedback, and would be useful to other students.   96% of responses in the simulated patient group and 87% of responses in the bench model group reported that students agreed/strongly agreed that the employed teaching method helped them to understand the "feel" of preforming a wrist reduction, and made them feel more confident about performing the procedure in future.   96% of responses in the simulated patient group and 87% of responses in the bench model group reported that students agreed/strongly agreed that using this teaching method again would be of additional benefit.

Take-home message: Students reported favourable outcomes for both educational methods, either use of a bench model or an educator acting as a simulated patient. While this high-fidelity simulation model is received positively by students, good responses were also received from the more traditional teaching method.

A0025

Developments in simulation training for closed reduction of distal radial fractures: a scoping review of literature.

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Rationale: Simulation training is useful for teaching clinical procedures, such as closed reduction procedures for distal radial (wrist) fractures. Various simulation models are described in the literature. The aim was to review the literature regarding the development of simulation models for teaching distal radial fracture closed reduction techniques, and the outcome measures used to assess their effectiveness.

Method: A literature review was performed based on search results from Medline and Embase in November 2018, and a subsequent trawl of articles' references. Thirty-seven full text articles were reviewed.

Findings: Five articles described low-fidelity models for teaching the principles of closed reduction of fractures. Most focused on the use of cheap and accessible materials for their production. One article used a novel system of tubing and lasers, although this was to demonstrate cast wedging, which is seldom used for primary reduction.   Three articles described high-fidelity models for cast application or removal without fracture reduction.   Three articles described high-fidelity models for teaching closed reduction of wrist fractures i.e. model arms containing synthetic bone and soft tissue layers, with specific modifications. All used questionnaires to explore participants' perceptions and attitudes. Two of these studies also added objective measurement tools. Mayne et al. used radio-opaque markers for radiological assessment of the reduction and casting, and attributed Global Rating Scores (GRS) and Objective Structured Assessment of Technical Skill (OSATS) to video recordings of simulated reductions. Seeley et al. also used radio-opaque markers for radiological measurements, and time for task completion, and the number of images taken. Both of these studies demonstrated better outcomes in more clinically-experienced participants, although this was not true for all measures used. The latter finding, and high success rates among junior participants, suggest that high fidelity models may be best suited to teaching inexperienced practitioners.

Take home message: Low- and high-fidelity models exist for fracture closed reduction teaching, but both appear suitable for teaching basic principles. High-fidelity models may teach the steps in a process effectively.

Strategies employed to enhance recruitment and retention in Paediatrics: a scoping review

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Background In the UK, the proportion of places available in medical school, the number of junior doctors, and the number of trainees applying to Paediatrics are falling. The NHS is at 'breaking point', exacerbated by workforce shortages, chronic underfunding, increasing service demand and poor job satisfaction within healthcare workers. Issues in recruitment and retention of paediatricians 'threaten the safety of our children's health' according to the RCPCH.   Aim The aim of this study is to explore what strategies have been described in the literature that have been used to enhance recruitment and retention in Paediatrics.

Methods A scoping review methodology was conducted, employing a qualitative approach to review the literature on strategies used to improve recruitment and retention in Paediatrics. This study used scoping review methodological framework as originally described by Arksey and O'Malley (2005) and further enhanced by Levac & Colquhoun (2010). 38 full-text articles in English language were reviewed and analysed by the research team.

Study Findings Despite the importance of this issue, there is a paucity of data in the literature that describes evidence-based approaches to improving retention and recruitment in Paediatrics. The most important strategies employed to help are identified and grouped into six main themes, broadly grouped as a modified 'Paediatric Pipeline' paradigm of Identify, Engage, Recruit, Retain and Champion. These themes include professional advocacy, workforce diversity, mentorship, improving working conditions, career flexibility and enhancing educational opportunities.

Conclusions There appear to be three main elements that are key to recruitment and retention of Paediatricians: personal, professional and systemic factors. Although the evidence base for specific strategies used to enhance recruitment and retention in Paediatrics is generally weak, this review found evidence to support a strategic attempt to improve ethnic and professional diversity in the workplace. In addition, it also found weak evidence to support early exposure at a postgraduate level may incentivise retention in that field. Other initiatives covered in this review, whilst admirable and potentially very encouraging strategies, their effectiveness is not yet established. A strategic, multi-agency international collaborative approach is required urgently to address the significant issues that face both Paediatrics and the healthcare system itself.

Take home message: -   This is the first-known scoping review of the literature exploring specific strategies used to enhance recruitment and retention in Paediatrics.   - Despite the grave importance of these issues, there is a relative paucity of data in the literature that describes evidence-based approaches to improving retention and recruitment in Paediatrics.   -   The authors propose a modified 'Paediatric Pipeline' strategic paradigm of 'Identify, Engage, Recruit, Retain and Champion'.

-          Themes that are of importance in promoting and nurturing these above areas include professional advocacy, workforce diversity, proactive mentorship, improving working conditions, sustainable career flexibility and enhancing educational opportunities.

A0027

Physician associate students and their experiences of a cadaveric anatomy programme

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Rationale: In recent years the role of physician assistant (PA) has expanded from its inception in the USA over 50 years ago to European countries including Ireland. Although there is an increasing body of evidence exploring the role, training and acceptance of PAs in clinical settings, there is a scarcity of research exploring PA students' perspective in relation to their experience of anatomy dissection in terms of attitude and skills development, and how these experiences may contribute to the development of their core professional identity.

Methods: Following institutional ethical approval, students in the first two cohorts of our PA programme were invited to participate in semi structured interviews, which allowed them to reflect and report on their own experiences of anatomical dissection during their course. Following recording and transcription of the interviews, participants' responses were coded and analysed using a qualitative phenomenological approach and the emergent themes were developed into an initial template.

Findings: Three interviews from our first cohort of students have been analysed to date, with development of an inductive a priori template, and with a further nine interviews from our second PA cohort completing the transcription phase. Students were positive about their experiences, and the initial themes emerging indicate that anatomy dissection has an observable influence on individual attitudes, for example with regard to organ or body donation, mortality and bereavement, and coping strategies.

Take Home message Although preliminary, these results indicate that PA students are positive about their experiences with regard to anatomical dissection, and expressed that they felt these were important to their development as clinicians, and to the development of knowledge, skills and competencies that will serve them in their future profession.   No conflict of interests to declare. Ethical approval was granted by RCSIs Ethics committee in July 2016 – REC 1251.

A0028
Learning Cardiac Embryology – which resources do students use, and why?
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Rationale: While embryology has always been considered a conceptually challenging component of medical curricula, the time and opportunities for small group teaching in this area are present in few institutions, often as a result of increasing class sizes. How then do students supplement their lectures in order to ask and answer questions, or delve into concepts in detail? Arguably animations and videos are ideal for visualizing 4-dimensional anatomy, but how do students find and filter these?

Methods: First-year medical students were surveyed with respect to the cardiac embryology component of their course, and asked their opinions regarding the clinical relevance of this content, and the resources they used to enhance learning.

Findings: Students indicated that they considered cardiac embryology to be of relevance to clinical practice, and that videos were a useful resource in helping them to learn this material. However, when seeking videos or resources, it emerged that students tended to Google information in preference to accessing online resources (or textbooks) specifically recommended by their instructor, despite students' recognition that "accuracy of information" was paramount when choosing what resource to use. While all students seemed reluctant to contact a staff member with questions, those with less proficiency in English were less likely to approach faculty for assistance.

Take Home message: Whilst acknowledging students as adult learners, self-regulated learning skills do not develop automatically and the development of these skills should be viewed as a "shared responsibility" between students and staff. Likewise, students also need to be taught critical appraisal of learning resources, especially in the complex online environment, with design of their bespoke institutional virtual learning environment facilitating easy identification and access of recommended resources.   No conflict of interests to declare. Ethical approval was granted by RCSIs Ethics committee in May 2018 – REC 1478.

A0030

What factors can enhance pharmacists' participation in extended patient care practice?

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Rationale: To meet the current and future needs of patients in NI, it has been recommended that pharmacy professional practice moves away from traditional (reactive) dispensing roles, towards (proactive) extended patient care activities such as reviewing, optimising and prescribing medicines. Since the purpose of Continuing Professional Development (CPD) (which is mandatory for UK pharmacists) is to improve professional practice, the impact of pharmacists' CPD activities on their professional practice was examined. Improved professional practice was taken to be participation in extended patient care activities. Previous studies have also suggested that pharmacists' attitudes could impact on the professional practices that they engage in; therefore this factor was also examined.

Methods: An online questionnaire was emailed to all pharmacists in Northern Ireland (n = 2201). After two follow-ups there were 419 responses (19%).

Findings: Data was analysed using SPSS version 21. Two multiple response sets were created for responses relating to CPD activities and professional practices respectively. Geometric coding was used to convert the multiple response data into categorical variables that were amenable to confirmatory statistical analysis. It was found that 32% of pharmacists who had undertaken either unstructured self-directed CPD activities, or a traditional theoretical structured course, had engaged in some extended patient care activities. The proportion in pharmacists who had undertaken structured work-based learning courses was significantly higher, at 48%. Factor analysis was used to identify themes relating to pharmacists' attitudes, and multinomial logistic regression was used to determine their impact on professional practice. Pharmacists with a positive attitude towards improving the skill mix of the pharmacy team were more likely to participate in extended patient care activities; whereas those who indicated that members of the pharmacy team should maintain their current roles were less likely.

Take home message: Undertaking structured work-based learning courses can enhance pharmacists' participation in extended patient care practice, as can having a positive attitude towards improving the skill mix of the pharmacy team.

A0031
Stop, Listen & Learn
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Group reflective practice is an important method of peer supervision, and allows an opportunity for colleagues to develop their practice (McDonald, R 2002). A study by Wimpenny et al (2006) suggests that group reflective sessions in Occupational Therapy offer a valuable framework for exploring professional practice issues, whilst offering the potential for individual expression and participation.

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

Student feedback was received through a focus group and the learning from this will be presented at our presentation in an audio format.
Providing students with a protected time and space for reflection on complex cases as a group prepares them for the realities of the working world.

A0034

Curriculum renewal: exploring faculty perspectives on a 'wicked problem' using rich pictures

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Rationale - The complex task of curricular reform calls for the combined efforts of multiple stakeholders. A shared understanding of goals, intent, and perspectives among these stakeholders is vital to guide change. In this study, we aimed to characterize the perspectives of a broad group of stakeholders in the curriculum change process at an Irish medical school.

Methods - We used a novel interviewing method, originating from systems engineering, called rich pictures. This approach is built around the concept that drawing can explicate one's verbal communication, can help explore complexity, and facilitate dialogue around sensitive subjects, so surfacing tacit information. We invited faculty members involved in the change process to participate. We asked them to draw (two) pictures about their most exciting and challenging elements of the curriculum change process and then asked them to explain what they had drawn and why. Visual and verbal data were initially analyzed qualitatively, using inductive coding after which, a 'wicked problems' framework was applied to the data.

Findings - 28 stakeholders participated: 4 core change leaders, 11 clinician-educators, 10 pre-clinical educators, and 10 IT and administrative support staff (roles sometimes overlapped). Student-centeredness was a prominent theme expressed by the majority of stakeholders in their exciting drawings. Two major themes presented as wicked problems: curriculum content: ideals versus practical reality and multiple stakeholder positions in the renewal process. Both problems were 'wicked' for they were complex, dynamic and intractable in nature, and lack a linear solution.

Take Home message - Problems faced in curriculum change are intrinsically 'wicked' for they are ill-defined, complex and a straightforward solution is often lacking.   - Tackling these wicked problems requires significant cogitation and a common awareness of stakeholders involved whilst considering possible solutions. - The rich pictures approach is a valuable method to inspire and guide interviewing, especially on complex and emotive subjects.

Combining Efforts to Achieve Success - Interprofessional Education in the Mery University Hospital (MUH)

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Rationale: Interprofessional Education (IPE) occurs when two or more professions learn about, from and with each other to improve patient care. The Mercy University Hospital (MUH) Cork strives to support its student populations' development into independent, practice-ready practitioners by providing opportunities to partake in interprofessional activities on clinical placement.

Methods

1. Four different patient case studies were developed by interdisciplinary facilitators (nursing, physiotherapy, medical).
2. The students were divided into small diverse groups and assigned to acute, subacute and discharge episodes of care, with open, collaborative discussion encouraged.
3. Independent group interactions addressed areas including assessment, problem identification, goals and the development of a comprehensive, multidisciplinary management plan.
4. Tutor-facilitated discussion followed.
5. Each group then relayed their information to the whole group to increase the learning opportunity.
6. Afterwards, an anonymous satisfaction survey was completed.

Findings In total 93 students from three disciplines attended at least one interprofessional education session. 82.8% found it 'extremely useful,' 13.98% 'very useful' and 3.22% 'useful.' No student provided negative feedback.   Students reported a number of different learning outcomes including:

1. Greater understanding of the roles of other multidisciplinary team (MDT) members and how they interact and overlap
2. Improved understanding of the collaborative MDT effort required to provide patient-centred care
3. Increased capacity to interpret the initial and ongoing functional assessments of other disciplines
4. Enhanced comprehension of a patient's diagnosis and functional impairments
5. Greater appreciation of the impact of possible reduced function after an episode of care in an acute hospital setting
6. Identification of alternative discharge destinations and different community teams and services available to aid patient discharge

Conclusion The IPE sessions were a great success. The desired next step is to transfer the experience from the classroom to the ward with inclusion of students from more disciplines. This will enhance the IPE learning and achieve a more complete learning experience. This in turn, will enable MUH students to evolve into insightful, practice-ready practitioners with a greater appreciation of the interprofessional collaborative approach to patient-centred care.

0036

Perceived stress experienced by undergraduate healthcare professional students throughout their degree course.

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Rationale Stress can be a part of third level education and experienced by undergraduate students across a range of degree courses. Stress can be positive in stimulating optimum performance. However, excessive stress leads to distress which is correlated with decreased health related quality of life (1). The aim of this research study is to investigate the causes of stress among undergraduate healthcare professional students in University College Cork (UCC) and to characterise the nature of the stress factors.

Methods All undergraduate students (excluding 1st year students) enrolled in degree courses in the College of Medicine and Health in UCC (Dentistry, Medicine, Nursing and Midwifery (NM), Occupational Therapy (OT), Pharmacy, Public Health Sciences, and Speech and Language Therapy (SLT)) were sent an email inviting them to participate in an anonymous online survey. The survey comprised two parts: (i) the Perceived Stress Scale (PSS) (2), which measures the perception of stress on a scale between 0 and 40, and (ii) a customised Academic Stress Factors survey, in which students gave a rating between 1 (little) and 5 (extreme) of how much stress each factor caused. Data were analysed using IBM SPSS Statistics for Windows, Version 26.0. (Armonk, NY: IBM Corporation).

Findings Of the 227 responses received (88.1% female); the majority were from NM students (46; 20.3%) while both OT and SLT had the fewest at 15 (6.6%) responses each. The mean PSS score for the total cohort was 21.3 with medical students reporting the highest mean score (24.5), signifying higher perceived stress and OT having the lowest mean score (19.0). The distribution of PSS scores did not vary significantly across degree courses, $(F=1.555, p=0.162)$ gender, $(t=-1.241, p=0.216)$ or year of study $(F=0.210, p=0.811)$. 'End of module examinations', 'overall academic workload', and 'oral presentations' were the reasons associated with the highest average scores for causing stress.

Conclusion Stress affects students from all healthcare degree courses within the College of Medicines and Health. This study has identified the areas that seem to contribute most to the perceived stress experienced by students and therefore may signpost where UCC can act to support students.

A0038

A Scoping Review of the Potential of Educational Games to Teach Non-technical Skills in Postgraduate Medical Education

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Rationale: Postgraduate medical education is a challenging field that faces issues regarding instructing experienced adult learners with busy lives who have a need for targeted teaching. Educational games are a tool which incorporates learning and competition. Non-technical skills are social and cognitive skills that are not knowledge based and failures in these have been frequently shown to be at the centre of medical errors. Combing these two elements we wished to explore the novel concept of educational games in teaching non-technical skills to postgraduate medical learners.   To review the currently available literature to answer the question: what is the of potential of educational games to teach non-technical skills in postgraduate medical education?

Methods: A scoping review was employed to assess the range of data available. Three electronic databases were searched in addition to Google Scholar as well as the review of a specific journal. The process was in accordance with a standard methodology and texts where reviewed in relation to specific inclusion and exclusion criteria.

Findings: Ten articles were identified through this search process and data was extracted and presented in overview and detail. The demographic features of the data were considered alongside an in-depth analysis of each individual resource and grouping of information into common themes. An additional evaluation of data quality was made.

Take home message: The data gathered was considered and discussed with reference to the relevant medical educational theory and prominent themes. The implications of our findings are discussed alongside, recommendations for further study and shortcomings of the data are reported.   Overall, there is a small amount of evidence to support the use of educational games in teaching non-technical skills in postgraduate medical education but additional research into their precise role and their limitations is required.

A0039

Milestones during professional identity formation in graduate entry medical students

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Rationale During professional identity formation (PIF), medical students and postgraduate trainees take part in a socialisation process where their identity within the profession merges with their pre-existing personal identities. PIF is influenced by the environment where training takes place, the programme structure as well as an individual's background. This project aimed to qualitatively evaluate the formal and informal milestones during Graduate Entry Medicine program that impact PIF from a graduate perspective.

Methods Ten qualitative, semi-structured interviews were completed with graduates of the GEMS BMBS programme. Topics explored related to participants' PIF before and throughout medical school, exploring which factors played a role in their knowledge and understanding of what it is to be doctor. Interviews were completed by Skype, by telephone and in-person and transcribed.

Findings Formal program milestones identified included early engagement with patients as part of the Early Patient Contact Programme in years 1 & 2, the 'shock of practice' faced by students in moving from formal teaching to clinical on-site teaching and role-modelling explicitly mentioned in general practice (GP) and clinical rotations. External personal motivators had a bigger than expected effect/influence on graduate students' resilience throughout their training. Family values were discussed in relation to deciding to go into medicine and role-modelling. Graduates also described in detail the conflict between their personal and professional identities.

Take home message   This study has found that there are several key milestones as part of medical students' learning experiences which can be challenging and demanding both academically and personally. Existing literature suggests that students often feel a 'shock of practice' in periods of transition, however we would argue this can be mitigated by supportive, and effective role modelling by faculty and tutors.

A0040

"I feel I have something worthwhile to give"- A qualitative study to explore The Patient Experience Advisor perspective on their potential role in Medical Education

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Background Direct formal patient engagement in the education of medical professionals is an area that warrants further research.   Aim This qualitative study aims to include the 'patients' voice' in medical education research by exploring the perspectives' patient experience advisors hold with regard to the potential role of 'patients as teachers' in the undergraduate medical curriculum.

Methods Semi-structured interviews were conducted with patient experience advisors (n =11) in June/July 2019. Patient experience advisors were recruited in Mayo University Hospital (MUH). The material was analysed using conventional thematic analysis.

Results The analysis resulted in three main themes: Perspectives on the Doctor/Patient relationship, benefits & drawbacks to patients' participation in medical education and potential roles of patients in education.

Conclusions The findings of the study demonstrate that Patient Experience Advisors are very positive regarding their potential involvement in medical education. They emphasised that greater direct teaching from patient educators has the potential to foster a more holistic education encompassing the affective, cognitive, and psychomotor domains of learning as well as giving the patient a voice in medical education. This participatory method has the potential to bring mutual benefit to both the students & the patients themselves.

A0041

Edit Can simple mobile video recording enhance student feedback: a feasibility study

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Background: Paediatric professionals require formal, effective communication training with children and their families. This recommendation is endorsed following the Northern Irish Hyponatraemia enquiry and communication is a recognised competency in the GMC and RCPCH domains. Video-recording consultations can be cumbersome and distracting, using bulky equipment and restricted by time. Conversely, it offers an ideal opportunity to individually analyse communication styles with guardian, child and colleagues, in relation to reflection, feedback, critique and improvement.

Aims:

- To assess if mobile video-recording of patient consultations in an out-patients clinic is feasible
- To assess if video recording of consultations enhances student experience and offer an opportunity to feedback on personal performance.
- Provide individualised feedback on the history and examination consultation in terms of verbal and non- verbal communication techniques.

Methods:

- New patients at a general paediatric clinic were approached and informed written consent obtained.
- Fourth year medical students were given a choice to partake in an unknown practical exercise. All 10 students volunteered and the six available at the designated time period were briefed at that time, agreeing via written consent.
- Recordings made on a trust encrypted mobile device positioned on a tripod base.
- • Subsequently, each student reviewed their recording alongside the supervising consultant. One to one reflective feedback was given incorporating dialogue and critical appraisal.
- Student experience was recorded via questionnaires and a focus group.

Results: 6 high quality videos were produced, device set-up quick, prior positioning necessary and it was compact and discrete referenced as 'forgotten quickly'. A phone call disrupted one recording rectified by activating flight mode. With no previous experience, 100% of students felt this facility was beneficial to monitor progress if performed at chronological occasions throughout their placement. Further feedback included 'best learning tool', 'brilliant to go back and analyse' and 'seeing event first hand, encouraged me to reflect on my own consultation style'.

Conclusions: Using qualitative analysis, feedback was overwhelmingly positive. It was described as 'an invaluable experience' enhancing the realism and motivation for improvement. We are now designing a larger study while awaiting research governance.

A0042

Is in-situ simulation a useful tool in Undergraduate medical education? A pilot study.

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Background Simulation- based medical education is an evolving educational tool which will only improve in the future. Paediatrics is a challenging area whereby the complexities of dealing with the young child and the anxious parent can become overwhelming for inexperienced doctors. Fourth year medical students have inter-professional simulation as part of their paediatric curriculum. This focuses on the initial stabilisation of children in paediatric emergencies, utilising nursing students and senior medics. Postgraduate in-situ simulation has been successfully implemented within the hospital and various mandatory resuscitation courses i.e. APLS. Given the increasing role of simulation in clinical practice we wanted to assess the role of in-situ simulation in undergraduate training.
Aims:
- • To assess the feasibility of in-situ simulation for undergraduate medical students.
- • To evaluate the impact of in-situ simulation as an education tool.
- • To evaluate the value and feasibility as a regional initiative.

Methods:
- • Study group conceived, designed and facilitated the case of a 2-year-old anaphylactic boy using local simulation equipment.
- • Ward staff informed, briefed and recruited for authenticity.
- • Roles of parents designated to medical staff and an experienced APNP as the main nurse. Senior consultant aware.
- • Student experience recorded via questionnaires and a focus group.

Results: Two sequential in situ simulations were conducted. Ten students split into two groups, were separated and blinded to any detail. Prompted to leave the room, they were frantically approached by simulated parents holding their child (the mannequin) and directed to the treatment room. As a group, with the freedom of seeking help, the students addressed the clinical issues. Real time complications arose i.e. Real time complications arose e.g. incorrect adrenaline auto-injector administration leading to acute deterioration. Team debrief with feedback concluded each session. 100% of the students felt the experience was 'realistic' and were 'enthusiastic to repeat'. Valuable feedback included 'hierarchy not important in an emergency', 'opportunity to learn the practical things', 'always reassess the patient' and 'fantastic experience'.

Conclusions: In situ simulation is an authentic study resource, serving as an avenue for active involvement with easily transferable skills essential for clinical progression. The scenarios were straightforward to facilitate and the feedback was overwhelmingly positive from the students and staff. We have since developed an in-situ simulation pack and distributed it as a regional education tool.

A0043

#ChoosePaediatrics- Career's Fair!

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Background: With the launch of the #ChoosePaediatrics Campaign, there is national recognition that recruitment and retention are the biggest issues facing the future of the Royal College of Paediatrics. There has been a 30% decline in applications and the drop-out rate is rapidly rising. Resultant rota gaps, poor work/life balance and burnout in a climate of political uncertainty and under-resourced workforce mean trainees feel underappreciated. Career opportunities are being forfeited to provide the high-quality service expected by the public. However, we too deserve the best! Life passes at such a pace, we find ourselves thinking....what if. As a pivotal part of RCPCH, trainees in Northern Ireland decided to host a careers fair. A fun day showcasing the resources and opportunities available, to prepare and improve our futures academically, physically and mentally.

Aims:
- To provide support for all trainees to facilitate a smoother transition through training.
- To showcase the available opportunities within paediatric training.
- To provide an enjoyable, networking opportunity for all paediatric affiliations within NI.

Methods:
- Designed as a ST1-8 regional teaching day.
- Recruitment of medical director, school tutors and senior trainees collaborating inspirational and informative discussions on leadership, curriculum, governance, careers and wellbeing.
- An afternoon funfair theme emulated via career's stalls featuring paediatric subspecialties, district general hospitals, academia, NI library, BMA and RCPCH, principally creating an opportunity to network.
- Responses evaluated via online feedback

Results: NI's inaugural career's fair was a huge success. 70% of trainees attended, all rating it as excellent/very good. Highlights included; 'better understanding of future opportunities', 'great networking environment' and 'the ice-cream'. Further feedback included; 'inspired to be proactive about my goals' and a senior-trainee shared 'I wish I'd attended this earlier'. Participation by trainers was almost 100%, viewed as "best thing we have done in years". Suggested improvements were a larger venue and a two-day event.

Conclusions: A regional career's day is an excellent opportunity to boost morale, tailor careers advice and network. It was an uplifting day, taking a step back from workload to promote paediatrics and all it has to offer. We are the future of the RCPCH.... #ChoosePaediatrics!!

A0044 The Fear of losing a child!

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Background: As first responders to the children of Northern Ireland, paramedics deserve thorough training in dealing with difficult situations. They are expected to perform life-saving interventions, in challenging surroundings with limited resources. Surprisingly, current Northern Irish paramedic baseline paediatric education is minimal and reliant on the 'Joint Colleges Ambulance Liaison Committee Clinical Guidelines' and personal experience to provide a solid foundation of knowledge. Approached by a paramedic crew, provoked by a number of tough, emotional paediatric call-outs, we embarked on a collaborative paramedic paediatric study day.

Aims:
- To improve paramedic confidence in the management of unwell children.
- To provide an insight into the hospital-based management of paediatric emergencies aimed to complement paramedic knowledge.
- To create a multidisciplinary forum for paramedics and paediatricians to network, improve relations and educate via a shared learning environment.

Methods:
- Designed as a regional study day for members of 'Northern Ireland Ambulance Service'.
- Recruitment of paediatric intensivists, emergency consultants and senior paediatric trainees to facilitate lectures on emergencies; recognition, interventions and outcomes. Rotating skills stations focused on airway and cardiovascular management and an informative question and answering session.
- A simulated 'cot death' scenario to amalgamate learning objectives. A paramedic led pre-recorded out of hospital neonatal arrest call, streamed and continued in hospital with the emergency team receiving the patient. An actress was used as the parent for authenticity.
- Responses evaluated via feedback forms.

Results: Fifty-five paramedics attended, thirty-five responded via feedback; 100% felt more comfortable dealing with the unwell child after the course. >90% rated the skills station and lectures as extremely useful; simulation, validated by the actress was highlighted as 'innovative' and 'enlightening'. Further feedback read 'extremely beneficial day', 'thoroughly enjoyed and learned so much' and 'please, more of these events'. Suggested improvements included a bigger venue and more time.

Conclusions: The course will run annually to facilitate regular paramedic training and enhance pre and in-hospital working relationships. The collaborative paramedic paediatric study day is a fabulous opportunity for all to progress in a shared learning environment, mutually respectful of the reality and fear of losing a child!

A0045

The 'Perc's and Vibes' of Paediatrics!

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Background: As winter comes around every year the fear of the breathless, cyanosed child engulfs the minds of any health care professional who deals with children. Respiratory viruses and superimposed bacterial infections are sworn enemies of premature infants, children with congenital heart disease and chronic illness. As natives to central children's services the multidisciplinary aspect of medicinal, pharmacological and physiotherapeutic input to improve the outcome for these children is second nature. However, in district general hospitals the majority of the service provision is aimed at adults and as with all aspects of paediatric care, it is difficult to adapt physiotherapy management for the small person with minimal guidance. In Northern Ireland budgets are restricted and training opportunities sparse. Physiotherapists are expected to intervene with life-improving measures, in challenging circumstances with limited resources and minimal paediatric training. Current Northern Irish physiotherapy baseline paediatric education is minimal and reliant on personal experience to provide a solid foundation of knowledge. As a project to improve physiotherapy experience and confidence in paediatric respiratory medicine, we embarked on a collaborative physiotherapy paediatric study day.

Aims:

- To improve physiotherapy confidence in the management of unwell children.
- To provide an insight into the hospital-based management of paediatric emergencies aimed to complement physiotherapeutic knowledge.
- To create a multidisciplinary forum for physiotherapists and paediatricians to network, improve relations and educate via a shared learning environment.

Methods:

- Designed as a regional study day for members of 'Northern Ireland Physiotherapy Services'.
- Recruitment of paediatric senior physiotherapists, respiratory physicians, senior nurse specialists, and senior paediatric trainees to facilitate lectures on respiratory illness; recognition, interventions and outcomes. Rotating skills stations focused on airway and respiratory management and an informative question and answering session.
- Several simulated scenarios amalgamated learning objectives. These included; care of the chronic patient with a complete 'white out', the infant with aspiration pneumonia and right upper lobe collapse, and a case of a life-threatening asthmatic patient.
- Responses evaluated via feedback forms.

Results: Twenty physiotherapists attended with varying levels of experience from the district general hospitals throughout Northern Ireland. All responded via feedback; 100% felt the practical simulation scenarios were useful when dealing with the unwell child requiring physiotherapy input and enhanced their understanding of managing a respiratory scenario. The skills stations were highlighted as 'an invaluable opportunity' and 'very beneficial'. Further feedback read 'very important for physios to practice hands on', 'massively increased confidence for all staff' and 'excellent, especially having both physios and medics present for collaborative, realistic approach'. We did have minor issues with battery life of the mannikins therefore this was an area of suggested improvement.

Conclusions: The course will run annually to facilitate regular physiotherapy training and enhance working relationships. The collaborative physiotherapy paediatric study day is a fabulous opportunity for all to progress in a shared learning environment, enhance paediatric respiratory practice and approach to the 'perc's and vibes' of physiotherapeutic care.

A0046

Medical Education Crash Team

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Background: As human beings we make mistakes. It is however the impact of these mistakes that harvests medicolegal implications. In our training we are encouraged to reflect on our performance and the route-cause-analysis of our actions. When we work in such a stressful environment with potentially vulnerable patients, we owe it to them to ensure we learn from the mistakes we have made. Given the increasing role of simulation in clinical practice we wanted to assess the role of simulation in postgraduate governance education and training.

Aims: Royal Belfast Hospital for Sick Children (RBHSC) simulation and education team propose to provide a 'Rapid Response' service to the RBHSC governance team. Our team will design and deliver suite based or 'In-Situ' multi-professional simulation linked directly to themes identified through 'Serious Adverse Incident' reporting or IR1 (governance reporting) investigations.

Methods: Design simulations 1. Simulation team will design and deliver appropriate training in a timely fashion a.   <2 weeks for life threatening issues b.   <6 weeks for 'serious' issues 2. The simulations WILL NOT BE a direct enactment of the incidents. Rather they will be designed to deliver specific learning outcomes related to themes identified within the incidents. 3. Face to face feedback will be given by experienced educators to all participants 4. Written feedback will be given [where appropriate] to the ward managers and/or the senior management team if any systems issues are identified   Evaluation: 1. Education team will record all activity 2. Education team will complete a survey/focus group of participants to evaluate value 3. Education team will review IR1 (governance reporting) data after implementation

Discussion: To date we have completed two simulation sessions: medication error and poor preparation when utilising procedural sedation. They simulated worst case outcomes to reinforce specific learning objectives, focusing on patient safety and potential side effects. The feedback was excellent described as 'informative' and 'very worthwhile'. As well as an exceptional learning forum, with input from senior management, pharmacy, intensive care, anaesthetics and nursing colleagues, it provides insight into the need for careful preparation. The programme reinforces the need for fundamental knowledge when prescribing or administering any drug and the need for a comprehensive awareness and familiarity of your treatment environment including therapeutic interventions and equipment. As a work in progress, the initial feedback has been excellent. We hope to complete this pilot phase and if the results prove beneficial, take this project forward at a regional simulation-based education package.

A0047

Patients' attitudes towards medical student presence in psychiatric consultations

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Rationale   Attitudes of patients toward medical students are generally positive, but in certain specialties these attitudes are conflicted. Although much has been written about medical student attitudes towards patients with mental illness, less is known of the reverse. Here we wished to explore attitudes of patients attending psychiatric services. Based on earlier studies we wished to explore impacts of gender and previous involvement with medical students. We also wanted to quantify data on patients' experience of the consent procedure as this has been identified as an area of concern across various specialties.

Methods   This was a mixed-methods cross-sectional survey of adult psychiatric patients attending psychiatric services in Kilkenny, Waterford and Wexford. The questionnaire contained a series of questions answered on a five-point Likert scale, and two open-ended questions. The local Research Ethics Committee granted ethical approval. Quantitative analysis was carried out using SPSS 22. Differences on Likert scale score between groups (male/female, hospital site, past experience with students/ no experience) was analysed using independent sample t-tests with a p-value below 0.05 being significant. Qualitative data was analysed using OpenCode 4.03.

Findings   340 patients completed the survey. The mean age (sd) was 44.8 (16.3). 52.8% (n=171) were female, 75.2% (n=255) were outpatients. 24.3% (n=82) had never met a medical student. The majority of the patients were comfortable seeing students, but there was a preference for students being passive observers (t=6.813, p<0.05). Female patients were less comfortable with male students (t=2.042, p=0.042). Patients who had previous encounters with medical students had higher comfort levels and more positive attitudes. Inpatient or outpatient status made no difference to attitudes or comfort levels. Although most patients (63.7%, n=163) strongly agreed they had been asked for consent, only 49.3% (n=100) felt they had been given sufficient information about the student. Qualitative data analysis revealed a preference for adequate advance notice and sufficient information. Patients felt pressured by the student's presence while being asked for consent, and during intimate questioning.

Take Home message   Psychiatric patients are generally comfortable with student involvement but feel inadequately informed. More information is needed regarding the circumstances in which patients give consent.

A0048 Students' experiences of graduate attribute development

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 Rationale 'Graduate attributes' are recognised as an important concept in education throughout the world today. As universities seek to articulate the nature of the education they provide, academics are becoming more conscious of the role that graduate attributes play in achieving this. Graduate attributes have significant relevance to employability, in creating graduates who are effective members of modern day society (Barrie, 2012; Hager et al., 2002), in enhancing students personal development and in contributing towards lifelong learning (Boud, 2000). Stakeholders' perspectives are essential when creating policies for meaningful graduate attribute delivery. However, the opinions and feedback from students are largely absent from relevant literature (de la Harpe and David, 2012; Oliver, 2013).   Therefore, this research aimed to explore students' lived experiences of graduate attribute learning throughout undergraduate medical education. Two graduate attributes embedded within the students' undergraduate curriculum were selected: communication and collaboration skills. Methods Phenomenology' was the validated, qualitative research method most suited to address the research question. Founded in the writings of Husserl (Husserl, 2012), phenomenology allows one to better understand participants direct, lived experiences of a phenomenon (Savin-Baden and Major, 2013), which in this case was communication and collaboration skills development. Purposefully sampled participants were selected for semi-structured interviews, all of whom had completed the same undergraduate medical education programme. Semi-structured interviews were performed until thematic saturation occurred at participant eight. The Braun and Clarke method of thematic analysis (Braun et al., 2018) was employed to identify key themes from the interview process.

Findings Five themes emerged regarding the participants' lived experiences of graduate attribute learning throughout undergraduate medical education: (1) The value placed on graduate attribute development, (2) The presence of graduate attribute learning opportunities, (3) The presence of barriers against meaningful graduate attribute development, (4) Graduate attribute literacy and preconceptions and (5) Learners' transition to employment.

Take Home message There is a need for improved graduate attribute assessment methods and development of meaningful learning strategies that promote transformative graduate attribute learning opportunities for students. Barriers against meaningful graduate attribute learning exist within curricula and must be addressed. Students need to better understand the relevance of graduate attributes to their future careers at an early stage, as opposed to after the student-to-doctor transition has occurred. Professional identity needs to be promoted in a meaningful way throughout medical education.

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The impact of the introduction of a formative workplace based assessment tool on the GP trainer trainee relationship

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This qualitative research utilized constructivist grounded theory principles to ascertain the impact of the introduction of formative WBA on the GP trainer trainee relationship in the Irish context. This unique research focused on the ongoing ICGP curriculum assessment restructuring. The research outcomes described that while the WBAs are generally welcomed as a positive method of formative assessment, caution must be taken in how are introduced. The need for further research on understanding the unique GP trainer trainee relationship was also highlighted.

A0051

Learning to Swallow Together – Interdisciplinary education of medical and speech and language therapy students around dysphagia management: a pilot study

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Dysphagia is highly prevalent in the Neurogenic, Head-and-Neck cancer and elderly populations. Poorly managed dysphagia can result in deterioration in patient health, extended hospital stay, poor quality of life, aspiration pneumonia and potentially death. It is essential that healthcare professionals, in particular, medical doctors (MD) and speech and language therapists (SLT), recognise dysphagia signs/symptoms and are cognisant of MDT roles to optimise patient care. While SLT students develop expertise in dysphagia management, feedback indicated only 36% were confident discussing clinical decision-making with medical teams. Our recent study investigating dysphagia knowledge of final year medical students indicated the need for more interprofessional education. This study explores the effectiveness of IPL workshops and perspectives of 3rd year SLT and final year MD students regarding this method of teaching.

Methods Participants were allocated to groups of four (two from each profession) in one of two parallel, 3-hour, case-based, IPL dysphagia management workshops facilitated by Speech and Language Therapists. Learning was guided through discussion about causes, presentation and management of dysphagia, MDT roles, and discussion of patient cases. The study was evaluated through pre and post-workshop questionnaires.

Findings Fifty students attended the IPL workshops and 49 (25 SLT; 24 MD) completed pre-and post-workshop questionnaires. Preliminary data indicates 51% of students (23 SLT; 2 MD) reported having previous dysphagia education, with 32.7% (6 SLT; 10 MD) having encountered a patient with dysphagia on clinical placement. Students reported increased confidence in identifying patients with dysphagia following the workshop and identified the need for more practical experience of dysphagia to further increase confidence in patient care. Students reported challenges to IPL, for instance, trying to understand a different discipline, navigating different knowledge and opinions, and challenges with communication within the groups. Benefits of learning through IPL, included, sharing different knowledge and perspectives, seeing the relevance for MDT and holistic patient management, and understanding the role of other professionals in dysphagia management.

Take Home Message Healthcare professionals will encounter patients with dysphagia and therefore should be educated at undergraduate level. The IPL teaching method was valued by students who indicated the need for further hands-on experience with patients.

A0052

Programmatic assessment of the Intern Year

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Rationale Internship is a one-year programme for first year doctors, delivered in six regionally organised training networks in Ireland. A new national curriculum is being developed for a competency based training programme involving a programmatic approach to assessment. The proposed model for the curriculum involves competencies within the fields of 'being', 'doing' and 'knowing' – adapted from the Royal Australasia Basic Training Curricula Standards. Seven Entrustable Professional Activities (EPAs) have already been developed to describe the 'doing' element. Implementation of the new curriculum will involve assessment across all three fields, using appropriate tools for multiple low stakes formative assessment, and processes for conducting summative assessment.

Methods   A workshop was organised to engage stakeholders and agree a model for the framework. A working group devised templates for each field, with exemplars of detailed content. Competency frameworks for comparable contexts were reviewed to inform the description of themes, competencies and learning outcomes for the 'being' domain. Curriculum documents from Intern Networks were reviewed to determine core content and topics in the 'knowing' element. Five work based assessment tools for assessing achievement of EPAs – Direct Observation, Case Presentation, Case Cased Discussion, Reflective Journal and Team Review – were adopted for the purpose of assessing competencies within the 'being' and 'knowing' domains.

Findings A model for a curriculum standards framework for Internship has been devised. Templates with exemplars of themes, topics and competencies have been drafted. A wider consultative process will contribute to development of the framework, including plans for implementation of assessment. The framework will guide network coordinators when devising the local curriculum and when planning assessment of interns. A programmatic approach to assessment will be achieved by blueprinting competencies within the 'being', 'doing' and 'knowing' elements of the curriculum to EPA assessment tools and identifying any other approaches required.

Take-home messages   A curriculum organised around trainees' competence in the being, doing and knowing elements provides a comprehensive framework for a programmatic approach to assessment, ensuring interns provide triangulated evidence of attainment of professional competence. Programmatic assessment supports comprehensive low stakes assessment of competence across all areas of the curriculum.

A0053

Harnessing the Potential for Interprofessional Learning in a Large Health Science Faculty.

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Rationale Interprofessional learning (IPL) is described as occasions when two or more professions learn with from an about each other to improve collaboration and quality of care. As healthcare delivery moves away from hierarchical structures, there is increasing demand from accreditation bodies for undergraduate health science programmes to incorporate IPL into their curricula as a means of training a workforce who are collaborative-practice ready. In 2016, the Faculty of Health Sciences at Trinity College Dublin appointed an Assistant Professor in Interprofessional Learning who was uniquely positioned to work across the four Schools, tasked with developing and implementation an IPL strategy to meet the growing needs of the multiple accredited undergraduate health science programmes within the Faculty.

Methods A spiral curriculum involving increasing complex class-room based activities and a pilot experiential learning activity was introduced.

Findings Between 2016 and 2019, 8 new IPL workshops were developed with new content and resources, implemented and evaluated. Ten undergraduate programmes now participate in IPL at various levels and IPL opportunities became available across all undergraduate years. Consequently, student participation in formal IPL grew from approximately 500 students in 2016, to 1342 students engaging in at least one IPL activity in 2018/2019, with numbers projected to increase further to at least 1674 in 2019/2020, representing a three-fold increase in student participation in IPL over three academic years. Accordingly, the number of IPL staff tutors grew from 28 pre-2016 to 44 in 2018/2019. IPL tutor engagement is supported by regular tutor training and engagement. Novel innovations included a simulated learning activity in the Trinity Simulation Suite and the piloting of an IPL ward. Student feedback has been extremely positive with >90% of students across all workshops agreeing that IPL improved role recognition, understanding of teamwork or interprofessional communication skills

Take Home Message The IPL strategy at the Faculty of Health Sciences Trinity College Dublin will continue to expand with greater emphasis on experiential learning. The challenges of developing and implementing IPL are manifold, however progress is supported by academic staff modelling the collaborative-practice that IPL seeks to achieve. A Faculty level, programme-neutral IPL co-ordinator is well positioned to facilitate this collaborative approach.

A0054

Exploring doctors' values, beliefs, and behaviours relating to maintenance of professional competence. A qualitative study.

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Rationale: Maintenance of professional competence (MPC) aims to support doctors in developing and maintaining good professional practice throughout their professional lives. Doctors' attitudes towards MPC, their beliefs about its objectives and effectiveness, and their experiences of trying to meet its requirements can impact meaningful engagement with this process. We conducted a qualitative study to explore the link between doctors' beliefs about MPC and their engagement with the process.

Methods: We conducted individual semi-structured interviews with purposively sampled doctors from a range of specialties, scopes of practice, age, and geographical location. Thematic analysis was done to examine patterns of meaning within the data. The Theory of Planned Behaviour which posits that an individuals' attitude towards a behaviour, subjective norms and perceived behavioural control, shape behavioural intentions and behaviours(1), informed data analysis.

Findings: We interviewed 42 doctors. While some doctors perceived the benefit of participation in MPC, others felt that MPC offered little added value in terms of learning and patient care. Doctors' believed that patients and the public were unconcerned with MPC. Fear of the consequences of non-participation was a motivator for meeting the requirements of MPC. Time and expense were factors that hindered engagement, while specific groups of doctors (e.g., not in fulltime clinical practice) were felt to have less capacity for participation in the process.

Take home message: Doctors behavioural beliefs about MPC were mixed. This study identified doctors' perspectives about both the favourable and unfavourable aspects of the current MPC process in Ireland. The results of this study will be of value to those tasked with the design and implementation of MPC programmes, helping them to maximise doctors' commitment and engagement to the process.

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A0055

An evaluation of the efficacy of fluency training to teach medical students to interpret key orthopaedic radiological images.

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Rationale: Novel strategies are needed to augment undergraduate radiology teaching and reduce the frequency of diagnostic errors among junior doctors. A flashcard type behavioural instructional methodology, SAFMEDS (Say-All-Fast-Minute-Everyday-Shuffled) has previously been shown to significantly improve students' mathematical skills and students' fluency of languages. In this study, SAFMEDS was assessed as a means of improving medical students' ability to accurately identify key orthopaedic conditions within radiological imaging.

Methods   In this pragmatic randomised control trial, convenience sampling was utilised to recruit 42 third year medical students to the intervention or control group. Thereafter, the intervention group engaged in the SAFMEDS intervention for 6 weeks and worked to achieve fluency in the interpretation of radiological imaging whilst the control group followed traditional learning methods. Pre, post and retention testing was then conducted for both groups to analyse for accuracy of identifying key orthopaedic conditions.

Findings: There was no significant difference noted in age or gender distribution between both the intervention and control group. There was however a significant difference noted between the pre and post –test scores for the intervention and control group; The mean pre-test score for the intervention group was 13.71%. (SD =7.61) and post-test score was 77.38%(SD=8.15) versus the control group mean pre-test score of 12.41% (SD = 120.53) and post-test score 49.63%, (SD= 11.89). Furthermore, a statistically significant effect was noted between the effects of time and intervention exposure on students' ability to improve their orthopaedic radiological interpretation skills. $F(1, 28) = 33.38$, p= 0.000, $\eta p2 = 0.54$.

Conclusions/Take home message: Thus this study supports the implementation of the SAFMEDS behavioural methodology into the undergraduate radiology and orthopaedic medical curriculum and additionally for the potential of the SAFMEDS technique to be applied to assist teach other clinical skills in the future.   Keywords: medical education; precision teaching; behaviour analysis; dermatology diagnostic skills

A0056

The use of online module to enhance medical students' ability to reflect critically on the complexities of patient encounters.

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Rationale Narrative writing which elicits critical reflection on clinical scenarios has been recommended to trigger change in students' perspectives toward more humanistic, patient-centered approaches to medical care. In this pilot study we aimed to challenge students thinking and promote the development of critical reflection skills.

Methods The online interactive module involved the candidates reviewing a video case of a doctor and patient interview and submission of a written reflection based on that interview. Individual feedback and a score for each reflective piece was given by a tutor. The candidates completed three reflections in total with each new one submitted post receipt of detailed feedback.

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

Discussion / Conclusion Candidates written reflection scores increased after each case and feedback with improvement in areas of identifying learning needs and inclusion of evidence based justification for new perspectives as they progressed through the module, suggesting that critical reflection skills can be improved using the online module. Promotion of critical thinking and exposure to simulated patient cases may better prepare students for the complexities of practice they will experience in the clinical setting. As this was a small pilot study the results cannot be generalised and further larger studies are required to determine if the results found here are supported.

A0057

Cross-institutional OSCE Quality Assurance as part of an EU assessment strategy; are we equipped for it?

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Rationale Until 2008, Objective Structured Clinical Examinations (OSCE) were well researched, laborious and costly paper based method of exam delivery restricting international comparison. Cross-institutional comparison of OSCE Quality Assurance has never been done and due to electronic assessment analysis is now available.

Methods: Twenty educational institutions across Europe using an electronic OSCE Management Information System where invited of which 8 confirmed to join a mutual comparison of Quality Assurance outcome. Two theories evaluate the quality of the observed test scores, the Classical psychometric theory (Cronbach's alpha) and the Generalizability theory. Outcomes for both were compared for all universities including the Standard Error of Measurement (SEM) as well as cut-scores, Pass/Fail score and Global Rating Scores, Cronbach's Alpha and related SEM (68% and 95% CI) and G-theory Coefficients with related absolute and relative SEM (68% and 95% CI).

Findings: Outcomes differ between participating universities and examiners appear confused on how to mark fail, borderline and excellent performance. G-theory coefficients and Standard Error of Measurement are lower and smaller compared to the classical approach using Cronbach's Alpha as measure of reliability. The Classical psychometric based SEM varies from 2.8% to 11.2% respectively whereas the 95% CI equivalent varies from 9.2% up to 22% (on a 0 - 100% scale). The relative SEM from G-theory analysis varies from 3.15% to 7.0% for criterion-referenced marks, and the absolute SEM for norm-referenced marks varies from 3.8% to 7.8% respectively. The 95% CI around the relative and absolute SEMs values varies from 7.3 to 15.3%. More students fail the examination if the 95% CI is applied to the observed scores.

Take home message: To protect society and to improve educational decision making the Standard Error of Measurement and associated confidence intervals needs to be embedded in EU assessment strategies to rule out 'false positive Pass decisions'.

A0058

Undergraduate Students' Perceptions of Experiential Learning in the MPharm Programme: a Quatitative Study

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Introduction The delivery of the undergraduate pharmacy professional degree programme changed in 2014 from a 4 + 1-year internship programme, to a five-year integrated programme1. The new programme integrates experiential learning (EL) placements across the undergraduate programme. Previous studies in other countries have found that there was ambiguity regarding duration and structure of EL placements, with some students preferring fewer placements with longer duration and less structured programs, while others felt EL programs were too short, or preferred more structure. Students also felt there was a disconnect between what is studied at university, and what happens in the pharmacy setting, and often struggled to apply their knowledge during their EL placement. As the School of Pharmacy, UCC has now begun its new integrated MPharm programme with EL integrated through the programme, feedback from students about their EL experiences are of great importance to identify gaps and areas for improvement within our programme delivery.   Aim The aim of the study is to investigate pharmacy student's perception of experiential learning placements. The rationale of this study is to support the development of the experiential learning placements within the new integrated 5 years MPharm programme in UCC.

Methodology The method used to collect the data was via an online, anonymous survey. The survey was hosted on LimeSurvey; an email link, along with the Participant Information Sheet, was emailed to all potential participants. Participants were identified as students on the UCC MPharm programme who had been on EL placements. Data was then be collated into SPSS for analysis.

Results The data is currently being analysed and results are pending.   References 1. Accreditation standard for the five year fully integrated masters degree programmes in pharmacy; available from; https://www.thepsi.ie/Libraries/Education/5Yr_Prog_Accreditation_Standards_FINALApproved_03102 014.sflb.ashx Accessed 21.11.2019   Correspondence Presenting Author: Ruth McCarthy, School of Pharmacy, College Road, University College Cork, Cork.   ruth.mccarthy@ucc.ie, 021 490 1735

A0059

Supervisor initiation tactics during training rotations. A grounded theory study

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Rationale: Trainee doctors travel through a succession of clinical workplace transitions during their postgraduate medical education (PGME) journey. A regular, but often overlooked transition, is the intra-level training transition (ITT) typically occurring every 2-12 months, depending on a trainees' training level and programme. Empirical research exclusively on ITTs is rare, but a few studies have described the intensity of the experience (1,2).   The lack of research on ITT has left us without a theoretical basis on which to build educational capacity during these changeovers.   This study aimed to develop a theory that makes sense of and captures the complexity of ITT's, firmly grounded in the experiences of consultant supervisors. The INHED RIME 2018 grant funded this study.

Methods: We used constructivist grounded theory to develop a conceptual understanding of ITT. We conducted individual, semi-structured interviews with consultant supervisors in Emergency Medicine, Psychiatry and Gastroenterology across four teaching hospitals in Ireland. Through constant comparison, we subjected new data to analysis as soon as it was collected. This method guided theoretical sampling, which allowed us to proactively refine and test the emerging theory as new participants were interviewed.

Findings: The study is still a work in progress, and 15 interviews have been completed so far. Preliminary findings indicated that consultant supervisors' initiation tactics during ITTs alternated between planned or intuitive, collective or individual, temporary or continuous, depending on situational and contextual factors. Planned initiation occurred early in an ITT and involved the anticipated requirements of the rotation, whereas intuitive initiation was based on trainee needs and work demands. Planned initiation was collective in nature with new trainees grouped together and put through a set of similar experiences. Temporary initiation typically reached a critical point marked by the cessation of initiation tactics whereas continuous initiation was more likely to occur for trainees who were on shorter rotations.

Take home message: It would be an insurmountable task to adequately prepare trainees for the intricate socio-cultural landscape of their new workplace in advance of an ITT. Instead, the focus should be on supporting trainees through what happens at the point-of-entry.   The findings of this grounded theory study add to our understanding of how to best support trainees during their initiation into the social relationships, culture, and practices of their new location.   References: 1.

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A0061

Development and evaluation of an novel teaching session in prescribing

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Rationale: Prescribing error is common among newly qualified doctors and has the potential to negatively impact patient safety1. Undergraduate medical education has been criticised for failing to adequately prepare doctors for the task of prescribing in clinical practice2. We aimed to develop a novel teaching session in prescribing for undergraduate students.

Methods: The six-step approach to curriculum development described by Kern et al was applied3:

1.   Problem identification An audit of prescriptions (n=1600) written by newly qualified doctors 4.
2.   Needs assessment   A qualitative study to elicit the views of newly qualified doctors (n=13) on challenges experienced when prescribing 5.
3.   Educational goals and objectives
    a. Address issues from prescription audit
    b. Address concerns/recommendations of current prescribers
4.   Instructional strategies Develop an interprofessional teaching session
5.   Implementation Introduce a teaching session in prescribing to curriculum of 3rd year medical and pharmacy students.
6.   Evaluation and feedback In academic years 2017-2019 students to:
    a. Rate usefulness of teaching session (Likert scale)
    b. Pre and post delivery of session:
    c. Rate confidence in identifying medication errors and writing a prescription (Likert scale)
    d. Complete the Interdisciplinary Education Perception Scale (IPES) 6.
    e. Provide free text comments

Findings

1.   Problem identification. Issues from prescription audit: ▯   Illegibility ▯   Unintentional medication discrepancies ▯   Drug interactions ▯   Non-compliance with Controlled Drug legislation
2.   Needs assessment and educational goals/objectives.   Teaching required in an interprofessional setting around: ▯   Legislation ▯   Common drugs, ▯   Chart lay outs ▯   Information sources.
3.   Instructional strategies and implementation.   An interactive case based approach using small groups of medical and pharmacy students. Didactic teaching provided and large group discussion facilitated.
4.   Evaluation and feedback. 347 participants; 65.8% medicine (n=227), 34.2% pharmacy (n=118). 36.5% were male (n=126). Of the medicine students 66.5% were graduate entry (n=75). Both confidence in identifying errors and writing a prescription increased following the session (p<0.001). No difference was detected in IPES scores. 70.6% (n=245) rated the session as "useful" or "very useful"

Take home message A research-led interprofessional teaching session has been shown to increase student confidence in prescribing and identifying medication errors and is perceived as useful by students.

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#inhed2020

Does a short training session based on peer dialogue impact decision making in assessment?

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Rationale   Universities require consistency in assessment across all placement sites to ensure reliability. Research has highlighted variation in work-based assessment which may undermine the integrity of the assessment process (O' Connor et al. 2017). In the Physiotherapy profession, clinical physiotherapists act as the primary supervisor and assessor of student performance combining the challenging roles of teacher, mentor and evaluator. In larger placement sites, dedicated tutors are available to support educators and contribute to the decision-making process of grading. However, in many smaller placement sites, educators act as the sole assessor and must rely on their own judgement to grade performance.   During a practice education study day focused on assessment, a project was carried out to investigate whether a short training session based on peer dialogue impacted on the grades awarded by educators.

Methods   All physiotherapists attending a practice education study day were requested to watch two video vignettes depicting a "poor" and "very good" student performance. Participants scored the student's performance before and after a facilitated peer dialogue, using three selected learning outcomes from the national physiotherapy work-based assessment tool.

Results Fifty three of the 56 (95% response rate) physiotherapists who attended the study day took part. The median supervision experience of participants was 12 months (IQR 4-60) and the median number of students supervised per year was 3 (IQR 2-5). When judging the poor performance video, participants decreased the scores awarded on 53.5% (n=85) of occasions and increased on 3.1% (n=5) following peer dialogue. When assessing the good performance, participants decreased their scores on 37.4% (n= 58) of occasions and increased on 12.9% (n=20). Between group analysis demonstrated no significant differences based on gender, access to an onsite tutor, years qualified or clinical specialty.

Take home message Practice educators amend their scores following a shared decision-making process with their peers. As practice education contributes to approximately one third of the final Physiotherapy degree mark, reliance on a single assessor may limit the transparency and accuracy of grading in these high stakes assessments. Consideration of approaches used by other medical professions, such as the use of multiple assessors is warranted.

A0063

Supervision Models in Physiotherapy Practice Education: Student and Practice Educator Evaluations

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Rationale Ensuring the quality of practice placements is an essential component in creating competent physiotherapy graduates. Physiotherapy placements are currently delivered using a variety of supervision models which includes the traditional 1.1 model, which places one student with one educator. A number of collaborative models also exist, which typically pair two students with an educator but may also represent more than one educator collaborating to supervise one or more student(s). To date, research does not support the benefit of one supervision model over another. The aims of the study were to establish the supervision models used in physiotherapy practice placements and to determine the student and educators' evaluations of the quality of these placements.

Methods This was a cross sectional study set in clinical sites providing placements for physiotherapy students in Ireland. Participants consisted of educators and students completing placements in 2015/16. A questionnaire which measured 18 indicators linked to quality assured placements was used. Eight additional indicators in the practice educator questionnaire addressed overall feasibility of the supervision model. Two open ended questions captured comments on the benefits and challenges of each model.

Findings The majority (75%, n=84) of participants reported a 1:1 (one student: one supervisor) supervision model, fourteen percent (n=16) reported a 1.2 (one student: two supervisors) supervision model and nine percent (n=10) a 2.1 (two students: one supervisor) model. There was generally positive agreement with the questionnaire indicating that all placements, irrespective of supervision model were positively evaluated by participants. Students however, reported a more negative evaluation of the placement compared to educators in indicators related to communication, feedback and developing a positive relationship with their educator. Qualitative data demonstrated similar findings where students emphasised the importance of collaboration and a collegial relationship, as essential components of all supervision models. Indicators relating to productivity and time commitment were more negatively rated by educators. Educators linked placement experiences to gains in teaching and clinical skills.

Take Home Message All supervision models scored positively on quality indicators, offering choice to placement providers and universities alike to utilise the model that best suits their service.

A0064

A continuing professional development programme for Pharmacists on adolescent and adult vaccines in Ireland.

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Rationale The purpose of this continuing professional development (CPD) educational programme was to provide up to date and evidence-based information to Irish pharmacists. There have been an increasing number of vaccines recommended by the national immunization guidelines over recent years (e.g. human papillomavirus (HPV), pertussis in pregnancy, meningitis ACWY). Pharmacists, as front-line healthcare professionals, are well positioned to provide reliable, evidence-based information on vaccines to the public. As well as addressing pharmacists' knowledge on vaccines, this education programme aimed to meet the CPD needs of pharmacists.

Methods   The programme was developed in collaboration between the School of Pharmacy University College Cork and the Irish Pharmacy Union (IPU) Academy. The IPU Academy is a national educational service initiative to support pharmacists in their CPD. The CPD programme consisted of a live learning presentation delivered by pharmacist tutors nationwide from September to November 2019, an online recording of the presentation and supplemental resources, a CPD template, and topic queries submitted by email were answered. The content was evidence based and addressed vaccines recommended on the national immunization guidelines for adolescents and adults (e.g. HPV, meningitis ACWY, influenza).

Findings   The live learning presentation was delivered at 14 locations nationally to 265 pharmacists. Attendees were asked to complete an evaluation form after the live learning event. The complete results of the evaluation form and the access rates to the online recording will be presented at INHED 2020. Preliminary feedback from the pharmacists attending was that the stated learning outcomes were met, that the programme will support them to make changes to their practice of providing vaccines information to the public. Most attendees would recommend the course to a colleague. In the context of vaccine hesitancy for certain vaccines (e.g. MMR vaccine, HPV vaccine), and some European countries losing their measles free status, pharmacists have been supported by this CPD programme to provide reliable, evidence-based vaccines information to the public.

A0065

The Recognition and Management of Power during Undergraduate Medical Education and Beyond

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Background   In 1959 French and Raven described 6 domains of power: reward, coercion, legitimate, expert, referent and informational. [1] This 'bases of power' model can be used to study interpersonal dynamics in the medical profession.[2]   The importance of this concept was highlighted in Gabel's work, which emphasised that the recognition and utilization of power is pivotal in the formation of successful interactions. There is a need for undergraduate medical schools to recognize this and educate students on this complex topic.[2]   Objectives and Aims   This literature review aimed to review journal articles and relevant literature that consider the importance of power in undergraduate medical education, to explore ways to communicate strategies for power recognition and management to students and to identify areas where further research would be of benefit.

Methods   PubMed and ERIC databases were used. The database searches included: ''medical education,' 'medical students,' AND 'power''. 718 abstracts were listed, then screened. Abstracts were reviewed, and articles were excluded if deemed not relevant. Following the identification and screening of the literature, ten journal articles were included.

Conclusions   The recognition and management of power in undergraduate medical education has been highlighted as an area of importance. There is growing appreciation of the role of power within medicine. It has emerged that several institutions have made efforts to include power as a standalone topic in their educational curricula. There is a need for enhanced understanding of professional power among students and clinical teachers. It would be beneficial to add further emphasis to the analysis of power roles and appropriate management of power dynamics in the clinical setting. Hopefully this might encourage students to appreciate how power will be central to the choices they make during their time as medical professionals.   Key words: medical education, medical student, power.

Disclaimer: The findings and conclusions in this literature review are those of the author and do not necessarily represent the official position of Trinity College Dublin.

Competing interests: There were no competing interests.

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Curriculum initiatives that enhance research activity by medical students: A scoping review of the literature

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Rationale: There is a decreasing number of physician scientists at a time when there is an increased demand for evidence-based medicine and research. Although it is accepted that providing medical students with opportunities to engage in research activity is beneficial, little data has reported on how medical degree curricula may address this issue. This review aims to address this knowledge gap by conducting a scoping review to examine curriculum initiatives that seek to enhance research experience for medical students.

Methods: This scoping review looks to specifically look at 'doing research 'as defined by the 'MEDINE2' consensus rather than 'using research' for the bachelor component of the Bologna Cycle. The five-stage framework developed by Arksey & O'Malley was utilised in order to conduct a scoping review of the available literature.

Findings: Ultimately 118 articles were included in this scoping review; 26 related to intercalated degree options and 92 to non-intercalated degree options. The majority of included papers were descriptive, with one randomised control trial. Research initiatives from the United States were most commonly featured (51/118 articles). For non-intercalated research options, mandatory and elective research projects predominated with a small number of audit initiatives. There was heterogeneity in the published motivations for doing the studies and study outcomes. The top 3 reasons were (1) to describe program experience (2) to assess impact of the research initiative on students and (3) to describe research output of the students. Themes that emerged included whether research should be mandatory or optional and the amount of time students should spend doing research.

Take Home Message: There are various options available to faculty involved in planning medical degree programmes, but further work is needed as to whether these should be optional or mandatory.

A0067

How best to treat me: improving medical students' communication skills with people living with a learning disability

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Rationale   People with a learning disability may experience many health inequalities and difficulties accessing good quality healthcare, potentially leading to delayed diagnosis, treatment and poorer health outcomes. Some people with a learning disability may have difficulties understanding information and expressing feelings of pain or discomfort due to reading, speech or communication problems (1). Healthcare professionals have to be able to adapt their communication style to the individual and employ alternative communication techniques and tools (2). Mencap NI has been working in partnership with the Centre for Medical Education at Queen's University Belfast, to develop a workshop to enhance communication between medical students and people living with a mild / moderate learning disability.

Methods   The workshop, to be delivered in September 2020, aims to promote awareness of the challenges of living with and caring for someone with a learning difficulty and to help students develop effective communication strategies. We recorded video narratives of the healthcare experiences of people with a learning disability and their carers. The videos have been edited to highlight the key themes of what it means to have a learning disability; the role of carers; how to communicate with people with a learning disability. The workshop will be delivered with Mencap, so that individuals with a learning disability can interact with the students. Students will experience first-hand what it is like to communicate with someone with a learning disability and reflect on how they might adapt their communication style. Students will be introduced to basic tools that can facilitate communication such as Makaton (3). (Makaton is a language programme that uses signs and symbols to provide a means of communication to individuals who cannot communicate efficiently by speaking). They will also hear about the Regional hospital passport, which provides hospital healthcare staff with important details about a patient's medical history, how they prefer to communicate and other support needs (4).

Take Home message   Involving people with a learning disability as co-developers of a communication skills workshop, which includes their narratives of living with or caring for someone with a learning disability is a powerful learning tool for undergraduate medical students.

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An Evaluation of the Prevalence of Stress in Medical Students

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Objectives: To evaluate the prevalence of stress in medical students. To examine the relationship between stress and variables such as gender, year of study, as well as symptoms, behaviours, and feelings. To investigate some of the sources and effects of stress in medical students and to examine the relationship between stress, coping strategies and resilience.

Design: Cross-sectional study Setting: Medical School in Ireland Participants: All students at one Medical School were invited to participate in the study. There were no exclusion criteria. The sample pool was 1000 students; a 49% response rate was achieved with 480 usable responses. The median age on entry to medical school was 19 and ranged from 17-48. The majority of students in the study were Irish followed by Canadian, Malaysian and Singaporean students.

Results: The overall prevalence of stress in the study was 68%. The study showed that 73.4% of females and 61.6% of males had elevated or high levels of stress. Fourth-year and final-year medical students were shown to be most stressed with 88% and 71.4% being stressed respectively vs. Direct Entry Medicine (DEM) Years 1 and 2 students, who had 63.2% and 61.1% respectively. Nationality was not significantly associated with stress. The top stressor for students was time pressure, followed by demands of the course and then financial pressure. In total, 11.1% of students reported suicidal ideation and 23.7% disclosed having mental health issues while at medical school. Emotive coping strategies were significantly associated with increased stress and were employed significantly more by female students.

Conclusion: Overall the level of stress among the Medical students was shown to be high. Year of study and gender were shown to be strong predictors of stress. Thus efforts should be made to target year of study stressors and individuals with ongoing supports and coping skills training.   Key Words: Stress, Medical Students, Mental Health, University.

A0071

Mayo Medics- An Integrative Teaching & Learning Innovation

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RATIONALE Modern medical students utilise multiple educational resources in order to acquire the necessary knowledge and clinical skills in preparation for future clinical practice 1. Online clinical videos improve student's clinical proficiency, motivation and confidence 2. The primary objective of this innovation was to explore student engagement with teaching and learning, teamwork, and user-generated content within the context of an activity where students were required to create a learning tool for their peers. The accessory aim of this tool was to integrate normal and pathological examples all consolidated into one easily accessible platform that is categorized by systems-based curricula to effectively provide simulated experiential learning for students. The "cognitive theory of multimedia learning" provides an important framework for this undertaking, highlighting that people learn more effectively from words and pictures compared to words alone 3.

METHODS   Thirteen videos were recorded over two weekends, where students undertook the role of patient and examiner to demonstrate the cardiovascular, respiratory, abdominal, neurological, endocrine, and vascular examinations. These videos were reviewed by a clinical lecturer experienced in the teaching of clinical examinations to benchmark if the adequate competency and proficiency were demonstrated. The feedback provided on areas for improvement were used to refine the content before the publication of these videos online.

FINDINGS   Noteworthy findings included significantly improved clinical skills & increased confidence regarding clinical interactions. The peer-teachers also reported a sense of satisfaction relating to engagement with peers in an exciting creative process and a sense of pride in the likely contribution to the knowledge and skills of future medical students. The process also highlighted some difficulties including variance in the levels of technical ability amongst students. Future directions aim to survey groups of peer medical students who have accessed the videos & assess its impact on their learning.

TAKE HOME MESSAGE Currently, there is a surge in the amount of educational resources available online. Knowing the type of resource that students find the most effective is essential to enhance their engagement and learning outcomes. Our innovation utilizes a video-based learning platform that is extremely effective in creating an immersive environment wherein students can practice experiential learning via inductive simulations.

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A0072

Test Enhanced Learning for continuing education

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Introduction   Many misconceptions exist in relation to education and learning. Two key misconceptions are that learning occurs when taught and that good performance during learning will be maintained and retained. Research from the cognitive sciences has demonstrated that very little is remembered by the student when taught even if the students have developed mastery or achieved high scores by the end of the course. Repeated retrieval of information through repeated testing known as the testing effect has resulted in greater longterm retention and learning in comparison to repeated study. The aim of this research was to determine if a spaced assessment program based on the principles of the 'Testing effect' would enhance students' retention of knowledge for continual professional development.

Method   Randomised control trial was conducted with students participating in a short 5 DAY educational course. Students were randomised to either complete 3 or 4 tests (30 Multiple Choice Questions) over a total period of 6 weeks. Participants were also asked to evaluate the testing process.

Results: Engagement in the testing process reduced as time progressed. 82/87 participants completed one test, 53/87 two tests, 14/87 3 tests and 8/87 4 tests. Majority of testing scores improved over the testing time period. Feedback from 1/2 participants was that taking part in repeated testing was beneficial to their learning.

Conclusion: Repeated testing demonstrated an improvement in the participants final scores suggesting that repeated testing is beneficial in improving retention of knowledge however not conclusive due to low numbers.   Take Home Message: Results would suggest that assessment can aid learning in addition to evaluate knowledge gained or measure what is learnt.

A0073

Enhancing Medical Students Communication Skills Through Simulated Patient Encounters

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Pre-clinical Year 2 medical students from an Irish university took part in a Simulated Patient Encounter. They received an overall grade of their communication skills by an observing tutor. Feedback was given in a post encounter debrief and discussion and the students completed an Objective Structured Clinical Examination (OSCE) station 5 days later. The grades awarded were compared with those from the Simulated Patient Encounter. A total of 162 students took part in the Simulated Patient Encounter (n=162). The results here support A Simulated Patient Encounter as an effective teaching and learning strategy that introduces students' to the complexities of patient encounters in a safe learning environment.

A0074

Research-Teaching Linkages: The undergraduate medical student perspective

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Research has been identified as a core competency of a modern-day doctor and medical research and evidence-based practice underpins a career in medicine. The primary aim of this study was to examine undergraduate medical student's awareness and exposure to research throughout their degree programme and determine their perceptions of how research experiences, such as the summer student research awards (SSRA) has impacted their learning.   Focus groups (7-10 participants per group; total n=42 students) were conducted with UCD students at all 5 stages throughout the medical degree programme. Audio files were transcribed and coded using NVivo software to identify important themes emerging from the data.   Students' awareness of UCD medical research developed predominantly through engagement with lecturers and clinical tutors. Around two-thirds of responses reported that research had a positive impact on education, including career progression, improved knowledge or relevant skills, making topics more relevant or a perceived impact in the future, whilst 34% of responses described no impact, predominantly due to lack of research experience.   Two broad themes emerged, 'Research Opportunity' and 'Timing of Research'. Students reported a lack of opportunity to undertake research in UCD and stated that a lack of research experience hindered their competitiveness. Late stage students reported that research experiences were available, however there was an inequality of access to these opportunities. Broadly students stated that research opportunities should appear early in the course in the form of elective modules, despite later stage students appreciating that their advanced medical knowledge made research more relevant.

Threshold Concepts: A clinical teacher's notes on facilitating gateways to transformational learning in complex practice settings

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Rationale Threshold concepts are regarded as fundamental and essential to student learning and understanding. Every discipline has identified concepts that are viewed by teaching experts as learning thresholds. These act as gateways to student transformational learning that then permanently shift the student's perspective in relation to the target concept. Such transformational learning results in changed understanding that then changes professional conduct when this new knowledge is assimilated. This experience brings enhanced practice wisdom and mastery of key aspects of practice that are key preparations for the complexities of contemporary clinical practice. Integrating threshold concepts is a creative teaching activity that requires depth of knowledge, imagination, risk-taking and skill to transform an abstract concept into a real clinical practice that can be observed and assessed. This paper describes the contemplation of the threshold concept of Recovery in psychiatry and mental health clinical education. Recovery is a polyvalent and contested concept within the field, which makes teaching and learning particularly challenging. The resultant development of a novel creative teaching approach is described.

Methods The components of the concept of Recovery were explored using a critical theoretical reflection. Creative teaching and teaching of creative activities were developed within a social constructivist learning theory perspective to support students' interpretations of their lived experiences of clinical practice. Teaching experiences were appraised using critical reflective approaches.

Findings Insights gained through critical reflection on teaching practice are described, including the practicalities of understanding and developing threshold concepts for practice education with students at different stages of development, and descriptions of clinical education experiences of teaching and assessing transformational learning.

Take home message The identification of the threshold concepts inherent in the process of transformational learning is an important feature of teaching theory to practice in any discipline. Creative and non-traditional teaching approaches can support students to achieve important shifts of perspective that then deepen and enhance the competencies necessary for confident practice in the complexity of the contemporary healthcare setting.

The incremental validity of the BioMedical Admissions Test (BMAT) in predicting on-course performance

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Rationale BMAT is an admissions test that is used, in the UK and internationally, for entry to medicine and related biomedical courses. To ensure that individuals selected for medical study will cope with the demands of training, selection assessments must be valid, fair and defensible. In particular, establishing predictive validity of selection methods is vital. This analysis examines the degree to which BMAT predicts on-course performance during medical training, compared to UK high-school qualifications.

Methods Grade data for pre-clinical phases of medical training were gathered from six cohorts at a UK university. This was linked with BMAT and national school-leaving qualifications (A-Levels) for a UK university. Correlations and regressions were conducted, to explore theorised relationships between BMAT scores, A-Levels and marks achieved in the first two years of medical school. The effects of gender were controlled for and students progressing through the course non-typically were excluded.

Findings BMAT scores predicted first year performance and likelihood of getting Class I grades, beyond the extent to which A-Levels predicted performance. Section 2 (which assesses scientific knowledge and application) was the strongest predictor, followed by overall A-Level performance. Overall, A-Levels and BMAT accounted for a small proportion of variance in medical study performance, although this may be due to strong attenuating effects present when scores are used in selection, such as greater range-restriction.

Take home message   BMAT demonstrates incremental predictive validity over high-school qualifications, when using on-course performance as the criterion. Therefore, it can be a valuable tool to assist medical schools with differentiating between applicants.

Inter-professional learning across eight disciplines of health care students in a large urban teaching hospital.

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Introduction Medical care is best delivered in a multidisciplinary team (MDT) fashion as documented in the literature and supported by several Cochrane reviews on the topic. During professional training programmes, the concept of inter-professional practice via simulation and theory is taught although these programmes but they often lack the 'hands on' approach to Inter –professional Learning (IPL). The purpose of the St James's Hospital (SJH) IPL workshops is to provide a practice forum for students to participate in MDTlearning.

Methods Students from a variety of disciplines are invited to take part in an IPL workshop during their placement in SJH. They meet with a selected patient and develop a discipline related care plan which they present during the IPL workshop. The different disciplines discuss this within the wider group. Students complete the Readiness for Interprofessional Learning Scale (RIPLS) questionnaire as part of the programme. The IPL sessions are supported by clinical facilitators and senior management.

Results Across the 4 year period from 2015 to 2019, 156 health care students took part in IPL workshops from 8 disciplines.   All participants reported finding an increased understanding of interdisciplinary awareness and working following the workshop. Students mentioned that it benefitted patients, helped them learn about other disciplines and enhanced communication and teamwork. RIPLS data indicated an increase in understanding of the importance of IPL, the role of the MDT, confidence in linking with the MDT etc. Clinical facilitators express satisfaction with the IPL sessions both for their students and for their understanding of interdisciplinary practice.

Discussion By utilising the IPL workshop students across various disciplines are given the opportunity to engage with their peers in a 'real life' situation. This experience supported by facilitators allows for interdisciplinary care plans to be developed. Such practices should be supported by supervisory grades in practice to facilitate good care delivery and better outcomes for all patients.

Conclusion IPL workshops completed as part of student placement appears to increase awareness and engagement with inter-professional practice. This experience appears to build on the skills taught in college and promotes MDT work in the long-term future.

A0079

Challenges in experiential learning during transition to clinical practice : A comparative analysis of reflective writing assignments during General Practice, Paediatrics and Psychiatry clerkships

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Rationale: This research study builds on previous work exploring the real-life experience of students through reflective writing (RW) in complex work environments. It analysed the RW of senior medical students across a co-ordinated reflection education programme in General Practice, Paediatrics and Psychiatry clerkships in one medical school. The reflection education required student participation in a two hour reflection writing workshop from where they were tasked with a RW assignment around an incident or experience during the clerkship that had resonance for them. The study directly compared RW themes from within and across three clerkships in order to better understand the influence clerkships had on the experiential learning and developing professional identity of these medical students.

Methods: This was a qualitative thematic analysis of medical students' RW during their penultimate year. With ethical approval, a purposive sample (n=328) were invited to participate in the study in January 2019. Two researchers were allocated to assignments from each discipline of General Practice, Paediatrics and Psychiatry. Researchers were allocated to disciplines that were not their own. Reflection assignments were analysed according to Braun and Clarke's six phases of thematic analysis. An inductive approach was used and data saturation was achieved.

Findings: 135 reflection assignments were thematically analysed. Clerkship specific themes that emerged were the intimacy of the experience in General Practice, the powerlessness student's felt along with the challenge of delivering family centred care in Paediatrics and the heightened sense of perceived risk in Psychiatry. The apprenticeship model featured strongly in General Practice and Paediatric clerkships but not in Psychiatry. Common themes that emerged across the three clerkships were of professional growing pains and difficulty with relationship building for students.

Take Home message
1. Awareness of need for developmental space for students to grow their professional identity during the General Practice clerkship
2. Need for greater focus on preparing students for relationship building during the Paediatrics clerkship
3. Need to better address stigma and personal safety issues in students during the Psychiatry clerkship.
4. Need for better use of evidence based pedagogies to support experiential learning and professional identity formation across the three clerkships.

A0080
Infant Feeding Implicit Association Test in Healthcare Workers
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Rationale: The purpose of our project was to develop the Infant Feeding Implicit Association Tool (IAT), which aims to measure implicit biases towards infant feeding among healthcare professionals. Implicit biases are measured according to IAT response times and self-report questionnaire. In response to Ireland's poor breastfeeding rates, this project seeks to address the role of implicit bias in the therapeutic doctor-patient relationship as a possible target to optimize patient informed decision-making regarding breastfeeding.

Methods: An evidence-based and validated tool to measure implicit bias was developed. A literature review on breast and bottle feeding was conducted and terminology was selected for descriptions of biases towards each infant feeding method. An illustrator was commissioned to create image stimuli with minimal confounding bias. We consulted an IAT expert, behavioural psychologist, and international experts on breastfeeding medicine throughout the development of our tool. Our tool was piloted for feedback at the Academy of Breastfeeding Conference and changes were implemented. The tool measures implicit bias to different infant feeding methods by recording response times to a series of comparative tests, using either terminology or images as stimuli. Completion of the test results in a score that represents a participant's average response time to stimuli that are either consistent or inconsistent with the presumed bias. Explicit biases, attitudes and knowledge of breastfeeding were also assessed through the validated Iowa Infant Feeding Attitudes Scale (IIFAS)).

Findings: We have successfully developed a validated tool to measure implicit infant feeding bias. Furthermore, this tool will allow us to compare results between different populations among healthcare providers. Piloting of the tool and data collection has begun.

Take-Home Message: Now that we have developed this tool, we will apply it to future research in hopes of optimizing breastfeeding rates, through education of healthcare professionals and increased awareness of implicit biases in medical practice.

A0081

Interprofessional Education Intervention in the Paediatric Emergency Department

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Claire Doyle A. Prof Michael Barrett

Rationale: Interprofessional (IP) education may improve collaboration and promote culture of learning among all members of the multidisciplinary team in the PED. An IP education programme aims to bring together professionals to learn with, from, and about one another to educate more effectively and efficiently in the delivery of safe, high-quality care for patients.   Objectives: The objective for this project was to design an inclusive proactive and dynamic educational programme based on identified IP learning needs and the current education practices from multiple professionals in our department.

Methods: The nurse educators formed an IP working group involving representatives from all disciplines in the Paediatric Emergency Department (PED): Nursing, Medical, social work, Clinical Liaison Nurse and Health Care Assistant.

Findings: The group identified the IP learning needs of our PED. The group examined the main education approaches in each separate discipline with common and unique approaches identified. Common or similar learning needs of each discipline were examined. In these meetings, it was noted that a collaboration of resources would positively impact on the clinical educators, the learning experience and ultimately cultivating a culture of IP education in the PED. To date, there have been 30 interprofessional educational interactions. These include: simulation scenarios, 5 minute simulations, interactive quizzes using Kahoot!, treasure hunt and skills and drills. IP education is on-going and the evaluative data is being collated.

Take Home Message: To provide IP education we formed an IP working group that is continuously delivering, reflecting and evaluating on the education experience of the staff members. This intervention promotes the common interprofessional education curriculum delivery while promoting collaborative relationships. This intervention maximises educational resources by providing effective and efficient education tailored to learning needs with a view to delivery of safe, high-quality care for patients.

Innovative Development and Evaluation of Professional Attributes through Integration of Science and Practice at First Year Pharmacy Level

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A new five-year Pharmacy (Integrated) Programme has been implemented in Ireland. The enhanced requirements for integration of pharmacy practice and science in pharmacy programmes challenges educators to create new approaches to integrate and understand students perceptions of integration. It is recognised that integrative learning needs to be fostered in students at entry level. The aim was to design, evaluate and assess a novel first year integrative learning component, based on a national Core Competency Framework (CCF) for pharmacists and the School of Pharmacy and Pharmaceutical Science, TCD curricular integrative themes, for entry level students using the WHO pain-ladder as a suitable "cognitive hook" for entry-level case-based learning.

Methods In 2017, six staff members, representing different areas of expertise devised an individual case study for each student based on pain medications. Students were required to prepare and present a 3-minute PowerPoint presentation on their case. A week later the case studies were assessed by a crossword containing 30 clues. Students' perceptions of how the integrative pain component exercises addressed competency development and curricular integration were evaluated using an anonymous online student questionnaire and content analysis was carried out on open-text answers.

Findings The mean score for the correct number of answers for the crossword was 24 (range 16-30). In total, 68 students took part in the cases and 75% (n=51) responded to the questionnaire. 84% of students strongly agreed/ agreed that the plenary session had helped them to integrate their learning. Open text data revealed themes of understanding of integration e.g. "I actually got to see where everything came together from different modules. Some parts were so interesting and I really got to learn about parts I had seen in my work placement." Content analysis of the students' free text responses illustrated that the main reservation was the total time required for the presentations. The volume of information was also identified as an issue that could be reconsidered.

Take home message   Overall, students' impressions of the integration in the form of case studies were positive. Most students believed the cases enabled them to integrate learning across the programme.

A0083

Cross-border Post-Graduate Medical Education; Contextualising the Irish GP Training Curriculum for Malaysia. Irish College of General Practitioners.

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Rationale   The demand for General Practitioners (GPs) in Malaysia is currently outstripping demand, with the Malaysian Ministry of Health seeking "8,000 more … to fulfil … the target ratio of 1 to 4,000" (CodeBlue, 2019). Therefore, the Malaysia-Ireland Training Programme for Family Medicine (MInT-FM) was sought by the Malaysian government to train GPs in Malaysia, based upon Irish GP training practices and experience. This programme was a joint effort in conjunction with the Irish College of General Practitioners (ICGP), Royal College of Surgeons of Ireland and University College Dublin Malaysia Campus (RUMC) and the online learning system provider iHeed. This cross-border initiative reflects the wider globalisation of education in recent decades (Lane, Brown II and Pearcey, 2004). Central to this cross border contextualisation was ensuring that the curriculum was fit for local learning needs in Malaysia.

Methods   The ICGP curriculum (ICGP, 2018), consists of primarily learning outcomes (LO) which are sub-segmented into 34 chapters. Within each chapter non-learning outcomes (NLO) materials have been included since 2016. The process of contextualising the curriculum involved two concurrent workflows; a modified Delphi process was implemented for the LOs and the NLO materials of each chapter were rewritten by Malaysian GPs working in pairs. For the modified Delphi process the existing ICGP LOs were appraised for local needs by an expert group consisting of 18 Malaysian GPs via open and closed questions on online surveys. The results of each round were collated by the Curriculum Development Fellow of the ICGP based in Ireland, with changes guided by Malaysia GPs. Concordance was set at 80% or greater agreeance.

Findings Between April and October of 2019 numerous Delphi rounds were completed; 34 first rounds, 24 second rounds and 7 third rounds. Overall the existing 1763 LOs were deemed suitable for Malaysia for the vast majority of cases with only 3.1% requiring modification (n=55), 0.51% requiring deletion (n=9) and 0.45% new LOs needed (n=8). Concurrently, 163 and 37 Malaysian specific resources and references were added respectively.   T
ake Home Message This process illustrates one possible methodology to complete a core component of any cross border educational initiative – the contextualisation of curriculum.   References
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"Interaction: a means to bring the training curriculum alive!". Irish College of General Practitioners.

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Rationale   To make the ICGP curriculum more vital to the GP training community we embarked on a nationwide consultative process with our trainees, trainers and programme directors seeking inclusive feedback in order to make the curriculum more interactive and increase the update. The project incorporated Irish Medical Council Accreditation guidelines in regard to curriculum development as well recommendations from previous progress reports (IMC, 2013). The main objectives were:

•   Identify and remedy perceived established barriers to curriculum uptake.

•   To encourage perpetual involvement in curriculum evolution.

•   To demonstrate improvements in key performance indicators.

Methods   The ICGP Curriculum Development Fellow met with training schemes around the country, as well as attending other relevant meetings. In total 24 meetings were conducted. The suggestions from the training community were aggregated, refined with further consultation and implemented. They ranged from practical ease of use visual changes to far reaching concepts routed in medical education theory. The main areas of improvement implemented for the launch of subsequent versions of the curriculum are as follows (ICGP, 2018, 2019);

•   Previously poorly performing areas in summative assessments are now highlighted in each curriculum chapter.

•   Trainers are now afforded CPD points for using the curriculum.

•   A standardised nomenclature was introduced for learning outcomes.

•   Resources of each chapter were improved. ICGP resources from across the college were hyperlinked to the relevant chapter. A new formal national mechanism was introduced to allow members of the training community and others to submit community generated resources for consideration at the biannual curriculum subcommittee meeting.

•   Inbuilt self-assessment for trainees in the curriculum was facilitated by promoting resources available via HSE OpenAthens accounts.

Findings   Since October of 2018 the new version of the curriculum is now launched annually to almost 300 trainees at the National Trainee Conference. It now incorporates numerous end user sough improvements. The number of web views has continued to increase in recent months. Particularly when associated with trainee meetings.

Take Home Message   The ICGP curriculum, built on previous versions, has become an organic ground-up reflection the ever changing face of Primary Care training in Ireland, driven by the end users, with appropriate academic oversight.   References   ICGP. (2018). Curriculum for GP Training in Ireland. Retrieved October 23, 2018, from https://www.icgp.ie/go/library/catalogue/item/487E0DA6-DF99-4F7E-92F3748287E8B02E ICGP. (2019). ICGP Curriculum for GP Training in Ireland (4th ed.). Dublin, Ireland: ICGP. Retrieved from https://www.icgp.ie/speck/properties/asset/asset.cfm?type=Document&id=DECCF187-5ACA-45BB-B17178D6954FF400&property=document&filename=2019_V4_0.pdf&revision=tip&mimetype=application%2Fpdf&app=icgp&disposition=inline IMC. (2013). MEDICAL EDUCATION, TRAINING AND PRACTICE IN IRELAND 2008-2013 A PROGRESS REPORT. Retrieved from https://www.medicalcouncil.ie/Education/Career-Stage-School-Students/Quality-Assurance/Education-and-Training-Report-.pdf

#inhed2020

A0085

Learning to Practice through Practise. Preparing Tomorrow's Doctors using an Experienced-Based Learning approach

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Rationale Unlike traditional teaching methods, the ExBL model focuses on students' supported participation to enhance acquisition of pragmatic as well as theoretical knowledge, and practical skills. Active participation within a multi-disciplinary environment aids inter-professional education and the development of a professional identity. It is well utilised in nursing and paramedic education, yet scarce in undergraduate medical education. Exposure to the complexities of medical practice, through active participation within the healthcare team, will better prepare 'Tomorrow's Doctors'.   Aim Define the benefits and the practicalities of the implementation of an ExBL model through participatory action research in a paediatric setting.

Methodology Two undergraduate medical students led this Participatory Action Research through adopting the ExBL approach over a 4week Paediatrics placement (full-time). A qualitative survey of paediatric staff perspectives of ExBL highlighted gaps in understanding which were addressed through student-led teaching sessions, thus empowering a dynamic research approach and partnered implementation of activities. Students made critical reflections on their participation, describing how ExBL influenced their learning.

Results Student reflections highlighted that ExBL theory can successfully be put into practice, laying the foundation for an additional training dimension through experience and application.   The opportunities for student participation were patient and context dependent, with patient safety and consent, particularly in the paediatric setting establishing a barrier. Clinical team engagement influenced the availability of learning opportunities. Furthermore, the success of the learning experience was also influenced by individual student motivation and confidence as self-exploration allowed students to gain insight into their own competencies. However, connecting study to real-world practice through opportunities to 'act-up' to the role of a junior doctor, accelerated student engagement and enthusiasm.

Conclusion: This project emphasised the benefits of the ExBL model while also highlighting potential barriers to its successful implementation into the medical curriculum. These can be circumvented by easing both medical staff and student apprehension through ExBL education and suggestions of 'supported participation' activities. ExBL complements current didactic teaching methods by adding clinical context to the theoretical content, thus better preparing students for the complexities of practice.

'Striking fear into students' hearts'. Phenomenological exploration of patient safety education

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Rationale Awareness that young doctors' prescribing causes avoidable harm to patients has intensified patient safety education. Intravenous fluid prescribing (IVFP) exemplifies this. Clinicians delegate this generally safe and 'mundane' task to new doctors. In order to perform it safely, students learn that the task can cause harm and how to avoid this. We explored students' experiences of IVFP education.

Methods Northern Ireland is an informative context because an inquiry into the deaths of five children from hyponatraemia between 1995 and 2001 heightened awareness of the medico-legal context of IVFP. This placed extra responsibility on medical educators to teach students patient safety.   Forty senior students making final preparations for practice related their experiences of IVFP education by first drawing individual 'rich pictures' and then, in a small group discussion, explaining how these pictures expressed their experiences. We conducted a phenomenological analysis using template method to interpret participants' pictures and individual narratives.

Findings The dominant finding was that participants' experiences were strongly affective. Whilst some students experienced positive mood states, including happiness, reassurance, and satisfaction, negative mood states, including a sense of confusion, fear, and anxiety, dominated. Participants as often lost confidence as gained it. Another finding was the relative absence of important positive affects: developing values such as the importance of working within one's own capability, developing compassion and empathy towards patients, and feeling good about nearly being a doctor.

Take Home message Education within the contemporary discourse of patient safety can cause students to develop disabling negative affects and not develop the positive affects they need to perform everyday tasks safely. Theorist James Reason proposed that the likelihood of any task causing harm is determined by the 'amount of bad stuff in three buckets: the self, the context, and the task'. Current patient safety education tends to fill just one bucket – the self – and put as much bad stuff as good stuff into it. The take-home message is that patient safety might benefit from a more constructively critical education about ourselves in relation to the tasks we do and the main cause of harm – hectic clinical contexts.

A0087

Community Engagement: A Teaching Hospital & An Inner City School.

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Cremer A., Foley E., Famuyibo C., Ni Rathaille N., O'Brien T., Wilson P.,

Rationale   The schools adjacent to the St James's Hospital (SJH) have some of the lowest progression to third level education of any schools in Ireland (26% in 2017). Educational attainment is recognised as a key social determinant of health in catchment area. The NEST Group opted to engage with the neighbouring primary and secondary schools to support local students' interest in science, promote wellbeing and encourage participation in third level education. This engagement also facilitates healthcare students in SJH gaining a better understanding of the social determinants of health in Dublin 8.

Methods   Since 2014 staff and students have engaged in annual national educational initiatives such as: College Aware Week: Nine professions attend the school for a career fair. Science week: Sixty primary school children invited to a Science Fair in the hospital. Wellness Week: The school identified their key needs.   NEST Group matched suitable educators. Mental Health Week: School identified key areas and the hospital provided qualified educators in Addiction, Anxiety, Sexual Health.

Findings   The qualitative feedback from the teachers and students has been very positive.   This is reflected in the on-going invitation to participate in these events year after year.   We hope that over the long term this engagement will:
  •   Foster greater representation of our local community amongst the professional grades in the hospital. (St James's CBS has produced one doctor)
  •   Grow third level participation which is in line with the national average. (Third level educational participation has climbed from 7% to 26% since this initiative started)

Take Home Message Niamh Gaughran, Primary School Teacher, St James's Basin Lane, Science Week. "It was a fabulous day & so well organised. Everybody was so kind & friendly & it was a wonderful opportunity to give our kids the chance to dream big & sow the seed that anything is possible if you just believe in yourself. So inspiring."

A Programme to Develop Clinicians' Teaching Skills in an Acute Hospital.

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Rationale   In a 2016 Trinity College Students' Union survey, approximately 50 % of health care students (n=322) detailed significant negative experiences whilst on placement.   St James's Hospital (SJH) is a 1000 bedded teaching hospital affiliated to Trinity College Dublin. The NEST (Networking & Educating Students Together) Group is a community of practice for clinical teachers in SJH. The group's key aim for 2019 was to provide a series of education workshops to promote a positive clinical learning environment, by supporting the development of clinical teachers in SJH.

Methods   The curriculum and learning outcomes for the workshops was developed from: Clinical educator competency documents. A survey of hospital clinicians (n=206)   Feedback from previous workshops. Workshop Structure   Introduction to workshop & roles, values, beliefs, project work, management perspective Resilience & horizontal bullying, perception, attitudes, communication Positive Learning Environment, expectations & competencies Assessment & feedback – The Good, the bad and the ugly   Feedback: Following each session we had post-it notes with: What we did well/What we could do better. On completion of the workshop series, an on-line survey was sent to attendees to assess learning outcomes.

Findings   76 clinical teachers from six professions attended the workshop. There was 63% attendance at all four sessions. The professions in attendance were   54% Physiotherapy,   13% Nursing   11% Clinical Nutrition,   9% Speech & Language Therapy   9% Occupational Therapy   1% Laboratory Science   Feedback The Post-it note feedback indicated the following themes: Clinicians liked the interactive format, the panel format and real case examples. They wanted more case studies, practical tips and on-line resources.   The 12% (n=9) who responded to the final survey scored the programme 4/5. 90% of respondents felt it prepared them to be a better educator. 65% felt it delivered anticipated learning outcomes. 100% of respondents would recommend the series to a colleague.

A0089

The relationship between examination performance on recall and applied single best answer questions among medical students – a correlational study

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Rationale: Bloom's taxonomy defines six hierarchical cognitive levels: recall, understanding, application, analysis, evaluation and creation. SBAQs can examine a full range of cognitive levels depending on their construction. Many teachers use SBAQs in an exclusive manner either for recall of knowledge or application of knowledge. SBAQs that focus solely on recall of knowledge will not assess the student's ability to think critically. SBAQs that focus solely on application of knowledge will not assess the student's full breadth of knowledge as aspects of the curriculum not suitable for a clinical vignette format will not be examined and students with limited critical thinking skills will be disadvantaged. For these reasons, the written examination for the TCD undergraduate clinical rotation in O&G uses questions with a balance of cognitive levels (50% recall SBAQs and 50% applied SBAQs). There is limited evidence, however, to guide medical teachers on the most appropriate balance of SBAQ levels for medical students. The aim of this study is to evaluate the relationship between medical student examination performance in recall SBAQs and applied SBAQs.

Methods: A cross-sectional correlational study method was used to compare the examination performance on recall SBAQs with examination performance on applied MCQs for the cohort of medical students who completed their clinical rotation in O&G during the 2017/18 academic year. The study involved a retrospective analysis of prospectively and routinely collected data from Departmental records.The demographic data is characterised using descriptive statistics and the chi-squared test was used to compare the study groups (unpaired categorical data). The variables are compared using Pearson's correlation coefficient. Quantitative analysis was performed using SPSS.

Findings: The relationship between examination performance in recall SBAQs and applied SBAQs among medical students is strong but not universal.

Take Home Message: Our findings suggest that while there is a strong correlation between the type of SBAQs with examination performance, there are other factors affecting the examination performance. Therefore, further evaluation is warranted given the significant role played by SBAQs in medical education.

A0090

Prevalence of and Attitudes to Occasional and Social Smoking in Trinity College Dublin

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Martina Mullin, Trinity College Dublin Mellissa Cryan, Trinity College Dublin Sarah Lyne, Trinity College Dublin Sean Murray, Trinity College Dublin Dr David McGrath, Trinity College Dublin

The overall purpose of the research was to develop the research skills of 2nd year medical students (MC,SL,SM) in the design, conduct, analysis and write up of a population health project important to the health of students in Trinity College Dublin through peer and interdisciplinary population health project important to the health of students in Trinity College Dublin through peer and interdisciplinary learning. The study assessed the prevalence of and attitudes to occasional and social smoking in Trinity College Dublin. the aim of the study was to

- Assess students' smoking habits, and compare them to those of the general population.
- Evaluate students' perceptions of the dangers of occasional and social smoking.
- Gauge when students began smoking occasionally and/or socially, and what prompted their uptake, as well as their continued smoking.
- Determine the effect of alcohol consumption on occasional and social smoking.
- Analyse the perceived benefits of occasional or social smoking amongst students

Methods   Meetings were held with the students over an 8-week period with the PI and Health Trinity which addressed the organisation of the project, the student's skill development and the research supervision. Ethical approval was obtained from the School of Medicine Research Ethics Committee. Data were collected using an anonymous online questionnaire, distributed to the TCD student population, via email. The survey was constructed using SurveyMonkey.

Findings 1,310 people responded to the survey. 8.4% of respondents reported smoking daily, 4% occasionally, and 21% socially. Occasional and social smokers tended to start smoking later and think less about quitting than daily smokers. 97.2% of current smokers reported that alcohol increased their smoking habits. Findings were presented as a poster. Submission for peer-review publication is currently being finalised

Take Home message   The results show that rates of occasional and social smoking among students are higher than the reported national average. Interdisciplinary co-operation with development of student research skills results in production of scientifically based highly relevant research which has important policy applications for TCD and potentially generalisable to other universities.

A0092

The Purple Pen Project – Improving Undergraduate Prescribing Education

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Hannah Gillespie, Neil Kennedy, Tim Dornan

Rationale It is the norm that medical students in Northern Ireland will graduate and begin working without ever haven written a prescription 'for - real'. But, from the very first day of their working life, they will be required to prescribe frequently, often in pressurised conditions and without senior supervision or support. Perhaps unsurprisingly, around 10% of prescriptions written by junior doctors contain an error. [1]   Pre-prescribing is a safe and supported process that allows medical students to gain prescribing experience before they graduate. Students are permitted to write, in purple ink, the details of a prescription for real patients but do not sign it. They then discuss their pre-prescription with a supervising doctor, who gives feedback and countersigns their pre-prescription. Once countersigned, the pre-prescription can be administered to patients.   Our aim was to implement pre-prescribing within the Final Year of the Queen's University Belfast Medicine Curriculum and understand how pre-prescribing has impacted on undergraduate prescribing education.

Methods Purple Pen has been implemented in four hospitals as a pilot project in the 2018-2019 Academic Year. 80 final year students were trained to pre-prescribe. Following the implementation, we undertook telephone interviews with students and key stakeholders, encouraging them to 'tell their story' of involvement in the pilot. The interviews were recorded and transcribed verbatim. The transcripts were used to conduct an Activity Systems Analysis of Prescribing Education.

Findings Pre-prescribing bridges an educational gap, allowing students to gain practical prescribing experience before graduation. Students have told us it improves their confidence and they feel more ready to prescribe as soon– to-be junior doctors. It has given them a tole in the clinical team, allowing them to interact with patients and other healthcare professionals in new ways. Once initial concerns about safety and feasibility were addressed, clinical staff report enjoying being involved in students learning and see potential positive long term benefits.

Take home message: Education theory tells us that students learn most when they actively participate in patient care. Pre-Prescribing brings this theory into clinical workplaces – as educators, we should find opportunities to involve students in patient care at every opportunity.

A0093

Development of MeFB - an electronic teaching feedback tool

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Rationale Feedback from learners is a cornerstone of teaching development. It is very commonly used in medical education, not least because of the demands on trainee doctors to evidence their teaching activities but also to facilitate reflection and improvement of teaching styles. A substantial amount of clinical medical education is provided in an apprenticeship style, with teaching often provided in an informal, impromptu manner in the clinical environment by doctors. It can be challenging for teachers to receive feedback for this type of teaching as it is rarely pre-planned and traditional feedback collection methods require printed feedback forms. To solve this gap, we developed MeFB, a feedback tool for use in medical education.

Method Four key features were established this feedback tool:

1. An ability for learners to provide feedback "on the spot" to maximise feedback return
2. No requirement for development or provision of feedback form (paper or electronic) by the tutor
3. No requirement for learners to be registered with the service
4. A robust, generalised set of feedback questions incorporating Kirkpatrick Level 2 evaluation.

The Solution MeFB (Medical FeedBack) is an online tool that allows multi-professional tutors to collect instantaneous feedback for impromptu clinical teaching from learners with minimal effort. Tutors simply register with the service free of charge, using their professional registration number (eg IMC/NMBI number) as their personal identifier. Following a tutorial, learners visit the website, enter the tutor's ID, choose the tutorial type and provide instant feedback. The system automatically groups and analyses the feedback and generates a compiled report for the tutor.

Outcome MeFB launched in August 2019. There are 99 professionals registered as tutors. The tool has been promoted through local presentations and Twitter. Average number of feedback responses received on the site has increased from 5 per week at launch to 20 per week in November 2019. In November 2019, NHS Borders commenced using MeFB for all feedback for undergraduate and junior doctor teaching.

Take Home Message MeFB is a novel electronic tool to collect instantaneous teaching feedback allowing tutors to collect evidence of teaching and to improve their practice.

A0095

Mini Medical School: Inspiring students to consider a career in their local hospital

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Introduction   Health workforce recruitment is a challenge for rural communities across the globe. Multiple strategies are used to attract and retain health workers in rural areas, with varying levels of success. We know that students from rural areas face additional barriers in the application to medical school.   The aim was to develop, deliver and evaluate an educational initiative to encourage students from rural areas to pursue a career in healthcare, and understand how young people viewed their local hospital as a potential future work-place.

Methods   A three day "Mini Medical School" was designed by junior doctors working in a rural district general hospital. Students in their penultimate year of secondary school in the surrounding area were invited to attend. Places were allocated on a first come, first served basis.   The programme was designed to give students an insight into the role of junior doctors in their local hospital. Students spent time shadowing junior doctors on the wards, attending consultant led clinics and shadowing allied health professionals. A class-room based simulation programme, alongside clinical skills teaching and ethical debates, supported their practical experience.   A mixed methods questionnaire was distributed before and after the programme. Written comments were analysed thematically.

Findings Twenty-one students from eight schools attended the Mini Medical School Programme. All students rated the programme as useful, enjoyable and felt it improved their understanding of the role of junior doctors. Analysis of free text responses indicated that students enjoyed the practical aspects of the programme. They were surprised at the roles of a junior doctor, particularly the administrative tasks, which challenged some of their preconceptions about the role. Students felt welcome in the hospital environment and commented positively on the 'community feeling' and 'friendly staff'.

Take home messages: Rural communities face particular difficulties in the recruitment and retention of medical staff. Engaging with young people is an opportunity to encourage and support the development a potential future workforce. The day-to-day activities of a rural hospital provide opportunities to inspire students and create positive links between the hospital and local community.

A0096

Contemporary practice education models in healthcare education: the development of resources for students and practice educators to effectively participate in the paired and co-supervision models of practice education.

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Rationale: Over fifteen years ago, the shared practice education model was the least preferred placement model in physiotherapy (Stiller et al 2004). At the University of Limerick, figures from academic years 2017/2018 and 2018/2019 indicate the shared and paired models as becoming favoured across some healthcare programmes, while the traditional (1 student: 1 PE) model remains favoured in others. The worldwide shortage of placements (Rodgers et al 2008) and many healthcare professionals, who are trained and experienced in practice education working part-time requires utilisation of the shared (one student: to two or more practice educators) and paired (two students: one practice educator) practice education models, rather than the traditional   (one student: one practice educator) model. This can increase placement capacity and ensure inclusion of experienced part-time healthcare professionals. To facilitate this resources and guidelines describing how to implement such models are necessary so as to support the placement sites.

Method and Findings: A number of educational resources and interdisciplinary guidelines on the shared and paired practice education models were devised and implemented with students and practice educators by an interdisciplinary School of Allied Healthcare subgroup. Developing the resources involved consultation with the literature, peer review at a number of practice education conferences and consideration of the four stakeholders in practice education placement i.e. the client/patient; the student; the practice educator and the university. These resources now inform and influence the preparation and implementation of high quality shared practice education placements.

Take home messages:

- Part time professionals can effectively provide quality student practice education experiences utilizing shared and paired practice education models, thereby increasing placement capacity
- Evidence based resources have been created and are available to guide students and educators participation in these models

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Resilience training in medical students: what works? A scoping review of the literature.

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Rationale Issues pertaining to resilience have been the subject of a growing cohort of literature in recent years. The question of how to build resilience in medical students is of considerable interest to both medical educators and practitioners. In spite of this, little has been done to evaluate methods and strategies employed to develop resilience, particularly in the setting of undergraduate medical education. The aim of this study was to survey what is currently known about interventions designed to enhance the resilience of undergraduate medical students.

Methods   Scoping review methodology was used to map the research carried out in this area, as well as identifying any existing gaps in knowledge. Twelve studies were identified through searches in electronic databases and the grey literature. Data were collected and a narrative synthesis completed.

Study Findings   The review identified variation in study type and size as well as marked heterogeneity in terms of intervention theory, structure, content and delivery. Of the eight studies which measured resilience scores, six found an increase in resilience following their intervention. Two showed statistical significance in students who either had a priori low resilience or had strongly engaged with the intervention. A disparate number of secondary measures were also assessed with variable outcomes; perceived stress, the most commonly assessed, was reduced in 3 out of 5 studies. Likert-scale surveys revealed that students who attended were generally positive about the experiences.   This scoping review has shown that, although they may have some benefit, the evidence base for interventions designed to improve resilience in medical students is limited. There is a clear need for more primary research involving rigorously controlled studies before recommendations can be made as to the potential benefit (both short and long-term) of resilience training in this population.

Take home messages:
- Though a growing area of interest, there is a limited corpus of robust research into resilience building in medical students.
- To date, there is a notable lack of conclusive evidence as to the effectiveness of such interventions.

A0098

Impact of the Trauma Evaluation and Management Course (TEAM) on Final Year Medical Students

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Rationale Trauma in Ireland is the third leading cause of death and the first leading cause of death among young people. Injuries from trauma are a global health problem, causing over five million deaths per year. Despite this there are no requirements placed for Irish medical schools to train undergraduates in areas of trauma management. It has been shown that a short course in trauma management prior to commencing clinical work greatly increases junior doctor's confidence in the management of trauma patients but it is often difficult for junior doctors to gain timely access to courses such as the ATLS course. Research has also shown that trauma training is more effective when directed at more senior medical students. The rationale for the study was to determine the impact of the Trauma Evaluation and Management (TEAM) Course on the knowledge of trauma management in final year medical students.

Method A quantitative study was conducted to investigate the impact of the TEAM course. A multiple choice questionnaire was administered at three specific points in time. The first was to establish baseline pre course knowledge, secondly post self-directed learning from the TEAM course manual and lastly to assess knowledge post course. An course evaluation was also administered at the end of the course.

Findings The results outlined an increase in mean scores of the medical students (N=117) in the MCQs completed pre reading, pre course and post course consecutively. A paired T test showed highly significant increases ($p < 0.01$) between the Pre reading and Pre Course scores and also the Post Course scores.

Take Home message The TEAM course significantly improves medical student's knowledge of trauma management which may better prepare them for caring for a victim of trauma in the clinical setting.

Introducing simulated teaching into the final year medical teaching programme: Feasibility & Overcoming Barriers

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Rationale   Preparing final year students for internship is a key goal of the Irish Medical Council, who advise that practical training such as simulation takes place (1). Previously at our institution, preparedness for clinical practice took the form of workbooks. This year, the logbooks were transformed into simulated teaching scenarios (SIM), with the aim of creating a more realistic learning environment.

Methods   Seven simulated scenarios were created from the existing workbook. 197 students were in final year medicine. 114 were in Galway, with the remainder in the academies. The Galway students were divided into groups of 38 students. The scenarios were delivered over two days. The ICAPSS (Irish Centre for Applied Patient Safety & Simulation) was used, a specialised simulation centre where the clinical environment was easily recreated.

Findings A number of barriers were encountered. Resources were limited. Obtaining space in ICAPSS proved difficult. Utilisation of staff time was problematic, with undergraduate teaching in direct conflict with the demands of post-graduates. Much time was devoted to writing the scenarios & obtaining the accompanying materials. All tutors surveyed found the design process time consuming. Another perceived difficulty was buy-in from learners. This was the first time that the students were introduced to SIM. The importance of pre-briefing to ensure psychological safety of the learner was stressed. Buy in from tutors was another perceived difficulty but not one that we encountered. All tutors surveyed found delivery of SIM teaching more enjoyable than standard didactic teaching methods. Access to trained facilitators was limited. Clinical tutors played the role of the nurse, in addition to debriefing of participants. Interns played a role in the debrief & gave 'real-world' advice. Managing the debriefing exercise was a task that was unfamiliar to the clinical tutors & interns. The ICAPSS team ensured adequate education & training of tutors & interns.

Take home message   A number of difficulties were faced when introducing a SIM based education programme to the curriculum. However, buy-in was obtained from learners & educators. Going forwards, it will be rolled out in the upcoming final year semester (to the same group of students) & with time, to medical students earlier in the undergraduate curriculum.   Reference: https://www.medicalcouncil.ie/Education/Career-StageIntern/QualityAssurance/Consultation-on-Intern-Year-/3_Amarach-Research-.pdf

A0100

Transforming theory into practice: Using manikin-based simulation to deliver Junior Intern competencies to Final Year medical students

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Rationale: Recognition and management of acutely unwell patients, patient safety and inter-disciplinary communication have become developing challenges for junior doctors. Maintaining the balance between demand for detailed theoretical knowledge and non-technical skills within the undergraduate curriculum can be challenging. We aimed to use simulation-based training to integrate these concepts to deliver the above competencies thereby preparing students for the complexities of clinical practice.

Methods: We used our previously developed 'preparedness for clinical practice' workbook to develop 7 scenarios to be delivered through manikin-based simulation: (1) Acute exacerbation of COPD and the use of non-invasive ventilation (2) STEMI (3) Acute limb ischemia, (4) DKA and post-operative sepsis (5) urosepsis, AKI and hyperkalaemia followed by hypervolemia secondary to fluid resuscitation (6) the delirious patient (7) ascending cholangitis and a suspected flare of ulcerative colitis. Each case outlined key learning objectives centred around recognition and management of the acutely unwell patient, patient safety, communication and handover. Every scenario also included both a pre-brief and debrief to facilitate an open and safe learning environment for students. The simulations were delivered to 197 final year medical students across 5 training sites over the period of 3 months; 114 of those students were in Galway.   Each simulation began with 2 students working together in the initial management of a patient. This allowed for the recognition of the patient problem and development of teamwork. Subsequently, additional students joined the simulation to take over from their peers as the scenario progressed. This was designed in a manner to emphasize the importance of a good handover and effective communication.

Findings: Student feedback has been overwhelmingly positive. Of the 114 in Galway, 89 students filled out the post simulation survey. 94% of students agreed that they enjoyed simulation as a means for learning with 96.6% reporting that it helped their learning. 93% agreed that they would like to do more.

Take home message: Manikin based simulation is an effective way to deliver key teaching to final year medical students and has a role in developing preparedness, communication, safety and transparency in anticipation for developing complexities of clinical practice.

A0101

Toolkit to help students turn failure into success

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Rationale: End of year examinations results bring disappointment and distress to a small but significant group of healthcare students each year. We will present a 'toolkit' of resources used successfully in Queen's University Belfast Centre for Medical Education to help students regain confidence and gain the necessary skills and knowledge to progress.

Methods: We will showcase our remediation programme to include our clinical consolidation classes, unique personalised mock OSCEs, MCQ workshop and peer-teaching programmes all designed to help students to flourish.

Findings: We will discuss the key elements required in putting together a remedial programme and the improvements we have made by responding to student feedback.

Take home message: Listeners will gain a valuable 'toolkit' of resources for potential use in their own institution.

A0102

A systematic review of job analyses in medicine.

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Rationale   The impact of a competent and properly skilled medical workforce cannot be understated. Selecting the right people to enter the profession, and matching the right graduates to the right specialty, is a difficult task. Job analysis is a method of identifying key activities and attributes required to perform well in a profession. Job analysis studies are widely used in the field of work psychology to inform selection processes, where they are used to build a competency model and person specification in order to develop appropriate selection tools.   The aim of this systematic review is to synthesise the current evidence on job analysis studies in medicine and the extent to which these inform current selection practices at undergraduate and postgraduate training levels.

Methods   The systematic review protocol follows the PRISMA framework. An electronic search of eight healthcare literature databases was conducted in addition to a grey literature search. Relevant papers were identified using search terms for job analyses and selection to the medical profession. Methodological quality of papers was measured using QATSDD tool and the evidence synthesised in an aggregative, convergent review.

Findings   This systematic review is near completion. Early results show that job analyses of the medical profession are scarce. A number of general competencies for good performance as a medical physician have been recorded by job analysis. These include; knowledge, decision making, communication skills, managing others and reliability. There are limited examples of these job analyses being used to inform selection practices in either undergraduate or postgraduate medicine training programmes.

Take Home Message   This study is the first systematic review that synthesises the literature on job analyses in medicine. It establishes the extent to which these are being used in the design of selection processes for medicine. It brings fresh insights into the design and development of selection tools, by identifying what we currently understand about what is required from the medical graduate for on the job performance in role. It also highlights gaps in our understanding and the negative impact these may have on the design of high quality selection tools.

A0103

Building resilinece is the pathway to success

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Rationale: There are growing concerns over mental health issues leading to potentially tragic consequences, especially those in the health care professions. The purpose of the proposed educational module is to prepare students for the transitions to workplace and to have the ability to face challenges in their professional practice and sustain their employability.

Methods: A survey was designed and distributed to 20 recently graduated dental hygiene students. In total 16 responded. Newly graduates were asked to evaluate the course delivery with emphasizes on skills that would help them to cope with complexities of the transformation within and beyond college. This evaluation will allow to develop a resilient module that enable students to cope with the realities and the dynamic environment; enhance and develop skills to create pathways to success.

Results: Majority of responders (60-65%) found that course helped them to develop intellectual and critical thinking skills and developed and improved their soft skills. Most of the responders (63%) felt that course gave them enough confidence for future work with patients. While, majority (71%) felt that they were not prepared to work in a busy working environment. More than half of the responders (60%) did not feel that they were able to cope with work related stress. In the free text majority felt that they would benefit from support from colleagues and tutors. Resilient content => reflective practice, leadership, cognitive behaviour, social support and empathy. Establishing this specific content within the curriculum is a key in providing the necessary skills that will prepare students for the realities of work. Building the resilient capacity will protect student's wellbeing or even a graduate loss, leading to increased job satisfaction and retention.

Conclusion: Students are lacking resilient skills and are not prepared for challenges they may face during and after college. They will benefit from the resilient module that can be embedded and aligned within and across higher education disciplines. This module can also be an option of CPD for graduated alumni, especially in health care professional related communities.

A0104

Supporting the Transition from Medical Student to Doctor: Evaluation of an Educational, Online Well-being Intervention, for Interns in Ireland.

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Background: The transition from medical student to doctor is widely recognised as challenging, and linked with stress and mental health difficulties. Technology provides an opportunity to deliver accessible, personal, and time-flexible learning. We developed an eLearning unit for interns, designed to aid recognition, understanding, and management of stress. Interns and medical students provided direct input into all aspects of the study, and unit development. Aim: To evaluate an online teaching unit, that aims to facilitate transition from medical student to doctor, by reducing stress levels in interns.

Method: The unit was made available to interns. It was embedded into the curriculum at two hospital sites within the UCD Intern Network and combined with an interactive workshop on 'Stress and Self-care' delivered by the team. A cross-sectional sample of interns were surveyed before, and after, the introduction of the unit and workshop using the objective Perceived Stress Scale-10 (PSS-10) and a subjective Likert scale to measure levels of stress in the last month. We included two self-rated questions on general health and self-stigma, and a free text space (thematically analysed) to discuss triggers, reactions, and coping mechanisms related to stress. Uptake of the tool was tracked daily, with usage statistics.

Results: The unit was launched onto the Intern Induction Microsite, within the UCD Intern Network. Prior to using the unit, a total of 54 interns completed questionnaires. The mean PSS score of the intern group (18.3), was above reported PSS norms (12.9). Preliminary findings, from 9 interns who have used the unit, show that the mean PSS score of those who have used the unit is lower compared to those who have not used it (14.7 versus 18.3). Usage statistics to date, show the unit has been viewed 117 times. Data collection and analysis is ongoing.

Conclusion: Stress levels in interns are higher than reported norms. Our data indicates that those interns who used the eLearning unit reported lower levels of stress. Our findings suggest that an educational, online well-being intervention can help reduce stress and support intern's transition to professional life.

A0105

Stakeholders' perceptions of a widening access to medicine school outreach initiative.

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Rationale   Medical doctors currently tend to come from a narrow spectrum of our society. There are widespread mismatches between the socio-economic demographics of medical students and the population at large.   The School of Medicine at NUIG identified under-representation of students from the Irish language-speaking region (An Ghaeltacht). An ambassador workshop was devised employing principles of civic engagement and service learning partnerships. The workshop, titled 'Clár Ambasadóireachta Scoil an Leighis' (Medical School Ambassador Workshop) was devised and presented to Gaeltacht schools based in disadvantaged communities. The ambassador workshop has been well received and workshops have been conducted in a number of primary and secondary schools since 2011. No formal analysis had been conducted into stakeholders' attitudes towards the workshop prior to this study.

Methods   A mixed methods approach was taken to collate data in this study. The quantitative arm involved collating school students' views of the ambassador workshop via an anonymised questionnaire. The qualitative arm utilised semi-structured interviews from the remaining stakeholder groups. The social theories of civic engagement and social mobility coupled with a literature review helped devise the topic guide for this aspect of the study.

Findings   Four major themes emerged from the qualitative data.
1.   A 'not for me' attitude provides an obstacles to pursuing medicine as a career.
2.   The school outreach programme can act as an instrument for change.
3.   The school outreach programme can act as a vehicle for community engagement   4.   Projected positive outcomes of the school outreach programme including de-stigmatisation.
Thirty-eight percent of pupils reported that they would be more likely to consider applying for medical school as a result of the outreach programme, with 14% currently indicating that they would consider applying. This highlights that the Clár Ambassadóireachta plays a key role in assuaging negative thoughts regarding applying to third level and medicine in particular.

Take Home Message   This programme of research highlighted a number of obstacles that must be overcome to widen access and ameliorate diversity within the medical student body, in particular for pupils within low socio-economic categories.

#inhed2020

A0106

An audit on ECG documentation

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Rationale: 12-lead ECG is often performed on-call when patients complain of symptoms of possible cardiac origin and junior doctors are usually first to be called to review the ECG. The availability of previous ECG for comparison provides important information for accurate interpretation. However, we noted that previous ECGs in the patient's chart often have no or limited information on its indication i.e. why the ECGs were done in the first place. Proper documentation of ECG can positively impact on the clinical outcome in patient management. This audit aims to assess the quality of ECG documentation in the University Hospital Limerick.

Methods: Chart review was conducted in both the medical and surgical patients to identify ECGs over 2 recent calendar months. The ECGs were analysed to see if it contains patient identifiers and clinical correlation, whether or not it has been commented on, and indications that it has been reviewed by a doctor.

Findings: A total of 78 ECGs were analysed. 66 (85%), 44 (56%) and 60 (77%) ECGs contain the patient identifiers namely name, medical records number and date of birth respectively. 12 (15%) ECGs did not have any patient identifier. Only 29 (37%) had been signed by a doctor, 6 (8%) included their names or medical council registration numbers. 7 (9%) documented the clinical correlation on the ECG and 9 (12%) had comments of the ECG.

Conclusion: This audit identified a lack of proper ECG documentation. All ECGs should have at least two patient identifiers and be reviewed and acknowledged by a doctor. ECG which has no patient identifier is highly risky from a medico-legal perspective as it can be erroneously filed into a wrong patient's chart and be misinterpreted. For junior doctors, ECG interpretation is often daunting but also an essential skill to master. Implementation of proper ECG documentation promotes a good practice for the doctors to interpret and hence gain experience and confidence in ECG interpretation via pattern recognition. Support and regular training for junior doctors on interpretation and reporting ECG should also be provided. Medical students should be encouraged to develop competency in ECG interpretation.

A0107

What are the Complexities of Practice on Medical Students Confidence

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Rationale For medical students to have the capacity to modify their own behaviour they need to have confidence in their own knowledge and skills (Perry, 2011). Exploring student's feelings and thoughts of what affects their confidence allows educators to facilitate students in their learning and development and in turn help them to gain confidence. The rationale of the study was to investigate and gain a greater understanding of how student's confidence can be affected by such complexities as patient variability and ward environment. The study investigated the psychological and physiological effects on students.

Method The qualitative study was carried out on n=54 third-year undergraduate medical students studying in an Irish University. Students who had never previously taken blood samples from patients completed a pre and post procedure confidence questionnaire. A qualitative study was conducted to investigate if complexities of performing a clinical skill of venepuncture on patients could affect students confidence and if so what were the influences and affects.

Findings The investigation yielded many positive and negative responses of how emotional, mood and physiological factors influenced students confidence on the day of the study. Many qualitative responses generated very insightful views such as how tachycardia, sweaty hands, anxiety, dry mouth and excitement affected students but also the effects of the heat and busyness of the ward. Having knowledge and the classroom skill of the procedure prior to performing venepunctures had positive and negative effects, similarly feedback from patients and staff and also the fear of hurting the patient or not obtaining the blood samples influenced confidence.

Take Home message Ultimately medical students must develop the capacity to function independently, knowing their own capabilities. The findings of this study will provide educators with a greater understanding of the factors that can affect levels of confidence in medical students and help to influence the development of confidence in students.

A0110

Promoting student wellbeing through a selfcare interactive session with early programme medical students

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Medical students' health affects their wellbeing and academic performance. A wide and varied range of supports usually exist at school or university level depending on the institutional structure. This study examined the effectiveness of an intervention intended to promote student wellbeing and self-care. The objectives of the session were to raise awareness of self-care and highlight the relevance of physician self-care to patient care, the relationship between physician burnout and patient safety, professionalism and patient satisfaction . The professional guidelines on self care and the support services available to students were outlined. Finally the actions that may reduce stress were discussed and students devised a personalised action plan to counter stress. 85% (141) year 2 medical students responded to an open-ended survey about their experience post session. The vast majority (74%) described in outline the Irish Medical Council's Pillars of Professional practice, with fewer (26%) elaborating on the constructs within. Almost all (99%) of Students outlined the negative relationship between physician burnout, patient safety and satisfaction 99% of students reported awareness of the university support services, with the tutor service, counselling service , Health service and Disability service. Peer support through Student to Student mentoring service most commonly referenced. Chaplain, niteline, school faculty, family and friends were referenced to a lesser degree. Students were asked what actions are useful to reduce stress- cognitive and behavioural actions were recommended- Exercise, sleep, friends, family, meditation, journaling, music, yoga. Of students who responded (n=135), 89% found the session useful, 6% found it partly useful, 3% found it very useful and 2% did not find it useful. The study will follow up with students who completed the session one year ago, to examine the level of recall and gauge what obstacles exist for students who attempted to access services.

Health Literacy-an integral component of Health Professional Education.

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Rationale: The increasing complexity of patients' medical and social needs require a more patient-centred approach, with greater involvement of the patient/their family in medical decisions, disease prevention, health promotion and management. Health literacy (HL) is at the core of the skills needed for this. This refers to the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course. It is a relational concept so that HL emerges from the interaction between individual skills and environmental demands and complexity. Health professionals can play a central role addressing the HL needs of patients. However, there is a need to integrate training in HL into undergraduate professional education   NUIG is a partner in IMPACCT (IMproving PAtient Centered Communication Competences), a pan-European, Erasmus+ funded project which aims to develop professional capacity regarding HL through medical and nursing undergraduate education. The learning units developed for the programme comprise sub-units with teaching materials and activities that can be used individually as part of a module or combined to form complete modules that can be integrated into existing curricula.

Methods Components of learning units developed were pilot tested with five first year undergraduate medical students in an elective module. A mixed methods evaluation with a pre- and post- test questionnaire based on learning outcomes and qualitative rapid appraisal was undertaken. The components for the delivered module were drawn from 3 learning units: the Health Literacy Canon, Diversity and Organisational Health Literacy and were delivered between January and March of 2019. .

Findings Overall the learning experience was reported as positive. Areas identified by students for change included: provision of international best practice examples, more activities, and involvement in real world solutions for HL related problems.

Take Home message Medical students were very engaged with HL and learnt tools to address the HL needs of patients. The adaptability and flexibility of the learning materials demonstrates that HL can be included in the very time pressured environment of undergraduate medical education.

A0112

Medical Students Evaluation of an Interactive e-Learning Unit.

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Introduction: Doctors report high rates of stress related illness. There have been reports to suggest that these illnesses predate graduation and that the mental health and well-being of medical students deteriorates during medical school years and continues to decline when trainees enter the workforce. We at SVUH and UCD have developed, in collaboration with students from several Irish Universities and Cardiff University, an interactive e-learning unit on 'Stress and Self-care'. This e-learning unit is embedded in the UCD curriculum and is being evaluated. In collaboration with UCC, we extended access to this on-line unit to their Final Year Medical students.   Aims: To determine Final Year Medical student satisfaction with the e-Learning unit and to obtain their feedback on how the unit functioned.

Methods: The Final Year Medical Students, academic year 2019 /2020, had the opportunity to use the unit as part of the Professionalism Module and then completed a survey.

Results: We present preliminary data on twenty-four responses and anticipate a further 125 responses in advance of the conference date. 88% reported that they found the e-learning unit very helpful/ useful. The most popular elements of the unit were the sections on 'the body's reaction to stress' and 'the Stress-Performance curve'. Students reported that the sections on sleep and building a self-care strategy were most useful. Twenty-three students (96%) reported that the unit was beneficial and enhanced their knowledge and understanding of stress and stress reduction; the content on self-care, mindfulness and stress reduction were cited most often by students as being helpful. A small number of students suggested that a facility for group or face to face discussion after completion of the unit would be helpful and 8% felt it would be beneficial to hear experiences from real students. 75% accessed the module on their own laptop with the remaining using University computers.

Conclusion: The interactive e-learning unit was positively received by medical students and the majority found it helpful. Although preliminary, the data suggest an emerging role for innovative strategies to improve medical students' self-care and resilience through their training.

A0113

Evaluation of an Innovative Multidisciplinary Education Programme on Domestic Abuse

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Background: Given the clear need to increase learning opportunities related to raising awareness, improving recognition and implementing appropriate responses to domestic abuse in Ireland, a multidisciplinary accredited educational programme was developed by the Midwifery Section of one Irish Higher Education Institution in partnership with stakeholders from a broad range of support agencies. This educational innovation involved intensive collaboration between the higher education institution and multiple support agencies including policing, front-line service providers, probation services, child and youth services, maternal health and social care services. The programme is 13 weeks duration and is delivered in a blended format, which means that participants engage with both face-to-face and online learning systems. The programme is primarily aimed at those working in frontline services and professionals who are likely to encounter perpetrators and survivors of domestic abuse in their work. The fundamental aim of the programme is to improve knowledge, attitudes and skills related to recognising and responding to domestic abuse. Ethical Approval to undertake an evaluation of this novel education programme was granted by author's institution. Participant's knowledge of, attitude towards and skills in relation to recognising and responding to domestic abuse were appraised prior to and following completion of this programme.   Aim: To evaluate the impact of an accredited multidisciplinary domestic abuse education programme on participants' knowledge, attitudes and skills in relation to recognising and responding to domestic abuse.

Methods: A descriptive quantitative research design was employed to evaluate participants' pre-existing knowledge of, attitudes towards and skills in recognising and responding to domestic abuse. Participants' knowledge, attitudes and skills were evaluated again following completion of the programme.

Findings: Descriptive data revealed that participants' knowledge, attitudes and skills in relation to recognising and responding to domestic abuse generally improved following completion of this accredited multidisciplinary education programme.

Conclusion: Key stakeholders and support agencies need to receive targeted education and training that will enable them to adopt a more comprehensive and synchronized approach to working with and supporting survivors of domestic abuse. This education should aim to improve knowledge of, attitudes towards and skills in recognising and responding to domestic abuse

A0114

Becoming a medical specialist in Europe in the 21st century: Comparative Analysis of Postgraduate Medical Education in Estonia, Latvia and Lithuania

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Background Accreditation of postgraduate training (PGT) is not mandatory in many countries and there have been no studies analysing PGT in the Baltics. This trainee lead three year long project aimed to assess the current state of PGT and give clear guidance of changes needed. Due to the lack of national expertise on medical education, partnership was formed with Praxis Centre for Policy Studies who assisted in conducting the research. Quantitative and qualitative methodologies were combined to compare training to the WFME Global Standards.

Summary of work The project consisted of five parts: 1)comprehensive benchmarking study 2)Estonian workshops, interviews and focus groups with stakeholders 3)surveys, workshops and focus groups in Latvia and Lithuania 4)Baltic and Nordic junior doctors meetings 5)international conference on PGT. First 3 parts of the project were to gather information for the benchmarking study. The 4th and 5th parts helped to put the results in a larger international context and see if the themes arising from the Baltics are also present in other European countries. Meetings between Estonian, Latvian, Lithuanian, Finnish, Swedish and Norwegian junior doctors' organisations served as focus groups and the final international conference aimed to bring together stakeholders and provide potential solutions.

Summary of results The main results show that practices differ across countries, institutions and departments. Rarely does PGT in the Baltics fully meet the international standard. Major concerns pertain to improper application of regulations, inconsistency of supervision, lack of assessment of competencies, unsystematic teaching of soft skills, inconsistent appraisals, and absence of a comprehensive feedback system. Key policy recommendations to improve the current situation were developed and proposed. The results of the benchmarking study were presented internationally and locally and in Estonia this project has lead to major discussions, media coverage and forming of a national taskforce on PGT.

Discussion and Conclusions This first-ever systematic mapping of PGT in the Baltic countries showed that partnering with an independent research organisation can help take on large research projects and come up with impartial solutions.   Take-home Messages Comprehensive analysis and solution oriented collaboration with international partners can lead to durable improvements in PGT.

A0116

Evaluation of adherence to mindfulness practice in medical students with the use of the Mindfulness Adherence Questionnairweeks programme of Mindfulness Based Stress Reduction.

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Rationale - The Mindfulness Adherence Questionnaire MAQ has been developed by researchers at Monash University, Melbourne as a valid and reliable measure of mindfulness adherence. The School of Medicine at the National University of Ireland, Galway is the first medical school in Ireland to deliver the 8 weeks programme of Mindfulness Based Stress Reduction, MBSR to medical students. Both medical students and trainee doctors are now recognised to often suffer from the effects of stress, including low mood, burnout, reduced clinical performance and increased rate of clinical error. The practice of mindfulness has been shown to reduce stress, improve performance, reduce error, build resilience, prevent burnout and in turn improve overall wellbeing. MBSR has been shown to be an effective stress management intervention for medical students For this reason integration of the teaching of mindfulness within a medical curriculum has now been embraced by world leading medical schools. We propose to evaluate the adherence to mindfulness practice by the medical student following completion of MBSR programme with the use of the MAQ.

Methods -The proposed method is to use the MAQ, a valid and reliable measure of mindfulness adherence. This is a self reporting tool to measure the quantity, quality and subtype of mindfulness practice (formal and informal practice). The medical students of the MBSR programme are the subject group.

Findings - Evaluation of the MAQ is due to take place after delivery of the 8 week MBSR programme from January 2020. Conclusion - Delivery of the MBSR programme at NUIG addresses the growing need to address stress, resilience, performance and burnout among medical students and trainee doctors. Use of the MAQ can show the adherence to mindfulness practice in terms of quantity, quality and subtype of practice. This may allow further inquiry to support the Student Wellbeing Programme, which will place mindfulness as an integral part of training for all medical students at the National University of Ireland, Galway.

A0118

An analytical approach to implementing in-situ simulation programme: its impact in healthcare education and faculty development.

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An In-situ simulation is defined as a simulation that is physically integrated into the clinical environment. This style of simulation promotes deliberate practice and integrates teamwork at its core. In literature, it is among the best types of simulation there is, as it yields a great amount of realism which can identify latent threats and system complications. In the period of 21 months, Galway's Emergency-Department & Paediatric department has implemented an in-situ simulation programme which focuses solely on educating its doctors (including consultants) and nurses to improve knowledge, promote deliberate practice and integrate teamwork. This simulation was run every week with either departments taking turns to handpick scenarios and objectify its learning outcomes. With massive amounts of work from technical intricacies and medico-legal concerns to implementation strategies, these simulations were run in the emergency department during work hours to incorporate a heighten sense of realism creating a higher fidelity whilst incurring no monetary cost.   57 doctors(n=57) were trained during this programme (including those in the GP training), A standardized survey was performed: 98.24%(56:57) thought that the programme has improved their skill clinically. 100% admitted that at some point, they were taught something they completely did not know. 96.49%(55:57) agreed to improved teamwork. 94.7%(54:57) liked the programme. 56.14%(32:57) were initially anxious towards the programme. Post programme: only 19.29% remained anxious regarding in-situ simulation. This programme then went on to improve waiting times for children presenting with appendix at a mean reduction of 466mins to 307mins(2.65Hours improvement). A 35.2% decreased in mean PET (Patient Experience time) and an 85% decrease in time needed to refer. In 3 separate paediatric emergencies, it was observed that there were obvious improvements in flow, efficiency and teamwork between the emergency nurses, doctors and the paediatrics team. No casualties/negatives were reported during this programme. 1 participant went on to undertake a Diploma & Master's programme in Healthcare Simulation and Patient Safety for faculty development. Conclusively with intricate planning, in-situ simulation proves to be a viable model in delivering safe and effective healthcare education. It breaches gaps in knowledge, improves teamwork, and yields noteworthy benefits for patient safety.

Bedside Teaching in the emergency departments - Urgent need for consistency in definition, training and delivery

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Background Bedside teaching (BST) is an essential format used for teaching medicine, which regrettably continues to decline in quantity (Crumlish, 2009, Jones, 2015) and quality (Rousseau, 2018). This dilemma has resulted in a surge of a variety of publications describing the causes and suggestions that require judicious interpretation.   Aim The aim of this review is to explore what is known about BST, how could we implement it and to make recommendations for clinical teaching and future research.

Methodology   The research question was addressed with Scoping Review Methodology through an inductive approach based on grounded theory. 44 publications were collected, as they described BST. The studies were classified, summarised and tabulated following basic numerical analysis and detailed content analysis.

Study Findings
The findings confirm that bedside teaching continues to decline and this is likely to worsen. BST is still considered essential for learning medicine. Investigators used varied methodology in the search for answers.

Conclusions The concerns about the decline and current use of BST are justified. Future studies should focus on finding supportive evidence on how to deliver and implement effective and efficient teaching formats and strategies and on finding agreement on best definitions and methods for future research. These are times for action.   Keywords: bedside teaching, undergraduate medical education, emergency medicine, scoping review

A0120

Listening and Responding to Feedback from the Irish National Patient Experience Survey to establish a communication skills training programme for Ireland.

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Rationale: The state health services in Ireland the Health Services Executive (HSE) initiated a national patient experience survey for the first time in 2017 and have continued to conduct the survey on an annual basis. Approximately twenty-eight thousand individuals who were in-patients in an acute hospital during the month of May are sent the survey by post and in 2019, 46% sent back completed replies. Although the feedback is largely positive, consistently each year, participants report dissatisfaction with their experience of communication.

Methods: In response to this feedback the HSE established a communication skills training programme, the National Healthcare Communication Programme (NHCP). EACH: the International Association for Communication in Healthcare was invited to collaborate and representatives has engaged with designing the content and delivery and is a recognised partner.

Findings: To date four courses with accompanying Train the Trainer courses have been designed and delivered and 2,200 healthcare providers have attended the programmes. Participant feedback is extremely positive and agencies not included in the original remit such as maternity, pediatrics and disability services have asked to be included.

Take home messages: It is possible to design high quality interprofessional communication education programmes for healthcare providers and deliver them in the workplace.

A0121

Interns' readiness to prescribe insulin

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Rationale Interns are responsible for a significant proportion of prescribing in Ireland. Previous work done with UK Foundation Year Trainees (Years 1 and 2 post-qualification) has shown a disproportionate number of prescribing errors are attributable to this group. Insulin is a drug with a narrow therapeutic index which is frequently implicated in prescribing errors. There is a current gap in the literature regarding intern prescribing in Ireland, particularly prescription of insulin. The Readiness to Prescribe Questionnaire, developed and validated at Queens University Belfast, will be used to survey current interns about their experiences and readiness with prescribing insulin with the overarching aim of obtaining information that could simultaneously support the quality-improvement of interns' education, help develop their learning environments and shed light on the concept of readiness.

Methods A mixed methods survey will be conducted. The Readiness to Prescribe Questionnaire is a validated tool for quality improvement of prescribing education and includes 20 Likert scaled items along with invitation for written comments. It will be used to survey current (2019-2020) interns across two intern training networks on their readiness to prescribe insulin. Through quantitative data analysis in SPSS we will generate descriptive statistics and conduct confirmatory factor analysis. Qualitative data will be analysed using template analysis.

Findings This study is a work in progress. Data collection to commence early 2020.

Take Home Message This study aims to address a gap in the literature regarding learning to prescribe during the intern year. Further information to come next year following data collection and analysis.

A0123

Easing the Transition to Clinical Learning in Surgery through Multi-Modality Experiential Undergraduate Bootcamp

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Rationale The transition between theoretical and clinical phase of undergraduate medical education has been characterised as the most stressful period of undergraduate medical education.The first clinical exposure to on site learning has been described as a period where medical students go through intense emotional experiences. Traditional methods of education are being enhanced by experiential learning and new digitally-enabled education initiatives, all given added impetus by the availability of an extensive array of leading-edge technological resources. Building on last years pilot bootcamp involving 325 students, having stabilised the platform and gained confidence we endeavoured to evaluate this programme as an aid in the transition to clinical learning. This model of undergraduate teaching followed the path of the surgical patient, in the format of a multi-modality boot camp induction session .

Methods Induction for stage III medical students over 8 sessions between in April 2019 and October 2019 with preceptorship and instruction provided collaboratively by consultants, NCHDs and anatomists. Students rotated through stations (I)Day of surgery admission (II) Simulation Theatre-(VR immersion, surgical and gaming scrub, Open Instrument Skills/Knot tying and Laparoscopic (FLS curriculum) (III) Anatomy Reviser and tasked focussed operation on human cadavers.(IV) Post-op consent/charting simulated patients ; Attendees were surveyed using the STAI-6 6 (state-trait anxiety inventory) anxiety questionnaire before and after the intervention and on completion completed a standardised feedback questionnaire.

Findings 325 students attended;310 returning pre 246 post bootcamp STAI- 95% pre;76%post response rate) and structured feedback questionnaire response from 244 participants(75%response rate) Anxiety Score Interpretation: Score: 20-37   No-low Anxiety Score: 38-44   Mod Anxiety Score: 45-80   High Anxiety   Average Anxiety Scores Pre bootcamp = 35.7, Post =31.4 (student t test ,P < 0.0001) Average pre and post anxiety scores were in the no-low category, with a significant decrease in the post bootcamp score. Chi squared analysis of the pre and post bootcamp groups demonstrated a significant decrease in participants scoring moderate/high anxiety in the post bootcamp group.   STAI-6   Pre Bootcamp   Post Bootcamp   No/Low Anxiety   187/310   60.3% 195/246   79.2% Moderate/High 123/310   39.7%   51/246 20.8% X2(1, N= sample size)=22.9, p=0.000002   Feedback questionnaire:Feedback scores detailed broad appreciation and value assignment with the simulated theatre ranking highest satisfaction scoring a mean value of 5.6/6 closely followed by anatomy reviser 5.3/6 ; post op scenario 5.2/6 and DOSA 5.1/6. Narrative feedback indicated high 360° positivity with most wanting frequent re-immersion.   Participation in a multi modality experiential surgical bootcamp was well received and may ease the transition from theoretical to clinical learning environments.

#inhed2020

Urban legends in workplace-based assessment

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Rationale   The aim of this study was to inform the design of two new workplace-based assessment tools for GP training in Ireland. While as educators and academics we have tracked the literature on WBA over time, we realised we could not assume that the training community in general understood the purpose and practice of workplace-based assessment. We therefore set out to understand the assumptions that may affect the acceptance and integration of WBA into GP training. We also addressed the range and types of assessments that were understood to be formative across the GP training schemes.

Methods   In order to access the wider training community we designed an online quantitative study consisting of statements referring to the purpose and effectiveness of WBA. Following approval by the institution's Research Ethics Committee, online and paper surveys were disseminated to 360 GP trainers, 674 trainees and 82 programme directors via a study gatekeeper. A single reminder was sent two weeks following the initial invitation. We also disseminated paper surveys at a number of trainer and trainee workshops. Online survey data were extracted from SurveyMonkey, added to paper-based data in an Excel spreadsheet and analysed using descriptive statistics.

Findings   While it was generally acknowledged that trainers provide regular feedback to trainees, perceptions of the quality of this feedback varied slightly between the groups. The majority of participants agreed that WBA would be of value in learning, but expressed concerns over increased workload. There were also some misconceptions about the purpose of WBA, with 19% of trainees stating they understood WBAs to be valid and reliable as a single-event sign-off tool. Regular observation of practice was also limited, with only 24.6% of trainees reporting this event.

Take Home message   Workplace-based assessments continue to be viewed as high-stakes assessments of performance; the link between good quality formative assessment tools, teaching and learning is not yet recognised. As with previous research findings our study revealed ongoing issues with the quality of feedback reported. Understanding these issues allowed us to strategically inform our project design and communications plan for WBA in GP training.

A0127

Investigating physiotherapy stakeholders' preferences for the development of performance-based assessment in practice education

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Rationale Discrete choice experiments (DCEs) are used in healthcare to measure the relative importance that stakeholders give to different features (or attributes) of medical treatments or services. They may also help to address research questions in health professional education. Several challenges exist regarding the performance-based assessment process (PBA) employed in physiotherapy practice-based education, a process which determines students' readiness for independent practice. Evidence highlights many commonalities among these challenges, but it is unknown which factors are the most important to stakeholders. The use of DCE methodology may provide answers and help to prioritise areas for development. Thus, this study employed DCE to identify clinical educators', practice tutors and physiotherapy students' preferences for developing the PBA process in physiotherapy.

Methods Attributes (aspects of the PBA process known to be important to stakeholders) were derived from focus group interviews conducted with three groups; physiotherapy students, clinical educators (practising clinicians) and practice tutors (dedicated educational roles in the workplace). These attributes included the PBA tool, grading mechanisms, assessors involved, and, feedback mechanisms. Preferences for each group were calculated using a logistic regression model.

Findings Seventy-two students, 124 clinical educators and 49 practice tutors (n=245) participated. Priorities identified centred primarily on the mandatory inclusion of two assessors in the PBA process and on refinement of the PBA tool. Findings highlighted agreement among physiotherapy students, clinical educators and practice tutors regarding the need for two assessors in the performance-based assessment process of physiotherapy students while also highlighting the perceived value of a dedicated educational role in the workplace for both physiotherapy students and clinical educators..

Take home message Employment of DCE enabled the prioritisation of stakeholder-informed challenges related to PBA in physiotherapy practice-based education. This corroborates findings from previous qualitative work and facilitates a prioritised pathway for development of this process. Findings reflect a need for shared responsibility of high stakes decision making regarding students' readiness for independent practice as well as the need for greater transparency in this assessment process. This methodology should be considered by other health professions seeking answers to similar research questions.

A0128

Give Students First-hand Experience of the Integral Relationship between Research and Effective Nursing Practice.

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Introduction Internationally, there is strong evidence to support the idea that undergraduate students generally, do not recognise the value of learning about research to their future careers (Healey & Jenkins, 2009). Feedback- both formal and informal from our own students made clear that they viewed research as peripheral to their education and to their eventual practice as nurses.   Jenkins and Healey (2009) suggest that students are more likely to recognise the value of research when they experience learning through research and enquiry rather than primarily learning about research and enquiry.   In this presentation we will discuss some key features of an innovative capstone module in a BSc Nursing degree programme which aims to give students first-hand experience of the integral relationship between research and effective nursing practice.   Students identify a problem or issue of interest from their own clinical experience and develop it into a researchable aim or question suitable for a systematic, literature review. Students are supported through the process of developing a systematic search strategy to access and retrieve relevant information; to appraise the methodological quality of available information; to extract information relevant to their research aim or question and present it in summary tables; to synthesise the findings using a thematic approach and to draw conclusions about what is known and not known about the issue in order to inform current and future practice. In addition, students also design a poster based on their literature review suitable for presentation at an academic conference.

Method A complete shift in how the module was structured and the processes by which it was delivered was required in order to support the enquiry-based approach that underpins it. To achieve this, we revised the learning outcomes, the teaching and learning methods and the assessment for the module. Key innovations included an incremental replacement of lectures with podcasts, the re-design of face-to-face contact to facilitated, small-group workshops and drop-in clinics.   Peer assessment of exemplar literature reviews using the assignment criteria and formative feedback on two, sequential drafts of the assignment were also introduced.   Evaluation The module has been formally evaluated by two cohorts of final year students, details of which will be provided during the presentation.

Developing PlayDecide™ as an Assisted Decision Making educational intervention for healthcare professionals

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Rationale: In Ireland, the Assisted Decision Making Capacity Act (2015) legislates for the right of all people, including those with impaired or fluctuating cognition, to be supported to make decisions about their lives. A Rapid Realist Review1 identified education, with inter-professional collaborative learning, as a critical mechanism to support healthcare professionals to adopt ADM into healthcare practice. The purpose of this research is to develop an ADM educational intervention for healthcare professionals.

Methods A serious game methodology using PlayDecide™ prototype was employed. The ADM PlayDecide game content was informed by a literature synthesis and qualitative analysis of interviews with healthcare professionals, older people and family carers (N=40). The content of the game provides real-world context narratives (story cards), stakeholder issues (issue cards) and facts from the legislation and literature (fact cards). Data integration and prototype development of game content involved co-design with healthcare professionals.

Findings: The resulting educational intervention is a card-based game that fosters simple, respectful & fact-based group discussion about ADM in healthcare. The intervention content is generated from real world and contextually appropriate issues and narratives. This leads to authentic learning and reflection upon ADM in healthcare. Healthcare professionals are encouraged to become familiar with the complex nature of ADM and appreciate the varying perspectives of stakeholders. This has potential to foster inter-professional collaborative learning.   Conclusion: The primary target groups for this game are healthcare professionals working with patients with impaired or fluctuating cognition in acute care settings. This educational intervention will be embedded into the RCPI's postgraduate education curricula and continuous professional development scheme. It is relevant for application in any Healthcare Professional Education Programme and is freely available under a creative commons license.

Take Home Message: PlayDecide ADM is an innovative educational intervention which encourages authentic learning through discussion and reflection upon the complexities of ADM in healthcare practice. The game can be readily utilized by educators and will support healthcare professionals to adopt ADM into their practice.   1 Davies C. et al. (in print). What are the mechanisms that support healthcare professionals to adopt assisted decision-making practice? A Rapid Realist Review. BMC Health Services Research.

A0130

The experience of Irish paediatric trainees returning to work after maternity leave.

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Rationale: Difficulties faced by trainees upon return to work following maternity leave were highlighted during the Bawa-Garba case. We undertook to identify the most challenging aspects of returning to work following maternity leave, and to determine which possible changes to current practice may have the greatest positive impact for trainees.

Methods: A questionnaire was disseminated to paediatric trainees which gathered data on maternity leave taken and their experiences on returning to work, as well as opinions on changes that might better support them upon return to work.

Results: 218 trainees were contacted and 50 female trainees responded. 17 had previously taken maternity leave, ten more than once. No specific arrangements were made by the hospital/ clinical team/training body (TB) for any trainee returning from their prolonged absence. Satisfaction with support received was mixed (better support from colleagues than from the hospital/team). Twelve trainees returned to posts with an on call commitment, and all but one completed a 24 hour on-call shift within the first 10 days. Lack of support to continue breastfeeding was overwhelmingly reported - specifically the lack of facilities. Other difficulties included issues with career progression and lack of support when encountering childcare related difficulties (e.g. leaving on time for child pick-up). Trainees were asked to consider potential strategies for improving the experience of returning to work and the most popular options were: 1. A mandatory period of two weeks after return to work without participating in the on call rota, 2. Better breastfeeding support, and 3. Expansion of the NDTP flexible training scheme to include different options other than 0.5 WTE. Trainees also recommended a need for cultural change in hospitals expecting trainees to start early and to work late, while this should apply to all trainees it is particularly important for those limited by childcare hours.

Conclusions: There is a need to improve the experience for trainees returning to work from maternity leave, which represents a prolonged absence from clinical practice. This could be achieved with relatively simple changes to make a large impact on trainee quality of life.

A0131

Paediatric trainee knowledge and opinions of less than full time training. Caoimhe Howard :
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Rationale: To identify the barriers amongst paediatric trainees to training less than full time (LTFT) and to make recommendations based on the data gathered to improve trainee uptake of and experiences of less than full time training.

Methods: A questionnaire was disseminated to all paediatric trainees via email to gather data on their current awareness and experience of LTFT training and perceived barriers to LTFT training.

Results: The questionnaire was sent to 218 paediatric trainees and there was a 29% response rate. There were 59 fully completed questionnaires and 85% were from female trainees. Three of the responses were from current or former LTFT trainees and 17 respondents were planning to apply for LTFT training at some point. Seven trainees had not previously heard of the National Doctors Training and Planning (NDTP) flexible training scheme. Trainees were asked to rank how they perceived different factors as barriers to LTFT training. The main barriers were perceived to be: potential impact on career progression, availability of flexible training scheme posts, and availability of only 0.5 whole time equivalency (WTE) posts. A number of trainees noted that the flexible training scheme is perceived as being inflexible, citing availability of the scheme only on a July to July basis, restriction to a maximum of 2 years, and that only 0.5WTE is available. Trainees perceived that applications would be rejected if not a parent, or more specifically a mother. Some reported encountering perceptions from teams and consultants that LTFT training is a sign of lack of commitment on the trainee's part and that trainees can find it difficult to integrate into the team.

Conclusions: Recommendations should be made to the NDTP flexible training scheme to create more flexibility in the types of post available (e.g. creating options for 0.6 or 0.8 WTE) and in the demographics of applicants accepted to the scheme. Other LTFT options, e.g. job sharing, should be better promoted. Efforts should be made to make LTFT training posts more generally acceptable in the culture of medical training and within the hospitals.

A0132

Teaching an Atypical Audience using Medical Students and NCHDs

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Rationale StreetDoctors Ireland (Registered Charity Number: 20108052) is a charity dedicated to teaching life-saving skills to young people at-risk of violent crime. We teach young people between 12 and 20 years old what to do if someone is bleeding or unconscious. We also teach CPR (cardiopulmonary resuscitation). We discuss the impact of violent crime and drug use in a non-judgmental setting. Our audience for medical education is an atypical one in that we teach in after-school groups, early school leavers programmes and young offenders' institutes. We discuss the challenges of teaching conventional medical skills to an atypical audience. We also include highlights from our teachers, the medical students and NCHDs themselves, and how it has affected their own practice, understanding and delivery of medical education.

Methods We invited all previous and current volunteers that have taught with StreetDoctors to complete an online survey. 24 respondents of 40 invited completed the survey with 83% currently active, teaching volunteers.

Findings Medical students and doctors welcome the opportunity to teach medical skills to a vulnerable, atypical audience. 96% of volunteers agreed with the statement "volunteering with vulnerable people is a critical component to developing good doctors" (with 54% "strongly agreeing" or 10 out of 10 on a Likert scale). 100% of respondents recommended volunteering for StreetDoctors, with all respondents scaling their experience as positive. 50% of respondents self-disclosed the value and importance of meeting people from different socioeconomic backgrounds and the benefit for them and their practice. 29% considered that the activity bestowed greater self-confidence. 38% considered it a chance to develop teaching skills. Medical students and NCHDs consider such interactions to benefit their training and offer improvements in communication, empathy and teaching skills. 29% considered that there no negative effects of volunteering, with 29% considering time constraints the leading negative consequence. 92% of volunteers feel teaching this atypical audience has impacted their interactions with patients or their practice with 38% citing increased empathy and 50% perceiving improved communication skills.

Take Home Message Education of an atypical audience has self-perceived benefits for medical students and doctors in terms of self-confidence and teaching experience.

A0133

Development of an online checking accuracy programme for pharmacy technicians in Ireland
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Rationale   Medication safety has been identified internationally as a key area for improvement in the healthcare setting. In Irish hospitals, it is estimated that at least one medication error occurs per patient each day. Good dispensing practice is an essential component of medication safety. The Certificate in Checking Accuracy for Pharmacy Technicians (CCAPT) was developed in Athlone Institute of Technology (AIT) to provide qualified community and hospital pharmacy technicians with the knowledge and skills required to check the accuracy of dispensed medicines. In the past, pharmacy technicians wishing to develop their checking accuracy skills availed of UK courses with limited applicability to the Irish context. CCAPT addresses this unmet need and provides a flexible, online programme, tailored to Irish legal, ethical and administrative processes.

Methods   CCAPT is the first checking accuracy programme for pharmacy technicians available in the Republic of Ireland. The programme is primarily delivered online. A face-to-face induction session in AIT acclimatises learners to the online environment. Live online lectures are delivered in the evenings to accommodate pharmacy technicians in full-time employment. The checking accuracy log facilitates experiential learning within a structured framework. Online diary entries encourage reflective learning and critical thinking in the workplace. Online discussion forums promote peer learning and professional communication. A workplace supervisor supports and guides the candidate's learning throughout the course. Appraisal sessions provide structured opportunities for the candidate and supervisor to meet to review progress. An Objective Structured Practical Examination and interview allow an independent assessment of candidates' checking competence at the end of the programme.

Findings   Fifty-eight qualified pharmacy technicians have enrolled on CCAPT since its commencement in September 2018. Sixty pharmacists have completed the online induction training to act as supervisors on the programme. Intake on the course has been cross-sectoral, with 52% (n=30) from community pharmacy and 48% (n=28) from hospital pharmacy. The flexibility of online delivery has allowed candidates from 15 counties across Ireland to undertake the programme. CCAPT has supported the continuing professional development of qualified pharmacy technicians in checking accuracy and medication safety, facilitating an appropriate skill-mix within pharmacies in Ireland.

A0134

The road so far: Developing a national interprofessional practice education quality framework for health and social care professions

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Background: In health and social care professions in Ireland, the most important contemporary issue is providing sufficient placements for the growing numbers of students. However, the need for high quality placements is also an essential requirement for universities, programme accreditors and for graduate employers. Most universities gather feedback from students and educators as part of their quality review of placements, but quality assurance systems are typically local to the profession and/or university. There have been calls for uni-disciplinary national quality frameworks in both physiotherapy in the USA and Occupational therapy in Australia but these are yet to be developed. There is also some evidence of formal inter-professional university led quality frameworks in Australia. This reflects the literature where there is often documented homogeneity between professions on what constitutes quality in student placements. There is therefore an opportunity to define quality within practice education placements and create a national inter-professional quality framework for practice education in Ireland. Aim: The aim of this research project is to develop a national quality framework for practice education systems for health and social care professionals in Ireland. Methods: Stage one of this research has involved the completion of a scoping review (protocol published with Johanna Briggs Institute) to explore attributes of quality placements across professions internationally. This review has included both research articles and published frameworks. Stage two involved national consultation with stakeholders (practice educators, students, university practice education coordinators and services users) using the nominal group techniques to gain consensus on "What are the factors that indicate a quality practice education experience?" In addition, the secondary question was "What aspects of a placement should be included in an evaluation tool of a quality placement?" Planned analysis: A Prisma flow chart and conceptual map of results will reveal the content and prevalence of topics identified in the review. The results of the stakeholder consultation meetings will be summarised. Synthesised results of both stages will be presented. Discussion: The presentation will provide a valuable insight into the findings so far of this innovative national, inter-professional multi-stakeholder research. Next steps in the project will be identified

A0135

Lessons Learned: Revising and Standard Setting a Postgraduate Paediatric Examination

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Rationale From 2017 to Dec 2019 RCPI and the Faculty of Paediatrics have worked to revise the post graduate membership examination. The membership examination has both written and clinical elements and the purpose of the review was to add transparency to the decision-making process of the clinical experts marking the examination. Having run one full cycle of the revised examination we have reviewed lessons learned for final decision on structure and standard setting.

Methods Following and external review subject matter expert (SME) workshops were held to determine what to include in the written and clinical content of the examination. Through a series of review groups content was revised and standards were set for each element of the exam. We have reviewed examiner and candidate feedback, external examiner feedback and examination data to determine if we have improved perceived fairness by candidates, increased transparency and increased consistency.

Findings The changes to the examination have been found to be a success. We have lessons learned in the practicalities of running a Paediatrics clinical, nuances required in examiner training and the challenges in discriminating between candidates in a high performing small group population.

Take home message Key learning points for us were that despite starting with a clear view of our standard examination marking took time and effort to review once applied to real life examples. A holistic approach to all parts of the examination was required to ensure it remains a valuable tool in assessing adult learners.

A0136

Paediatric Bootcamp: Are they more prepared?

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Rationale: Adult learning theory has demonstrated that small group learning and employing active learning techniques are superior to standard didactic teaching methods. UCD medical students complete a 6-week rotation in paediatrics in group of approximately 60 studetns. Upon complete of the module our students have expressed frustration with the prolonged acclimitisatino time at the beginning of the rotation due to their sense of being ill prepared to approach children and their families. They attribute this to the less predicatable and potentially less cooperative patient cohort and the therefore more oppertunisitic and flexible approach required which is in stark contrast to that typically used in adult medicine.   The aims of our Bootcamp project were to actively engage our students from the outset of the rotation and to

1) Empower our students to feel confident in approaching paediatric patients
2) Review key knowledge/skills covered in previous modules
3) Develop a rapport between students and teaching staff to create an open inclusive teaching environment.

Methods: Bootcamp was designed with adult learning theory in mind. It has been delivered to 4 groups since April 2019. It consists of 8 individual sessions of small group work targeting specific paediatric knowledge e.g. vaccination schedule or non-technical skills e.g. communication.   Feedback was sought via anonymous written survey. They rated their sense of preparedness pre and post Bootcamp from 1 to 10. Each session was also rated from 1 to 5 (1 being poor, 5 being excellent) in relation to perceived usefulness, relevance and overall enjoyment.

Results: 203 students have completed our Bootcamp survey. Our overall preparedness score rose on average 2.5 points from 4 pre-Bootcamp to 6.5 post Bootcamp. Notably 4 students felt less prepared following Bootcamp with a mean drop in score of 2 points, they attributed this to their realisation that paediatrics was more complicated than they anticipated. All sessions were rated positively and future topics that students would like covered were identified e.g. distraction techniques.

Take home message: Our bootcamp has been deemed a positive learning experience for students but going forward further adjustments are required to improve its content and delivery style.

A0137

A longitudinal study of the lived experience of relationships with other doctors during the transition to clinical practice

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Rationale: For the newly graduated doctor transitioning to clinical practice, positive interactions with medical colleagues are associated with increased job satisfaction and ease of transition. However, the relationships of first year doctors with other doctors in the workplace, are complicated by factors such as status, hierarchy and their requirement for support. Residents also commonly report being exposed to negative communications from other doctors in the workplace. In addition to impacting on transition experience, interactions of newly qualified doctors with others in the workplace may also influence their future behaviour, through a process of positive or negative role modelling.   The aim of this study is to explore the lived experience of recent medical graduates from prior to commencing work, through their transition to practice during their first year of being a doctor, with respect to their relationships and interactions with other doctors in the clinical environment.

Methods: We used interpretative phenomenological analysis as a methodological approach. Three medical graduates, about to commence practice in July 2015 were purposively recruited. Semi structured interviews were carried out with each, prior to commencing practice and at the end of the first year, regarding their experience of their transition to clinical practice. In addition each participant was invited to keep audio-diaries during the year to record their experience. All data was transcribed and template analysis was undertaken to identify common themes in respect of the research question.

Findings: Participants' experience of relationships with other doctors was characterised by themes of integration, support and discord. Team inclusion, familiarity with other doctors and peer support eased the transition. Attitudes regarding support seeking changed with time and negatives experiences prompted dysfunctional behaviours. Challenging interactions with some senior doctors were described and participants were also witness to unprofessional behaviour between other doctors in the workplace.

Take home message: Positive experiences of inclusion and support are vital for newly qualified doctors, and have patient safety implications. Rude and aggressive communication persists within the medical hierarchy.

A0138

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A0139

Interventions to support the transition from medical student to doctor- A Scoping Review

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Rationale: The stress of commencing clinical practice for newly graduated doctors is heightened by a perceived or actual lack of preparedness for their new role. This indicates a potential discrepancy between what is learnt in undergraduate medical education and the capability required of doctors on commencing practice. In addition to affecting the confidence and competence of medical graduates, lack of preparedness may also have patient safety implications, as evidenced the 'July effect' reported when new graduates start work. In response to this issue, focused transitional interventions have been designed and implemented at undergraduate and postgraduate level in an attempt to improve work readiness and ease the transition. We conducted a scoping review of the literature to determine the current extent, range and nature of these interventions.

Methods: The methodological frameworks of Arksey and O'Malley, Levac, and the Johanna Briggs Institute informed our review. Using relevant terms we searched Medline, CINAHL, Embase, PsycINFO, SocINDEX and ERIC databases, hand-searched key journals; Medical Education, Academic Medicine and Medical Teacher, and tracked citations, to identify empirical papers, in the English language, describing the implementation and/or evaluation of interventions explicitly designed to address preparedness for practice. Papers were screened by abstract and title, and then by full text using inclusion and exclusion criteria. Data was extracted to address the focus of the review.

Findings: Using PRISMA guidelines, from 5072 articles screened, 178 articles were included in the scoping review. Research has increased in recent years. Multiple terms were used to describe interventions. Most studies had small sample sizes, were carried out in single sites, and used less rigorous study designs with low Kirkpatrick evaluation levels. The majority used simulation based teaching methods, with few involving real patient contact. Content focused on competency in skills and knowledge with little emphasis on the health and wellbeing of the individual doctor.

Take home message: There is considerable scope for further research in this area, including, more rigorous study design, higher level evaluation, greater clarity regarding terminology of transitional interventions, more focus on real patient experience and on the resilience of the newly qualified doctor.

A0140

Attrition from Irish Surgical Training

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Background:
Surgical training is personally and professionally demanding. However, not all trainees who commence training complete the program. Attrition from surgical training impacts upon multiple stakeholders and generates inefficiency at individual and systems levels. This project examined attrition from a national surgical training program to deepen understanding of the extent and causes of the phenomenon.

Methods:
As part of a mixed methods study, semi structured interviews were conducted with eleven trainees who withdrew from surgical training or considered doing so. A thematic analysis was performed on the data generated to examine the experiences of trainees and explore the factors which influenced a decision to withdraw.

Findings:
Eleven interviews were conducted over a 3 month period. During interviews, participants discussed their experiences as a core surgical trainee. Five major themes emerged from data analysis as factors which influenced the decision to withdraw: delivery of training, the training atmosphere, influence of seniors, concerns regarding progression and the perception of the future role with respect to lifestyle. Subthemes included: Bullying and undermining behaviour, hierarchy, feeling vulnerable, workplace training and uncertainty.

Conclusion:
The personal experience of surgical training is crucial in informing a decision to withdraw from a training program. Voluntary attrition is appropriate where doctors, after experiencing some time in surgical training, recognise that a surgical career does not meet their expectation. However, improving the delivery of training by addressing the concerns identified in this study may serve to enhance the personal training experience and hence maximise retention.

Key words: Surgical Training, Surgical Residency, Attrition, Clinical Education

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

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Rationale

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

Methods

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

Phase 2 involved qualitative methods (focus group) to explore students' experiences of their transition and factors that affected it.

Findings

Phase 1: Over the course of three years, the number of students who accessed the pre-arrival online activity increased from 58% to 77%. Some findings from the demographic survey include: The proportion of respondents who were returning to study after some years in employment ranged from 28 to 37% and the proportion intending to work part-time while studying ranged from 23.5 to 31.5% over the three cohorts.

Recurring student concerns pre-arrival included workload, finances, work-life balance and ability to succeed.

Student evaluation of small group discussions and the online activity was positive overall. Constructive feedback was incorporated into subsequent orientation programmes.

Phase 2: Emergent themes included financial concerns, transitioning to student life after years in employment and academic background. Practical issues such as timely access to information and using the virtual learning environment also arose.

Discussion/ Conclusion

Our graduate entry students experience similar challenges to those encountered by students entering their first year of university, but have additional challenges around finances and academic background. Whilst it is not possible to eliminate all challenges, providing information in advance and making orientation more student-centred can help to ease the transition.