ABSTRACTS
BOOK ASM 2023
Developing a diverse workforce

12 - 14 July 2023
The Eastside Rooms, Woodcock St, Birmingham, UK

www.asme.org.uk/events/asm2023 #asme2023
These abstracts will be presented in parallel sessions as follows:

Wednesday 12 July 1630-1730hrs
Thursday 13th July 0915-1115hrs
Friday 14th July 0900-0945hrs
Friday 14th July 1015-1215hrs

Please see the Conference Brochure and/or our Conference App for a full timetable.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Title</th>
<th>Date</th>
<th>Time</th>
<th>Room</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>STEP inTO OxMed: A remote summer series about the medical school admissions process for students from widening participation backgrounds</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>Ashstead 3</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>STEP inTO OxMed: Targeted mock interview workshops for shortlisted candidates from widening participation backgrounds</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>Ashstead 3</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>ASME PhD Funding Recipient: What are key stakeholders perspectives on the use of contextual admissions at UK medical schools</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>Ashstead 3</td>
<td>18</td>
</tr>
<tr>
<td>Allied health professions</td>
<td>Care Under Pressure 2: Examining causes and solutions to psychological ill-health for nurses, midwives &amp; paramedics</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>MR4</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Don't reinvent the wheel: Relying on New Pedagogical Models from Allied Health Professions</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR4</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Linguistic Diversity in Healthcare: The Case for Bias Reduction in Communication</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR4</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Looking to the future: Physician associates in Ophthalmic practice</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR7</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>The experiences of registered nurses studying a medical degree that affect their identity as a future doctor</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>MR7</td>
<td>23</td>
</tr>
<tr>
<td>Arts and humanities</td>
<td>Outside the Box: An initiative to enhance the well-roundedness of final year medical students during a longitudinal primary care placement</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>MR7</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Storyboarding: a creative approach to support students’ reflection</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>MR7</td>
<td>25</td>
</tr>
<tr>
<td>Assessment</td>
<td>A systematic literature review to explore the reliability of simulated patients assessing medical students in Objective Structured Clinical Examinations (OSCEs).</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>MR8</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>All medical degrees are equal, but some are more equal than others: An analysis of medical degree classifications</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR8</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Do medical students with a disability experience adverse educational outcomes on UK medical courses?</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR8</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Small Grants Funding Recipient 2022: Does lowering the idea density of pharmaceutical calculations impact exam performance? A randomised controlled trial</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>MR8</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>The educational value of Situational Judgement Tests (SJTs) when used during undergraduate medical training: A systematic review and narrative synthesis</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>MR8</td>
<td>30</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
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<tr>
<td>Assessment</td>
<td>Were candidates sitting exams in a remote online format advantaged during the COVID-19 pandemic? A systematic review with meta-analysis</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>MR8</td>
<td>31</td>
</tr>
<tr>
<td>Careers</td>
<td>Do junior doctors see themselves as medical educators? A literature review</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>MR9</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>eXploring medical sTudents’ caReer reAdiness (XTRA) - A Cross-Sectional Study in the United Kingdom</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR9</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>How do widening participation students and surgeons perceive opportunities for a career in surgery?</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR9</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Negotiating uncertain NHS futures: Medical students career expectations, preparations, and support requirements</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>MR9</td>
<td>35</td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>The Words You Need To Know For Clinical Reasoning In Surgery: The Student Perspective</td>
<td>Friday 14th July</td>
<td>1140-1200hrs</td>
<td>MR7</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>What Would Doctor Do? (WWDD): Medical student experiences of using an online create your own adventure (CYOA) teaching tool to develop clinical reasoning skills</td>
<td>Friday 14th July</td>
<td>1200-1215hrs</td>
<td>MR7</td>
<td>38</td>
</tr>
<tr>
<td>Continuing education</td>
<td>Establishing the National Genomics Training Academy (GTAC)</td>
<td>Friday 14th July</td>
<td>1140-1200hrs</td>
<td>MR10</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>User evaluation of GeNotes – a Genomics Education Programme flagship ‘just in time’ online genomics education resource</td>
<td>Friday 14th July</td>
<td>1200-1215hrs</td>
<td>MR10</td>
<td>40</td>
</tr>
<tr>
<td>Curricula</td>
<td>A contextual definition of Longitudinal Integrated Clerkships within the UK and Ireland: A bi-national modified Delphi study</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>MR4</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Curriculum experience evaluation: Scotland’s graduate entry Medicine programme (ScotGEM)</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>MR4</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Medical students’ tolerance of uncertainty in Problem-Based Learning: A qualitative analysis of tutors’ perspectives and influences on uncertainty tolerance.</td>
<td>Thursday 13th July</td>
<td>1100-1120hrs</td>
<td>MR4</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Updating the British Geriatrics Society Recommended Undergraduate Curriculum in Geriatric Medicine: A curriculum mapping and nominal group technique study</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>MR8</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Vaccine hesitancy and medical education: Are we prepared?</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR8</td>
<td>45</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
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<tr>
<td>Curricula</td>
<td>What makes a ‘good doctor’? A critical discourse analysis of perspectives from medical students with lived experience as patients</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>MR9</td>
<td>46</td>
</tr>
<tr>
<td>Education</td>
<td>A comparison of two escape rooms for teaching written skills: Lessons learned</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>MR7</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>The Clinical Teacher Travelling Fellowship 2020: Boston Children’s Hospital - A visit to share knowledge, observe practices and open collaboration</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>MR7</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Challenging the Spectrum of Involvement: Are equal partnerships the ultimate goal?</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>MR7</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Comparing Clinical Simulation Global Rating Scores of participants from low, middle, and high income countries in Simulation via Instant Messaging- Birmingham Advance (SIMBA) sessions.</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>MR8</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Sir John Ellis Student Prize Winner 2023: Comparison of video demonstration alone versus combined video and in-person demonstration in medical undergraduate clinical skills teaching: a pilot study</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR11</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Diversity and Accessibility in Academic Medical Training: Time to act on differential attainment</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>MR8</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Empowering female health workers to minimise and eliminate the effects of Gender Based Violence (GBV) within workplace and in the community</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>MR8</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Small Grants 2022: “I’d like to phone a friend”: how can students use digital devices in OSCEs?</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>MR7</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Motivations behind medical educators: Exploring why junior doctors become clinical teaching fellows</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR7</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Patient and Public Involvement in Virtual Simulation-Based Education Informs and Enhances Clinicians’ Knowledge in Managing Polycystic Ovary Syndrome and Adrenal Conditions</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR7</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell Disease Education in Low- and Middle-Income Countries Using the MedShr Digital Knowledge Platform</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>MR7</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>SIMBA for Students – teaching medical cases to pre-clinical medical and pharmacy students through online simulation: a pilot study</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>MR7</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Student-staff partnership in exploration and co-creation of study skill resources</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR10</td>
<td>59</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
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</tr>
<tr>
<td><strong>Education</strong></td>
<td>Small Grants 2022: The training needs of GPs and GP trainees in relation to the Women's Health Plan's priority areas for action</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>MR10</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Small Grants 2021: Using a consensus meeting to enhance fracture care education in low income countries</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>MR10</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>What are medical students taught about Persistent Physical Symptoms? A scoping review of the literature with narrative synthesis</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>MR10</td>
<td>62</td>
</tr>
<tr>
<td><strong>Equality, Diversity and Inclusivity (EDI)</strong></td>
<td>A Clinical Attachment Training Programme (CATP) to educate, support, and prepare for NHS employment.</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>A qualitative study exploring the perceived reasons for differential attainment amongst international medical graduates (IMGs) within General Practice (GP) training, undertaking the applied knowledge test (AKT)</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>A qualitative study looking at the lived experiences of female surgeons’ operative autonomy</td>
<td>Friday 14th July</td>
<td>1140-1200hrs</td>
<td>MR2</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>A realist evaluation exploring differential attainment in Health Professions Education</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>A Role Model is like a Mosaic: Reimagining URiM Students’ Role Models in Medical School</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>ASME PhD Funding Recipient: A scoping review of gendered experiences of medical training and their impact on career progression and specialty choice</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>ASME/GMC Excellent Medical Education Award 2021 - Winner, Undergraduate Category: Active Bystander Training: Is simulation effective?</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>An exploration of the impact of being a student reverse mentor</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Barriers to disclosure of disability and request for accommodation among first-year medical residents</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Barriers to Pre-Exposure Prophylaxis (PrEP): Implications on LGBTQ+ Education and PrEP Training in the Medical Curriculum</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>Affinity Suite (Main Auditorium)</td>
<td>72</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
</tr>
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<tr>
<td>Equality, Diversity and Inclusivity (EDI)</td>
<td>Barriers to the Reporting of Homophobic and Transphobic Experiences by Medical Students at a UK University</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR2</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Black female doctors’ perceptions of barriers to faculty diversity in academic medicine: a qualitative study</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>MR2</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Developing a tailored teaching program to support international medical graduates.</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>MR2</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Diversifying medicine</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>MR2</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Sir John Ellis Student Prize Winner 2022: Do the NHS Education Scotland Equality Priorities Reflect the Concerns of Doctors with Disabilities?</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>Ashstead 2</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Empowering, adequate or harmful? Ethnically minoritised medical students’ perspectives on the impact of collective terms on their learning experience</td>
<td>Friday 14th July</td>
<td>1200-1215hrs</td>
<td>MR2</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Ethnicity-related stereotypes: How to recognise and reduce their impacts on student health professionals</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>Ashstead 1</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Exploring the curriculum and opinions of medical students on their teaching of sexual harassment</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>Ashstead 1</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Exploring the impact of Educator Masterclasses Embedding Compassionate Courageous Cross-Cultural Conversations into Psychiatry Training</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>Ashstead 1</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Exploring the impact of the Differential Attainment Champion role in the GP School, Health Education North West (HEENW)</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>Ashstead 1</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Foundation doctors’ perceptions of how well they are trained to deal with medical, racial and cultural issues surrounding patients from ethnic minority backgrounds</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>Ashstead 1</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Intersectional identities as a game of snakes and ladders: making sense of skill development on clinical placements</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>Ashstead 1</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Learning to care together: a novel interprofessional end-of-life care simulation model for undergraduates</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>Ashstead 1</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Medical students’ perception of the impact of multilingualism on learning and clinical practice: A mixed methods study.</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>Ashstead 1</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>Predictors of self-reported research productivity amongst medical students in the United Kingdom: A national cross-sectional survey</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>Ashstead 1</td>
<td>87</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
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<tr>
<td>Equality, Diversity and Inclusivity (EDI)</td>
<td>Predictors of self-reported research self-efficacy and perception of research amongst medical students in the United Kingdom: A national cross-sectional survey</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>Tactic MR</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>Residents’ experiences and perspectives in empathy and neglect in the context of Neglected Tropical Diseases</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>Tactic MR</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>Reverse Mentoring: King’s College London (KCL) African Caribbean Medical Society Students Mentoring Senior Faculty – Learning from this Pilot Project</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>Tactic MR</td>
<td>90</td>
</tr>
<tr>
<td>Role Modelling and Ethnicity</td>
<td></td>
<td>Friday 14th July</td>
<td>1140-1200hrs</td>
<td>Tactic MR</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>The impact of experiences relating to gender and sexual orientation on medical students’ professional identity formation and career choices: An exploratory qualitative study.</td>
<td>Friday 14th July</td>
<td>1200-1215hrs</td>
<td>Tactic MR</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>The Journey from Invisible to Visible: Black Female Medical Students’ Perceptions and Experiences of Role Models</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>Ashstead 2</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>The Lived Experience of Women Whistleblowers</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>Ashstead 2</td>
<td>94</td>
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<td>Understanding the motivators, barriers, and facilitators to female Trauma and Orthopaedic surgeons in achieving Certificate of Completion of Training</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>Ashstead 2</td>
<td>95</td>
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<td>Widening Participation for Women in Surgery: Creating diverse role-models that represent the workforce of tomorrow</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>Ashstead 2</td>
<td>96</td>
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<td>Widening the Diversity of Academic Staff: An Enquiry</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>Ashstead 2</td>
<td>97</td>
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<td>Feedback</td>
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<td>A Word of Warding: Enhancing early-years' students clinical experiences through a ‘Ten Top Tips’ prompt card and patient encounters</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>MR8</td>
<td>98</td>
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<td>Clinical Supervisors’ and Students’ Perceptions of Clinical Feedback in Saudi Arabia: Lessons learned post-Covid</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>MR8</td>
<td>99</td>
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<td>Peer tutor evaluation using miniCex: A solution for ensuring ample quality feedback?</td>
<td>Friday 14th July</td>
<td>1140-1200hrs</td>
<td>MR8</td>
<td>100</td>
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<td>The power of positive feedback: Researching the implementation of a Learning from Excellence scheme in undergraduate medical education.</td>
<td>Friday 14th July</td>
<td>1200-1215hrs</td>
<td>MR8</td>
<td>101</td>
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<tr>
<td>Foundation doctors</td>
<td>Factors influencing foundation doctors’ use of VR simulation training: a mixed methods study</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>MR9</td>
<td>102</td>
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<td><strong>Foundation doctors</strong></td>
<td>How do NHS Trusts deliver core teaching to FY1s? A national audit project</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>MR9</td>
<td>103</td>
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<td>The world beyond 'Breaking Bad News' tutorials: Uncovering the real-life communication scenarios junior doctors face</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>MR9</td>
<td>104</td>
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<td>Experiences of patient death: voices of new graduate doctors in the COVID-19 pandemic</td>
<td>Friday 14th July</td>
<td>1045-1110hrs</td>
<td>Ashstead 3</td>
<td>105</td>
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<td><strong>Innovation</strong></td>
<td>ASME/GMC Excellent Medical Education Award 2021 - Winner, Postgraduate Category: Anatomical Three-dimensional Orbital Models: building a brighter future for postgraduate ophthalmology education</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR11</td>
<td>106</td>
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<td>Exploring Uses of ChatGPT in Medical Education</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>MR11</td>
<td>107</td>
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<td>Participant interpretation of developmental mentoring: a qualitative study from the first national Women in ENT Surgery UK Developmental Mentorship Programme</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>MR11</td>
<td>108</td>
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<td>Short-Term, Mentored Training with Basic Science Research Literature Advances Pre-Clerkship Medical Students’ Skills in Master Adaptive Learning</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>MR11</td>
<td>109</td>
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<td>Tofu for Teaching</td>
<td>Friday 14th July</td>
<td>1140-1200hrs</td>
<td>MR11</td>
<td>110</td>
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<td><strong>Interdisciplinary</strong></td>
<td>Could a multi-professional approach to teaching be the future of patient safety training?</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>MR10</td>
<td>111</td>
</tr>
<tr>
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<td>Small Grants 2021: Striving to be an Excellent Healthcare Professional and Excellent Parent: Exploring the Experiences of UK Doctors and Nurses</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR10</td>
<td>112</td>
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<td>Medical Education Travelling Fellowship 2020: Team learning at work: getting the best out of interdisciplinary teacher teams and leaders</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR10</td>
<td>113</td>
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<td>Training health and social care professionals in multidisciplinary team working: a review of undergraduate educational requirements</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>MR10</td>
<td>114</td>
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<td><strong>Inter-professional education</strong></td>
<td>Conceptualising and assessing non-technical skills in research on simulation-based medical education and training: An integrated scoping review and curriculum analysis</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>MR5</td>
<td>115</td>
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<td>Interprofessional education beyond the MDT: Insights from an innovative, multi-stakeholder simulation</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>MR5</td>
<td>116</td>
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<td>Interprofessional workplace collaboration approaches: A framework analysis study of internal medicine trainees</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR11</td>
<td>117</td>
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<td>Medical students</td>
<td>A questionnaire measuring empathy and patient-centredness in year four medical students completing a Longitudinal Integrated Clerkship</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR9</td>
<td>118</td>
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<td>Academic Medicine for All: Working Together to Improve Access to the Specialised Foundation Programme</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
<td>MR9</td>
<td>119</td>
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<td>International short-term placements in health professions education – a meta-narrative review</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
<td>MR9</td>
<td>120</td>
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<td>New Leaders Award 2021: Leading the Foundation Year for Medicine: a widening participation initiative</td>
<td>Friday 14th July</td>
<td>1120-1140hrs</td>
<td>MR9</td>
<td>121</td>
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<td>(L)earning: exploring the value of paid roles for medical students</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>MR11</td>
<td>122</td>
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<td>Medical student perceptions and experiences of incivility: a qualitative study</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>MR10</td>
<td>123</td>
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<td>Small Grants 2022: Medical students' attitudes to pursuing a career in psychiatry: A realist study</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>MR1</td>
<td>124</td>
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<td>Medical students impacted by discrimination: their experiences of sense of belonging and support systems at medical school</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>MR1</td>
<td>125</td>
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<td>“Peer-scribing”: utilising a live, collaborative drug chart to teach prescribing</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>MR1</td>
<td>126</td>
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<td>Small Grants 2021: Personal tutoring and professional identity development in undergraduate medical students: Reflecting on tutors’ and students’ perspectives</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>MR1</td>
<td>127</td>
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<td>‘Stepping into the role of doctor’: Exploring educational value in a simulated setting</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
<td>MR4</td>
<td>129</td>
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<td>Understanding the person behind the patient: Promoting reflection to explore patients’ perspectives on their hospital stays</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
<td>MR4</td>
<td>130</td>
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<td>Peer and near-peer education</td>
<td>Autonomy and Touch: highlighting the benefits and importance of touch to early years medical students, an evaluation</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>Tactic MR</td>
<td>131</td>
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<td>Peer and near-peer education</td>
<td>Rethinking summer resits in medical school: Sharing a peer-led initiative and understanding experiences of peer support for resit revolution</td>
<td>Wednesday 12th July</td>
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<td>The experience of junior clinicians undertaking undergraduate paediatric bedside teaching</td>
<td>Wednesday 12th July</td>
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<td>Establishing learning communities in an online postgraduate student cohort – adapting to student feedback</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
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<td>Exploring patterns of migration of doctors to the United Kingdom: Implications for a sustainable diverse workforce</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
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<td>Factors that influence belonging of international medical graduates in the workplace during hospital-based postgraduate training in the United Kingdom: a qualitative study.</td>
<td>Wednesday 12th July</td>
<td>1715-1730hrs</td>
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<td>Internal Medicine Training – implementation and impacts of a new curriculum: Findings from a 3-Year longitudinal evaluation</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
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<td>ASME PhD Funding Recipient: Less than full-time working in the medical profession: a systematic review, and examination of doctors’ characteristics and performance</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
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<td>Master’s in Genomic Medicine framework: a multidisciplinary first in NHS postgraduate training</td>
<td>Thursday 13th July</td>
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<td>Social Identity Resources Can Enable or Inhibit Transitions into the Medical Community: A qualitative Longitudinal Study.</td>
<td>Wednesday 12th July</td>
<td>1655-1715hrs</td>
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<td>The Feasibility of Integrating Generalism into Postgraduate Internal Medical Training – Enhance Pilot in the Midlands, UK</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
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<td>Primary care</td>
<td>Comparison of the effectiveness of exclusively facilitated clinical teaching and traditional practice-based primary care placements</td>
<td>Friday 14th July</td>
<td>1020-1040hrs</td>
<td>MR5</td>
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<td>GP trainees as teachers: barriers, facilitators and outcomes.</td>
<td>Friday 14th July</td>
<td>1040-1100hrs</td>
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<td>Psychology</td>
<td>A qualitative framework analysis of medical students’ attitudes of incivility in undergraduate medical education</td>
<td>Friday 14th July</td>
<td>1100-1120hrs</td>
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<td>Training to change practice: including behavioural science in health professional education</td>
<td>Friday 14th July</td>
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<td>Quality and standards</td>
<td>Rethinking whistleblowing for tomorrow’s doctors</td>
<td>Friday 14th July</td>
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<td>Significant Event Analysis for Education (SEAFE) and its role in undergraduate medical education</td>
<td>Friday 14th July</td>
<td>1200-1215hrs</td>
<td>MR5</td>
<td>147</td>
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<td>Research</td>
<td>Exploring the barriers and facilitators to careers in clinical education research</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>Ashstead 3</td>
<td>148</td>
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<td>Transnational education: Understanding the challenges and opportunities for competency-based health professional education in Bangladesh</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>Ashstead 3</td>
<td>149</td>
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<td>Research</td>
<td>Using Epistemic Network Analysis to design and develop a novel teleconferencing platform to deliver clinical experience to undergraduate medical students.</td>
<td>Thursday 13th July</td>
<td>1000-1020hrs</td>
<td>Ashstead 3</td>
<td>150</td>
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<tr>
<td>Simulation</td>
<td>Building a Confident, Diverse Workforce through Simulation for Medical Support Workers (MSWs)</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>Ashstead 3</td>
<td>151</td>
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<td>Teamwork in the COVID19 - zone : simulation as a means of understanding and improving communication whilst wearing PPE</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>Ashstead 3</td>
<td>152</td>
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<td>The impact of the introduction of virtual reality (VR) simulation into general surgical teaching for improving technical skill</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>Ashstead 3</td>
<td>153</td>
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<tr>
<td>TEL</td>
<td>Low-Tech, High-Yield; the utility of virtual patients using simple presentation software</td>
<td>Thursday 13th July</td>
<td>1020-1040hrs</td>
<td>Ashstead 2</td>
<td>154</td>
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<td>Multidisciplinary Team Virtual Reality Simulations for Diverse, Immersive Undergraduate Education</td>
<td>Thursday 13th July</td>
<td>1040-1100hrs</td>
<td>Ashstead 2</td>
<td>155</td>
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<td>Revitalising the virtual patient: an early years medical student perspective on clinical reasoning</td>
<td>Thursday 13th July</td>
<td>1100-1115hrs</td>
<td>Ashstead 2</td>
<td>156</td>
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<tr>
<td>Theory</td>
<td>A theoretical systematic review of patient involvement in health and social care education</td>
<td>Thursday 13th July</td>
<td>0920-0940hrs</td>
<td>Tactic MR</td>
<td>157</td>
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<td>‘Dr Who?’ A Qualitative Analysis of Ideas of Matriculating Medical Students around Medical Professional Identity</td>
<td>Thursday 13th July</td>
<td>0940-1000hrs</td>
<td>Tactic MR</td>
<td>158</td>
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<td>TASME TIE Prize 2023 Finalist: Dr Maria Ahmad</td>
<td>Thursday 13th July</td>
<td>1600-1730hrs</td>
<td>MR8</td>
<td>159</td>
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<td>TASME TIE Prize 2023 Finalist: Dr Conor Boylan</td>
<td>Thursday 13th July</td>
<td>1600-1730hrs</td>
<td>MR8</td>
<td>161</td>
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<td>TASME TIE Prize 2023 Finalist: Dr Neil Thakrar</td>
<td>Thursday 13th July</td>
<td>1600-1730hrs</td>
<td>MR8</td>
<td>163</td>
</tr>
<tr>
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<td>Comparing the perspectives of clinical supervisors and veterinary students on the relative importance of preparedness characteristics for workplace clinical training</td>
<td>Wednesday 12th July 1635-1655hrs</td>
<td>MR1</td>
<td>165</td>
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<td>‘Ctrl-Alt-Derm scape’: Shifting medical students’ perceptions through a dermatology-based escape room</td>
<td>Wednesday 12th July 1655-1715hrs</td>
<td>MR1</td>
<td>166</td>
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<td>Exploring why cancer patients engage into medical education</td>
<td>Wednesday 12th July 1715-1730hrs</td>
<td>MR1</td>
<td>167</td>
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<td>Funding summer placements to increase diversity within postgraduate MSc/MRes courses</td>
<td>Thursday 13th July 0920-0940hrs</td>
<td>MR2</td>
<td>168</td>
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<td>I am training students for a job I’ve never done: A qualitative study of the experiences of teaching biomedical science subjects to medical students in the UK</td>
<td>Thursday 13th July 0940-1000hrs</td>
<td>MR2</td>
<td>169</td>
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<td>If at first you don’t succeed, try, try again? - A quality improvement project to implement a ‘Call a Teacher’ scheme.</td>
<td>Thursday 13th July 1000-1020hrs</td>
<td>MR2</td>
<td>170</td>
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<td>ASME PhD Funding Recipient: Student Perspectives on the Provision of Cases and Self-Regulated Learning Feedback in Virtual Patients to Teach Clinical Reasoning</td>
<td>Thursday 13th July 1040-1100hrs</td>
<td>MR2</td>
<td>172</td>
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<td>Team-Based Learning in Paediatric Clinical Attachments for Medical Students</td>
<td>Thursday 13th July 1100-1115hrs</td>
<td>MR2</td>
<td>173</td>
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<td>A Data Driven Virtual Learning Environment That Identified and Mitigated the Impact of Reduced Physical Interaction on Undergraduate Medical Education</td>
<td>Thursday 13th July 1000-1020hrs</td>
<td>Tactic MR</td>
<td>174</td>
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<td>Getting your head in the game: exploring first year medical students perceptions of VR and cadaveric resources for learning anatomy</td>
<td>Thursday 13th July 1020-1040hrs</td>
<td>Tactic MR</td>
<td>175</td>
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<td>Pandemic Support for Educational Supervisors – Lessons Learnt From a Virtual Update Course</td>
<td>Thursday 13th July 1040-1100hrs</td>
<td>Tactic MR</td>
<td>176</td>
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<td>Student-Created 360-Degree Videos of OSCE Stations to Prepare Students During New Clinical Realities</td>
<td>Thursday 13th July 1100-1115hrs</td>
<td>Tactic MR</td>
<td>177</td>
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<td>EDC Education Innovation Award Winner 2021: TOMO Global Health – lighten up TOMOrrow’s health together with friends across the globe</td>
<td>Thursday 13th July 1020-1040hrs</td>
<td>MR11</td>
<td>178</td>
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<td>Wellbeing</td>
<td>Assessment of Burnout for Physicians with Disabilities</td>
<td>Wednesday 12th July 1635-1655hrs MR2</td>
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<td>179</td>
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<td>Associations between program access, depressive symptoms, and medical errors among resident physicians with disability: results from the intern health study</td>
<td>Wednesday 12th July 1655-1715hrs MR2</td>
<td></td>
<td>180</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Representations of Impostor Syndrome through I-Poems: ‘What am I doing here?’</td>
<td>Thursday 13th July 1040-1100hrs MR1</td>
<td></td>
<td>181</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Small Grants 2020: Student perceptions of how termly OSCEs impact stress and wellbeing compared with biennial OSCEs</td>
<td>Thursday 13th July 1100-1120hrs MR1</td>
<td></td>
<td>182</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The impact of the COVID-19 pandemic on the early years of medical school – an exploration of students’ experiences</td>
<td>Wednesday 12th July 1715-1730hrs MR2</td>
<td></td>
<td>183</td>
<td></td>
</tr>
</tbody>
</table>
STEP inTO OxMed: A remote summer series about the medical school admissions process for students from widening participation backgrounds

**Presenter(s):** Ms Lucy Thompson, Ms Isabella Martus

**Author(s):** Ms Lucy Thompson, University of Oxford; Ms Isabella Martus, University of Oxford; Mr Matthew Partridge, University of Oxford; Mr William Wong, University of Oxford; Mr Kwame Baffour-Awuah, University of Oxford; Mr Remarez Sheehan, University of Oxford

**Background:** STEP inTO OxMed is a student-led outreach initiative established in 2020 in recognition of significantly lower Oxford Medical School admission rates among students from Widening Participation (WP) backgrounds. Here, we present our work delivering a 6-week virtual summer school aiming to demystify the Oxford admissions process for under-represented students.

**Methods:** Mentees are recruited to the programme nationally via invitations distributed by the centralised Oxford University access and outreach department. Key eligibility criteria include quintiles 1 & 2 on POLAR4 scoring and state school status. The programme involved virtual weekly small group teaching led by trained medical student mentors covering topics such as personal statements, BMAT and interview guidance, and ethics. Anonymous feedback was collected after each session.

**Results:** When averaged across 116 survey responders over two years, the series was rated 4.65/5 overall and average mentee confidence ratings improved by 58% (2.8/5 to 4.4/5, p<0.01). Students frequently cited the benefit of hearing about the general experience and insights from our mentors. Moving forwards, a key focus will be on maintaining long-term engagement given that only 50% of students attended 4 or more sessions.

**Discussion:** This programme demonstrates the value of long-term virtual engagement in building confidence towards the daunting process of medical school applications. By enabling students to join remotely, we are able to optimise our reach and minimise barriers to access. STEP hopes that similar schemes can be adopted elsewhere to encourage diversity within, and access to, medical education.

**Keywords:** Access, Medical School Admissions, Diversity, Widening Participation, Outreach
STEP inTO OxMed: Targeted mock interview workshops for shortlisted candidates from widening participation backgrounds

**Presenter(s):** Remarez Sheehan

**Author(s):** Ms Lucy Thompson, University of Oxford; Mr Matthew Partridge, University of Oxford; Ms Isabella Martus, University of Oxford; Mr Kwame Baffour-Awuah, University of Oxford; Mr Remarez Sheehan, University of Oxford

STEP inTO OxMed is a student-led outreach initiative established in 2020 in recognition of significantly lower Oxford Medical School admission rates among students from Widening Participation (WP) backgrounds. In formal collaboration with the medical school admissions office, we have delivered a Mock Interview Programme for shortlisted interview candidates meeting established WP criteria.

As part of the centralised admissions process, applicants are banded based on a composite measure of disadvantage. STEP receives a shortlist of the highest scoring band and recruits medical student mentors to deliver a standardised interview workshop modelled on the Oxford interview. Anonymised feedback is collected together with a voluntary admissions outcome survey after offers are released.

Over three years, STEP have conducted 270 remote interviews for prospective medical students from disadvantaged backgrounds. The scheme was rated 4.9/5 based on 119 survey responses. In the latest cohort of 42 students, average confidence ratings rose by 61% (2.8/5 to 4.5/5, p<0.01) and students unanimously said they would recommend the opportunity to future students. Qualitative responses cited specific tailored feedback to be particularly helpful and mentioned including more ethical content as the main area to improve. Final admissions outcome data has been collected for one cohort to date. Of 59 survey responders, 72% of applicants were accepted to the Oxford course.

This programme represents a proof-of-principle model for a targeted outreach programme with direct and demonstrable impacts on university admissions rates. We believe other medical schools can adopt a similar approach to improve representation nation-wide.

**Keywords:** Access, Medical School Interviews, Admissions, Diversity, Widening Participation
Medical schools in the UK are under pressure to admit more applicants from diverse backgrounds\(^1\) and high entry requirements are a major barrier for medical applicants from socioeconomically disadvantaged backgrounds\(^4\)\(^-\)\(^7\). Contextual admissions, which use information to contextualise an applicant’s academic achievements, are one way in which medical schools are trying to address this issue. This research focuses on the perspectives of key stakeholders in this process as they initiate, implement, and are affected by, these policies.

I will use a qualitative case study design. Three medical schools have agreed to take part in the research. At each medical school I will undertake semi-structured interviews with four members of staff and two focus groups with first year medical students – one with students who were eligible for a contextual offer, and one with students who were not.

Each of the three medical schools will initiate an introduction with three local schools. At each of these schools, I will interview two members of staff involved with advising students on their medical school applications. I will conduct two focus groups at each school - one with students who are eligible for a contextual offer and one with students who are not.

I will use vignettes in both interviews and focus groups to stimulate discussion.

I have conducted four interviews with medical school staff so far. Further interviews and focus groups have been arranged for 2023. I will use NVivo to manage the data and analyse it using thematic analysis.

### Reference(s)


### Keywords

admissions, perspectives, selection, contextual admissions, applicants
Introduction: Health service delivery requires healthy, motivated staff. Nurses, midwives and paramedics are the largest collective group of clinical staff in the UK’s NHS but have some of the highest prevalence of psychological ill-health. Building on previous work with doctors (Carrieri et al. 2020), this study explored why psychological ill-health in healthcare professionals is a growing problem and how we might change this.

Methods: Realist synthesis methodology (Wong et al. 2014) involved two rounds of database searching in MEDLINE, CINAHL and HMIC (the second round targeting COVID-19-specific literature and literature reviews) and supplementary searches. Novel methodological approaches were developed to accommodate different-sized literatures between professions. We worked closely with a stakeholder group comprising nurses, midwives, paramedics, patients and public representatives, educators, managers and policy makers.

Results: We included 75 papers in the first round (26 Nursing, 26 Midwifery, 23 Paramedic), and 122 in the second. We surfaced 14 key tensions from the literature and identified five key findings. For example, we learned that: interventions are fragmented, individual-focused and insufficiently recognise cumulative chronic stressors; the needs of the system often override staff wellbeing at work (‘serve & sacrifice’); and there are unintended personal costs of upholding values at work.

Discussion & conclusions: Healthcare organisations need to rebalance the working environment to enable healthcare professionals to recover and thrive, and identify and nurture future compassionate leaders. The initial focus should be on staff essential needs, system-level change and long-term planning. We recommend that interventions are co-designed with frontline staff and experts-by-experience.

The aims of this presentation are threefold. First, we argue that the recognition of the benefits and realities of a diverse workforce in healthcare should extend to the pedagogical practices employed in medical education. Medical, as well as, other health professions educators need not “reinvent the wheel” in approaching new topics or in rethinking how to address challenging issues. Instead, they ought to draw on examples from new pedagogies from other health professions. Second, we illustrate this possibility with one of the most challenging, and ethically fraught, situations in healthcare: pediatric end of life care. We suggest that – though it may appear surprising – employing debate as a pedagogical model to teach health ethics concepts (including dignity, autonomy, and respect) around this challenging subject matter is a viable option. To do this, we rely on recent research in nursing ethics and nursing pedagogy which employs debate. After explaining this research and its implications in nursing teaching, we highlight findings from a new research study on pediatric end of life care educational intervention in undergraduate students interested in entering a health profession (including nursing, medicine, or another allied health profession), which led to a significant increase in self-efficacy. Third, as an instance of translational pedagogy, we suggest how this research might inform new medical educational practices.


**Keywords**: Translational pedagogy, end of life care, nursing education, medical education, debate
Linguistic Diversity in Healthcare: The Case for Bias Reduction in Communication

Presenter(s): Professor Bryan Pilkington

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The importance of communication in team-based healthcare practice is well-evidenced within the literature, as are increasing concern of patient bias against clinicians of diverse backgrounds. In this presentation, we rely on research within ethics and within the allied professions field of Speech Language Pathology (SLP) to address one facet of developing a diverse workforce: improved communication across linguistic diversity. In particular, we note that practices associated with the modification of a speaker’s accent to enhance communicative intelligibility in a non-primary language raise significant ethical questions. These questions arise, in part, due to the socio-cultural context in which healthcare is delivered, as well as the relational nature of communication. We argue that though it may be ethically acceptable, due to the ambiguity inherent in accent modification practices, for SLPs and others to offer services to clients or patients aimed at intelligibility enhancement, this is not sufficiently professional as it relates to their colleagues. Rather, healthcare workers are required to embrace the two-way, relational nature of communication and seek to bear burdens of “listener” in addition to advocating for resources for intelligibility enhancement. Our argument is rooted in the consideration of the complex nature of the ethical terrain related to communication. After surveying potentially relevant models from other healthcare professions and finding them wanting, we support our position in light of the current evidence-based assessments of the non-pathological nature of speech variation, as well as the literature on communication, in particular the lack of consensus around accounts of functionality.


Keywords: ethics, professionalism, communication, linguistic diversity, allied professions
Looking to the future: Physician associates in Ophthalmic practice

Presenter(s): Dr Laura Maubon

Author(s): Dr Laura Maubon, Moorfields Eye Hospital; Dr Sonya Mansfield-Smith, Moorfields Eye Hospital; Dr Sunil Mamtora, Royal College of Ophthalmologists; Dr Rashmi Mathews, Moorfields Eye Hospital; Professor Narciss Okhravi, Moorfields Eye Hospital; Dr Raja Das-Bhaumik, Moorfields Eye Hospital

Introduction: Ophthalmic services face significant workforce deficiency set to increase over the next 20 years. Integration of ophthalmic allied healthcare professionals is well established. However, Physician Associates (PAs) are yet to be integrated within Ophthalmology. At Moorfields Eye hospital (MEH) we offer bespoke ophthalmic education for PA students.

Methods: In order to better understand the PA student experiences of our teaching programme and their perception of career pathways, students participated in a series of semi-structured interviews. Thematic analysis was undertaken to identify commonalities on learning experiences and perspectives of ophthalmology as a career. Collective data was shared with students to verify it was representational of their experiences.

Results: Five PA students with no prior ophthalmic experience took part in this study, completing 90 minutes of interviews. Students consented to sharing their anonymised data. All student expressed ‘apprehension,’ on commencing their placements. All students departed declaring interest in career-paths within ophthalmology. Acute ophthalmic services was identified as most desirable place to work. Eighty percent reported that they would be motivated to undertake procedures including laser, minor surgeries and intravitreal injections. All students requested more exposure to acute services.

Conclusion: PAs are an expanding medical workforce. PA students who experienced our training programme were motivated to undertake a career in ophthalmology. Embracing PAs may offer assistance with shortfalls in the ophthalmic workforce. Further development of training programmes is underway. The exploration of the role of PA’s in ophthalmology is recommended.

Keywords: Physician associates in ophthalmology
The experiences of registered nurses studying a medical degree that affect their identity as a future doctor

Presenter(s): Associate Professor Jan Cooper
Author(s): Mrs Eleanor Wrigley-Smith, Warwick Medical School, University of Warwick; Associate Professor Jan Cooper, Warwick Medical School, University of Warwick

Background: Professional identity formation is a key part of undergraduate medical education ensuring students graduate with an understanding of the obligations and values of the medical profession. This has been a focus of recent medical education research with studies exploring medical identity formation among students and foundation doctors. Few studies, however, explored identity formation amongst those with a prior professional affiliation. Increasing numbers of graduate entry medical (GEM) courses now admit students with prior degrees from a variety of healthcare disciplines. However, the impact of a nursing degree/practice on medical education is neglected in literature and fails to examine the role of this prior professional identity.

Methods: Using a grounded theory approach this qualitative study explored the experiences of registered nurses (RNs) undertaking a GEM course. Semi-structured interviews were conducted with five RNs on a UK GEM course to explore their experiences allowing for an inductive approach to understanding medical identity formation in those with prior nursing professional identity.

Results: Participants' nursing experience was used to conceptualise their identity whilst also enhancing their learning on the medical degree and assisting in synthesising their future identity as a doctor. Thematic analysis identified the following themes:
1. Strong Attachment to Nursing Identity
2. Nursing experience & knowledge as the foundation for medical studies
3. Relationships: Interprofessional and Patient-Orientated
4. Roles & Responsibility;
Participants demonstrated using their experience of professional relationships, patient interactions and their nursing skills to meet the perceived shortfalls in the medical profession thus becoming a new and “improved” doctor.


Keywords: medical students, nurses, professional identity, graduate entry medicine
Outside the Box: An initiative to enhance the well-roundedness of final year medical students during a longitudinal primary care placement

Presenter(s): Professor Trevor Thompson, Dr Lizzie Grove
Author(s): Dr Lizzie Grove, University of Bristol, Centre for Academic Primary Care; Professor Trevor Thompson, University of Bristol, Centre for Academic Primary Care; Dr Veronica Boon, University of Bristol, Centre for Academic Primary Care

Introduction: The abilities of the well-rounded practitioner extend beyond standard clinical competencies toward attributes like emotional intelligence and self-care. At the university of Bristol our final year students have a 9-week primary care placement. Here we sought to help students develop fresh approaches to their personal and professional development.

Methods: A video introduced three potential topic areas: lifestyle challenge, creative practice, and medical literature review. Students picked a topic that was new to them, required regular engagement and relevant to their future practice. At the end of the clerkship the students presented their topic exploration to student colleagues. Students and tutors completed questionnaires on the process.

Results: Contrary to initial scepticism, 100% of the tutors were positive about the project. 67% of students rated the opportunity as 'good or excellent'.

Most students choose lifestyle challenges such as regular sleep hygiene, outdoor swimming, and meditation practice. “These activities have left me happier, healthier and better placed to manage the stresses of medicine!”. Creative projects included learning music production and writing a song about a mental health, art work and a crocheted heart. A student described “profound learning” by reading With The End in Mind by Kathryn Mannix’. Students valued hearing their colleagues projects "lots of areas ...to think about going forward for my own health and my future patient’s".

Discussion and Conclusion: We have shown that programmed self-development opportunities are well rated by students, and potentially useful in terms of preparing them as well-rounded practitioners in their future professional practice.

Keywords: General practice, self-care, lifestyle, creative practice
Storyboarding: a creative approach to support students’ reflection

Presenter(s): Dr Rachel Leyland

Author(s): Dr Rachel Leyland, University of Plymouth; Professor Hilary Neve, University of Plymouth; Doctor Emma Blundy, University of Plymouth; Doctor Katherine Stevenson, University of Plymouth; Ms Miranda Heath, University of Plymouth

Background: Our first-year medical students visit health and social care settings and are expected to then share and reflect on their placement experiences in clinician-facilitated small group sessions. Facilitators have previously observed that students rarely describe their own and others’ emotions. Creative activities have been found to help medical students explore patient narratives and develop compassion and respect for patients’ perspectives 1,2.

We introduced storyboarding as an additional feature of these small group sessions to encourage a more diverse, creative, visual approach. Students drew a 6-box storyboard of their recent placement experience, participated in a small group discussion, then reflected on the storyboarding experience using a structured reflective template.

Methods: This study aimed to understand student and facilitator views on the value of storyboarding in reflection. Eight facilitators and seventy-nine students participated in the study. Students’ structured reflective templates and storyboards were analysed and coded thematically using NVivo. Facilitators’ perceptions of the intervention were collected via questionnaires.

Results: Seven core themes were identified including structuring reflection, co-experiencing, artistic expression and focus on new perspectives and emotions. Most facilitators agreed that storyboarding was useful for student reflection and would use this approach in the future.

Discussion and conclusion: Storyboarding is an innovative approach for prompting the exploration of emotions and for viewing patient stories more holistically. Many students found this an inclusive way to reflect and identified new areas of learning, including the limitations of words and the role of art as a communication tool.


Keywords: Storyboard, Reflection, Professionalism, Medical Students, Humanities
A systematic literature review to explore the reliability of simulated patients assessing medical students in Objective Structured Clinical Examinations (OSCEs)

Presenter(s): Dr Anita Neenan
Author(s): Dr Anita Neenan, Warwick Medical School; Professor Celia Brown, Warwick Medical School

Background: Simulated patients (SPs) are widely used in OSCEs to portray real patients. In some countries SPs are asked to rate student performance and it is important that this is done reliably. The objectives of this study were to synthesise evidence of internal consistency and inter-rater reliability of SP scoring of medical students’ performance in OSCEs.

Methods: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement (PRISMA) was used to guide this study. Databases searched included Medline, Web of Science, Psych Info and Scopus. Data extracted from the included articles included how reliability of scoring was assessed and level of reliability achieved.

Results: 11 studies were included with most providing Cronbach alpha (CA) coefficients as a measure of internal consistency. There was considerable variability in reported reliability coefficient values which ranged from 0.43 to 0.91; coefficients for four studies were above 0.8. One of two studies exploring inter-rater reliability of SP scoring reported very high correlations. Most studies were of medium quality.

Conclusions: Several studies reported high SP reliability coefficients for internal consistency, providing comparable evidence to that reported for physician examiners. The lack of high-quality studies makes it difficult to draw conclusions from these results. There was little evidence regarding inter-rater reliability of SP scoring. Further investigation of the reliability of SPs assessing medical students would be useful. However, it seems reasonable to include ratings from SP assessments in summative OSCEs, on the proviso that they receive robust training on how to apply rating criteria, because they offer a diversity of perspectives.

Keywords: Reliability, simulated patient, assessing, OSCE
All medical degrees are equal, but some are more equal than others: An analysis of medical degree classifications

**Presenter(s):** Dr Megan Brown

**Author(s):** Dr Matthew Byrne, Nuffield Department of Surgical Sciences, University of Oxford; Dr Sophie Yale, Newcastle Medical School, Newcastle University; Dr Madeleine Glasbey, Sheffield Teaching Hospitals NHS Foundation Trust; Dr Elliot Revell, Sheffield Teaching Hospitals NHS Foundation Trust; Dr Megan E L Brown, Medical Education Innovation and Research Centre, Imperial College London, Faculty of Medicine, Health Sciences, and Allied Health, University of Buckingham

**Background:** Inequity in assessment can lead to differential attainment. Degree classifications, such as ‘Honours’, are an assessment outcome used to differentiate students after graduation. However, there are no standardised criteria used to determine what constitutes these awards.

**Methods:** We contacted all UK medical schools and collected data relating to classifications awarded, criteria used, and percentage of students receiving classifications from 2014-2019.

**Results:** All 42 UK medical schools responded, and 36 universities provided usable data. 30 universities (83%) awarded classifications above a ‘Pass’, and we identified four additional classifications: “Commendation”, “Merit”, “Distinction”, and “Honours”. 16 (44%) universities awarded a single additional classification and 14 (39%) universities awarded two or more. There was considerable variation in the criteria used by each university. For example, 14 (31%) of 45 classifications were determined using decile ranking, 12 (27%) were determined by grade averages, and 19 (42%) used more complex systems. A median of 15% of students received any type of classification (range=5-38%). There was a wide range in the percentage of students awarded each classification type across universities (e.g., Honours, range=3-24%).

**Conclusions:** We demonstrate considerable variation in the way UK medical degree classifications are awarded – regarding terminology, criteria, and percentage of students awarded classifications. We highlight that classifications are another form of inequity in medical education and are likely to influence success in postgraduate training applications. There is a need to fully evaluate the value of hierarchical degree awards internationally as the consequential validity of these awards is understudied.

**Reference(s):**

**Keywords:** Assessment, Classification, Grading, Medical student, Postgraduate training
Assessment

Thursday 13th July - 1000-1020hrs - MR8

Do medical students with a disability experience adverse educational outcomes on UK medical courses?

**Presenter(s):** Miss Kirsten Revell

**Author(s):** Miss Kirsten Revell, Warwick Medical School; Professor Helen Nolan, Warwick Medical School

**Background:** International data demonstrate that medical students with disabilities experience differential awarding. One cross-sectional study finds lower graduation rates and scores in written exams, with no impact on clinical exams. Disabled students graduated with lower decile scores. This quantitative, retrospective, longitudinal study explored the impact of disability on exam performance, course performance and course discontinuation.

**Method:** Anonymised data were obtained for 1743 students on a UK graduate medical programme from 2011 to present. Statistical tests, including t-tests and one-way ANOVA were conducted for main effects of demographic variables on exam results and categorical outcomes. Regression models established the effects of variables and sub-categories of variables on results and categorical outcomes.

**Results:** Significant main effects of disability on exam scores were identified, as well as failure probability. Regressions showed significant differences in outcomes between different types of disability, with mental health conditions predicting course discontinuation. A significant amplifying effect was found for BAME students with disability.

**Conclusion:** Disability had a significant negative impact on all course outcomes, illustrating inequity in medical training and an area of focus for curriculum development. Intersectional data identified a key disadvantaged subgroup of medical students.

**Reference(s):** Revell K, Nolan H. Do medical students with a disability experience adverse educational outcomes on UK medical courses? Med Teach. Published online 2022. doi:10.1080/0142159X.2022.2136518

**Keywords:** Disability, BAME, Intersectionality, Outcomes, Results
Small Grants 2022: Does lowering the idea density of pharmaceutical calculations impact exam performance? A randomised controlled trial

Presenter(s): Dr Andrew Lunn
Author(s): Dr Andrew Lunn, Liverpool John Moores University; Professor Andrea Manfrin
Twitter: @lunn_andrew

Written exams are a means of mass testing student knowledge and understanding. To ensure equality they must be written in a way that can be understood by all students, testing subject knowledge rather than comprehension of English. Existing measures for exam verification typically rely on a set time per question and “sense-check”, failing to address the question itself, or potential differences in understanding and comprehension between demographics. One measure that may improve this is idea density, which is defined as the number of propositions in a text divided by the total number of words used, and has been shown as a strong predictor of time needed to understand a written passage (Brown et al., 2008, Lunn et al., 2021). To date however, its effect on exam performance has not been investigated. This RCT aims to explore the impact of lowering question idea density on student performance in 12 question, GPhC style calculations exams. 204 Pharmacy students across 11 UK schools undertook two online, time controlled tests. The first, an initial baseline test, then following randomisation a second, with either normal or low idea density. Group and demographic performance were analysed, and idea density explored as a simple screening tool in the exam verification process. Preliminary results suggest a modest but significant improvement in performance on a question by question basis when students received a lower idea density and the potential of a reduced attainment gap between ethnically white and black/afro-carribean students.


Keywords: idea density, assessment, attainment gap, linguistics
The educational value of Situational Judgement Tests (SJTs) when used during undergraduate medical training: A systematic review and narrative synthesis

**Presenter(s):** Dr Gurvinder Sahota

**Author(s):** Dr Gurvinder Sahota, University of Nottingham; Dr Jaspal Taggar, University of Nottingham; Dr Victoria Fisher, University of Nottingham; Dr Kiranjit Juj, University of Nottingham; Dr Bakula Patel, University of Nottingham

**Introduction:** Situational Judgement Tests (SJTs) are a recognised assessment method for admission into medical school, selection into postgraduate training programs, and postgraduate competency assessment. More recently, however, SJTs have been used during undergraduate medical training (UMT). This systematic review identifies, describes and appraises the evidence for SJTs in UMT to determine educational associations and outcomes.

**Methods:** MEDLINE, EMBASE, ERIC, PsycINFO, SCOPUS, Web of Science and grey literature were searched for original research studies evaluating SJTs implemented within UMT to 1st November 2022. Studies reporting evaluation outcomes were included. Narrative data syntheses were undertaken. Risk of Bias was appraised using the Quality in Prognosis Studies tool.

**Results:** 24 studies were identified. This included studies from Australia, Canada, Germany, United States and the United Kingdom. National database-derived SJTs (n=14) assessed against professionalism; postgraduate attainment; construct of medical degree; medical school admissions scores, personality attributes and declaration of disability. In-house derived SJTs (n=10) assessed against professionalism; clinical skills and personality attributes. SJTs were used for teaching as well as assessment. Most evidence evaluated and reported inverse SJT associations with professionalism and were moderate risk of bias.

**Conclusion:** The evidence base indicates SJTs may have utility for developing professional behaviours in medical students. There is no accepted cut score or standard setting method which is a concern given the use of SJTs in high stakes examinations internationally. Further research testing SJT robustness, standard setting methodologies, and prospectively evaluating SJTs against objective outcome measures within the context of UMT is warranted.


**Keywords:** Assessment, Situational Judgment, Medical Student, SJT
Were candidates sitting exams in a remote online format advantaged during the COVID-19 pandemic? A systematic review with meta-analysis

Presenter(s): Dr David Thewlis
Author(s): Dr David Thewlis, Newcastle University

Introduction: Social distancing rules due to the COVID-19 pandemic required medical schools across the globe to move from in-person exams to remote, online exams. This calls into question the utility of these assessments. This paper aims to identify if there were differences in the outcomes students achieved in their online, remote exams during the pandemic when compared with historic data.

Methods: A systematic literature search was conducted to identify papers which compared the performance of students sitting exams in a remote, online fashion due to the pandemic against historic data. 5 articles fulfilled the inclusion criteria. A fixed-model meta-analysis was performed on these data to identify estimated pooled effect sizes from this change in format.

Results: A negligible effect size (Cohen's $d = 0.003$) was identified when exams were converted from in person to online, remote exams. Marked heterogeneity in the data allowed subgroup analysis which suggested that there may be a greater effect seen (Cohen's $d = 0.589$) in local level examinations with this change in format, and this effect size change is even more pronounced if exams are also converted to an open book format (Cohen's $d = 1.517$).

Discussion: Meta-analysis seems to demonstrate there is little effect in the outcomes students achieve when moving from in person exams to online, remote exams. There are other factors which should be considered with regards to this move however, and subgroup analysis hints that these findings may not be generalisable to the conduct of all assessments.


Keywords: Technology, Online, Assessments, Reliability, Validity
Do junior doctors see themselves as medical educators? A literature review

Presenter(s): Dr David Hettle
Author(s): Dr David Hettle, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Ms Annie Noble-Denny, University of Bristol
Twitter: @dave_hettle

Introduction: Despite the expectation that all doctors should teach, emphasised by the GMC1 and UKFPO2, there is a dearth of research investigating junior doctors’ (JDs) perspectives on their role as medical educators. While professional standards for educators exist3, there is little reference to how the educator role should be, promoted, developed or assessed.

Methods: A literature review was conducted following a systematic search, interrogating ERIC, MEDLINE and PubMed databases for studies exploring UK-based JDs’ perspectives on being educators. 1143 citations were screened, with thirteen studies identified for narrative analysis.

Results: JDs regularly teach, more than senior clinicians realise, and often do so informally, which leaves teaching opportunities vulnerable to the time pressures implicit in workplace practice. JDs may not realise all the roles that learners perceive of them, such as being a role model, yet involvement in educating medical students can enhance JDs’ awareness of these, expanding their educational impact. Whilst some JDs see being educators as implicit to their role as clinicians, others describe tension between the two, indeed sometimes educator roles can be viewed as an inferior, secondary identities to clinical work.

Conclusion: With studies largely investigating General Practice trainees’ perspectives, a specialty with some support for educator development alongside a clinical role through innovative training posts, only five studies explored the perspectives of hospital-based JDs. This leaves huge gaps in the understanding of JDs’ perspectives on their role as educators, their development as such, and research must explore this further, to enable appropriate support for developing educators.


Keywords: Medical education, Junior doctor, Career, Faculty development
eXploring medical sTudents' caReer reAdiness (XTRA) - A Cross-Sectional Study in the United Kingdom

Presenter(s): Dr Mia McDade-Kumar, Dr Farazi Virk

Author(s): Dr Mia McDade-Kumar, Cardiff University School of Medicine; Dr Farazi Virk, Airedale NHS Foundation Trust; Ms Amanda Godoi, Cardiff University School of Medicine; Ms Charlotte Casteleyn, University College London Medical School; Dr Patrice Baptiste, University College London Medical School; Dr Ahmed Moussa, Faculty of Medicine, Tishreen University, Syria; Dr Michal Tombs, Cardiff University School of Medicine

Background: Professional career enhancing skills are essential for developing a successful career in medicine. Whilst a large body of evidence exists on the extent to which medical schools prepare students for clinical work\(^1\), less is known about how well students are being prepared for a medical career. The aim of this study was to assess career readiness of UK medical students and career planning support received during their studies.

Methods: Using a cross-sectional study design, the questionnaire consisted of closed and open-ended questions\(^2\), aimed at (1) ascertaining the extent to which students feel prepared for a career in medicine, and (2) examining facilitating factors and barriers to career development. A total of 348 responses from 41 UK medical schools were received and analysed. Most participants were aged 18-25 years-old (92.8%), of whom 33% were male and 65.8% female. Graduate students accounted for 6.3%, while undergraduate students accounted for 89.2% of participants.

Results: The findings highlighted that a minority of respondents (2.9%; \(n=10\)) reported feeling fully prepared for their future careers. The most preferred formats helping them to feel more prepared included one-to-one support with a mentor (67.8%; \(n=236\)), medical school support (64.4%; \(n=224\)), and a website with information (61.2%; \(n=213\)). Analysis of open-ended comments suggest that students’ self-directed exploration, information on career progression and hands-on exposure all played a role in career readiness. The importance of networks and active mentorship in facilitating career planning as well as academic advancement was highlighted by students.


Keywords: Career Development, Portfolio, Medical Student, Career Transition, Medical Career
How do widening participation students and surgeons perceive opportunities for a career in surgery?

Presenter(s): Miss Robyn Dean

Author(s): Miss Robyn Dean, University of Leeds; Professor Anne-Marie Reid, University of Leeds

Background: Widening participation (WP) schemes were introduced to diversify the medical workforce (Mathers et al., 2011). Despite advances in this area, there are still challenges for WP students hoping to progress to a surgical career as entry requirements are costly and time-consuming (Lammy., 2014). Students from lower socioeconomic groups, therefore, remain underrepresented in the surgical field (Lowe., 2019).

Aims: This study aimed to explore how WP students and surgeons perceive barriers to a career in surgery.

Methods: An exploratory study situated within an interpretive paradigm was adopted, with data gathered through semi-structured interviews. WP medical students (years 3 and above) with an interest in surgery were targeted as well as surgical trainees. A thematic analysis approach was used to obtain key themes from the data.

Results: The following four themes emerged 1) Stereotypes held about the profile of a surgeon, 2) Anticipated demands of a surgical career, 3) Challenges of building a competitive career, and 4) The role of surgical mentorship. Themes 1-3 highlighted barriers faced in accessing the career, whilst theme four demonstrated the enabler created by mentorship.

Conclusion: WP students face several barriers to accessing surgical careers including difficulties managing career demands alongside caring commitments, struggles in building a competitive CV due to lack of social capital and financial support, and difficulty obtaining surgical mentorship. For surgical trainees, social capital and mentorship proved invaluable to progression. These findings demonstrate the need for further support and more equitable access to surgery for those from WP backgrounds.


Keywords: Widening participation, surgery, postgraduate careers, thematic analysis
Negotiating uncertain NHS futures: Medical students career expectations, preparations, and support requirements

Presenter(s): Mr Luke Dcaccia, Dr Anja Timm

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Background: The literature on medical career decision making is well established as are campaigns by colleges and the Foundation Programmes to address the under-recruitment into specialties such as psychiatry and primary care. The impact on students of the 2022/23 NHS crisis - consisting of post-pandemic burnout, extraordinary staff shortages and unparalleled levels of industrial action – has hitherto remained unexamined.

Aims: This study explored current medical students’ expectations and preparations towards their careers and sought to identify their support requirements.

Methods: Five students who intercalated or studied in fourth/final year participated in three interviews and one online focus group. Once transcribed all data were thematically analysed.

Results: In line with previous literature, students’ introductions into the culture of healthcare and learning on placements was varied as were their experiences of role-modelling. There was little evidence of careers support for medical students from the central university. Significant levels of support from faculty staff were somewhat hidden as talks were organised and advertised by students (via MedSoc). The current NHS workforce crisis has created concerns for the students, which were driven by social media portrayals rather than first-hand experiences.

Conclusions: Influences on career considerations amongst medical students are multifaceted with placements and the curriculum acting as major drivers. However, it seems that students’ concerns about the future of the NHS are largely fuelled by (social) media. Few opportunities currently exist to meaningfully explore daunting headline and resultant concerns with more senior doctors who had experienced (and survived) different funding and policy environments.

Keywords: NHS workforce crisis, Staff shortages, Role modelling

**Presenter(s):** Dr Helen Church  
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**Introduction:** Since 2017 more doctors completing their Foundation Training Programme (FP) undertake ‘Post-Foundation Training Breaks’ (PFTBs) rather than enter Specialty Training Programmes (STPs). Our scoping review identified three research questions, which we addressed through a UK-national study: (1) How do PFTBs affect career progression? (2) What are Medical Educators’ perceptions of the PFTB? (3) Is the increasing popularity of PFTBs affecting training post applications?

**Methods:** This mixed-methods study incorporated an online survey of doctors who had undertaken a PFTB in the past 10 years; semi-structured interviews (SSIs) of FP educators; and SSIs of STP recruiters. Survey data were statistically analysed, with thematic coding of qualitative responses. SSIs were thematically analysed.

**Results:** 4,046 doctors completed our survey. Over 80% agreed that the PFTB had impacted their career progression; for 70% it confirmed their career choice, whilst 60% developed their CV for subsequent ST application.

Educators (n=16) find providing guidance to trainees challenging given the range of possible PFTB activities. Many educators did not formally address the ‘PFTB option’ with trainees, but had confidence in the advice offered by trainee’s peers.

Recruiters (n=21) identified that PFTB doctors might more easily fulfil STP application criteria than their FP peers, and demonstrate increased ‘maturity’ at interview. Despite these potential advantages, whether the candidate has completed a PFTB is not taken into account.

**Conclusion:** PFTBs are increasingly popular with doctors striving for more career autonomy. Increased support is needed for doctors planning their PFTBs, together with more transparency around potential bias at STP application.


**Keywords:** medical careers, training break, post-graduate training, recruitment, EDI
The Words You Need To Know For Clinical Reasoning In Surgery:
The Student Perspective

Presenter(s): Mr Umer Memon
Author(s): Mr Umer Memon, University of Nottingham; Dr Robert Jay, University of Lincoln; Professor Rakesh Patel, Institute of Health Sciences Education, Queen Mary University of London

Background: Clinical reasoning is a multi-faceted skill, outcome and process that takes place after a patient presents for medical attention. Early years medical students often learn clinical reasoning through observation of experts however often struggle to make sense of clinical presentations due to unfamiliarity with words and language used by clinicians when discussing cases. In this study we explored students' perspectives of words and language used in surgical contexts to identify difficulties faced by individuals as a bridge to developing interventions for facilitating better learning.

Methods: An interpretivist research paradigm informed the methods used in this research. Purposive sampling was used and 12 third-year pre-clinical medical students were recruited. Semi-structured interviews were conducted and participants were invited to feedback on simple, complicated and complex surgical terminology. Inductive thematic analysis was used to analyse the data and identify themes of learning clinical reasoning.

Results: Four main themes were identified. Firstly, students perceived early years clinical reasoning teaching to be either too little, lack focus or thoroughness. Secondly, students either struggled recalling the content knowledge necessary for clinical reasoning, or thirdly, lacked sufficient content knowledge altogether. Finally, students identified a lack of interest in surgery, therefore decreased motivation to learn the contextual knowledge necessary for clinical reasoning.

Discussion: Medical students’ clinical reasoning skills are dependent on their perceptions about their clinical teaching, knowledge of content and context specific knowledge. Clinical reasoning teaching interventions should ideally be multi-faceted and specialty-specific rather than be generic or focus on learning general ideas about clinical reasoning.

Keywords: Terminology, Clinical Reasoning, Medical Students, Diagnostic Error, Difficulty
What Would Doctor Do? (WWDD): Medical student experiences of using an online create your own adventure (CYOA) teaching tool to develop clinical reasoning skills

Presenter(s): Miss Ria Prajapati
Author(s): Miss Ria Prajapati, University of Leicester; Mr Jakevir Shoker, University of Leicester; Miss Sujata Dutta, University of Leicester; Mrs Terese Bird, University of Leicester

Many medical students struggle adapting in clinical environments due to difficulties applying knowledge clinically. CYOA tools allow students to make decisions on a simulated patient case, which alters subsequent scenarios. This form of gamification enhances learner engagement and gives opportunities for risk-free decision-making. Similarly, Interactive Fiction helps develop clinical reasoning skills in pharmacy students, proposing potential benefits for medical students.

WWDD, a Technology Enhanced Learning (TEL) tool, was designed using Genially™ (a free online software). Clinical year medical students completed this case and an anonymous post-intervention questionnaire containing ten-point linear scales and free text. Areas of focus include: benefit as an educational adjunct, scenario suitability for year 3 students and user experience. A mixed-methods analysis was conducted, with qualitative data being analysed for common themes.

83% of students rated the content engagement ≥6 on linear scales, with 67% finding it valuable alongside simulation training. 75% of students would recommend WWDD to Year 3 students, with 92% saying that the CYOA style was useful for putting pre-clinical knowledge into clinical context. Over 80% of students found the tool a useful educational resource, with 92% finding it helps develop clinical diagnostic reasoning. Students found the interface “intuitive” and “well-laid out”; the tool was a “useful learning aid”, and “there should be more of it in the curriculum”. However, students suggest further “prompts” and integrating a “How-to” section for tool induction. WWDD is more accessible and less resource intensive than high-fidelity simulations. Future work involves implementing feedback and case expansion.


Keywords: Clinical Medical Students, Create Your Own Adventure (CYOA), TEL, Online Tool
Establishing the National Genomics Training Academy (GTAC)

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Genomic medicine is a rapidly progressing discipline with the potential to benefit patients by early diagnosis, targeted treatment, and enabling access to research. Supporting workforce development by providing high-quality education and training forms a vital part of the strategy to deliver these services for patients.

The Genomics Training Academy (GTAC) is a national scheme co-led by the Genomics Education Programme (GEP) within Health Education England (HEE) and the Genomics Unit within NHS England. The aims of the GTAC are two-fold, firstly to deliver equitable, high-quality genomic education and training and secondly to centralise training to accommodate an increase in workforce. We are delivering training through a blended (virtual and/or in-person) hub and spoke model and are utilising innovative delivery methods including immersive training opportunities.

Training and educational content will be mapped to professional curricula.

Medical education principles and theory underpin all aspects of design of the GTAC. A process of robust evaluation, accompanied by assessment, has the potential to create a rich source of quantitative and qualitative data pertaining to access, comprehension, adoption and application of the subject matter across professional disciplines.

Delivering this project has entailed establishing governance structures, recruitment, mapping content, developing training materials and embracing emerging technologies. Our experience in navigating these issues has the potential to inform development of other national initiatives.

**Keywords:** Genomics, National, Blended, Technology-Enhanced, Inter-professional
User evaluation of GeNotes – a Genomics Education Programme flagship ‘just in time’ online genomics education resource

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GeNotes (Genomic Notes for clinicians) is an HEE Genomics Education Programme flagship ‘just in time’, online, freely accessible resource providing genomics education at the point of patient care. ‘In the Clinic’ scenarios (requesting tests/receiving results) provide education at the point of clinical need, are specialty-specific, written to a strict template to facilitate rapid access to consistent information, and aligned to NHS England’s National Genomic Test Directory. They contain links to an underpinning ‘Knowledge Hub’, a pan-specialty encyclopaedic resource, offering extended genomics learning, comprising multiple, concise (15-20 minutes) resources that can be accessed standalone or assembled to create bespoke learning journeys (aligned to curricula/training needs). Multi-media resources include articles, animation, film, infographics and narrated presentations, with external links to relevant websites and organisations. Resources are developed by multi-professional, specialty working groups.

**Methods:** We have undertaken extensive alpha and beta phase user evaluation across three specialties (oncology, paediatrics and primary care) comprising moderated user testing, unmoderated user testing with follow up feedback questionnaire and interviews, website analytics review and website feedback form review.

**Results:** Our data demonstrate excellent feedback across the tested domains (ease of access and navigation, likelihood of use and content).

The majority of users were either very likely (53%, 41/77) or likely (35%, 27/77) to use GeNotes in the future, and very likely (58%, 45/77) or likely (27%, 21/77) to recommend GeNotes to other practitioners.

GeNotes scored highly on the System Usability Scale with a score of 89, compared with a mean average score for digital services of 68.

**Keywords:** Genomics, Education, Just-in-time, Online, Evaluation
A contextual definition of Longitudinal Integrated Clerkships within the UK and Ireland: A bi-national modified Delphi study

**Presenter(s):** Dr Megan Brown

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**Introduction:** Longitudinal Integrated Clerkships (LICs) are an increasingly popular model of clinical education\(^1\). However, disagreement exists regarding whether and how international definitions apply to the context of healthcare and education within the UK and Ireland\(^2\). A lack of definitional clarity makes collaborative research and the sharing of good practice challenging and reduces the impact of LIC research.

**Methods:** We conducted an online modified Delphi study, where we presented LIC experts within the UK and Ireland with statements created from international definitions, LIC literature, and the authors’ experiences. To create a consensus definition, we asked experts to rate their agreement. We also provided experts with the opportunity to suggest edits to these statements. We ran three rounds to try and elicit consensus amongst 23 experts. Following rounds 1 and 2, we adapted the wording of statements to respond to participants’ feedback.

**Results:** 9 statements were accepted and constitute our consensus definition of UK and Ireland LICs. Broadly, the definition covers student roles, responsibilities, and relationships, what is meant by longitudinal patient contact, setting, and programme structure. The definition is consistent with some international research, but there are important differences which account for UK and Ireland healthcare environments (for example, our definition contains no time-based criteria given the integrated nature of healthcare, particularly primary care).

**Conclusion:** This definition offers cross-national collaboration opportunities in LIC design, implementation and evaluation and should facilitate communication between UK and Irish educators and researchers interested in LIC benefits, impact, and the sharing of good practice.

**Reference(s):**
2. ‘It was the worst possible timing’: the response of UK Longitudinal Integrated Clerkships to Covid-19. Education for Primary Care, 33(5), pp.288-295.

**Keywords:** Longitudinal Integrated Clerkships, Delphi, United Kingdom, Ireland, Medical education
Curriculum experience evaluation: Scotland's graduate entry Medicine programme (ScotGEM)

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The ScotGEM programme was designed to address the need for; medical generalists, remote and rural practitioners and recruitment into primary care in the Scottish NHS\(^1\). Graduates from this innovative four-year programme receive an MBChB (awarded by the Universities of St Andrews and Dundee). It has a distributed model of teaching involving four Health Board partners. The inaugural class graduated in 2022. This study examined the curriculum informed experiences of the inaugural graduating class to underpin the future development of the programme.

All students in the inaugural cohort of the ScotGEM programme were invited to take part in one of several focus groups that asked participants to describe and discuss what worked well and what was challenging within the curriculum. Focus groups were audio recorded and transcribed verbatim. Thematic analysis\(^2\) was conducted on the transcripts involving all members of the research team.

Out of 54 graduating students, 30 took part in the focus groups. One of the main themes derived was that of the curriculum informing a ScotGEM identity. Subthemes included a cohort identity and others that examined the alignment of the course identity and experience with key curricular components including generalism, learning by doing, going to work, self-directed learning and agents of change.

Specific aspects of the curriculum and delivery of the programme enhanced ScotGEM graduate identity in a way that aligned with the programme objectives, in contrast, some experiences challenged that identity. This information can be used to inform future curriculum development and evaluation.


**Keywords:** Graduate entry, identity, remote and rural, generalism
Medical students’ tolerance of uncertainty in Problem-Based Learning: A qualitative analysis of tutors’ perspectives and influences on uncertainty tolerance

Presenter(s): Mr Joseph Hughes

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Background: Uncertainty is inherent within the practice of medicine, encountered to a greater extent in some specialties than others. Activities that support medical students to perceive and respond to uncertainty positively may support their decisions to engage in careers where uncertainty features more dominantly. Problem-based learning (PBL) is a place where students may encounter uncertainty. This study explored the experience of uncertainty in PBL, though an analysis of tutors’ perspectives. This may support modifications to PBL to better support students with feelings of uncertainty.

Methods: Individual semi-structured interviews with 11 PBL tutors from one institution in England were conducted. Interviews explored tutors’ views on uncertainty within PBL and the responses of tutors and students to this.

Results: Four themes were identified. Uncertainty is experienced during PBL and is caused by a range of stimuli (theme-1). Students display a range of responses to uncertainty which could be perceived as more or less positive (theme-2). Tutors also express a range of attitudes and responses when supporting students to engage in uncertainty, influenced by their own backgrounds and experiences, and epistemological beliefs (theme-3). Some tutors took steps to reduce the amount of uncertainty that students encounter whilst others shared their uncertainties in order to role model uncertainty responses (theme-4).

Discussion: Faculty development that brings conscious awareness to PBL tutors about the personal factors that may influence responses to uncertainty may be beneficial. Through doing so tutors may be in a better position to support students to reflect on their responses to uncertainty.


Keywords: Uncertainty Tolerance, Interviews, Faculty, Education
Background: The ageing population necessitates that doctors are equipped with the knowledge and skills required to care for older people with complex health and social care needs. Undergraduate teaching in geriatric medicine has a critical role to play in preparing doctors of the future.

The British Geriatrics Society (BGS) recommended undergraduate curriculum was last revised in 2013 and there have been numerous advances in the field in the interim. The purpose of this update is to ensure that the recommendations meet the standards required by the General Medical Council in Outcomes for Graduates and the Medical Licensing Assessment (MLA), and to bring UK guidance in-line with the European recommended undergraduate curriculum.

Methods: A multi-stage consensus method involving key stakeholders was used to update this curriculum. The current BGS recommended curriculum was mapped to the European curriculum and MLA content map to identify gaps and inform discussions in a virtual Nominal Group Technique.

Results: In this update, the recommended curriculum is restructured around 7 core areas of geriatric medicine, with clearly defined learning objectives that encourage active participation of students in the clinical environment. Consensus agreement was that these reflect the minimum level of knowledge, skills, and attitudes required for the optimal care of older people, which medical students must be able to demonstrate by graduation.

Conclusion: This updated curriculum presents a model for teaching and learning in Geriatric Medicine, which is timely as UK medical schools are preparing their curricula for the MLA.

Keywords: Geriatric Medicine, Ageing, Curriculum, Undergraduate, Medical Education
Vaccine hesitancy and medical education: Are we prepared?

**Presenter(s):** Dr Philip White

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**Background:** Vaccine hesitancy (VH) is a WHO top 10 health threat, yet is poorly covered within medical education. Further, some doctors have VH and many taught skills may backfire to strengthen VH. With COVID creeping out from where it’s been brushed under the rug, the re-emergence of vaccine preventable diseases and developments in vaccine technology all at stake – and all most significantly affecting the most vulnerable in society - this topic has never been more relevant.

No studies have reviewed VH in a UK medical curriculum. This is part of an MD thesis.

**Methods:** Final-year students and teachers at Newcastle medical school were surveyed March-June 2022. Participants were recruited into focus groups (FG) to explore responses further. These were analysed using thematic analysis.

**Results:** Questionnaire responses: 126 teachers and 48 students. Surveys showed moderate-high student/teacher confidence/knowledge around vaccines and vaccine hesitancy, that VH was encountered relatively often - in colleagues, patients and online - and that it is felt important to learn/teach. Most students felt unprepared to address VH in practice. Free-text replies described current teaching, gaps and quality.

FG analysis still ongoing (anticipated March 2023)

**Discussion:** FG suggest VH is seen as important. Whilst some report high confidence in knowledge, qualitative responses suggest that confidence may be misplaced with focus on facts rather than developing the complex skills to establish trust and address concerns around ideological health beliefs. These results may help inform curriculum design around this issue, including training and knowledge updates for staff.


**Keywords:** Vaccine hesitancy, Future proofing, Pragmatism, Vulnerable communities
What makes a ‘good doctor’? A critical discourse analysis of perspectives from medical students with lived experience as patients

**Presenter(s):** Dr Erene Stergiopoulous

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**Background:** What constitutes a ‘good doctor’ varies widely across groups and contexts. While patients prioritize communication and empathy, physicians emphasize medical expertise, and medical students describe a combination of the two as professional ideals. We explored the conceptions of the ‘good doctor’ held by medical learners with chronic illnesses or disabilities who self-identify as patients to understand how their learning as both patients and future physicians aligns with existing medical school curricula.

**Methods:** We conducted 10 semi-structured interviews with medical students with self-reported chronic illness or disability and who self-identified as patients. We used critical discourse analysis to code for dimensions of the ‘good doctor’. We used concepts of Bakhtinian intersubjectivity and the hidden curriculum to explore how these discourses related to student experiences with formal and informal curricular content.

**Results:** According to participants, dimensions of the ‘good doctor’ included empathy, communication, attention to illness impact, and boundary-setting to separate self from patients. Students reported that formal teaching on empathy and illness impact were present in the formal curriculum, however ultimately devalued through day-to-day interactions with faculty and peers. Importantly, teaching on boundary-setting was absent from the formal curriculum, however participants independently developed reflective practices to cultivate these skills. Moreover, we identified two operating discourses of the ‘good doctor’: an institutionalized discourse of the ‘able doctor’ and a counter-discourse of the “doctor with lived experience” which created a space for reframing experiences with illness and disability as a source of expertise rather than a source of stigma.

**Keywords:** doctors with disabilities; hidden curriculum; lived experience; professional identity formation; the good doctor
A comparison of two escape rooms for teaching written skills: Lessons learned

Presenter(s): Dr La’ali Imam-Gutierrez
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Introduction: Escape rooms have been shown to be a fun and effective way to learn clinical skills1-2. However, the format can provide barriers to learning which teachers need to overcome.

Methodology: An escape room was originally offered to 23 third year medical students in groups of 7-8 that included written skill activities such as writing an abdominal radiograph report and prescribing insulin. The session was designed to mimic an escape room, where multiple starting points converge to an end point.

Based on oral and written feedback from students, a second escape room was designed for 12 different third year students.

Findings: The initial escape room was described as ‘fun and interactive’ and students felt that the format allowed them to practise working under a time pressure without feeling stressed. However, 34.7% of students had not participated in an escape room before, and several of these described feeling unsure what to do at the beginning of the session. Students reported feeling that they had ‘missed out on learning’ from activities that other students were doing at the same time, given the format.

The second session was designed to facilitate 4 students completing one activity at a time, with a more comprehensive brief and debrief. Students reported the session to be helpful and that the debrief was essential.

Conclusions: Teaching written skills in the escape room format yields positive feedback from students. Our experience suggests that teaching is best delivered in a linear format to small groups, followed by a debrief.


Keywords: escape room, gamification
The Clinical Teacher Travelling Fellowship 2020: Boston Children's Hospital - A visit to share knowledge, observe practices and open collaboration

Presenter(s): Mr Jonathan Abbas
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Background: Virtual Reality (VR) is a computer-generated object, or full environment that can be interacted with a high degree of realism or physicality. Typically, a headset is used to replace the full vision of the user and with haptic feedback hand controls, one can interact with objects within the environment. Boston Children's Hospital and Immersive Design Systems are leading surgical training innovation in the form of patient specific simulation, immersive experiences and technology enhanced learning. This visit, funded through the TCT ASME Education Fellowship enabled valuable knowledge transfer to occur, whilst opening up potentially valuable cross-institution, international education and research relationships.

Methods: During a short visit to the department of Otolaryngology and Immersive Design Systems in Boston Children's Hospital, USA, I was able to observe best-in-class hyper-realistic multidisciplinary simulation, 3-dimensional printing for patient specific rehearsal and a variety of co-created VR platforms. Additionally, time was given to test VR simulations in development as part of higher educational studies at the UK base institution.

Results and Conclusion: Apart from direct learning and inspiration from an observership in all areas of simulation design, delivery and research, meaningful steps were taken to begin a formal international collaboration to deliver an Electronic Delphi Consensus Study around VR training which is due to open in the beginning of 2023.

Keywords: Virtual reality, education, research, simulation
Challenging the Spectrum of Involvement: Are equal partnerships the ultimate goal?

Presenter(s): Miss Amber Bennett-Weston

Author(s): Miss Amber Bennett-Weston, University of Leicester; Professor Simon Gay, Leicester Medical School; Professor Elizabeth Anderson, Leicester Medical School

Background: A plethora of active roles for patients in medical education are summarised in the well-recognised Spectrum of Involvement.1 Many medical educators strive towards aspirations for involving patients as 'equal partners' yet there is little pedagogic evidence to endorse them.2 A recent review indicates issues with the practical utility of this model, highlighting the absence of a stakeholder perspective on partnership working.3 We share findings from a PhD study which sought stakeholder perceptions of patient-educator partnerships.

Method: A qualitative case-study design was adopted. Semi-structured interviews were held with patients and carers (n=10), clinical educators and academics (n=10) from across a Medical School and a Healthcare School. Five focus groups were held with penultimate-year students (n=20) from across both Schools. Data were analysed using reflexive thematic analysis.

Results: Patients, educators and students asserted that equality and partnership were not interdependent. All stakeholders agreed that true equality was, generally, neither feasible nor desirable. Most patients did not desire the highest levels of involvement in School educational organisation and delivery but felt this should be available for those who did. Patients did, however, want to be valued as partners irrespective of the level of their involvement, acknowledging that different patients might require different expressions of value.

Conclusion: Our findings challenge the Spectrum of Involvement and a hierarchical set of steps towards 'equal' partnerships. We propose an alternative approach which emphasises the importance of valuing patients irrespective of the level of their involvement and considers the diversity of the patients involved in medical education.

Reference(s):

Keywords: Patient involvement, undergraduate, healthcare education
Comparing Clinical Simulation Global Rating Scores of participants from low, middle, and high income countries in Simulation via Instant Messaging- Birmingham Advance (SIMBA) sessions

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Background: Simulation via Instant Messaging-Birmingham Advance (SIMBA) runs simulation sessions for healthcare professionals on medical conditions based on real-life clinical presentations1. It then assesses various parameters, including participant competency, using an adapted version of the Global Rating Score (GRS)2.

Methods: Over July-2020 to June-2022, simulation sessions were run. At the end of each session, participants were given a score from 1 to 5 (1 being the lowest) on their history-taking, investigation, clinical judgement, result-interpretation, and management. Results from the GRS were analysed taking into account whether the participant was resident of a low or medium-income (LMIC), or high-income country and compared using the chi-square test.

Results: 17 SIMBA sessions (9 endocrinology, 3 acute medicine, 1 renal, 1 women’s health, 1 respiratory, 1 liver, 1 dermatology) with a total of 281 participants included in this analysis. 90(32%) participants were from LMICs. There was a statistically significant decrease in the scores of LMIC participants compared to HMIC participants in the following categories of GRS: history-taking (LMIC: 3.5 vs HIC: 3.8; p=0.0117), investigations (LMICs: 3.1 vs HICs: 3.6; p=<0.0001), clinical judgement (LMICs: 2.9 vs HICs: 3.4; p=<0.0001), and management (LMICs: 2.3 vs HICs: 2.9; p = <0.0001). A smaller discrepancy is identified in physical examination (LMICs: 3.5 vs HICs: 3.6; p=0.2335) and interpretation (LMICs: 2.6 vs HICs: 2.8; p=0.3264)

Conclusion: Overall, LMIC participants scored lower than HMIC participants in all categories of the GRS with significant differences in: history-taking, investigation, clinical judgement. Results signify the importance of running more accessible, cost-effective training programs.


Keywords: Clinical Simulation, Global Rating Scores, Low-/Middle-income countries, High-income countries, Medical education
Sir John Ellis Student Prize Winner 2023: Comparison of video demonstration alone versus combined video and in-person demonstration in medical undergraduate clinical skills teaching: a pilot study

Presenter(s): Miss Maria Bantounou
Author(s): Miss Maria Anna Bantounou, University of Aberdeen; Dr Ambreen Shakil, University of Aberdeen

Introduction and purpose: Video demonstrations have gained popularity as a clinical skill teaching method. We compared the effectiveness of video demonstration to video and in-person demonstration (blended) in clinical skills teaching, as well as the perceptions of medical students on these methods.

Methods and methods: We randomly assigned 6 second year medical students to the intervention or control cohort and performed: 1) a teaching session of the “Upper Limb Examination” with (intervention) or without (control) an in-person demonstration and 2) an objective structured clinical examination (OSCE) style assessment.

Results: Participants had favourable views on the video demonstration, endorsed the added value of an in-person demonstration and expressed similar session satisfaction, regardless of cohort allocation. Median scores for knowledge (4, 4-4.5 vs 3,2.5-3), confidence (4,3.5-4 vs 2.5, 2-2), readiness to practice the clinical skill in a real (4, 4-4 vs 2, 1.5-2) and simulated (4, 4-4.5 vs 3,2.5-3) setting were superior in the intervention group. Nonetheless, the total OSCE scores of the intervention and control cohort were 71.2%, ±8.1 and 76.6%, ±5.4 (p-value=0.4), respectively.

Conclusion: OSCE scores of the video demonstration cohort were non-inferior to the video and in-person demonstration cohort. Nonetheless, we recommend the blended method, which more closely meets the expectations medical students have from their clinical skills teaching.

Keywords: medical education, clinical competence, video-based teaching, blended learning, in-person teaching
Diversity and Accessibility in Academic Medical Training: Time to act on differential attainment

Presenter(s): Dr Joseph Salem
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There is unequal access to academic medical training in the UK. Despite the Specialised Foundation Programme (SFP) running for a number of years there is little publicly available or published data on the demographics of those who apply and are successful. The scarce data available suggests certain universities and student groups have a proportionally higher application and success rate. Our aim is to understand why there is differential attainment between medical student groups and begin the conversation about creating a more diverse and fair entry system into academic medicine.

For the past 3 years, we have been running a free national teaching and mentorship scheme for students applying for the SFP. Having interviewed and collected quantitative and qualitative data from over 100 students our results show that one third of students who apply to the SFP have gone to fee-paying schools and 75% have intercalated degrees. 69% feel financially stable and 48% would pay ≥£100 or more for a specific SFP course. With only 62% of students learning about the SFP through their university, 76% not feeling adequately supported by their university and applicant numbers being much higher from university who provide specialised SFP support. This demonstrates that accessibility to academic training may be biased and skewed.

Financial stability, university support and demographics all effect decision making for applying to academic medicine. Medical educators and curriculum developers need to understand and address these barriers to ensure it remains fair and accessible to enable a diverse and effective medical workforce.

3. Suji T et al. Next generation of doctors unable to complete training due to a lack of funding at medical school. BMJ 2022; 377

Keywords: SFP, AFP, Accessibility, Diversity, Differential-attainment
Empowering female health workers to minimise and eliminate the effects of Gender Based Violence (GBV) within workplace and in the community

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Introduction: Mekelle University is situated in the heart of an armed conflict, in Tigray, Ethiopia where female health workers experience Gender Based Violence (GBV). GBV is one of the major public health problems in Ethiopia with reported 46.93% lifetime prevalence of violence against women. Globally, the United Nations are striving to eliminate violence against women through implementation of programmes that are both sustainable and effective.

Methods: We have developed a training programme for female health workers in Ethiopia that aims to minimise the effects of GBV within their workplace and in the community. The content includes learning about different types of GBV, root causes, contributing factors of GBV, case studies, and support for GBV survivors. All the training materials can be downloaded and accessed via Moodle learning management system on any device. We ran a pilot workshop for female health workers based in Tigray. The session was evaluated using pre and post training questionnaires. Consent was gained in anonymised aggregate form. Quantitative data collection was done by rating statements on 1-5 Likert scale.

Results: Twenty-seven female health care workers aged 25-42 years old attended pilot workshops at Mekelle University. There were statistically significant improvements in self-perceived levels of knowledge and attitudes towards addressing gender-based violence (p=<0.001).

Conclusions: The findings from pilot workshop evidence the successful application of our training. Future directions include applying our workshop in ‘train the trainer’ mode whereby attendees can use our content to train colleagues and members of the community on addressing and minimising GBV.


Keywords: Gender Based Violence, Female, Healthcare Workers, Training
Background: Objectively Structured Clinical Examinations (OSCEs) are used globally to assess healthcare students’ clinical skills and knowledge. Examiners may use simulated patients, mannequins, medical devices, or special effects to enhance the realism of OSCEs. There remains a gap between ‘real-life’ practice and ‘OSCE experience’ which can create tensions for both student and examiner.

In practice, students are encouraged to use all available resources to help them learn and care for patients. These resources are often not available during OSCEs - and if provided, may be in unfamiliar forms. We aimed to explore student use of mobile phones during OSCE assessment, with a focus on exam security, equity, and relevance to practice.

Methods: Cultural Historical Activity Theory (CHAT) allows us to analyse complex systems like those of assessment. We recruited a range of stakeholders to participate in focus group interviews. Transcripts were analysed using CHAT as a theoretical lens to construct an Activity System of Assessment and identify emerging tensions.

Results and conclusion: Seven examiners, thirteen medical students, and two simulated patients participated in three focus groups. Three sources of tension were identified: the tension between the tools of assessment and practice, of exam security and exam relevance, and of medical students as people and professionals. This study exemplifies how a seemingly small change in a complex system can help us understand and describe the unwritten rules of the activity.

Keywords: Assessment, OSCEs, simulation
**Motivations behind medical educators: Exploring why junior doctors become clinical teaching fellows**

**Presenter(s):** Dr Harriet Bothwell  
**Author(s):** Dr Harriet Bothwell, Great Western Hospital NHS Foundation Trust

**Background:** Professional guidance dictates all doctors should contribute to education and this correlates with the pervasive presence teaching has in assessment and selection throughout medical careers. Furthermore, evidence suggests that doctors consider education an integral part of their professional role and identity. However, involvement with education constitutes a spectrum, with some doctors seeking out leading roles in education such as clinical teaching fellowships.

**Methods:** Using a case study methodology, underpinned by an interpretivist approach with incorporation of sociocognitive career theory and professional identity development theory this study used semi-structured interviews to explore the motivations of five junior doctors undertaking clinical teaching fellowships at a single institution. Data were analysed using thematic analysis.

**Results:** The key themes from the data were career development and navigating choices following completion of the foundation programme. Within the theme of career development, developing the separate but overlapping identities of clinician and teacher resonated with professional identity development theory and social cognitive career theory. Participants, exercising professional autonomy, chose these roles to develop career aspirations relating to clinical and non-clinical domains.

**Discussion:** This study highlights the challenges of early career development for clinicians interested in teaching; participants reported a desire to improve their teaching skills and gain a teaching qualification to support both their aspirations for a career involving teaching and future training applications. Flexibility in clinical specialty enabled exploration of potential careers facilitating decision-making processes for selecting higher training programmes. Participants reported intense work pressures within foundation training as a significant obstacle to career development.


**Keywords:** Junior doctors, teaching, motivation
Patient and Public Involvement in Virtual Simulation-Based Education Informs and Enhances Clinicians’ Knowledge in Managing Polycystic Ovary Syndrome and Adrenal Conditions

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**Introduction:** Simulation via Instant Messaging-Birmingham Advance (SIMBA) is effective in increasing clinicians’ confidence in managing endocrine conditions (Melson, 2020). However, it has lacked input from patients. We hypothesise that engaging patients can support clinicians to tailor management to suit patients’ needs.

**Methods:** Two virtual simulation sessions about Polycystic Ovary Syndrome (PPI-PCOS) and Adrenal conditions (PPI-Adrenal) were organised for clinicians. Nine cases were simulated using anonymised patient data. Patients with PCOS or Adrenal conditions were recruited from support groups to a workshop-style discussion regarding the cases. After the simulations, all participants were invited to a panel discussion with consultants over Zoom.

Pre- and post-simulation surveys were distributed to measure the change in clinicians’ confidence using Wilcoxon signed-rank test. Thematic analysis identified gaps in knowledge and expectations between clinicians and patients.

**Results:** Clinicians’ self-reported confidence in PCOS (n=25) and Adrenal conditions (n=23) management increased post-simulation (PPI-PCOS simulated:+41.0%, p<0.001; non-simulated:+40.0%, p<0.001. PPI-Adrenal simulated:+22.5% (p=0.0001); non-simulated:+24.0% (p=0.0005)). 90% and 100% of patients agreed PPI-PCOS benefits patients to understand their condition, and helps clinicians and patients understand each other’s perspectives respectively, whereas this is true for 80% of patients from PPI-Adrenal regarding both aspects. Recurring themes identified included: approach to handling complexities causing delayed diagnosis or management, the need for personalised care, lack of information provided to patients about the progression of symptoms, complications or treatment received.

**Conclusion:** PPI-PCOS and PPI-Adrenal increased knowledge of these conditions for both patients and clinicians. They also narrowed the gap in expectations by exchanging perspectives through a common dialogue.


**Keywords:** Polycystic ovary syndrome, adrenal conditions, patient involvement, postgraduate medical education
Sickle Cell Disease Education in Low and Middle-Income Countries Using the MedShr Digital Knowledge Platform

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Aims: To educate physicians and healthcare professionals (HCPs) in low- and middle-income countries (LMICs) on sickle cell disease (SCD) to improve patient care through evidence-based practice.

Methods: A needs assessment was conducted to identify addressable HCP needs in SCD in LMICs. This was used to develop learning objectives for a case-based digital education programme. The SCD programme included educational content around the following key topics: neonatal screening and early diagnosis; prevention of complications; management of acute vaso-occlusive crises; role of emerging therapies.

The programme used the MedShr digital knowledge platform to deliver eight educational cases, with peer-to-peer discussion and learning for each case. The programme was promoted to the target audience on MedShr and through communication channels including push notifications, secure messaging, and e-newsletters. MedShr is provided free as a web platform and smartphone application to registered HCPs.

Results: The SCD programme reached over 130,000 HCPs in LMICs with 43,000 engagements. Pre- and post-education polling revealed a 40% improvement in understanding around SCD due to the education delivered on MedShr.

Following the programme, 81% of participants reported an improvement in SCD-related clinical knowledge, and 91% have implemented learnings from the SCD education in their clinical practice.

Discussion: The challenges of reaching and educating HCPs in LMICs often limit the ability to provide high quality, evidence-based care to patients. This programme demonstrates that by using MedShr and creating tailored, short-form mobile-first education, our SCD global health programme removed barriers to education and drove a significant improvement in clinical knowledge in LMICs.

Keywords: Digital, education, case-based, discussion, knowledge
Introduction: Simulation via Instant Messaging – Birmingham Advance (SIMBA) is a unique simulation-based learning approach using WhatsApp designed to improve students’ clinical knowledge and application, whilst incorporating interprofessional education. Typically, problem-based learning is provided after lectures via small-group teaching (SGT). This study sought to determine whether SIMBA resulted in similar or better outcomes compared to the SGT.

Methods: 15 SIMBA sessions across 2 years included participants from Pharmacy and Medicine cohorts. Each session involved an online simulation of real-life cases via WhatsApp, followed by a discussion with a specialist. Post-SGT and post-SIMBA surveys captured the attendees’ attitudes using a Likert scale and knowledge via multiple-choice questions (MCQs). Stata 16.0 was used to anonymously analyse data for knowledge, effectiveness, and acceptance quantitatively. To detect regular themes of feedback, responses were collected from open-ended questions to be reviewed and combined in a thematic analysis.

Results: 130 students attended SIMBA sessions in total. The median MCQ score of students post-SIMBA was 75.0% (Q1: 60.0%, Q3: 86.7%) and post-SGT was 60% (Q1: 46.7%, 73.3%). The MCQ score of students post-SIMBA was significantly higher than the post-SGT group (p=0.0000). Most students found SIMBA to be user-friendly (90.8%), engaging and interactive (81.5%) and promoted new knowledge (90.0%). Thematic analysis indicated SIMBA was strong in clinical application and interaction, and 83.1% of students wanted SIMBA as an adjunct to their SGT sessions.

Conclusion: SIMBA has proven to be effective in the conduct of engaging sessions to increase the knowledge, adaptability, and application of medical and pharmacy students.

Keywords: Simulation, Education, Inter-professional, Students
Student-staff partnership in exploration and co-creation of study skill resources

Presenter(s): Dr Dhivya Ilangovan

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Background: Throughout medical school, students need to acquire a vast amount of knowledge. ‘Learning how to learn’ and honing study skills is important, with study habits shown to correlate to academic success. Despite this, few studies have qualitatively researched medical student perspectives on the adequacy of study skills resources. This study used a student-staff partnership to research medical students' perspectives on study skill resources available at UCL Medical School (UCLMS) and how they could be improved to suit students' learning needs.

Methods: A mixed-methods approach was used to ensure that the study fully explored student perspectives. Data were collected from medical students at UCLMS. Students were invited to complete an anonymous questionnaire, analysed using descriptive statistics. Results aided focus group question development; two focus groups were facilitated by medical students. Focus groups were analysed thematically using inductive coding.

Results: 119 students from UCLMS responded to the questionnaire, and 6 students participated in the focus group interviews. The majority (67.3%) of students in the questionnaire indicated that they received no study skills support. While themes are still being analysed, emerging themes include; lack of support, additional support for students in need and ideas to incorporate into an online resource.

Conclusion: Findings from the study were used to create a targeted resource. The study highlights the importance of student leadership in facilitating the student perspective to aid study skill support. This student-staff partnership provides a framework that can be implemented in other medical schools to improve academic learning.


Keywords: study-skills, learning, partnership, development
Small Grants 2022: The training needs of GPs and GP trainees in relation to the Women's Health Plan's priority areas for action

Presenter(s): Dr Catherine Kennedy
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In August 2021, the Scottish Government launched “Women’s Health Plan: A plan for 2021-2024”, which recognised that women experience different health needs to men, and that these are often not provided for in terms of appropriate health care or equality of outcomes. The plan focuses on six initial priority areas: access to support and services for menopause, endometriosis, menstrual health, abortion and contraception, and postnatal contraception; and to reduce inequalities women’s health outcomes, particularly in relation to cardiac disease.

As GPs in the UK are the first point of contact for patients and act as gatekeepers to specialist services, an understanding of women’s health needs and appropriate management of these needs is vital within primary care. However, there is a dearth of research exploring the preparedness of GPs and GP trainees to address women’s health needs; that has been carried out has identified a lack of preparedness of primary care physicians in assessing women’s risk of Cardiovascular Disease, and how a lack of knowledge and awareness led to diagnostic delays for endometriosis. This study explored GPs and GP trainees’ perceptions of the priority health needs for women, and of their preparedness to meet them.

This study utilised a qualitative research design to conduct interviews with GPs and GP trainees in NHS Tayside. The research was conducted in early 2023 and preliminary research findings will be presented. The researchers utilised a thematic narrative approach and have developed composite narratives to explore the commonalities of experience.

Reference(s):

Keywords: women’s health; primary care; GP training; qualitative; composite narratives.
Small Grants 2021: Using a consensus meeting to enhance fracture care education in low income countries

Presenter(s): Miss Zahra Jaffry
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Background: A key strategy to building surgical capacity in low income countries involves training care providers, particularly in the interventions highlighted by the Lancet Commission for Global Surgery. The aim of this study was to design a course on open fracture management for clinical officers in Malawi.

Methods: A nominal group consensus meeting was held over two days including clinical officers and surgeons from Malawi and the UK with various levels of expertise in the fields of global surgery, orthopaedics and education. The group was posed with questions on course content, delivery and evaluation. Each participant was encouraged to suggest an answer and the advantages and disadvantages of each suggestion were discussed before voting through an anonymous online platform. Voting included use of a Likert scale or ranking available options.

Results: All suggested course topics received an average score of greater than 8 out of 10 on a Likert scale and were included in the final programme. Video was the highest ranking option as a method for delivering pre-course material. The highest ranking methods for each course topic included lectures, videos and practicals. When asked what practical test should be tested at the end of the course, the highest ranking option was “patient assessment”.

Conclusion: This work outlines how a consensus meeting can be used to design an educational intervention to improve patient care and outcomes. Through combining the perspectives of both the trainer and trainee, the course truly aligns both agendas so that it is relevant and sustainable.

Reference(s):

Keywords: Consensus Meeting, Nominal Group Technique, Open Fractures, Clinical Officers, Malawi
What are medical students taught about Persistent Physical Symptoms? A scoping review of the literature with narrative synthesis

**Presenter(s):** Dr Catie Nagel

**Author(s):** Dr Catie Nagel, University of Sheffield; Professor Chris Burton, University of Sheffield; Dr Chloe Queenan, University of Sheffield

**Problem:** Persistent Physical Symptoms (PPS) are physical symptoms for which there is either no underlying organic cause or the disability caused by the symptoms is disproportionate to the organic pathology. They are common and present to nearly every medical specialty.¹

**Approach:** To conduct a review of the literature to determine what teaching and learning on PPS is currently taking place for medical undergraduates. The review used a systematic scoping approach with narrative thematic synthesis of the findings.

**Findings:** 701 records were identified. After screening, 50 full text articles were reviewed. There was a lack of teaching on PPS. Where teaching did take place, this was most commonly about chronic pain. Fibromyalgia, medically unexplained symptoms, and chronic fatigue were the next most commonly considered conditions. PPS are viewed as awkward by educators and learners. Learners interpret that there is no science behind the symptoms and PPS as a group of conditions is overlooked in the medical undergraduate teaching curriculum. There is a gap between the taught curriculum and what is experienced in clinical practice. This is currently being addressed through informal sources and some students are taking on negative attitudes towards sufferers of PPS.

**Implications:** Given the prevalence of PPS, more consideration needs to be given to the inclusion of this topic in taught medical undergraduate curricula. There is a particular need to counter negative messages about patients with PPS and to equip students with the skills needed to challenge negative role-modelling.

**Reference(s):** ¹ Dtsch Arztebl Int. 2015. 16:279–287. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4442550/

**Keywords:** Persistent Physical Symptoms, Functional Symptoms, Scoping Review, Narrative Synthesis
A Clinical Attachment Training Programme (CATP) to educate, support, and prepare for NHS employment.

Presenter(s): Mr Kwaku Baryeh

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Background: International medical graduates (IMGs) form a significant proportion of the United Kingdom (UK) medical workforce, with 50% of new joiners in 2021 being IMGs. NHS trusts continue to struggle with recruitment to junior doctor posts. There is a national drive to improve the experience of IMGs within the NHS and we have developed a CATP which combines education and training sessions alongside clinical exposure to provide holistic preparation for IMGs who hope to work in the NHS.

Methods: The 2-week CATP was devised to offer a broad understanding of working in the NHS. The educational aspects comprised NHS structure, UK medical ethics and law, communication, simulation, and research/quality improvement among other topics. To optimise opportunities for future employment, mentors were allocated for clinical supervision and feedback. Candidates also completed mandatory training modules and BLS.

Results: Two CATPs have taken place, in June and November 2022, with a total of 47 candidates successfully completing the 2-week programme. The feedback has been unanimously positive from both candidates and Mentors.

The preparation and relationship building offered has meant that 5 candidates have been successfully appointed to positions within the trust and a further 3 to positions in other trusts.

Conclusions: By combining educational sessions with the traditional elements of a clinical attachment, we have created an offering that acts as an induction into NHS practice. The programme has also proven successful in helping candidates gain employment representing a potentially replicable model for workforce recruitment.


Keywords: International medical graduates, Clinical attachment, Recruitment
A qualitative study exploring the perceived reasons for differential attainment amongst international medical graduates (IMGs) within General Practice (GP) training, undertaking the applied knowledge test (AKT)

Presenter(s): Dr Suhail Amin Tarafdar
Author(s): Dr Suhail Amin Tarafdar, Institute of Continuing Education, University of Cambridge, Madingley Hall; Dr Kalman Winston

Background: Differential attainment (DA) exists for international medical graduates (IMGs), across UK postgraduate examinations, with an overall pass rate of 75% in UK White graduates, 63% in UK BAME graduates, and 41% in IMGs. While various reasons for this have been postulated, there is a paucity of studies concerning DA within GP training. This study explored the perceived reasons for DA within the applied knowledge test (AKT), a mandatory examination within GP training.

Methods: A qualitative study was undertaken, with semi-structured interviews using a topic guide. Recruitment of IMGs who had failed the AKT at least once, was by purposive and snow-ball sampling. Thirteen participants were interviewed, individually or within focus groups. The interviews were recorded, transcribed and thematically analysed.

Findings: IMGs experienced challenges with acclimatising to UK life and medical practice, compounded by bias from educators and patients. IMGs underestimated the AKT difficulty and reported unfamiliarity with UK exam formats, although their performance improved with tailored preparation. Personal factors also hindered their success, including illness, financial constraints and childcare. Several IMGs reported that dyslexia impeded their performance further.

Conclusions: IMGs preparing for postgraduate examinations, should ensure prior specialty exposure and familiarity with UK exam formats. Medical educators should endeavour to form enduring relationships with IMG trainees, to understand their educational needs and empower them to seek support. Furthermore, training programmes should be flexible to IMG needs, appropriately screening for dyslexia and proactively outlining wider UK structures. Postgraduate examinations should be reviewed to ensure they are academically and culturally robust.


Keywords: General Practice, Differential attainment, International Medical Graduate, Postgraduate, Examination
A qualitative study looking at the lived experiences of female surgeons’ operative autonomy

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**Background:** Female surgeons routinely face biases at work such as microaggressions, mistitling, lack of opportunities and are held up to a higher standard than their male colleagues. Female trainees feel that their abilities are routinely underestimated, and literature shows they are objectively given less operative autonomy than male colleagues.

**Methods:** Snowball sampling recruited nine participants to the study. Four participated in a focus group, and the remaining five participated in a one-on-one semi-structured interview. The focus group and interviews were transcribed and analysed using thematic analysis to understand the lived experience of female surgical trainees and their experience of autonomy in the operating theatre.

**Results:** Autonomy was associated with being able to make decisions peri- and intra-operatively and with being trusted to carry out the operation. Participants believed that positive relationships between themselves, their trainers and the wider theatre team is paramount to improving autonomy. A major barrier in improving training and autonomy is a disconnect between organisations and trainees’ learning needs.

**Discussion:** An appropriate level of autonomy is vital for trainees’ development and career progression. Due to persisting biases in surgery, the training needs of female surgical trainees are unique, and this study has brought their lived experiences of operative autonomy to light. It is vital that women surgeons are visibly represented in leadership roles at all levels so that they can advocate for, not only for their female counterparts, but for all surgical trainees, allowing a more individualised training programme and ultimately improving the overall training experience.


**Keywords:** Female, surgeon, autonomy, operating, theatre
A realist evaluation exploring differential attainment in Health Professions Education

**Presenter(s):** Professor Gabrielle Finn

**Author(s):** Professor Gabrielle Finn, University of Manchester; Professor Adam Danquah, University of Manchester; Dr Asieh Yousefnejad Shomali, University of Manchester

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Differential attainment (DA) has been observed across many groups when split by a number of protected characteristics, including age, gender and race. Like many institutions, the University of Manchester has awarding gaps for Black, Asian, and Disabled students. Institutions are under pressure to reduce differential attainment, but to date there are no agreed causes of these variations. Further, there was some reports of short-lived, positive impacts of derogations made during the Covid-19 pandemic that led to many believing that attainment gaps had been reduced.

We utilised a realist evaluation to explore the contexts, mechanisms, and outcomes (CMOs) associated with DA within the Faculty of Biology, Medicine, and Health at the University of Manchester. To date, over 140 realist interviews have been conducted with healthcare students, and University stakeholders.

Our data highlight the staggering impact of societal issues on student attainment. We often look at end point assessment as the issue when considering DA, yet the reality from our data is that it is the daily issues students face, from the seemingly trivial to major incidents of discrimination, that have the most significant impact on their wellbeing, learning, and subsequent attainment. Students described cultural taboos preventing them from seeking help, the impact of negative visa and sponsorship regulations for international students, and the detrimental impact the lack of diversity in staff has on their perceptions of self. We will highlight key CMOs, and present our developing programme theory as to the causes of and solutions to differential attainment.

**Keywords:** awarding gaps, differential attainment, realist evaluation, EDI, assessment
A Role Model is like a Mosaic: Reimagining URiM Students’ Role Models in Medical School

**Presenter(s):** Miss Isabella Spaans

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**Background:** Role modelling is a widely acknowledged element of medical education and it is associated with a range of beneficial outcomes for medical students. However, for students who are underrepresented in medicine (URiM), identification with clinical role models may not be self-evident, as they have no shared ethnic background as a basis for social comparison. This study aims to learn more about the role models of URiM students during medical school and about the added value of representative role models.

**Methods:** In this explorative study we used a social constructivist approach to examine URiM alumni’s experiences with role models during medical school. The study has a deductive qualitative design, where sensitizing concepts guided the topic list, interview questions and finally served as theory codes in the first round of coding. We interviewed ten URiM alumni about their role models.

**Results:** This study presents us with three ways to reimagine role models in medical education. First, as culturally embedded: having a role model is not self-evident and can be uncomfortable for URiM students. Second, as cognitive constructs. The participants engaged in selective imitation, where they did not have one archetypical clinical role model, but rather approached role models as a cognitive construct made up of elements from different persons. Third, role models carry not only a behavioral but also a symbolical value, the latter of which is particularly important for URiM students because it relies heavier on social comparison.

**Keywords:** role models, inclusive medical education, URiM students, deductive qualitative analysis, diversity
Gender imbalances are evident throughout medical careers, from acceptance to medical school through to senior leadership. As culture has changed over time, balances have shifted, with more women pursuing historically male dominated specialties such as surgery, and a lower proportion of men being accepted to medical schools. Due to inflexible medical curricula and the presence of the hidden curriculum, gender norms in medical careers may change more slowly than in surrounding modern culture. It has been suggested that curricula are androcentric, both in their knowledge content and how they interact with learners.¹

When Modernising Medical Careers was introduced in 2005, it changed postgraduate training by removing firm structures and introducing shift patterns. With less of an apprenticeship and more time for home life, it is possible that the relevance of gender to a medical career has also changed. It is therefore important to investigate how gender continues to influence choices and progression in current medical training, and whether there is contrast between the UK and elsewhere.

This review investigates whether gender continues to shape medical career progression, specialty choice, and whether any relevant feminist theory that has been applied in a medical education context. Papers are summarised quantitatively to identify gaps in the literature, and a qualitative thematic analysis has been performed to identify common issues.

By exploring and summarising a broad spectrum of literature, we identify common themes and gaps in research and feminist theory that will inform further investigation.


Keywords: Gender, Feminism, Differential attainment, Equality
Disrespectful behaviour in the Healthcare environment affects clinical learning, impacts the person receiving such behaviour and adversely affects patient outcome. Mandated “diversity training” have little real impact and if done badly, can worsen toxic work environments1-5. Our study aimed to develop a simulation based active bystander training session for medical students and to evaluate the impact of this training, we developed a validated questionnaire as a tool of assessment for our students.6-8

**Method:** Sessions comprised short recap of students' learning to date; pre-recorded video vignettes; card game and immersive simulation. Advocacy inquiry process of simulation debrief discussions were had after each scenario, facilitated by faculty with EDI expertise, emphasising communication skills.

**Results:** Sixty-six medical students from 3 teaching hospitals attended seven 3-hour sessions. The average number of students attending each session was 9 (range 7-12). The questionnaire was completed with matched pairs of pre- and post- intervention scores by 58 (88%) students. There were significant deficits (p<0.001) in students’ self-rated knowledge of recognising disrespectful behaviour. The mean pre-intervention score was 38.2 (S.D 5.9) compared with post-intervention score of 49.1 (S.D 4.8). The mean increase in total score post-intervention was 11.0 (95% C.I 9.4, 12.5; p<0.001).

**Conclusion:** We found significant deficits in medical students’ self-rated knowledge of recognising disrespectful behaviour at work. Simulation in active bystanders training was effective in reversing this. This is a timely study given the new responsibilities placed on doctors by the GMC to act when witnessing discriminatory behaviour or harassment at work.

**Keywords:** Active bystander, Simulation, Medical Student, EDI, Disrespectful Behaviour

Reference(s):
An exploration of the impact of being a student reverse mentor

Presenter(s): Mr Harry Chapman

Author(s): Mr Harry Chapman, University of Southampton; Professor Sally Curtis, University of Southampton; Miss Chloe Langford, University of Southampton

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Background: Medical students from disadvantaged backgrounds and minority groups may face additional barriers in their education, including institutional discrimination. To address this, some institutions have implemented reverse mentoring programs, where underrepresented students mentor senior faculty or healthcare professionals, to provide insight into their perspectives and experiences. However, research on the effectiveness of these programs is limited and there is no research on their long-term impact on student mentors.

Aims: To investigate the impact of being a student mentor in the University of Southampton's reverse mentoring program, including both advantages and disadvantages of participation.

Methods: 11 previous student mentors participated in online semi-structured interviews. The transcripts were analyzed using thematic analysis, and emergent themes were reviewed and discussed at weekly research group meetings to reduce bias and increase validity.

Results: Student mentors reported several positive impacts, including a greater understanding of colleagues’ struggles, improved confidence, and better communication with senior colleagues. They also reported feeling more comfortable challenging seniors and defining their own boundaries since participating. The perceived positive impact of the program strongly correlated with mentee engagement, particularly for those who expressed low self-confidence or identity struggles prior to the sessions. No mentor regretted their participation, but some raised concerns about financial and time commitments and felt the program may be less helpful during pre-clinical years. Overall, the University of Southampton's reverse mentoring program has had a positive impact on student mentors.

Conclusion: The University of Southampton's reverse mentoring program has a positive impact on student mentors.

Keywords: reverse mentoring, disadvantaged, impact, long-term, WP
Barriers to disclosure of disability and request for accommodation among first-year medical residents

Presenter(s): Dr Lisa Meeks

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Background: Disability disclosure and access to accommodations have significant implications for trainees and their patients. Studies show that a large proportion of medical trainees do not request needed accommodations; however, drivers of non-requests are unknown. Objective: To assess the frequency of accommodation requests among disabled intern physicians and to identify possible drivers of non-request for accommodations when needed.

Methods: Prior to commencing internship (April-May 2021), participating interns completed a baseline survey including questions on their demographic and training characteristics. At the end of their intern year (June 2022), participants completed a new survey inquiring about disability status, disability type, accommodation status, and reasons for not receiving accommodations. Post-stratification and attrition weights were used for estimating the frequency of accommodation requests and reasons for not requesting needed accommodations.

Results: Among the 1,486 intern physicians who took the baseline survey, 799 (53.8%) replied to the disability questions. Of those, 94 (11.8%; weighted-N: 173, 11.9%) interns training in 64 US institutions reported at least one disability and were included. Among interns reporting needing accommodations (83 [48.0%]), more than half (43 [51.8%]) did not request them. The most reported reasons for not requesting needed accommodations were fear of stigma/bias (25 [58.3%]), lack of a clear institutional process for requesting accommodations (10 [22.5%]), and lack of documentation (5 [12.0%]).

Conclusions: Program directors should investigate cultural and structural factors within their programs that contribute to an environment where residents do not feel safe or supported in disclosing disability and requesting accommodation.

Reference(s):

Keywords: Disability, Accommodation, Bias, Stigma, Wellbeing
Barriers to Pre-Exposure Prophylaxis (PrEP): Implications on LGBTQ+ Education and PrEP Training in the Medical Curriculum

**Presenter(s):** Dr Adrian McGrath

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**Background:** Men-who-have-sex-with-men (MSM) are at higher risk of acquiring HIV, and so represent a key group to target with HIV pre-exposure prophylaxis (PrEP), a safe and effective tool to reduce HIV transmission.¹

**Objectives:** To characterise the barriers to PrEP uptake among UK MSM, and assess LGBTQ+ and PrEP education among UK medical students.

**Methods:**
1) Systematic review with thematic analysis and meta-aggregation to determine barriers to PrEP uptake among MSM in the UK
2) Scoping review with thematic analysis and meta-aggregation of PrEP education among UK medical students
3) Scoping review with thematic analysis and meta-aggregation of LGBTQ+ education among UK medical students

**Results:**
1) Barriers identified in 11 UK studies include negative attitudes toward the pharmaceutical industry and scientific research, and perceived poor knowledge and training among healthcare professionals.
2) No UK studies were identified. Analysis of non-UK studies revealed a moderate-low level of PrEP knowledge, a high level of HIV knowledge, confidence discussing sexual behaviours is moderate with MSM patients and low with transgender patients, and racial bias and heterosexism may impact clinical decision-making.
3) Analysis of 8 UK studies identified positive attitudes toward LGBTQ+ patients but low levels of familiarity and education of LGBTQ-specific medical education, despite a high level of interest.

**Conclusion:** MSM perceive a lack of training/knowledge of PrEP among healthcare professionals which acts as a barrier to uptake. We discuss areas to improve LGBTQ+ and PrEP education to meet NICE guidelines.¹ Research on PrEP education among UK medical students is ongoing.


**Keywords:** HIV Pre-Exposure Prophylaxis (PrEP), Sexual Health, LGBTQ+, Medical Education, Medical Students
Barriers to the Reporting of Homophobic and Transphobic Experiences by Medical Students at a UK University

**Presenter(s):** Mr Carlos Marques Pestana

**Author(s):** Mr Carlos Marques Pestana, The University of Sheffield; Dr Joanne Thompson, The University of Sheffield

**Background:** A 2018 paper by Cooper et al. found that 31% of medical students will experience or witness homophobia or transphobia while studying, with 88% of these occasions being perpetrated by fellow students. Understanding the barriers to reporting these situations may empower Universities to tackle prejudiced behaviours more effectively.

**Methods:** 93 medical students (from years two to five) completed a questionnaire that was designed to explore barriers to the reporting of homophobic and transphobic experiences by medical students. Participants anonymously answered a number of closed questions, with optional free-text boxes to expand on their answers.

**Results:** 40% of the students surveyed have experienced or witnessed homophobic or transphobic behaviour while studying at Medical School. The three most prevalent justifications for students not reporting their peers included: (i) feeling that the situation was not severe enough for medical school involvement (33%), (ii) a lack of understanding of the reporting process (19%), and (iii) perceived inaction of the Medical School (10%). Barriers to reporting staff members included: (i) not knowing the process for reporting (37%), (ii) perceived inaction of staff (26%), and (iii) a feeling of vulnerability in doing so (21%).

**Conclusion:** Students report confusion around the means of reporting abusive experiences and raised concerns regarding the consequences of reporting staff. UK medical schools need to do more to address these specific barriers to promote a safer learning environment.


**Keywords:** Barriers, Reporting, Homophobia, Transphobia, Students
Black female doctors’ perceptions of barriers to faculty diversity in academic medicine: a qualitative study

Presenter(s): Dr Nariell Morrison
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Background: Black doctors remain severely underrepresented in academic medicine worldwide. However, despite the documented benefits of a diverse medical faculty, together with the increased attention on differential attainment in recent years, there has been inadequate progress made in increasing the numbers of Black faculty in medical schools. This study aimed to explore Black female doctors’ experiences of academic medicine and their perceptions of the barriers and enablers to the recruitment, retention, and promotion of faculty in academic medicine.

Methods: Qualitative semi-structured interviews were conducted throughout 2023. 6-8 UK medical doctors participated, using purposive and snowball sampling. Participants self-identified as being Black and female. Data were analysed using interpretative phenomenological analysis.

Results: Preliminary findings show that participants identified several reasons for the underrepresentation of Black female faculty in academic medicine including a lack of both role models and prior educational opportunities. Although some enablers were identified, participants reported facing numerous barriers that they felt impeded their retention and promotion in academic medicine after recruitment. Participants also described institutional barriers (lack of mentorship, poor retention efforts) that they felt hindered their success, development, and professional satisfaction. This often led to disengagement or stagnation of their academic careers.

Discussion: Black female doctors identified a range of barriers they believed impeded their progression, retention, and recruitment. The experiences of Black female faculty are an important underexplored area and further research is vitally needed in this area. Future interventions should focus on institutional changes to faculty development, tackling barriers related to race, gender, and intersectionality.


Keywords: EDI, Ethnicity, Faculty development, Underrepresentation, Qualitative research
Developing a tailored teaching program to support international medical graduates.

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**Background:** International medical graduates (IMGs) make up a significant proportion of the NHS workforce; approximately 37% trained outside the UK, and 26% trained outside of Europe. It is important we recognise how differences in training and culture impact their working life within the NHS and develop ways to support and enhance their experience. Literature focuses on IMGs in higher training, meaning our work with Foundation Year 1s (FY1) is a novel development.

**Methods:** We developed a training program for FY1 IMGs. IMGs highlighted their own learning needs, and feedback from senior, supervising clinicians enabled us to develop a tailored, adaptable training program. This encompassed a combination of lectures, tutorials, simulation sessions and pastoral care.

Learners provided written feedback and a thematic analysis was undertaken. Likert scales were used to measure learner confidence and utility of sessions.

**Results:** There has been an overall increase in learner's confidence and knowledge, as demonstrated via self-scored Likert scales. Teaching sessions have been, and continue to be, developed based on the IMG feedback and needs which are highlighted through other sessions.

Feedback from supervising consultants is being sought.

**Summary:** This program has been met with positive reactions from IMG learners and supervisors alike. The program is fluid, allowing adaptations for each individual learners need, although a number of gaps in IMG education remain. To address this, we are developing an IMG specific induction with a period of supernumerary shadowing prior to commencing ward work and on-call shifts, and an IMG buddy program.


**Keywords:** International medical graduates, Adaptable
In 2012 the Independent Reviewer on Social Mobility and Child Poverty criticised the lack of diversity within UK medicine: “Medicine has a long way to go when it comes to making access fairer, diversifying its workforce and raising social mobility. It lags behind some other professions both in the focus and the priority .... There is no sense of ...galvanised effort”. In response the Medical Schools Council produced ‘Selecting for Excellence’, which outlined how medical schools would respond to this challenge. Over the last eight years the MSC has led outreach and access programmes to widen access to medicine in UK. In the last three years 1,908 students have attended summer schools, with many more attending online sessions and receiving advice.

The summer schools were designed to increase participants’ understanding of medicine, their knowledge of the application process, and build self-confidence in moving towards medicine and HE. Our research shows that all participants are from under-represented backgrounds, and we have been able to attract the most under-represented in medicine and higher education to attend, for example 57 from a care experienced background. Alongside this, the programme has been successful in changing attitudes and we have seen a marked improvement in confidence about applying to medicine and presenting thoughts and ideas to others. For each cohort we will also report semi-structured interviews to understand the difference it has made to individuals.

Overall, we have found that the outreach programme is making a difference to increasing diversity in medicine.

Reference(s):

Keywords: summer school, outreach, widening participation
Sir John Ellis Student Prize 2022 Winner: Do the NHS Education Scotland Equality Priorities Reflect the Concerns of Doctors with Disabilities?

**Presenter(s):** Dr Heather McAdam

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**Background:** In contrast to 19% of working age adults, only 1.5% of doctors in training in Scotland report having a disability. Despite increasing awareness of the value individuals with disabilities can add to the profession, there is still a need to make training more inclusive. This includes ensuring doctors' views are reflected in policy and in medical education.

**Methods:** Academic literature published between 2002 and 2021 was reviewed to assess the progress of doctors with disabilities in the UK's National Health Service (NHS). A regional survey was sent to all South East Scotland Foundation Year (FY) doctors about their experiences in training. This was compared to NHS Education Scotland (NES) Equality Outcomes to analyse the progress in support for doctors with disabilities in medical education, and if NES Priority Outcome 5 reflected the challenges still to be met.

**Results:** Thirteen publications were identified and 2.17% of FY doctors in South East Scotland responded to the survey. Analysis uncovered shared themes including the onus for support being on doctors rather than organisations, and a widespread lack of education regarding disability in the workforce. Survey responses identified that although the NES Priorities were appropriate, they failed to contextualise the specific applicability to doctors with disabilities.

**Conclusions:** There is increasing awareness of what doctors with disabilities can add to the medical profession. However, they are underrepresented compared to the general population and experience additional challenges. NES Priorities may help address these, but more focused guidance is needed.

**Keywords:** Doctors with disabilities, Equality, Training, Education Policy
Empowering, adequate or harmful? Ethnically minoritised medical students’ perspectives on the impact of collective terms on their learning experience

**Presenter(s):** Dr Zoe Moula & Mr Kinan Wihba  
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**Background:** Historically, multiple collective terms (e.g., ‘BAME’) have been used to refer to people from diverse ethnic communities. However, collective terms have been criticised for their assumptions around homogeneity and emphasis on skin colour, contributing to the promotion of ‘White’ as a marker of power. Moreover, collective terms marginalise White minorities and put disproportionate emphasis on certain pan-ethnicities, raising issues of exclusion and failing to acknowledge the diversity and intersectionality of today’s society.

**Methods:** Through the lens of social constructionism, we interviewed twenty medical students from diverse ethnic communities to explore how collective terms affect their learning experience.

**Results:** Students expressed that collective terms promote false assumptions around solidarity between ethnically minoritised groups, mask intersectionality, and undermine the increased discrimination and inequities experienced by specific groups (e.g., Black students). This allows educational institutions to point to the success of some ethnically minoritised groups, absolving themselves of responsibility for the attainment gap. Nevertheless, students acknowledged some benefits, such as increasing educational and employment opportunities for ethnically minoritised groups (e.g., widening participation initiatives, internships). However, some students experienced feelings of inadequacy if they felt that their ethnicity was the reason for their success. Transparency is key to ensure that when collective terms are used, they serve a positive purpose. We will present a diagram to illustrate when the use of collective terms in medical education may be appropriate/inappropriate. While new collective terms emerge that no longer revolve around Whiteness (e.g., ‘PoGM’-People of Global Majority), debates around collective terms altogether may always remain.

**Keywords:** collective terms, medical education, ethnically minoritised students
Ethnicity-related stereotypes: How to recognise and reduce their impacts on student health professionals

**Presenter(s):** Dr Yasmin Ackbarally

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**Background:** Qualitative research undertaken among medical students from minority ethnic backgrounds has highlighted the importance of the student–teacher relationship to learning, and the possible contributory effects of social psychological phenomena such as stereotyping on the ethnic attainment gap. The impact of stereotyping is complex resulting in a variety of reactions and responses to teaching among both minority ethnic students as well as non-minority ethnic students from all healthcare professions. By understanding the micro-structure and the macrostructure of medical education through the eyes of students, educators can design curricula that enable individuals from minority ethnic backgrounds achieve their full potential. By also understanding how day-to-day occurrences in seminars, lectures and on the wards influence the learning, academic attainment, and clinical performance of students, teachers can also minimise adverse impacts of stereotyping.

**Methods:** Creation of workshop about the impact of stereotypes on students of all ethnicities. Focus groups with participants before and after the workshop.

**Results:** Intended Outcomes
Through this evidence-based workshop, we empower educators with the tools to tackle the individual and environmental factors contributing to differential attainment and the degree awarding gap in healthcare.

**Keywords:** stereotypes; research change; student support; social psychology
Exploring the curriculum and opinions of medical students on their teaching of sexual harassment

**Presenter(s):** Miss Laetitia Mouly  
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**Background:** Medical students are victims of sexual harassment (SH), with 16 to 75% of students subject to SH during their training. However, there is no evidence collecting medical students' thoughts and preferred ways of being taught SH, including when they are victims. Thus, to improve the local Brighton and Sussex Medical School (BSMS) curriculum, a research question was developed: “What are BSMS medical students’ views on their SH curriculum?”

**Methods:** Participants were recruited from an institution in the southeast of England. A phenomenological approach was taken to conduct semi-structured interviews online. Interviews were audio-recorded, transcribed verbatim and analysed by thematic analysis. A documentary analysis of the curriculum was conducted to triangulate interview findings. The insider researcher status of the principal investigator was beneficial to collect in-depth lived experiences from participants.

**Results:** Four participants were interviewed. The findings suggest that BSMS medical students were disappointed by their current SH curriculum taught in a context of stigma and fear. Teaching SH to medical students in the context of university life and clinical work was an idea to improve the curriculum. Participants suggest creating student-led small group discussions using case scenarios to highlight the seriousness of SH. Student well-being needs to be a central focus of SH teachings. These results offer a first insight into medical students’ views on their SH curriculum from one medical school. These findings lay a foundation for SH curriculum development in medical schools committed to promoting equality and diversity in their teachings.

**Reference(s):**  

**Keywords:** Sexual Harassment, Undergraduates, Medical school, Curriculum Improvement
Exploring the impact of Educator Masterclasses Embedding Compassionate Courageous Cross-Cultural Conversations into Psychiatry Training

**Presenter(s):** Dr Liam Jenkins

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**Background:** International Medical Graduate ethnic minority trainees have a 32% lower pass rate than UK white trainees. This study explored the impact of Educator Masterclasses held across 5 English regions aimed at embedding compassionate courageous cross-cultural conversation into supervision and training to address the differential attainment (DA) gap.

**Methods:** Eighteen educators who attended the Masterclass took part in semi-structured interviews within 6 weeks of attendance to explore: What worked well; What could be improved; What was learnt; Is there an intention to implement changes in supervisory practice as a consequence of attending the Masterclass? Seven then took part in a follow-up interview 12 months later to identify if intended changes had been implemented into their supervisory practice. All interviews were recorded, transcribed and thematically analysed.

**Results:** The Masterclasses had immediately: prompted intentions to act; raised awareness of aspects of DA previously unknown to them; acted as a motivator for further reflection; removed the barriers to conversations addressing DA issues. Twelve months later, participants reported the Masterclass had: cultivated a change in participants’ way of thinking towards DA and triggered systemic changes to the structure of supervisory support.

**Conclusion:** This study shows that raising awareness of DA and building the confidence and skills of educators leads to positive change in supervisory practice to develop a diverse workforce. These changes (building better relationships, signposting resources) are expected to improve long term trainee outcomes. There is potential for future application to other training of trainers in other specialties and postgraduate training organisations.

**Reference(s):**


**Keywords:** Differential Attainment, Supervision, International Medical Graduates
Exploring the impact of the Differential Attainment Champion role in the GP School, Health Education North West (HEENW)

Presenter(s): Professor Jeremy Brown
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Background: DA Champions (GP Trainers) were recently appointed to support all non-UK graduates and Targeted GP Specialty trainees through the everyday interactions in their own learning environment. DA Champions were provided with three hours of online training; this provided them with an understanding of the role, making them aware of the issues faced by these trainee groups as well as available resources. It also included how to identify a trainee in difficulty, how to conduct the initial meeting with trainees using a template guide. The aim of this study was to explore the impact of this new role from both the Champion and trainee perspective.

Methods: fifteen DA Champions were initially interviewed mostly within a month of appointment. Eight then took part in a 6 month follow-up interview. Six participated in a second follow-up interview approximately 12 months after their appointment. Ten trainees were also interviewed. All interviews were recorded, transcribed and thematically analysed.

Results: DA Champions emphasized the importance of focusing on early, holistic support; establishing short to long term plans and signposting to existing resources (for example, developing presentation skills and portfolio work through to exam preparation). Trainees highly valued DA Champion support.

Conclusion: This study shows that targeted support by DA Champions leads to positive supervisory relationships that can help to develop a diverse workforce. This is recognised by DA Champions and their trainees who participated in this study. There is potential for future application to other targeted early interventions in other specialties and postgraduate training.


Keywords: Differential Attainment, GP Training, Supervision
Foundation doctors’ perceptions of how well they are trained to deal with medical, racial and cultural issues surrounding patients from ethnic minority backgrounds

Presenter(s): Mr Fraser Gordon

Author(s): Mr Fraser Gordon, University of Dundee; Dr Kevin McConville, University of Dundee

Background: The medical profession has by no means escaped racism and, similarly to society, is yet to establish equality¹. Given that literature highlights numerous areas within the medical field where there appears to be a disparity in care this study aimed to clarify whether those who had most recently left medical school felt they had been trained effectively to deal with aspects of treating patients from ethnic minority backgrounds².

Methods: A Type- 1 case study approach was applied, with data being collected in the form of semi-structured, one-to-one interviews³. An interview guide covered topics inclusive of doctors’ experiences of clinical, professional and personal preparedness regarding ethnic minorities and their health issues, as well as doctors’ abilities to deal with racism. Reflective thematic analysis was applied.

Results: Eleven foundation doctors, were interviewed within one NHS Trust. Four main themes with ten sub-themes were identified. The four themes were: physical health, mental health, cultural influences and racism. Participants identified that they desired further training of some sort in all four of these areas.

Conclusion: These findings revealed that current foundation doctors in this area of Scotland did not feel effectively prepared to give an equal quality of care to ethnic minority patients. Areas in particular where foundation doctors felt they were lacking in their training were in dermatological presentations, cannulation of patients with darker skin tones and some cultural preferences of some patients. Foundation Doctors were not aware of exactly how to deal with racism should they witness or encounter it.


Keywords: ethnic minorities, prepared, care, racism
Intersectional identities as a game of snakes and ladders: making sense of skill development on clinical placements

**Presenter(s):** Mr Jack Filan

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**Objective:** Little is known about the impact of personal experiences on learners’ progress towards mastery during placements. Newell’s theory of constraints describes a relationship between environmental, individual, and task-related factors for skill development. This project explores how undergraduate pharmacy students experience skill development during clinical placements and the barriers and enablers relative to Newell’s theory.

**Methods:** Year 3 undergraduate pharmacy students were invited to participate in focus groups (FGs) exploring Newell’s theory relative to skill development. Verbatim transcripts were analyzed using an interpretive phenomenological approach. Institutional ethical approval was granted (Ref:13601/2020).

**Results:** Five FGs were conducted with 16 students. Students’ personal identities acted as barriers and facilitators, e.g., expecting or experiencing racial microaggressions limited participation; having a local accent facilitated building rapport with patients. The placement task provided structure through entrustable professional activities (EPAs). The resulting skill development was variable but included EPA expected behaviors, and skills more relevant for mastery e.g., self-reflection. Staff acted as gatekeepers to student integration within the community of practice. Where students had barriers relating to their identities, they found it more difficult to access this community.

**Conclusions:** Factors related to student’s identities (individual), community of practice (environment) and the EPA behaviors (task) can influence skill development on placement. For some students these factors will be more prevalent, and elements of their identities may intersect and conflict. This is akin to the game snakes and ladders, with the endpoint being mastery. Educators should consider the influence of intersectional identities when designing placements and assessing students.

**Reference(s):**

**Keywords:** Mastery, skill development, placements, entrustable activities, intersectionality
Learning to care together: a novel interprofessional end-of-life care simulation model for undergraduates

Presenter(s): Dr Margherita Faulkner, Mr Louis Goff
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Background: Healthcare professionals are expected to be compassionate in end-of-life care through effective communication and teamwork. Managing end-of-life patients involves a range of clinical, empathic, and strategic skills and has been identified as an area that undergraduates do not feel adequately trained in. Upon literature review, simulated interprofessional end-of-life teaching sessions have been shown to improve preparedness within postgraduates. However, this learning methodology has been poorly explored within undergraduates. Our pilot study investigates whether interprofessional learning in simulated end-of-life-care scenarios would be a useful learning method to enhance undergraduates’ confidence, communication skills around death and dying, including discussion of cultural, religious and spiritual diversity significance.

Method: We designed three interprofessional high-fidelity simulation sessions paired with small group teaching, for final year nursing and medical students, focused on common challenges that are encountered in the end-of-life care setting. These include treatment escalation discussions, challenging colleagues’ decisions and breaking bad news. Simulations and extended debrief with peer-to-peer reflection will enable students to practice their compassionate communication and teamworking. Pre and post session feedback will be collected using short answers and 4-point Likert scales questionnaires, with statistical and thematic analysis performed. Deferred semi-structured small group interviews will be conducted, with thematic analysis, to provide an in-depth review of this innovative teaching model and to explore its longer-term impact on students’ preparedness and confidence in end-of-life care.

Results: Results are pending: the teaching sessions will run between January and May, and the data analysis will be completed by June 2023.


Keywords: Undergraduate, End-of-life care, EDI, Simulation, Interprofessional Learning
Medical students’ perception of the impact of multilingualism on learning and clinical practice: A mixed methods study.

Presenter(s): Miss Megha Sharma
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Background: Cardiff University School of Medicine UK is a bilingual medical school with a diverse international and ethnic student body. However, little is known about how bi- and multilingual students experience medical training in environments where they need to make regular linguistic code switches. We aimed to explore multilingual students’ lived experiences in terms of (a) their perceptions of the impact of multilingualism on learning, clinical practice, and career intentions, and (b) factors affecting their experiences including curriculum, support, and intersectional status.

Method: Ethical approval for this mixed methods study was provided by Cardiff University School of Medicine Research Ethics Committee. Data collection comprised an online survey for year 1-6 students. Using theoretical sampling, bi- and multilingual medical students were invited to semi-structured one-to-one interviews, typically lasting 40-80 minutes. Survey data were analysed descriptively, and interviews were audio-recorded, transcribed verbatim, and thematically analysed.

Results: Full results will be available in June 2023. Interim results suggest that while many students feel they benefit from multilingualism, numerous hidden challenges persist. Common benefits include communicating with patients in their own language and a feeling of visibly promoting multiculturalism. Reported challenges include linguistic switch cost, vocabulary difficulties, and, for some, the experience of micro-aggressions. Over half of survey respondents (60%, 22/37) believe the medical school could do more to support multilingual students.

Conclusion: Composite narratives will be used to summarise and communicate findings. We will suggest improved and targeted strategies to meet multilingual students’ educational and pastoral support needs.

Keywords: Languages, Diversity, Medical Students, Experiences, Interviews
Predictors of self-reported research productivity amongst medical students in the United Kingdom: A national cross-sectional survey

**Presenter(s):** Mr Zain Ahmad

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**Introduction:** The number of academic clinicians in the UK is declining and there are demographic inequalities in the clinical-academic workforce. Increased research productivity by medical students is believed to reduce future attrition in the clinical-academic workforce. Thus, this study investigated the influence of gender, ethnicity and other factors on research productivity amongst UK medical students.

**Methods:** A national multicentre cross-sectional survey of medical students in 36 UK medical schools was conducted in 2021. The outcome measures were: (i) publications (yes/no) (ii) number of publications (iii) number of first-authored publications (iv) abstract presentation (yes/no).

**Results:** 1573 individuals participated from 36 medical schools. Women had lower odds of having a publication (OR: 0.53, 95% CI: 0.33–0.85) and on average had a lower number of first-author publications than men (IRR: 0.57, 95% CI: 0.37–0.89). Compared to white students, mixed-ethnicity students had greater odds of having a publication (OR: 3.06, 95% CI: 1.67–5.59), an abstract presentation (OR: 2.12, 95% CI: 1.37–3.26), and on average had a greater number of publications (IRR: 1.87, 95% CI: 1.02–3.43). On average, students who attended independent UK secondary schools had a higher rate of first-author publications compared to those that attended state secondary schools (IRR: 1.97, 95% CI: 1.23–3.15).

**Conclusion:** Our results indicate that there are gender, ethnic and socioeconomic inequalities in research productivity amongst UK medical students. The implications of these findings are actionable and can mitigate the declining number of academic clinicians and reduce the disparities seen in the workforce.


**Keywords:** Research, Medical Students, Equality, Diversity and Inclusivity, Ethnicity, Gender
Predictors of self-reported research self-efficacy and perception of research amongst medical students in the United Kingdom: A national cross-sectional survey

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**Introduction:** There has been a decline in the number of academic clinicians in the UK, and there are ethnic/gender disparities in the academic workforce. Higher research self-efficacy (RSE) and a positive perception of research (PoR) amongst students are associated with a higher motivation to engage in academic medicine.1–3 Hence, this study aimed to determine the factors that influence RSE and PoR amongst UK medical students.

**Methods:** This is a multicentre cross-sectional survey of medical students in 36 UK medical schools in the 2020/2021 academic year. Multiple linear regression was used to investigate the association between students’ demographics and RSE/PoR. p-values less than a Bonferroni-corrected significance level of .05/28 = 0.0018 were considered statistically significant.

**Results:** 1573 individuals participated from 36 medical schools. There were no ethnic differences in PoR or RSE scores. Although there were no gender differences in PoR, female students had lower RSE scores compared to male students (adjusted B = -1.75, 95% CI: -2.62; -0.89). Research experience before medical school (adjusted B = 3.02, 95% CI: 2.11; 3.93), being in the clinical training phase (adjusted B = 1.99, 95% CI: 1.09; 2.90), and completing a degree before medical school (adjusted B = 3.66, 95% CI: 2.23; 5.09) were associated with higher RSE.

**Conclusion:** There were no associations between the predictor variables and PoR. Female students had lower self-reported research self-efficacy scores. Future studies should investigate the role of targeted research mentorship in improving RSE amongst female medical students.

**Reference(s):**

**Keywords:** Ethnicity, Gender, Research, Medical Students, Equality, Diversity and Inclusivity
Residents’ experiences and perspectives in empathy and neglect in the context of Neglected Tropical Diseases

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Background: Empathy is essential for optimal patient care especially in the context of neglected tropical diseases (NTDs)1. In this ongoing study, we planned to explore residents’ perspectives, attitudes, and beliefs about empathy and its relationship to neglect in NTDs through a pragmatic worldview.

Methods: This is the qualitative part of a sequential-exploratory multistage mixed-method study design. The study participants were consenting residents from a tertiary-care teaching hospital. We held five 60-90-minute focus groups which were audio-recorded and transcribed. Transcripts were coded and reflexive thematic analysis was performed.

Results: Thirty-two residents, 21-30 years, belonging to various clinical and non-clinical departments participated. Twenty-two agreed that empathy could be taught. Five themes were identified: (1) Neglect in NTDs is widespread, multidimensional and deep rooted, (2) Empathy is intrinsic but dynamic- varying between physicians, patients or diseases. Empathy is difficult to teach but can be learnt by experiences, (3) Residents build empathy by personal experiences that connect them deeply to patients (affective) and reflecting on patient encounters and challenges faced in feeling or expressing empathy (cognitive), (4) Residents expressed the need for “authentic and community based” educational experiences to build empathy and address neglect, (5) Addressing neglect with physician-empathy and advocacy.

Conclusion: This qualitative exploration of residents’ perspectives and experiences in developing empathy offers insights for developing constructs for a proposed NTD specific empathy scale and supports the use of experiential learning initiatives for empathy training.

Funding Information: Dr Maya Gopalakrishnan has received AMEE Grant for Medical Educators working in Resource Constrained Settings 2020.


Keywords: Experiential Learning, Focus Groups, Qualitative Research, Neglected Diseases, Resident Perspectives
Reverse Mentoring: King's College London (KCL) African Caribbean Medical Society Students Mentoring Senior Faculty – Learning from this Pilot Project

**Presenters:** Dr Rini Paul and Mr Muhammad Bojang

**Authors:** Dr Rini Paul, King's College School of Medicine; Mr Muhammad Bojang, KCL; Ms Alexandra Sanyaolu, KCL; Dr Olayinka Amire, KCL; Dr Oluwatobi Esan, KCL; Dr Otego Kirnon-Jackman, KCL

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**Introduction:** The murder of George Floyd in May 2020, during the Covid-19 pandemic and worldwide Black Lives Matter protests, triggered students from King's College London's African Caribbean Medical Society (ACMS) to write an open letter\(^1\) to Faculty about their experiences and suggestions for change. One of the suggestions was taken up: three senior white academics were reverse mentored by two black final year medical students. Reverse-mentoring was introduced in 1999\(^2\) and been adopted more widely with multiple benefits for the mentee, mentor and organisation\(^3\).

**Methodology:** The ACMS students developed aims (staff to understand the experiences and barriers for black medical students), outcomes (to support, tackle and help students raise concerns of racist behaviours) and the process (six meetings, covering expectations, role models, imposter syndrome, raising concerns and isolation). They conducted pre- and post-questionnaires and interviews.

**Results:** The main themes from the mentors were: 1. Senior students were confident to speak about their experiences and challenge mentees; 2. Good experiences overall with mentees who believed and were interested in their experiences; and 3. Support and debriefs for each other enough but an initial briefing for staff would be useful. Mentees' themes: 1. Unique racism experienced by black students; 2. extra support black students need to excel; 3. need for acknowledgement and support from faculty but distrust from students; and 4. awareness of how the curriculum, teaching methods and environment can perpetuate prejudice or a sense of 'otherness'. We will share the actions, suggestions, and next steps from this

**Reference(s):**

**Keywords:** Reverse-Mentoring, EDI, Medical Students, Undergraduate, Learning
There are calls for medical schools to recognise and represent the diverse medical student population. This is, in part, due to the importance of role modelling in medical education and the reported lack of ethnically diverse role models. There is, however, a paucity of research investigating the experiences of minority ethnic medical students regarding role modelling.

An Interpretative Phenomenological Analysis study was undertaken to better understand the impact of ethnicity in role modelling encounters through the experiences and perceptions of fourth year minority ethnic medical students. Through purposive sampling of five fourth year minority ethnic students, semi-structured interviews and in-depth, iterative analyses of content, language and tone, themes describing and interpreting the impact of ethnicity on role modelling encounters were established.

The results demonstrate the unpredictable and highly subjective influence that ethnicity exerts on the identification, judgement and impacts of role models. Ethnicity dependent themes included assumed similarity, discovered differences and kinship. Ethnicity independent themes included learner engagement and patient-centred practice. Together, these themes synchronously promoted and threatened the role modelling process. The identification of a positive role model with a shared ethnicity inspired minority ethnic students to achieve competencies, validate their developing professional identity and instil a sense of belonging within the community.

Through an understanding of how facets of identity, such as ethnicity, influence the role modelling process, considerations regarding the frequency and effectiveness of diverse role modelling encounters can be made for the benefit of the whole professional community.

**Keywords:** Role modelling, Ethnicity, Faculty, Diversity, Professional Identity
The impact of experiences relating to gender and sexual orientation on medical students’ professional identity formation and career choices: An exploratory qualitative study.

Presenter(s): Mr Richard Bennett
Author(s): Mr Richard Bennett, Cardiff University; Dr Katie Webb, Cardiff University; Dr Ray Samuriwo, Bradford University

Introduction: A diverse workforce is integral to efforts to improve the quality and safety of health care, but there remains a lack of adequate representation of doctors with different identities and backgrounds in some aspects of medicine. Undergraduate medical education and training is a critical juncture in doctors personal and professional identity formation. Medical students are reported to endure discrimination, prejudice, stigma, misconceptions and bias because of their sexual orientation, and/or gender identity. Little is known about the impact that these challenges have on these minoritised medical students in their education and the concomitant consequences for their career choices. This study seeks to explore medical students’ experiences during medical school as a result of their gender or sexual orientation. A further aim is to understand and make sense of any challenges and consequences in regards to their professional identity formation as well as their career choices.

Methods: Qualitative data is being gathered from medical students at a UK university from years 1-5 (including intercalating students) in two phases. Firstly, data are collected via an online anonymised free-text survey. Secondly, participants have the opportunity to opt-in to take part in semi-structured narrative interviews. All data will be subject to a constructivist thematic analysis process that will be conducted using NVivo V.12.

Results: Data collection and analysis is ongoing and will be completed ahead of the academic meeting.


Keywords: Gender, Sexual-orientation, Medical student, Discrimination, Experience
There is increasing evidence supporting the importance of positive doctor role models in Situated Learning, Legitimate Peripheral Participation- socialising novices into a community of practice - particularly for medical students from minority groups. Role models contribute to students’ positive experiences, developing professionalism, and addressing the attainment gap of Black and Minority Ethnic Medical Students. Most medical education studies recognise minority groups according to race or gender, but Black feminist theory focuses on the intersection of race and gender, understanding that a study of female social experiences will differ for Black women. To date, this has not been explored in the context of medical students and their experiences with role models.

A qualitative study at a London Medical School, using Semi-structured interviews to explore participants' lived experiences. Black feminist theoretical framework informed the collection and analysis of the data, and narrative analysis of the content identified the findings into themes.

The results indicate that role models are essential for Black female medical students. This group of students wanted relatable figures with a shared racial, gender, or cultural identity. However, the study also demonstrated the adverse effects of not having relatable role models in the learning environment. The Black women who participated in this study described feeling invisible among their peers and faculty and isolated. Not having visible Black doctors that students related to and could aspire to be like appeared to have a detrimental effect on developing their professional identity as doctors and their perceptions of what is attainable.


Keywords: Role modelling, Black feminist theory, Attainment gap, undergraduate medical students, intersectionality
Whistleblowing is the act of raising a concern about malpractice at work\(^1\). Factors such as the fear of repercussions and perceived failure of the organisation to act after a concern has been raised\(^1,2\) act as barriers to healthcare professionals (HCPs) raising concerns at work. There is ample evidence to demonstrate women face gender bias in many aspects of healthcare including exposure to sexist jokes and sexual harassment, lower pay\(^2\) and underrepresentation at senior levels\(^3\). There is no current literature investigating whether gender bias plays a role when HCPs whistleblow. Semi-structured interviews were conducted with seven participants and anonymised transcripts were analysed using Interpretative Phenomenological Analysis. Women raised concerns of moonlighting, patient safety, inappropriate staffing levels and negligence. Women voiced a desire to move away from a culture of blame and into a culture of learning, and believed they had a duty to raise concerns, but were considered by colleagues as too honest. Focus was taken away from the concern raised and placed on the individual speaking up. Pressure from management to meet targets with a lack of insight normalised toxic behaviour. Women consequently suffered a range of adverse mental health experiences but were denied support. Standardised process which NHS organisations have to follow in response to whistleblowing is necessary, with access to resources such as independent investigators, and financial, psychological and professional support. Pressure to meet unrealistic targets remains an issue and perpetuates a culture of complacency to concerns raised.


**Keywords:** gender bias, raising concerns, whistleblowing
Understanding the motivators, barriers, and facilitators to female Trauma and Orthopaedic surgeons in achieving Certificate of Completion of Training

**Presenter(s):** Miss Emily Hall  
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**Background:** Although over half of all UK medical students were female in 2020, only 19-20.6% of Trauma and Orthopaedic (T&O) trainees and 7-7.3% of consultants were female\(^1\)\(^2\). Whilst existing studies explore the reasons for the lack of women in surgery, there are limited studies focussing on T&O surgery in the UK. This research project aims to understand the various motivators, barriers, and facilitators to female T&O surgeons in achieving Certificate of Completion of Training.

**Methods:** Ten UK-trained female T&O surgeons participated in semi-structured interviews exploring their experiences from medical school to current practice. Anonymous transcripts were generated and analysed using grounded theory methodology.

**Results:** The reasons why women choose to pursue T&O surgery are multifaceted. A mixture of intrinsic qualities and positive external influences such as personality type, thought processes, and the positive nature of and support from seniors, motivate women to pursue T&O. Generalised barriers include lack of exposure to T&O during medical school, lack of support, and negative perceptions surrounding less than full time training (LTFT). Most barriers discussed were gendered, although not experienced by all, and included: the male-dominated stereotype of T&O perceived by other healthcare professionals and patients; lack of female representation; and felt differences in treatment between male and female trainees. Facilitators include: improving exposure and female representation within both the clinical and academic environments; increased mentorship; and promoting LTFT. The implications of this project may assist in improving gender diversity within T&O and other surgical and medical specialties.


**Keywords:** orthopaedics, diversity
Widening Participation for Women in Surgery: Creating diverse role-models that represent the workforce of tomorrow

**Presenter(s):** Dr Maria Prayle, Dr Isobel Seddon  
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**Introduction:** The Kennedy Report (Kennedy, 2021) stated that 71% of respondents wanted ‘broadening representation that looks like them’. In response, we created an educational webinar series on surgical specialties delivered by successful female surgeons from various, underrepresented, ‘widening participation’ (WP) backgrounds which also addressed WP barriers for females in surgery.

**Methods:** Eight webinars were created on different surgical specialties. Anonymised feedback was obtained from 347 attendees via a questionnaire requesting demographic data, WP status, perceptions on WP in surgery and overall feedback.

**Results:** Attendees ranged from high school students to consultants (59% identified as WPs). 74% of participants very strongly /strongly agreed that barriers to surgery for females from a WP background exist. Those who were the 1st generation to apply to university were the highest WP group to agree (89%, n=206, p=0.0028). The greatest reported perceived barriers were ‘balancing family life’ (22%, n=188), ‘sexism’ (18%) and ‘lack of female representation’ (14%).

All participants increased their knowledge of WP in surgery after viewing the webinars (p<0.05). 100% of the viewers found the webinars useful, while 99% and 98% appreciated content and speaker style respectively. Those from ethnic minority backgrounds (n=143) were the most inspired to gain a career in surgery (88%, p=0.028). 94% of viewers were complimentary of the WP specific education included in the webinars.

**Conclusion:** The webinar series successfully portrayed positive representation of WP female surgical role-models and helped give insight into and inspire WPs in surgery. Results suggest that there is an appetite for WP specific teaching.


**Keywords:** Widening-Participation, Representation, Surgery, Webinars, Education
Widening the Diversity of Academic Staff: An Enquiry

Introduction: At a recent interview for GP Lecturer positions at our institution, there were no applicants of ethnic minority background. This is a concern as it does not represent our GP or undergraduate teacher workforce. Lack of diversity in academic staff is a national problem; BMA guidance - ‘Racial Harassment Charter for Medical Schools’ encourages institutions to ‘actively engage in processes and efforts to widen the diversity of academic staff’.1(p5)

Methods: To understand the reasons behind the lack of applicant diversity, and what might be done to broaden this, we held two focus groups on separate days at our institution’s annual GP teaching fora in March 2022. Ethical approval was granted, attendance was optional, and consent was sought before the focus groups were recorded, transcribed and thematically analysed.

Results: 122 codes were grouped into six key themes. The major theme told a story which attributed the barriers to applying for an academic GP post to individual, institutional and cultural factors. Individual factors described fear of being underqualified, out of comfort-zone and stated a lack of awareness of the role. Institutional factors commented on insufficient ethnic minority academic role models and picked up inaccessible advertising. Cultural factors recognised increased challenge, disproportionate stress and paucity of contacts who might encourage progression. Our participants discussed their recommendations for change and reflected on their positive experiences.

Discussion: Our research has helped to understand the interplay of factors affecting applicant diversity in academic GP posts at our institution. The discussion has generated recommendations.


Keywords: Diversity; Academic; Staff; Equality; GP
A Word of Warding: Enhancing early-years’ students clinical experiences through a ‘Ten Top Tips’ prompt card and patient encounters

Presenter(s): Dr Tirion Swart, Dr Antony Pile

Author(s): Dr Tirion Swart, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust and University of Bristol

Introduction: Through early clinical contact with patients, junior medical students may improve clinical knowledge and confidence1. At the University of Bristol, second-year students complete a 3-week placement, including a “My Patient Journey” exercise, gaining insight by following a patient’s experience and perspective throughout their hospital stay. We aimed to gauge the impact of these experiences, and support learning by equipping students through a “Ten Top Tips” prompt, guiding them on ward-based learning opportunities.

Methods: Students were offered a “Ten Top Tips” prompt card, developed by teaching fellows, suggesting learning opportunities, particularly in relation to patients, for the duration of their placement. Pre- and post-placement questionnaires evaluated their confidence in ward-based learning and patient interaction, along with how useful students found the prompts for recognising and grasping learning opportunities.

Results: Fifty students completed questionnaires, revealing this placement improved their confidence talking to patients, and knowing what is expected on wards. In particular, ‘My Patient Journey’ helped 94% of students develop their understanding of patients’ experience.

Our prompts card was used by 68% of students, with 94% finding it supported learning, and 24% felt this alone improved their confidence. Participants felt this innovation could be developed with more practical ward-based guidance, and matching ward-based activities to recent tutorials.

Conclusion: Through investigating students’ perspectives in this study, it is clear that innovations in supporting early-years clinical learning such as patient interviews and prompts can enhance the learning experience. Further research is needed to assess the optimal structure and guidance for early clinical placements.


Keywords: Patient experience, Prompt cards, Patient interviews, Early clinical contact, Guidance
Clinical Supervisors’ and Students’ Perceptions of Clinical Feedback in Saudi Arabia: Lessons learned post-Covid

**Presenter(s):** Mr Mohammed Algabgab

**Author(s):** Mr Mohammed Algabgab, Cardiff University; Dr Michal Tombs, Cardiff University

**Background:** The purpose of this study was to examine the provision of clinical feedback to Paramedicine students during the COVID-19 pandemic, with a focus on understanding student and clinical supervisors’ perceptions, experiences, and challenges related to alternative methods such as Zoom, Teams, WhatsApp, and email to provide clinical feedback.

**Methods:** An invitation was sent to all EMS colleges in Saudi Arabia. 376 students and 83 clinical supervisors completed an online questionnaire that examined their satisfaction with the virtual methods of clinical feedback. 32 clinical supervisors and 60 students also volunteered to take part in a semi-structured interview where they reflected on their experiences of clinical feedback during the pandemic, adaptation to changes, and whether they discovered new methods of providing feedback that could be used post-pandemic.

**Results and takeaways:** Results suggest that the students and faculty adapted well to the changes and for them the most valuable virtual teaching method was the video call. Audio recordings was less welcomed, especially amongst supervisors. Limiting the number of students in each class by separating them into small groups is something that was appreciated and they would like to adapt for future teaching. The study also found that the success of implementing new technologies in the provision of clinical feedback requires the establishment of a feedback system. It is important to ensure that the utilisation of technologies keeps pace and training on how to utilise learning platforms and to frequently evaluate feedback systems and improve their ability to provide useful feedback.

**Keywords:** Clinical feedback, evaluation, Covid
Peer tutor evaluation using miniCex: A solution for ensuring ample quality feedback?

**Presenter(s):** Miss Alicia Halsall  
**Author(s):** Miss Alicia Halsall, Keele University; Dr Nicola Roberts, Keele University; Dr Zoe Hook, Keele University; Dr Egbe Efefaroro, Keele University; Professor Jo Protheroe, Keele University

To ensure patient safety and clinician confidence upon graduating, medical students must receive ample assessment and feedback. Medical student numbers have surged over recent years and ensuring sufficient primary care placements and GP tutor observation has become challenging. At Keele, most junior clinical medical students now attend primary care placements in pairs. These peers are well situated to offer feedback to one another as they observe each other consulting. Formalising this by having the peers complete mini-CEXs on one another aims to prevent fatiguing GPs whilst ensuring student learning is assessed and developed.

Through qualitative analysis, we aim to evaluate the utility of having junior clinical medical students assess one another’s clinical skills in primary care and the mechanisms by which this activity can help or hinder student learning.

All year 3 medical students completed three Keele mini-CEXs over their four-week primary care placement. Some were completed by their peers, others by their supervising GP. We received 477 peer assessments and 209 assessments from supervising GPs. This data will be reviewed to compare overall ratings of student performance by the two assessor groups and to allow an understanding of how the miniCex has been used in this context - aiding theory development. Semi-structured interviews with the medical students will then ensue to see for whom peer-assessed mini-CEXs are effective/ineffective and through what mechanisms this is achieved.

Preliminary data suggests peers mark more generously than GP tutors. Further results are awaited.

**Reference(s):**

**Keywords:** Peer-feedback, Mini-CEX, Assessment for learning
The power of positive feedback: Researching the implementation of a Learning from Excellence scheme in undergraduate medical education

Presenter(s): Dr Pippa Dodd (she/her)

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Too often in healthcare, deficit-focussed approaches have been used to reflect on practice via systems such as ‘Datix’. Focus is drawn towards mistakes in the hope of eradicating them1.

The ‘Learning from Excellence’ (LFE) scheme has provided a parallel, appreciative-focussed approach and has been successful in improving sense of community at work2.

This project aimed to investigate the impact of extending this positive feedback framework to undergraduate medical students at Gloucestershire NHS Foundation Trust.

Students and staff were encouraged to nominate individuals and submit feedback on instances of excellence. Nominees were provided with details of their nomination, alongside a certificate, and were encouraged to reflect on the event.

Between August and December 2022, 119 individuals were nominated, 76% of whom were students. Anonymous questionnaires were used to gather data pre- and post-application of the LFE scheme. Six parameters relating to learning, feedback and sense of community were assessed using 5-point Likert scales and white space questions.

32 students responded. The percentage of students who agreed or strongly agreed that they felt recognised at placement increased from 32% to 87.5%. Furthermore, the percentage who agreed or strongly agreed that they felt a sense of community at placement increased from 77.5% to 84.3%. Interestingly, there was no significant change in the perceived ratio of negative to positive feedback, which we are exploring further.

Further research is being conducted in additional student groups to investigate how this increased sense of recognition and community can improve student experience on clinical placement.

Reference(s):

Keywords: Learning from Excellence, Positive Feedback, Reflection, Recognition
Factors influencing foundation doctors’ use of VR simulation training: a mixed methods study

**Presenter(s):** Mr Riki Houlden  
**Author(s):** Mr Riki Houlden, University of Dundee; Dr Fiona Crichton, University of Dundee

**Introduction:** Virtual reality (VR) simulation training is an educationally valuable mandatory requirement for foundation doctors at the author’s National Health Services (NHS) trust. Despite this, anecdotal evidence suggested poor uptake. This study aimed to answer two research questions: 1) Do foundation doctors make use of VR simulation training as much as expected? 2) If not, what factors influence how frequently foundation doctors make use of this training?

**Methods:** An explanatory mixed methods study design was employed. For the quantitative component, number of scenarios completed by foundation doctors (n=219) in the 2019-20 and 2020-21 training years was collected. For the qualitative component, all foundation doctors from the 2020-21 training year were invited for a semi-structured interview. Interviews continued until data saturation was reached in the form of informational redundancy. These were transcribed and analysed by reflexive thematic analysis.

**Results:** The mean number of sessions completed per doctor per year was 5.7, compared to the 10 mandated. A total of 17 interviews were conducted. Four main themes that influenced foundation doctor participation in VR simulation were identified. Learners wished for greater autonomy in the selection of scenarios, for VR to be made more accessible, for the scenarios to be modified to increase educational value, and for lessons from VR leisure activities to be adopted to make VR simulation more enjoyable.

**Conclusion:** These findings are presented with reference to existing literature, and provide lessons that are transferable to other educational regional and national policymakers, local NHS trusts, and VR simulation providers.

**Keywords:** Virtual reality, Simulation based education, Acute medicine, Mixed methods
How do NHS Trusts deliver core teaching to FY1s? A national audit project

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Background: NHS Trusts must deliver 30 hours of core teaching to FY1s. A curriculum defines key topics to be covered, however, the format is not specified and there is limited information available on how different NHS England Trusts deliver this mandatory teaching.

Methods: A survey was sent to 135 NHS England Trusts regarding delivery of FY1 core teaching. 85 Trusts responded (63%), representing 60.4% of FY1s in England.

Results:
* 74% of Trusts deliver FY1 core teaching via weekly short (<2 hours) sessions
* Trusts differ in using face-to-face or remote learning, though many (40%) use a hybrid approach
* Teaching is delivered by a variety of professionals, most commonly consultant/SAS grade doctors
* 79% of Trusts reported that half or more of teaching is didactic or lecture-based
* Simulation, virtual simulation, clinical skills and small group teaching formed a small proportion of Trusts’ core teaching
* Our Trust replaced its poorly-reviewed “short weekly” programme with less-frequent, full-day teaching delivered by near peers, with great success.
* We will present case studies from two other Trusts who replaced poorly-reviewed “short weekly” programmes with more successfully, differently formatted programmes

Conclusion: Factors including FY1 numbers, education department size, availability of FY1s and faculty for teaching, and finances affect what FY1 core teaching is possible and desirable to deliver at individual Trusts. The “short weekly” approach appears to be the default approach nationally - but may not be best suited to match FY1s’ needs in all Trusts.

Keywords: FY1, Core teaching
The world beyond ‘Breaking Bad News’ tutorials: Uncovering the real-life communication scenarios junior doctors face

Presenter(s): Dr Jacqueline Roy

Author(s): Dr Jacqueline Roy, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Background: One in six patient interactions are perceived as challenging by clinicians1. Despite communication training being widespread in medical school, junior doctors often feel unprepared for the communication required of them2. Furthermore, exactly which scenarios junior doctors actually face are not clear, particularly with the recent increase in the use of tele-communication. Therefore, we aimed to gain understanding of the communication scenarios that junior doctors currently face, identifying gaps in undergraduate training which could be addressed.

Methodology: An web-based survey was distributed to FY2 and FY3 doctors in North Bristol NHS Trust, exploring challenging communication scenarios doctors have experienced in their early post-graduate years, regarding both in- and out-of-hours working, in order to inform potential future innovations for final-year students.

Results: Eighteen doctors responded, with most feeling some confidence in their communication skills, but with scope for improvement. 66% felt that they would have benefited from additional training in communication skills, identifying certain important scenarios which they felt had never been addressed during training. These included: interacting with non-verbal communicators, how to respond to patients who wished to discharge against medical advice and discussing patients’ conditions with families during telephone conversations, particularly breaking bad news.

Discussion: Though communication and communication training is well known to be important for developing medics, the nature of these scenarios change regularly. This study outlines recent challenges, including those related to junior doctors need to be expert tele-communicators, which need to be addressed to ensure high-quality communication training is up-to-date for current clinical challenges.


Keywords: Communication, Junior doctors, Tele-communication, Breaking bad news
Experiences of patient death: voices of new graduate doctors in the COVID-19 pandemic

Presenter(s): Dr Emma Farrington, Newcastle University
Author(s): Dr Emma Farrington, Newcastle University

Introduction: Newly qualified doctors play a vital role in provision of end-of-life care. However, there is limited understanding about how they navigate their experiences. The COVID-19 pandemic accelerated exposure to patient death for a cohort of new doctors. We aimed to understand how these experiences shaped new doctors, in order to inform training and support.

Methods: Semi-structured interviews were conducted with 17 foundation programme doctors in the Northern Foundation School. Interviews took place in February 2021 and explored experiences of patient death, both before and during the pandemic. Thematic analysis of interview transcripts was conducted.

Results: Experiencing patient death induced both professional and personal changes in doctors. As a professional, they came to understand the responsibilities of clinical work, whilst also learning to accept death as part of working life. For the person, losing a patient presented a challenging emotional experience and led to reflection on (their own) mortality.

Discussion and conclusion: The professional and the person can have differing priorities when delivering end-of-life care. These tensions can be understood as a reflection of socialisation processes as the doctor adapts to their role and the professional culture of medicine. For both the professional and the person, utilising informal support is essential to navigate this process.

Going forward, training and support need to recognise and address both positions and their challenges. The involvement of peers, seniors, and the wider team in providing this support is essential.


Keywords: Patient death, foundation doctors, support
Innovation

Friday 14th July - 1020-1040hrs - MR11

ASME/GMC Excellent Medical Education Award 2021 - Postgraduate Category: Anatomical Three-dimensional Orbital Models: building a brighter future for postgraduate ophthalmology education

Presenter(s): Dr Yarrow Scantling-Birch

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Abstract:

Introduction: Ophthalmologists rely on anatomy knowledge to safely and competently navigate complex surgical procedures involving the orbit. Time constraints placed on ophthalmology training and the rising demand for eye healthcare services have eroded time for learning surgically-relevant anatomy. Anatomically Three-dimensional Orbital Models (ATOMS) were developed as a solution to assist postgraduate trainees in acquiring necessary orbital anatomy knowledge alongside training.

Methods: Phase one involved the design and 3D-printing of the ATOMS in a prototyping laboratory. Neodymium magnets were integrated into ATOMS to allow assembly of the orbit and its constituent bones. Phase two involved a national, randomised control educational trial to test ATOMS amongst a control (ATOMS negative) and experimental (ATOMS positive) group. The primary outcome was knowledge gain measured using validated quizzes and the secondary outcome was trainee perception measured using questionnaires and interviews.

Results: There was no statistically significant difference between groups with respect to knowledge gain (control median +1.0 vs. experimental median +0.5, U = 76, p = 0.97, n = 26). Using thematic analysis, three interrelated themes were identified: motivation to learn, relevance to clinical practice, and learning styles. Many trainees quoted the “immense benefit of 3D-printed orbital models” and “appreciated the application to the surgery”.

Conclusions: Anatomy remains at the cornerstone of surgical education. ATOMS were designed to make orbital anatomy simple to learn and promote adult learning amongst ophthalmology trainees. 3D-printing presents a new frontier for postgraduate education and future models can be created cost-effectively to assist with other elements of surgically-relevant ocular anatomy.

Reference(s):


Keywords: Three-dimensional models, Three-dimensional printing, Anatomy education, Postgraduate trainees, Orbital anatomy
Exploring Uses of ChatGPT in Medical Education

**Presenter(s):** Mrs Terese Bird and Miss Zobia Wadi

**Author(s):** Mrs Terese Bird, Leicester Medical School; Miss Zobia Wadi, Leicester Medical School; Mr Jakevir Shoker, Leicester Medical School; Mr Merlijn Surtel, University of Leicester

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**Background:** ChatGPT is a chatbot created by OpenAI, using the power of the internet to answer queries with cogent natural-language texts. While doctors are finding some success using it as a diagnostic tool\(^1\) and as an administrative aid\(^2\), university staff are concerned with its easy use in cheating\(^3\). But can ChatGPT be used legitimately by students and by staff in Medical education? This study examines what ChatGPT is and how it works, and puts ChatGPT to the test in different authentic learning scenarios in Leicester Medical School.

**Method:**

The study is desk research:

1) Understand how ChatGPT works in comparison to prior tools.

2) Observe ChatGPT’s writing ability in typical writing assignments, and its ability (or lack thereof) to be identified by plagiarism-checkers.

3) Use ChatGPT to answer group-work questions and compare responses with those normally created using search engines and lecture notes.

4) Use ChatGPT to respond to formative Short-Answer-Question (SAQ) quizzes, and examine the quality of ChatGPT-generated SAQs.

5) Report on ChatGPT use by other medical schools, practitioners, and university departments.

6) Horizon-scan future look at ChatGPT and similar tools.

**Results and Discussion:** ChatGPT differs from search engines in that it does not live-search the internet to create texts, but generates them from information already submitted, none more recent than 2021. Cheating concerns can be mitigated by working around ChatGPT’s restrictions. ChatGPT can ‘help’ staff to generate examination questions; in time it may be considered a supportive coworker in a newly diverse workforce.

**Reference(s):**

**Keywords:** Artificial Intelligence, Ethics, Innovation, Chatbot
Innovation

Friday 14th July - 1100-1120hrs - MR11

Participant interpretation of developmental mentoring: a qualitative study from the first national Women in ENT Surgery UK Developmental Mentorship Programme

Presenter(s): Dr Sirat Lodhi
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Background: The evolution of mentoring models has resulted in the conceptualisation of developmental mentoring, whereby the mentor works in partnership with the mentee with the aim of empowering them to develop independently.1 The purpose of this qualitative study was to explore participant interpretation of developmental mentoring within the national Women in Ear, Nose and Throat Surgery (WENTS) UK Developmental Mentorship Programme.2

Methods: Voluntary participants of all grades who signed up to participate in the WENTS UK Developmental Mentorship Programme as mentors and/or mentees, were asked to describe their understanding of developmental mentoring in surgery, prior to commencing the programme. Qualitative data were reviewed, coded, and thematically analysed using a grounded theory approach.

Results: Four themes were identified as being key aspects of developmental mentoring: empowering the mentee; exploring mentee goals; use of reflections from personal experiences to guide the mentee, and maintaining a safe space. Theme five highlighted personal and professional factors that participants envisioned their developmental mentoring relationship to encompass. Theme six highlighted key values, such as inclusivity.

Conclusion: This study is the first to explore participant interpretation of developmental mentoring, and define themes of importance to participants. Although support for these themes is prevalent in mentoring literature, it often exists in the context of undefined mentoring relationships within academia and medical education.(3) It is hoped that our findings will be used to develop future developmental mentorship programmes. Our findings also highlight a need to develop national mentorship programmes to overcome issues such as the lack of female mentors.3


Keywords: Mentorship, Surgery, Qualitative, Diversity, Innovation
Short-Term, Mentored Training with Basic Science Research Literature Advances Pre-Clerkship Medical Students’ Skills in Master Adaptive Learning

Research and the scientific method drive medical advances. Physicians increasingly need to utilize the master adaptive learning skills of finding and evaluating basic science research that can shape new approaches to patient care. To prepare for these responsibilities, medical students must be trained for proficiency in finding, critically assessing, synthesizing, and translating clinically relevant basic research literature. Our course—Medical Student Grand Rounds (MSGR)—employs basic science faculty mentors to train first-year medical students to find, critically assess, and present primary basic science research literature about self-selected topics relevant to patient care. Students found, critically assessed, and presented basic research literature about self-selected, medically relevant topics. In less than 1 semester, mentored by basic science researchers, they completed 8 milestones to train them in the adaptive learning skills of finding, assessing, and communicating clinically relevant scientific information. End-of-course evaluations by both mentors and students indicated that students became proficient in interpreting research articles, preparing and delivering presentations, understanding links among basic and translational research and clinical applications, and pursuing self-directed learning. MSGR encourages life-long learning by showing students how to access and assess topic-specific basic research literature. MSGR’s successful delivery in this format to more than 900 students across 6 years supports its generalizability to other suitably equipped environments. MSGR highlights the value of mentoring from basic science researchers early in students’ educational experience. However, the effects of and optimal approaches to mentoring medical students by basic science researchers need more investigation.


Keywords: grand rounds presentation, research faculty mentoring, translational basic science research literature, scaffolded learning, professional identity
Tofu for Teaching

**Presenter(s):** Dr Antoniya Kamenova

**Author(s):** Dr Antoniya Kamenova, West Middlesex University Hospital; Mr Kwaku Baryeh, West Middlesex University Hospital; Dr James Patrick, West Middlesex University Hospital; Dr Bruce Misra, West Middlesex University Hospital; Miss Christina Cotzias, West Middlesex University Hospital

**Background:** Obtaining peripheral intravenous vascular access is a key skill for medical practitioners (MPs). Ultrasound-guided peripheral vascular access (USPVA) has been shown to increase cannulation success rate but is not consistently taught.

**Methods:** A teaching session was devised comprising: a theoretical component covering basic ultrasound principles and the risks/complications of PVA; and a simulated USPVA performed on tofu models. The models were prepared specifically for the session using tofu as tissue and balloons filled with dyed water as the vessels. Senior clinicians supported and supervised. After the course, candidates were encouraged to complete a work place assessment for an USPVA on a patient under direct supervision.

The MPs were surveyed pre-course and post-course with a questionnaire using 5-point Likert scales.

**Results:** Three sessions have been held so far with 40 MPs attending who work across multiple hospital departments including accident and emergency, surgery, medicine, paediatrics, obstetrics and gynaecology and ranging in experience from foundation year 1 to registrar level.

50% of MPs reported no previous teaching in USPVA and 45.5% had never attempted USPVA prior to the session. All candidates found the sessions useful and relevant. Confidence levels increased from an average of 1.8 pre-session to 3.5 post-session using a 5-point Likert scale.

**Key Messages**

USPVA cannulation training increases the confidence of MPs in undertaking the procedure. The tofu-based model is low-cost and effective. A future development goal of the program is to develop an end of session formal assessment.

**Reference(s):**

**Keywords:** Ultrasound, Simulation
Could a multi-professional approach to teaching be the future of patient safety training?

**Presenter(s):** Dr Gbemisola David-West and Dr Aditi Siddharth

**Author(s):** Dr Gbemisola David-West, Nuffield Department of Women's and Reproductive Health, University of Oxford; Dr Aditi Siddharth; Dr Rhiannon D'Arcy; Dr Jane Carpenter; Dr Ethel Burns; Mr Matthew Catterall; Miss Jane Moore

**Twitter:** @drgdavidwest

Patient safety has been recognised as central in medical education. In the GMC generic professional capabilities framework, patient safety and team-working form part of the various domains which encompass the standard workings of a doctor. The Nuffield Department of Women’s and Reproductive Health Department, University of Oxford in collaboration with the Oxford School of Nursing and Midwifery, and Paramedic Science Oxford Brookes University, sought to demonstrate that the future of teaching patient safety should involve a multi-professional approach of learning together. We hope this would result in healthcare professionals having a better understanding of one another’s roles and contributions.

Students were placed in mixed groups involving midwifery, paramedic, and medical students. We created a patient safety day of interactive lectures delivered by various members of the multi-disciplinary team. The lectures covered themes such as human factors, civility, unconscious bias, cultural safety, safeguarding vulnerable groups, and team-working. This was followed by clinical vignette discussions where each group was asked to consider the individual patient factors, factors relating to the structure of the organisation of care, and human factors that may have contributed to poor patient outcomes. Following the lectures, we organised multi-professional obstetric emergency simulations where each student role-played their professional role.

Feedback collected from the students revealed that more than 90% of students believed that multi-professional learning was a positive thing. It fostered mutual respect and provides a better insight into each other’s professional roles. Ultimately, we hope learning together will improve multi-professional working and patient safety in clinical practice.


**Keywords:** Multi-professional working, Patient safety, Human factors
A broad issue in retention of healthcare professionals (HCPs) is that they experience difficulties in maintaining equilibrium between their professional and personal life, which disproportionately affects parents and intersects with gender, profession and career grade. Understanding the facilitators and challenges for this group is crucial to support and retain this future healthcare workforce. Thus, this study sought to explore the dual role of healthcare professionals who are parents and how these experiences impact on career pathways and multiple facets of wellbeing.

This study is underpinned by a social constructivist approach. It was a qualitative study using semi-structured interviews incorporating a narrative inquiry approach for data collection. The narrative inquiry approach captured 20 meaningful and purposeful stories from doctors and nurses about their experiences of their dual role as HCP-Parent between June 2021-June 2022. All interviews were undertaken virtually and lasted between 44-75 minutes long.

HCPs expressed that their workplace roles changed and or they changed speciality/career when they become parents. There was a negative organisational culture around working less than full time and this impacted upon career advancement. Organisational changes were often not discussed with HCPs prior to implementation, which impacted HCPs personal and professional life. HCP-Parents reported their dual roles often clashed, which had implications on their health and wellbeing. For some HCP-Parents their dual role offered a new insight and perspective in their workplace role. HCP-Parents relied upon informal support from work colleagues and friends to help them navigate the challenges of their dual role.


Keywords: Interdisciplinary, Wellbeing, Careers, Transitions, Qualitative
Medical Education Travelling Fellowship 2020: Team learning at work: getting the best out of interdisciplinary teacher teams and leaders

**Presenter(s):** Dr Stephanie Meeuwissen

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**Twitter:** @SNEMeeuwissen

We investigated how interdisciplinary teacher teams, comprising teachers from a variety of backgrounds (e.g. clinical, basic and social sciences), share, explain and exchange knowledge when working on integrated health professions education. We studied teams responsible for integrated education through the lens of team learning. Team learning is about the interaction taking place in a team, and describes the behaviours team members exhibit in their efforts to understand and integrate each other’s knowledge and experiences. We identified three team approaches with varying levels of team learning; the teams that demonstrated high levels of team learning produced the best educational quality as perceived by students. Our next study led to the discovery of various levels of influence for team learning (on the individual, team and organisational level). We then focused on an important team factor; leader inclusiveness behaviour. Next, to support the development of a leader identity, striving towards inclusiveness and engagement of a diversity of people, we designed a faculty development programme. Lastly, we studied the role of higher education institutions and concluded that institutions can support teacher teams in cultural, structural and functional ways. We therefore called to draw more attention for the role of leadership in higher education organisations. From this research project, we concluded that in the development of integrated education, simply putting different disciplines together does not automatically result in integrated teamwork. Teams that demonstrated high levels of team learning produced the best educational quality, and thoughts on education and leadership are important to change teachers’ behaviour.

**Keywords:** Team learning, leadership, inclusiveness
Interdisciplinary

Thursday 13th July - 1040-1100hrs - MR10

Training health and social care professionals in multidisciplinary team working: a review of undergraduate educational requirements

Presenter(s): Dr Victoria Collin

Author(s): Dr Victoria Collin, Imperial College London; Dr Samantha Meiring, Imperial College London; Dr Sara Noden, Imperial College London; Mrs Susan Barber, Imperial College London; Dr Benedict Hayhoe, Imperial College London

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Background: Integrated Care (IC) provides a holistic, joined-up approach to care, and is vital for individuals who require care from various health and social care professionals. The need for healthcare teams to work more collaboratively has led to a greater emphasis on multidisciplinary team (MDT) working. However, some graduates, including medical professionals, report feeling unprepared working in MDTs. We therefore sought to investigate how MDT working is addressed in professional undergraduate training.

Methods: Educational guidance provided by regulatory and professional bodies of nine health and social care professions were searched using keywords related to MDT working. Extracts were then thematically analysed, and themes mapped across professions to identify areas of commonality and difference.

Results: Four themes were identified: Interprofessional learning, team working, improving patient care, and changing health care policy. Despite areas of consistency (all professions required graduates to recognise other professional roles) there were some marked differences. Few documents referred to MDT reflection. There were also differences in the language used and emphasis placed on MDT working. Nursing and Medicine educational documents paid most detailed attention to MDT working, while Occupational Therapy made least reference to this area.

Conclusion: Inconsistencies exist between the different professions’ educational requirements relating to MDT working, paradoxically indicating a siloed approach by regulators and professional bodies. Professional bodies should work together, to develop a more consistent approach to training our health and social care workforce, to facilitate better integrated care delivery.


Keywords: multidisciplinary teams, interprofessional teams, integrated care, regulatory requirements, allied health professional students
This presentation focuses on conceptualising and evaluating ‘non-technical’ skills (NTS) development in medical education and training. NTS – including interprofessional teamwork, communication and decision-making - are widely acknowledged as central to medical students and trainees’ professional development. Simulation-based learning (SBL) is increasingly used to enhance NTS but little is known about its effectiveness. The field lacks robust outcome measures and clarity about educationally relevant conceptual and operational dimensions of NTS to support instrument development and rigorous evaluation of training. This presentation identifies learning outcome measures utilised in NTS-focused SBL-research, the conceptualisations of NTS in UK medical education and training, and the extent to which the outcomes sought in SBL-research address key learning objectives. We synthesise findings from three analyses. A Scoping Review of outcome measures utilised in research on the effectiveness of SBL targeting NHS identified 225 studies from 2018–20 of which 72 met the inclusion criteria. 31/72 studies’ abstracts referred to a named instrument, including 27 unique instruments. Use of validated instruments was rare. A sub-set of robust instruments were analysed for their conceptual dimensions. A content analysis of NTS-related learning objectives (LOs) in UK medical education and training curricula identified and synthesised the conceptual dimensions underlying the three NTS. A comparative analysis of these results demonstrates that while the outcome measures used in SBL-research address many of the identified curricular LO-dimensions, there are significant gaps relating to assessing evidence-based reasoning and inclusive practice. This study contributes to our understanding and evaluation of learning outcomes in NTS-focused SBL in medical education and training.


Keywords: Simulation-based learning, Non-technical skills, Evaluation, Outcome measures, Curriculum
Interprofessional education beyond the MDT: Insights from an innovative, multi-stakeholder simulation

**Presenter(s):** Dr Joanne Selway  
**Author(s):** Dr Joanne Selway, University of Buckingham; Professor Jacqueline O’Dowd, University of Buckingham; Professor Joanne Harris, University of Buckingham  
**Twitter:** @JoanneSelway

The major incident course focuses on acute medicine in a prehospital environment, providing opportunities for realistic inter-professional education and communication (including outside of healthcare teams), managing uncertainty, and information management in a situation beyond the clinical ward. These outcomes are critical but often overlooked by medical students within a ward environment.

The experience is designed to provide Inter-professional education beyond the multi-disciplinary team, as the inter-professional team implementing the curriculum element involves a range of stakeholders including academics, emergency service personnel, acute medicine clinicians, hospital-based emergency planning officers, actors, trainee journalists, administrative staff, and undergraduate medical students.

Undergraduate medical students submitted reflective accounts after the event, which included aligning which Outcomes for Graduates students associated with their own learning experience. The analysis of these selected outcomes indicates a varied concordance with intended learning outcomes with 41% of students identifying the event helped them to learn and work effectively within a multiprofessional and multidisciplinary team, whilst only 11.5% felt that the event helped them to be able to recognise complexity and uncertainty and to develop confidence in managing these situations. Thematic analysis of student reflections suggests significant learning around human factors, predominantly communication and leadership, but limited identification of information management.

This interprofessional simulation in the pre-hospital environment has provided both intended and additional learning opportunities for undergraduate students. The depth of data and experience within this mandatory course element also suggests significant learning for other stakeholders and interprofessional colleagues, which will be explored in this presentation and future learning events.

**Keywords:** inter-professional education, simulation; pre-hospital, information management, communication
Interprofessional workplace collaboration approaches: A framework analysis study of internal medicine trainees

Presenter(s): Dr Joanne Kerins
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Twitter: @JoanneKerins

Background: Effective patient care depends on interprofessional collaboration (IPC). For internal medicine (IM) trainees, this involves collaboration with other professions and other specialties. Delivering education for IPC remains a challenge with discrepancies between educational contexts and the realities of the clinical workplace. Understanding approaches for IPC in clinical practice could better align strategies for training. This study aimed to investigate strategies employed by IM trainees to promote workplace collaboration.

Methods: IM trainees participated in interprofessional communication workshops, discussing challenges and strategies for collaboration. Following ethical approval, workshops between August 2020 and March 2021 were audio recorded and transcribed verbatim. Framework analysis applied the IPC framework described by Bainbridge and Regehr, and cross-referenced categorised data with the healthcare groups trainees collaborated with.

Results/Discussion: Seventeen two-hour long workshops, involving 100 IM trainees, were included. Trainees described ‘relationship building’, ‘perspective taking’ and ‘negotiating priorities and resources’ during their interprofessional encounters. There was evidence of trainees using hierarchy as leverage and employing kindness as a tactical approach. Framework analysis highlighted patterns of perspective taking with other specialties and professions, and courting favour and coercion when interacting with other specialties.

Conclusion: Preserving relationships was important for IM trainees in anticipation of future collaboration. Trainees tended to lean on the stability that hierarchies provide, using this to their advantage at times. The framework matrix outlines the strategies currently in use by IM trainees across Scotland when interacting with different healthcare groups. The resulting framework could be utilised to underpin educational interventions aiming to improve collaboration.


Keywords: Interprofessional collaboration, Postgraduate training, Internal medicine, Qualitative research
A questionnaire measuring empathy and patient-centredness in year four medical students completing a Longitudinal Integrated Clerkship

Presenter(s): Dr Alastair Dodsworth

Author(s): Dr Alastair Dodsworth, Population Health Sciences Institute, Newcastle University; Professor Hugh Alberti, School of Medicine, Newcastle University; Doctor Paul Paes, School of Medicine, Newcastle University; Professor Jan Illing, RCSI University of Medicine Health Sciences, Dublin, Ireland

Background: All year four medical students at Newcastle University complete a Longitudinal Integrated Clerkship (LIC). Students spend up to one day each week in three clinical placements (medicine, surgery and general practice) over 23 weeks. Contrary to the literature of ethical erosion students' experience in block rotation curricula,1 evidence from LICs describe improvements in student's self-rated patient-centredness, however, studies typically involve volunteer students and small sample sizes.2, 3

Research Question: Do a medical student's self-rated patient-centeredness and empathy scores change from the beginning of an LIC and non-LIC compared with the end?

Methods: All LIC students across two consecutive years were invited to complete an online questionnaire pre- and post-LIC. The proceeding year four non-LIC cohort was a comparator. The questionnaire included the validated scales the Patient Practitioner Orientation Scale (PPOS) and the Jefferson Scale of Empathy (JSE).

Data was analysed using descriptive statistics to identify baseline measures, change at follow-up was examined using a paired t-test.

Results: There were 99 and 22 LIC and non-LIC complete cases respectively. Non-LIC students' empathy scores reduced over time (p <0.001). There was no significant difference in LIC students' empathy scores. Patient centeredness scores for both LIC (p 0.185) and non-LIC (p 0.097) students increased over time.

Conclusions: LIC students' empathy scores did not show evidence of ethical erosion unlike in non-LIC students. Results suggest LIC curricula are at least equal to non-LIC curricula in influencing attitudes of empathy and patient-centredness. This study analysed data from a large sample of students completing an LIC.


Keywords: Patient-centredness, Empathy, Longitudinal Integrated Clerkship
Academic Medicine for All: Working Together to Improve Access to the Specialised Foundation Programme

Presenter(s): Miss Alokya Balagamage
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Twitter: @alokya_b

Introduction: Since its introduction in 2007¹, the Specialised Foundation Programme (SFP) has provided junior clinicians with a formalised pathway into academia. With benefits including opportunities for portfolio expansion², application is competitive with places available for approximately only 5% of trainees³. This popularity has also seen the introduction of numerous courses providing application guidance. However, with these regularly costing around £50-100⁴(3), financial pressures lead to inequalities in access to the programme. We therefore sought to explore students’ current attitudes towards paying for such resources and their access to sufficient free preparatory material.

Methods: A Google Forms questionnaire was distributed to students from all UK medical schools online.

Results: 104 responses were obtained, representing 11 universities. 76% of students felt guidance from their medical school is lacking. The median rating for confidence in securing an SFP place using a 5-point Likert scale (1=not confident at all, 5=very confident) was 2. Regarding finances, 14% of respondents felt unstable. However, when asked about paying for continued access to application support, 48% would contribute ≥£100.

Discussion: With inadequate institutional support and pressure to pay for preparatory materials despite financial troubles, our results highlight a need for more widespread application information and available resources. This may be achieved through collaboration between medical schools and the UK Foundation Programme Office (UKFPO). Now in its 3rd year, we have also developed a free course comprised of online seminars and small-group mentoring. Longitudinal data on participants’ progress and success will be evaluated to determine the effectiveness of this initiative.

Reference(s):

Keywords: SFP, Specialised Foundation Programme, Equality, Medical Education, Academic Medicine
International short-term placements in health professions education – a meta-narrative review

Presenter(s): Dr Birgit Fruhstorfer

Author(s): Dr Birgit Fruhstorfer, University of Warwick; Dr Simon Jenkins, University of Warwick; Professor David Davies, University of Warwick; Professor Frances Griffiths, University of Warwick and University of Witwatersrand

Background: Experiential learning gained during an international placement has been considered as a powerful strategy to promote the development of global health competencies. An overarching synthesis of research from diverse approaches is needed to enrich the understanding of the educational process. The aim of this review was to synthesise empirical studies examining the process and outcomes of international short-term placements in undergraduate health professions education.

Methods: A systematic literature review was conducted using a meta-narrative methodology. Six electronic databases were searched between September 2016 and June 2022: Medline, Embase, CINAHL, PsycINFO, Education Research Complete and Web of Knowledge. After data extraction and quality assessment, studies were first considered within their research tradition before comparing and contrasting findings between different research traditions.

Results: This review included 243 papers from 12 research traditions, which were distinguished by health profession and paradigmatic approach. Whereas earlier research focused on the learner, more recent studies have become more concerned with relationships between stakeholder groups. Across research traditions, findings indicate a positive impact on the personal and professional development of the learner. Only few studies have looked at strategies to enhance the educational process. Based on this review, a conceptual model was developed, which was informed by earlier versions of Bronfenbrenner’s ecological theory.

Conclusion: This review highlights that learning in international placements takes place in a complex environment requiring careful consideration of the educational design. More research is needed on how to enhance the educational process at micro-level and macro-level in international programmes.


Keywords: International placement, global health, meta-narrative, undergraduate, health professions education
New Leaders Award Winner 2021: Leading the Foundation Year for Medicine: a widening participation initiative

Presenter(s): Dr Peter Leadbetter
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Twitter: @PeterLeadbette2

Introduction: The ethos of the Foundation Year for Medicine (FY) at Edge Hill University is to widen access to medicine for local students from non-traditional and underrepresented groups. This provides students who aspire to study medicine the opportunity to gain insight into medicine and meet the academic level to progress to the medical programme. It ensures personal, professional and academic preparation for the demands of Medicine. On successful completion of the programme, student's progress to MBChB Year 1. It is high profile in that the success of the Medical programme is underpinned by a philosophy of widening access.

Methodology: The programme has many distinctive features including local community placements, "added value" activities, assessments that mirror MBChB assessments, portfolio development, and input from service providers and service users/carers. A narrative overview and student evaluations of the programme and associated “added value” initiatives will be presented.

Results & discussion: Since the course began in 2019, 49 students (out of 52, 94%) have completed the programme and have progressed to year 1, 2 or 3. The entire fourth cohort of 15 students are "on track" to progress in September 2023.

Student evaluations and feedback indicated the positive impact of the programme, with satisfaction between 4.3 & 4.6/5. Students have strongly agreed “that they feel part of a community of staff and students” and that they feel supported and equipped for undergraduate medicine. The innovative curriculum approach, provision of “added value” activities, and recent involvement in national networks and media will be presented.

Keywords: widening participation initiatives
(L)earning: exploring the value of paid roles for medical students

Presenter(s): Katrina Freimane
Author(s): Dr Jonathan Callaghan; Queen's University Belfast; Dr Katrina Freimane, Queen's University Belfast; Professor Nigel Hart, Queen's University Belfast; Dr Grainne Kearney, Queen's University Belfast
Twitter: @nigelhart

Background: The Medical Student Technician (MST) role is a paid position established in Northern Ireland during the Pandemic. The ExBL model is a contemporary medical education pedagogy advocating supported participation to develop capabilities important for doctors-to-be. In this study we used ExBL to explore MSTs experiences and how the role contributed to professional development and preparedness for practice.

Methods: A convenience sampling strategy was used to recruit a total of 17 MSTs in three focus groups (FG). FGs were transcribed verbatim and analysed using ExBL as a framework. Transcripts were independently analysed and coded by two investigators and discrepancies resolved with the remaining investigators.

Results: The MST experiences reflected the various components of the ExBL model. Students valued earning a salary, however, what students earned transcended the financial reward alone. This professional role enabled students to meaningfully contribute to patient care and have authentic interactions with patients and staff. This fostered a sense of feeling valued and increased self-efficacy amongst MSTs, helping them acquire various practical, intellectual and affective capabilities and subsequently demonstrate an increased confidence in their identities as future doctors.

Conclusion: Paid clinical roles for medical students present useful adjuncts to traditional clinical placements, benefiting both students and healthcare systems. The practice-based learning experiences described appear to be underpinned by a novel social context where students can add value, be and feel valued and gain valuable capabilities that better prepared them for starting work as a doctor.

Reference(s):
Freimane KZ, Callaghan JP, Kearney GP, Hart ND. So you want to be a medical Medical Student Technician? Ulster Med J. 2021;90(3):194-6

Keywords: Experience-based learning, workplace learning
Medical student perceptions and experiences of incivility: a qualitative study

Presenter(s): Miss Louise Griffin
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Background: Incivility is rude, dismissive or aggressive behaviour in the workplace. Medical students are vulnerable to incivility whilst on clinical placements, with detrimental consequences on students' learning and mental health.

Methods: An online qualitative questionnaire study. Students in years 3–5 at a large medical school were recruited between May–June 2022. Qualitative questions explored students’ experiences of incivility from healthcare workers over the past 12 months, and actions in response to incivility. Thematic saturation was reached at 50 responses and data were analysed using Thematic Analysis.

Results: Five core themes were identified: hierarchy; exclusion; discrimination; response to incivility; barriers to action. Participants reported a range of uncivil behaviour, including mocking, exclusion and discrimination. Discriminatory incivility targeted students’ protected characteristics, including race, sex, sexual orientation and disability. In response to incivility, participants varied in their preferred mode of action. Many viewed formal escalation to senior staff as favourable action. Meanwhile, others would not escalate concerns and instead respond with peer support or allyship. Barriers prevented students from reporting incivility, including a lack of confidence; failures and fears of reporting systems; and perceived abuse severity.

Conclusion: Our findings identify the extensive incivility experienced by medical students on clinical placements, which is frequently perpetuated by abusive workplace hierarchy. Whilst students recognise the importance of reporting uncivil behaviours, barriers to reporting include unrecognised incivility, psychological consequences and failed reporting systems. In order to reform toxic educational environments, we recommend medical schools to integrate civility training into the curriculum and restructure accessible reporting systems.

Keywords: Incivility, Bullying, Discrimination, Medical students, Qualitative methods
Small Grants 2022: Medical students’ attitudes to pursuing a career in psychiatry: A realist study

Presenter(s): Miss Elizabeth McCulloch, Miss Lucy Hollands
Author(s): Miss Elizabeth McCulloch, University of Exeter Medical School; Miss Lucy Hollands; Professor Karen Mattick; Dr Jason Hancock; Dr Jessica Scott

Introduction: Medical students deciding not to pursue a career in psychiatry after qualification can contribute to psychiatry’s workforce shortage. Greater understanding of medical students’ decision-making may highlight interventions that could be effective in attracting more medical students to psychiatry. The aim of this realist evaluation is to develop a theory explaining why medical students with an interest in psychiatry decide to not pursue psychiatry as a career.

Methods: An initial theory was generated from a literature review. Peer-reviewed literature was descriptively analysed to identify known contexts, mechanisms and outcomes in medical students decision-making to choose psychiatry as a career. Connections identified in literature were added, along with connections suggested by our author team consisting of medical educators, researchers and psychiatrists, based off their real-world experiences.

Results: The initial theory emphasises the complex decision-making underpinning medical students’ choice to go into psychiatry after qualification. The initial theory identifies contexts from a range of perspectives (personal factors, medical school factors, perceived career factors and perceived patient factors) connecting to positive or negative mechanisms that lead to two main outcomes (Interest or intention to choose psychiatry and not choosing psychiatry).

Conclusions: The generation of our initial theory has demonstrated how contexts and mechanisms may interact influencing specific outcomes. The initial findings will support the continuation of our realist evaluation, where we intend to present the findings of realist interviews, a final developed theory and evidence-based recommendations that may be effective in attracting more medical students to a career in psychiatry.

Keywords: Medical Students, Psychiatry, Career choice
Medical students impacted by discrimination: their experiences of sense of belonging and support systems at medical school

Presenter(s): Mr Hamza Ikhliaq

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Twitter: @Hamzal_Med

Background: Sense of belonging, defined as the sense of being an important and respected member of the community, has been linked to positive academic outcomes, higher engagement, and self-confidence in students. Current literature informs us that medical students subject to discrimination in society experience a different sense of belonging, experiencing social exclusion and specific barriers during assessment and clinical placement. Previous research has typically focused on exploring students’ sense of belonging in one group. Therefore, this study aims to better the collective experience of those who have been impacted by discrimination and the support systems they engage with to generate recommendations to improve provision for these students.

Methods: A qualitative study was conducted using an interpretive description approach. Individual, semi-structured interviews with 17 medical students from all years of the medical programme from four UK-based medical schools were conducted. Transcripts were then thematically analysed.

Results: 5 themes were identified: feelings of isolation, imposter syndrome and exclusion; a lack of representation and positive role modelling; the importance of peer support; issues relating to the accessibility of support; building support networks through shared experiences and attempts to improve a sense of belonging through peer and institutionally led initiatives.

Conclusions: Medical educators and institutions should consider formal and informal provisions, such as creating time and space for students to meet and share experiences and access support and reporting networks, to foster a greater sense of belonging.


Keywords: Discrimination, Belonging, Support, Professionalism, Institution
“Peer-scribing”: utilising a live, collaborative drug chart to teach prescribing.

**Presenter(s):** Dr Claire Hemingway, Dr Elizabeth Morgan

**Author(s):** Dr Claire Hemingway, Imperial College School of Medicine, Imperial College London; Dr Elizabeth Morgan, Imperial College School of Medicine, Imperial College London; Dr Chris John, Imperial College School of Medicine, Imperial College London; Dr David R Owen, Imperial College School of Medicine, Imperial College London; Professor Amir H Sam, Imperial College School of Medicine, Imperial College London

**Background:** Medical graduates feel unprepared to prescribe\(^1\). However, despite the high risk of medical errors with serious consequences, students have limited opportunities for ‘hands on’ or supported practice due to clinical governance around prescribing and the digital transformation of paper drug charts\(^2\). As a result, students rarely experience the necessary clinical responsibility required to be prepared for prescribing. We set out to develop an innovative, cost effective and safe method to teach practical prescribing and improve student confidence.

**Methods:** Medical students practised prescribing on a live, digital, interactive drug chart simulator developed in-house. Students were led through a realistic clinical scenario, following an inpatient’s journey. Tasks included admission and discharge medication reviews, prescribing insulin, and venous thromboembolism prophylaxis. Facilitators reviewed the drug charts in real-time to give immediate, personalised feedback. Common prescribing errors were identified and used as teaching points. We measured student feedback on session content, usefulness and confidence in prescribing.

**Results:** Students gave positive feedback for the session, with 91% agreeing the content was both appropriate and useful for future practice. Self-rated confidence in prescribing before the session was 1.81/5. Following the interactive session, confidence increased by 1.4 to 3.26/5 (p<0.0001). Qualitative feedback highlighted students’ enjoyment of the interactive drug chart and real-time feedback.

Our interactive drug chart simulator presents an effective, safe and easily generalisable approach to increase student engagement with and confidence in prescribing.

**Reference(s):**

**Keywords:** Prescribing, Interactive, Digital technology, Real-time
Small Grants 2021: Personal tutoring and professional identity development in undergraduate medical students: Reflecting on tutors’ and students’ perspectives

Presenter(s): Dr Ana Baptista
Author(s): Dr Ana Baptista, Imperial College London

Background: Personal tutoring (PT) provision, encompassing academic and pastoral support, is well-established in the UK HE context. Its positive impact is well-documented on fostering students’ sense of belonging, improving student success, learning, retention, progression and overall experience. However, we do not know how, in medical students, these factors translate as the emergence and development of professional identity. PT in nursing education seems to contribute to the professional development of future nurses. But what about in medical education? PT is one component of medical students’ educational experience intended to help them navigate social, relational and clinical contexts. In this study, we aim to understand how PT contributes to medical students’ professional identity development during clinical years.

Methods: An exploratory qualitative case study was conducted at Imperial College School of Medicine. 17 personal tutors and 21 Y5-Y6 medical students participated in a semi-structured interview. Thematic analysis was carried out.

Results: PT is differently described by tutors and students, due to lived experiences and expectations. Nevertheless, in clinical years PT is mainly perceived as pastoral support and potentially future career guidance. Tutors and students hold multifaceted conception of professional identity, but they share an emphasis on social and cognitive facets of medical practice, and career progression. Key differences in tutors and students’ perspectives relate to systemic challenges that negatively and/or positively impact on future doctors’ professional identity development and their retention in the profession. PT is differently perceived as a context to contribute to medical students’ professional identity development, but holds high potential.


Keywords: Personal tutoring, Professional identity, Undergraduate medical students, Case study
OSCEs are an objective tool used to assess medical student competencies in a simulated environment. Through emulating the clinician's role they act as a conduit for students to simulate medical scenarios in a safe environment.

We present a suite of resources aiming to help prepare students for the Clinical and Professional Skills (CPSA) aspect of the UK Medical Licensing Assessment by familiarising themselves with the format, environment and expected level of performance. We have expanded existing resources, dictated by student feedback, to increase preparedness for assessments and provide vital clinical experience.

**Background:** Junior doctors with an interest in medical education have been volunteering to tutor small groups of final-year students at Queen's University, Belfast (QUB) for almost 50 years.

In 2022, the QUB OSCE Library was first 'opened'. Using a clearly-structured, standardised OSCE template, junior doctors designed and authored stations. These were submitted to the Lead Internal Medical Trainee (IMT) doctors for editing and subsequent addition to an online repository of stations, accessible by any QUB medical student. Content, relevance and structure were checked by the Final Year Assessment Lead.

**Results/Conclusion:** In 2023, a further dimension was added. Several CPSA-level OSCE stations have been recorded using simulated patients with junior doctors enacting the roles of the 'student' and 'examiner'. These additions to the OSCE Library will allow students to have a greater insight into what to expect in their CPSA. UK universities must demonstrate how they prepare students for the CPSA. We present the OSCE Library as a useful tool.

**Reference(s):**

**Keywords:** Teaching, OSCE, Undergraduate, Medical Student, CPSA
Introduction: Simulation provides an environment where students can work beyond their competence, without fear of repercussions to patients. It provides an opportunity for them to 'step into the role of a doctor' with potential to explore and gain more insight into their future role and developing professional identity. Role-playing as a doctor has shown to be of value for final-year medical students; less is known of the value for third-year students, who due to their lack of experience often struggle to be active participants in the clinical environment.

Methodology: This research explored the value of third-year students 'stepping into' the role of a doctor in a GP clinic simulation setting via instrumental case study methodology within the interpretivist paradigm. Data was gathered via twenty-four interviews with students and tutors; observations and online student surveys.

Results: The value of role-playing as a doctor centred around the experience of responsibility and was associated with feelings of agency; thinking differently with more focus on management and decision-making; and insight into and preparation for the role of a practitioner, including working with uncertainty. Student buy-in for this exercise was underpinned by perceptions of authenticity and level of discomfort. GP Tutors facilitating the clinic played a key role in increasing psychological safety and negotiating expectations. Negotiation could lead to helpful conversations about working with uncertainty and challenge pre-conceptions of a doctor as knowing everything. The aim was not an authentic consultation but an authentic experience for the student.


Keywords: Simulation, Professionalism, Undergraduate, Education
Understanding the person behind the patient: Promoting reflection to explore patients’ perspectives on their hospital stays

Presenter(s): Dr Tirion Swart, Dr Antony Pile

Author(s): Dr Tirion Swart, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust and University of Bristol

Introduction: Patient contact during the early years of medical school has increased markedly over the last few years, benefitting both patients and students\(^1\),\(^2\). Underpinned by socio-cultural learning theory, authentic clinical experience promotes professionalism and students' understanding of practice\(^3\). At the University of Bristol, second-year students undertake a 3-week hospital placement introducing them to the clinical environment. We aimed to gain insight into the impact of this placement on students’ perceptions of patient experience.

Method: Through questionnaires pre- and post-placement we challenged students to consider patients’ experience from various perspectives, including how informed patients are kept on their condition, and the emotional impact of their stay. Further evaluation was undertaken via Wordclouds.

Results:
Feedback was obtained from the majority of students (57/60). Major changes in perceptions included:
- Appreciation of patient loneliness and frustration
- More emphasis on patient wishes, regarding communication on treatment and discharge
- Consideration of the financial and social impacts of hospital admission on families
- Greater understanding of the impact of challenges in social care on delayed hospital discharge

At the outset of the placement the investigative Wordcloud was dominated by words such as “scary” and “confusing”, progressing by the end to recognition of loneliness and boredom in patients.

Conclusion: This study, investigating early-year students’ perspectives, re-emphasises the role early clinical contact plays in developing a holistic understanding of patients’ experiences. It also recognises new factors, such as greater appreciation of the social and economic impacts of hospital admission on patients and their families, which have not previously been described.

Reference(s):
1. Thistlethwaite JE, Cockayne EA. Early student-patient interactions: The view of patients regarding their experiences. Medical Teacher. 2004;26:420-422. DOI: 10.1080/01421590410001696443

Keywords: Patient experience, Patient perspective, Socio-economic factors, Early-years, Holistic
Autonomy and Touch; highlighting the benefits and importance of touch to early years medical students, an evaluation

**Presenter(s):** Dr Heather Macfarlane, Dr Rasha Mezher-Sikafi

**Author(s):** Dr Heather Macfarlane, Imperial College School of Medicine; Dr Rasha Mezher-Sikafi, Imperial College School of Medicine; Dr Jennifer Wallis, Imperial College School of Medicine; Ms Lydia Boynton, Imperial College School of Medicine; Ms Heather Hanna, Imperial College School of Medicine

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**Background:** Throughout history, touch has played a central role in medicine. Clinical technology, AI systems and virtual consultations introduced during the pandemic have reduced opportunities for students to learn the value of touch.

In response, Imperial College School of Medicine (ICSM) designed a novel, interdisciplinary session as part of the MBBS curriculum. This presentation highlights how the session improved student confidence during clinical examinations and showcases why teaching early years students the importance of therapeutic touch is beneficial.

**Methods:** ICSM Phase 1a (Year 1) students within their first month of the MBBS course attended a blended 4-part series ‘Autonomy and Touch’, which included:

- Ethical principles
- Historical perspectives
- Appropriate therapeutic touch in practice
- The use of touch in allied health professional roles
- Peer-peer examination

Students were asked to complete a pre and post course confidence survey on the following themes: gaining consent, examining someone unknown, how a person feels, respect for patient diversity and recognition of differing professional examination techniques.

**Results:** 203 students took part in the post-session questionnaire.

All 5 questions showed an improvement in confidence rating, with the highest improvements seen in how a person feels (when being examined) and respect for patient diversity. There was an improvement of 20.33% and 15.41% respectively of students choosing the highest confidence rating for these questions.

**Conclusion:** The ‘Autonomy and Touch’ session benefits students in the early stages of the programme, preparing them for a career in clinical practice and improving their relationships with patients and peers.

**Reference(s):**


**Keywords:** Touch, autonomy, consent, patient perspective
Rethinking summer resits in medical school: Sharing a peer-led initiative and understanding experiences of peer support for resit revolution

Presenter(s): Mx Cate Goldwater Breheny & Ms Angela Cebolla Sousa
Author(s): Mx Cate Goldwater Breheny, Imperial College School of Medicine; Ms Angela Cebolla Sousa, Imperial College School of Medicine; Dr Ana Baptista, Imperial College School of Medicine

Background: Resitting exams is somewhat common: around 10% of all medical students will resit at some point and this number can be as high as 50% at some institutions1. Studies argue that resits are heavily stigmatized in medical school and can affect students' professional identity2, notably for students who already experience discrimination due to their background or disability3. Peer-led support activities run by Imperial's Medical Education Society were available to resitting Y1 and Y2 undergraduate medical students at Imperial College School of Medicine in summer 2022.

Methods: An exploratory qualitative case study was carried out, by conducting semi-structured interviews to 11 Y1-students and 11 Y2-students who resat exams in summer 2022. Thematic analysis was conducted.

Results: Students raised three themes:
1. Negative self-perception: interviewees identified resit stigma: many only felt comfortable discussing resit exams with close friends;
2. Neurodivergence and mental health: several interviewees referenced their neurodiversity, mental health or both as factors explaining why they struggled with resits;
3. Peers as role models: many interviewees felt reassured when older students shared positive resit experiences; although interviewees acknowledged their having the necessary academic skills to revise without further study support, peer support and role models were particularly relevant when experiencing academic or personal difficulties.

Take-away message: Students can serve as role models and mentors for other students. Peer-led activities are a source of encouragement and motivation. Peer-led support provides a sense of community and increased academic confidence.

References:

Keywords: Resitting exams, Peer-led activities, Academic society, Diversity, Qualitative case study
The experience of junior clinicians undertaking undergraduate paediatric bedside teaching

**Presenter(s):** Dr Abhishek Oswal

**Author(s):** Dr Abhishek Oswal, University of Bristol

**Background:** Bedside teaching has been used throughout medical education as a tool through which students can undertake clinical encounters with patients. Medical schools are employing clinical teaching fellows (CTFs): junior doctors to teach undergraduates, including bedside teaching in paediatrics. Previous literature has focussed on the value of bedside teaching to students in adult medicine. This study was designed to capture the perceptions of junior teachers undertaking paediatric bedside teaching (pBST). Specifically, the aims were to understand their descriptions of how they undertook pBST, what value they found in pBST, and how they would recommend pBST to their colleagues.

**Methods:** The study recruited paediatric CTFs who undertook pBST for medical students at University of Bristol. It had a two-part qualitative methodology with semi-structured interviews and a focus group, which were thematically analysed based on an original conceptual framework.

**Results:** Participants described two major forms of pBST: structured and ad-hoc sessions. The main value they described was to their knowledge, clinical practice, and enjoyment. The main challenges were the time required for pBST. They recommended pBST to their colleagues because of the benefits they found. They suggest solutions including guidance on how to undertake pBST, and increased emphasis on teaching in undergraduate and postgraduate curricula to encourage colleagues into pBST.

**Conclusion:** The perceptions of CTFs of the ways they undertake pBST and the value of pBST relate directly to their recommendations to their colleagues. These may provide evidence to encourage other junior clinicians into pBST and facilitating this by updating curricula.

**Keywords:** Paediatrics, Bedside teaching, Clinical Teaching Fellow (CTF)
Establishing learning communities in an online postgraduate student cohort – adapting to student feedback

Presenter(s): Dr Sophie Hill
Author(s): Dr Sophie Hill, Newcastle University; Dr Sonia Bussey, Newcastle University; Dr Gwyndaf Roberts, Newcastle University; Dr Bryan Burford, Newcastle University; Dr David Thewlis, Newcastle University; Dr Richard Bregazzi, Newcastle University

Background and Purpose: The Masters in Medical Education at Newcastle University pivoted from two parallel programmes (one present in person, and one online), to an exclusively online modality during the Covid-19 pandemic, later becoming a single, blended programme of online content with optional on-campus workshops. Student feedback has outlined the challenges and desire to feel part of an educational community with their peers, and developing supportive relationships with academic staff at a physical distance.

In academic year 2022-23, the programme team introduced a new system of personal tutor support, intended to establish learning communities. This involved allocating students a personal tutor group, with synchronous online monthly meetings with a named personal tutor. A curriculum linked to academic study skills was developed for these monthly meetings, and resources made available asynchronously.

Methodology: A two-stage data collection will be undertaken by means of an online questionnaire for maximum reach, with a subsequent focus group with student representatives to explore the questionnaire findings in more detail.

Results: The revised tutorial system has been monitored from September 2022, until June 2023. Early engagement with synchronous group tutorials has been comparatively low. Asynchronous tutorial resources have been more widely accessed, although this does not appear to align with the student feedback (desire for synchronous support and establishment of closer relationships with staff and peers).

Discussion and Conclusions: Early indicators suggest that a dichotomy exists between the stated priorities and preferences of students undertaking an online programme, and the subsequent engagement with those resources and structures.


Keywords: Feedback, Learning, Community, Support, Engagement
Exploring patterns of migration of doctors to the United Kingdom: Implications for a sustainable diverse workforce

**Presenter(s):** Dr Nicola Brennan

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**Introduction:** A shortage of doctors is currently one of the biggest challenges faced by the healthcare workforce in the United Kingdom. While plans are in place to increase the number of medical school places, in the short-term this gap will need to continue to be filled by the recruitment of doctors from abroad. The aim of this study is to explore a particular pattern of the migration of doctors that has implications for diversity in the workforce.

**Methods:** The first stage of this mixed-method study involved analysing secondary data using descriptive statistics on the patterns of migration of internationally trained doctors. Qualitative interviews were then conducted with 17 key stakeholders by video-conference call, audio-recorded, transcribed and thematically analysed using NVivo.

**Results:** In 2019, 34.5% of the UK workforce were trained internationally. The vast majority of new registrations by internationally trained doctors from 2009-2019 do not have a specialty (96.2% in 2019) and only a small number go on to gain specialist/GP registration. The stakeholder interviews highlighted the prestige of UK training on the global stage and the stakeholder perception that the main reasons doctors come to the UK are for training opportunities and for career progression.

**Discussion:** Despite the stakeholders identifying the main driver for doctors migrating to the UK as being for training opportunities and for career progression, very few doctors are gaining specialist or GP registration. Additional support is required for internationally trained doctors to ensure that they get on the training programmes they seek enabling career progression.

**Keywords:** Doctor, migration, workforce, retention, diversity
International Medical Graduates (IMGs) face several challenges when they transition clinical practice to the United Kingdom. There is limited literature on the experiences of IMGs in the UK. The challenges reported in literature are based on the experiences of doctors in training or the perspective of training programme directors. This study sought to explore these challenges from the perspective of IMGs that had successfully completed hospital-based postgraduate training. To do this, I enquired about factors that influence belonging in the workplace with a view to identify strategies that can improve belonging and adaptation during training.

Participants were recruited based on set inclusion criteria from the body of consultants at a National Health Service (NHS) Trust in England. Semi-structured interviews were conducted to explore the experiences of participants during postgraduate medical training. Transcripts produced from the interviews were coded and analysed using an inductive thematic approach.

Structured clinical attachment, shadowing, phased start to the first post in the NHS, a supportive consultant and multidisciplinary team (MDT), and mentoring are believed to positively influence belonging. Networking with other IMGs was considered supportive. Experience of racism and sexism impacted on the wellbeing of participants that had experienced it.

Participants had experienced similar challenges during transition of practice, which is reported in literature that was reviewed. Suggestions focused on strategies to improve professional acculturation, MDT support and networking. I did not explore the experience of IMGs that did not complete training. There may be something to learn from this cohort of doctors.

Reference(s):
3. Falayajo A. Study to explore the factors that influence belonging of international medical graduates in the workplace during hospital-based postgraduate training in the United Kingdom. [master’s thesis]. Madingley: Institute of Continuing Education, University of Cambridge; 2021.

Keywords: International Medical Graduate, Postgraduate Medical Training, Belonging, Adaptation, Transition
Internal Medicine Training – implementation and impacts of a new curriculum: Findings from a 3-Year longitudinal evaluation

Presenter(s): Dr Katie Webb

Author(s): Dr Katie Webb, Cardiff University; Mr Steve Hodgson; Miss Sofia Reva; Miss Natasha Reilly; Miss Janis Mumford; Miss Rebecca Shaw; Dr Philip Bright

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Background: In 2019, Internal Medicine Training (IMT) replaced Core Medical Training1; a 3-year programme where IMT Stage 1 forms the first stage of specialty training for most doctors training in physician specialities, preparing trainees for participating in the acute medical take. IMT training continues in Stage 2 for certain trainees, integrated within higher specialty training. Changes aim to enhance training and prepare doctors to manage patients with complex comorbidities and provide trainees with wider exposure to medical specialties, including dedicated experience in the intensive care unit. We will present findings from our 3-year longitudinal evaluation, commissioned by HEE, that assesses the impact of changes in IMT training, particularly on perceptions and experiences of those involved, progression through physician training, service delivery and learning outcomes.

Methods: A longitudinal programme evaluation (2019-2022) comprising trust level data, online surveys, focus groups/interviews with participants (trainees, educators, employers, local offices) collected both quantitative and qualitative data. Quantitative data are descriptively analysed using Excel/PowerBi; qualitative data (open-comment/transcripts) underwent thematic analysis.

Results: Unsurprisingly, the Covid-19 pandemic significantly impacted trainee experience, clinic attendance and exams. Key themes from the qualitative research include quality of teaching and level of service provision, supervisor interaction and the curriculum. Quantitative analysis for Year 1 presents emerging impacts of IMT (increase in training posts, changes in ARCP outcomes received, reduction in attrition). Longitudinal analysis also shows improved confidence in clinical decision-making, contact with educational supervisors and greater confidence in raising concerns.


Keywords: Internal Medicine Training, Postgraduate training, Physicianly specialties, Generalism, Curriculum
ASME PhD Funding Recipient: Less than full-time working in the medical profession: a systematic review, and examination of doctors’ characteristics and performance

Presenter(s): Dr Magdalen Baker

Author(s): Dr Magdalen Baker, University College London; Dr Asta Medisauskaite, University College London; Professor Ann Griffin, University College London

Background: The current generation of doctors places a high value on work-life balance and is increasingly interested in less than full-time (LTFT) working, yet little is known about how this might impact the workforce over time. This study comprises two parts: a systematic review of existing literature on LTFT working in the medical profession, and a cross-sectional study of UK doctors in LTFT training.

Methods: Part 1: Ten electronic databases were searched up to March 2022 for published studies and theses/dissertations. Two independent researchers screened studies, extracted data, and appraised relevant studies. Data were synthesised using narrative synthesis.

Part 2: Retrospective data on UK doctors in training between 2014 and 2019 from the UK Medical Education Database (UKMED) were analysed. Multivariable regression was used to examine the association between working LTFT and doctors’ sociodemographic characteristics and performance.

Results: The systematic literature search yielded 13,782 records, with 730 potentially eligible for inclusion after an initial title and abstract sift. The UKMED study examined three cohorts (doctors in Foundation Year 1; Core/Specialty Training year 1; and Core/Specialty Training year 3) from a study population of 163,469 doctors. Analysis of data in both parts of the study are still ongoing at the time writing. Findings will be presented at the conference.

Discussion: This study evaluates existing knowledge and incorporates objective data to examine the factors and outcomes associated with LTFT working in the medical profession. The findings will aid workforce planning and provide insights into the effective implementation of LTFT working.


Keywords: less than full-time, part-time, doctors’ working patterns, flexible working, flexible training
Master's in Genomic Medicine framework: a multidisciplinary first in NHS postgraduate training

Presenter(s): Dr Siobhan Simpson
Author(s): Dr Siobhan Simpson, NHS Genomics Education; Ms Kathleen Lynch; Mrs Aine Kelly; Dr Michelle Bishop; Professor Kate Tatton-Brown

NHS Genomics Education is the education and training arm of the National Health Service (NHS) in England. In 2015, NHS Genomics Education’s Genomics Education Programme (GEP) launched the Master’s in Genomic Medicine framework. The framework comprises a GEP-designed curriculum delivered by universities across England. NHS employees can build up from a single module to a postgraduate qualification. The framework is interprofessional by design – a first for NHS Genomics Education.

The framework was evaluated using a mixed-methods approach to gain data from learners and their managers, including online surveys, interviews and focus groups. The study aimed to survey opinions of the framework, assess whether it is delivering its objectives and whether further development is needed.

In the period studied (2015-21), the Master’s framework funded 1,557 NHS professionals, with the largest groups being doctors (41%), healthcare scientists (30%), and nurses and midwives (12%). Among learners who responded to surveys (n=212), 86% said it enhanced their practice and 64% enhanced departmental practice, with managers (n=55) in agreement (69% and 58% respectively). Additionally, 82% of learners said the interprofessional approach was beneficial to their learning; many said it helped them make connections that extended into the workplace.

There were also some tensions identified in the study, which informed a set of recommendations for future development of the framework.

Overall, the Master’s framework has made a positive impact in increasing genomic knowledge of healthcare professionals in the NHS and could offer a model for other countries’ healthcare systems to consider as part of their genomics education strategy.

Keywords: Multidisciplinary, Education, Healthcare, NHS, Genomics
Social Identity Resources Can Enable or Inhibit Transitions into the Medical Community: A qualitative Longitudinal Study

Presenter(s): Dr Gillian Scanlan

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Social factors, including a sense of belonging and inclusion from social groups and having salient identities can enable successful life transitions (i.e., graduate to doctor). Social Identity Model of Identity Change (SIMIC) has referred to these social factors as identity resources (IRs).

The transition into postgraduate training is complex, requiring an integration into the healthcare community, adjustment to new identities, and understanding the social and organisational structure of healthcare. Yet, little is known about what IRs trainee doctors’ access or the implications they have on their transitions into healthcare practice, thus this study aimed to explore this phenomenon.

19 trainee doctors participated in a four-phase study involving: (a) an entrance interview; (b) a 6-9-month LAD phase; (c) a second interview and (d) a follow up interview 6 months later. All interviews were undertaken virtually and were audio recorded. Data were thematically analysed using an abductive approach using SIMIC as a conceptual lens to explore how social networks of support act as IRs for trainee doctors as they experience transitions.

Trainees narrated that having accessible IRs in the form of supportive workplace relationships enabled integration and a sense of belonging into healthcare practice and supported the construction of new professional identities. Trainees with inaccessible IRs (i.e., poor workplace relationships) expressed a lack of belonging, casting doubt on their capabilities and identity as a doctor.

Given the exodus of staff leaving healthcare, understanding the importance of a supportive workplace culture is essential so that we retain skilled staff for future healthcare demands.

Reference(s):

Keywords: Transitions, Belongingness, Wellbeing, Social Psychology, Qualitative
The Feasibility of Integrating Generalism into Postgraduate Internal Medical Training – Enhance Pilot in the Midlands, UK

Presenter(s): Dr Jack Haywood
Author(s): Dr Jack Haywood, NHS England; Dr Harini Sathanapally NHS England; Dr Bharathy Kumaravel, NHS England; Professor Jonathan Corne, NHS England

Background: Multimorbidity is a significant challenge for today’s healthcare systems, and the importance of maintaining a "generalist" approach in its management is well established. Enhance is a Health Education England (HEE) programme which aims to identify how generalist skills can be embedded into postgraduate medical education. We present the findings from an initial evaluation of a feasibility pilot programme delivered to Internal Medical Trainees (IMTs) in the Midlands, consisting of a four-month community placement in addition to bespoke teaching on social determinants of health.

Methods: We conducted two focus groups with all five IMTs participating in the programme. Thematic analysis was performed to identify a thematic framework from the results.

Results: Three overarching themes were identified: (1) Perceptions of the Enhance Programme, (2) Relevance to Clinical Practice, and (3) Enablers and Barriers to Enhance Programme in IMT Curriculum. Generalism was perceived to be important by trainees for their own future practice, but also for the health service overall. They reported improved community healthcare orientation and holistic clinical practice. Challenges included balancing participation in the programme with IMT commitments.

Conclusions: These findings are being implemented to improve the quality of the programme both now and for future cohorts by working with trainees to develop the curriculum in a co-productive format. Further work will be required to understand the enablers and barriers of Generalism from both trainer and trainee perspectives during this three-year programme.

Keywords: multimorbidity, generalist, holistic, community, quality
Comparison of the effectiveness of exclusively facilitated clinical teaching and traditional practice-based primary care placements

Presenter(s): Dr Edward Tyrrell

Author(s): Dr Edward Tyrrell, University of Nottingham; Dr Richard Knox, University of Nottingham; Dr Runa Saha, University of Nottingham; Dr Kathryn Berry, Lincoln Medical School; Dr Jaspal Taggar, University of Nottingham

Background: COVID-19 and recent changes in UK primary care have presented major challenges to undergraduate GP placement capacity. The authors present a novel comparison of the effectiveness and cost-effectiveness of delivering a one-week primary care course using entirely GP-facilitated teaching outside the GP setting with traditional practice-based GP education.

Methods: The authors redeveloped a new one week GP placement from a traditional teaching model (TT-M) to an exclusively facilitated teaching model (FT-M) delivered outside the GP practice setting, using principles of blended learning,1 flipped classroom methodologies,2 e-learning and simulation.3 Both teaching models, delivered simultaneously in 2022 in different locations, were evaluated using student surveys of attainment of learning outcomes and course enjoyment.

Results: Backed by free-text comments, students taught using both models felt their consultation skills and clinical knowledge (amalgamated mean score 4.36 for FT-M, 4.63 for TT-M; P=0.05), as well as preparation for the clinical phases (mean scores 4.35 for FT-M, 4.41 for TT-M; P=0.68) were well developed by the course. Students reported similar enjoyment of the course with both teaching models (FT-M mean score 4.31, 4.41 for TT-M; P=0.49). The delivery costs per 4-hour session for 100 students were £1,379 and £5,551 for FT-M and TT-M, respectively.

Conclusions: Delivery of a one-week primary care attachment to third year medical students using FT-M was as effective and more cost effective than delivery using TT-M. FT-M offers a potentially important adjunct to clinical learning and may offer resilience to the current capacity challenges of traditional GP placements.


Keywords: primary care education, medical education, facilitated teaching, clinical teaching
Background: There is a workforce crisis in General Practice (GP) within the United Kingdom. High quality clinical placement experiences in GP influence medical students’ interest and likelihood to enter this specialty. However, finding the time for these quality interactions is increasingly challenging as most GP trainers are working beyond their normal hours. GP trainees often express a desire to teach, yet teaching does not feature significantly within their training. This study aims to explore outcomes, barriers, and facilitators of GP trainees teaching through a rapid review of published literature.

Methods: MEDLINE, EMBASE, PsychINFO, Web of Science were searched for articles relating to GP trainees teaching. Studies conducted in the United Kingdom and Australia, between January 2000 and October 2022 were included. The Medical Education Research Study Quality Index and the Critical Appraisal Skills Programme checklist were used to assess study quality.

Results: Twenty-six papers, 10 qualitative, six quantitative, three mixed methods and seven opinion pieces were identified. Many studies had methodological limitations. Empirical studies show that there are recognisable benefits of near-peer teaching, but these are limited by trainees’ capacity and capability to teach, and trainers’ confidence in trainees’ teaching. The teaching culture within the practice influenced whether trainees were seen solely as learners or also as teachers for students.

Discussion: Synthesising the evidence from small scale studies helped to identify that appropriate training, resources and recognition are needed to support GP trainees to teach, and that practice culture is a strong influence on teaching opportunities.


Keywords: workforce, GP trainee, teaching, capacity, literature review
A qualitative framework analysis of medical students’ attitudes of incivility in undergraduate medical education

Presenter(s): Dr Daniel Francis and Miss Bethan Thomas
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Introduction: Toxic behaviour annually costs the NHS £2 billion, with 98% of staff reporting incivility at work. A review of incivility towards doctors in English hospitals showed it potentiates job dissatisfaction, accidents, mental strain, and burnout. However, there is a paucity of research regarding incivility within medical education. This qualitative study explores attitudes of medical students regarding incivility in undergraduate medical education.

Methods: Nine third-year medical students watched videos of a teaching interaction which covered the same learning objectives, but Group A observed uncivil teaching and Group B observed civil behaviour. Participants then underwent semi-structured interviews to explore their attitudes, these were audio-recorded and transcribed verbatim. Framework analysis was employed using NVivo to derive themes. Independent open coding was performed on a subset of transcripts to assess inter-coder agreement and agree a final coding framework.

Results: Medical students recounted their lived experiences of incivility; including feelings of burden, self-blame, reduced self-confidence, reduced enjoyment, and lower motivation to learn. Teacher approachability, body language, language use and discourse affected perceptions of civility. Learning quality and knowledge retention were negatively impacted by incivility. Environmental workplace pressures may contribute to uncivil behaviour, and peers and teachers were identified as sources of support. Institutional normalisation of incivility and perceived hierarchy of power may inhibit students reporting uncivil behaviour.

Discussion: This study demonstrates that incivility exists within contemporary undergraduate clinical education and highlights the negative effects on students’ learning. Local and institutional changes are required to overcome incivility in medical education, including clearer policies and training.


Keywords: Incivility, Video
Training to change practice: including behavioural science in health professional education

Presenter(s): Professor Lucie Byrne-Davis

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Background: Training is often the 'go-to' intervention to maintain and improve standards of safe and effective care, with health professional regulators often requiring participation in continuing professional development. Developing training that can lead to practice change is not easy, with a review of 215 studies of educational meetings for healthcare professionals finding that there is only a slight improvement in professional practice1. Behavioural science is clear that people require capability, opportunity and motivation to enact behaviours2.

Methods: In this paper, we outline two studies of health professional practice change illustrating how behavioural science theories can drive the development, evaluation and quality improvement of training. Study one describes coproducing behaviour change activities with educators that are feasible and can be added to training. Study two outlines a qualitative interview study, using behavioural theory, to understand the impact of anaesthetic training in three countries (n=78). Using these examples, we will explore the intersection of education and behavioural research.

Conclusion: Using behavioural theory and methods in training is feasible and beneficial, future research should explore ways of combining education and behavioural research.

Reference(s):

Keywords: behavioural science, practice
Safeguarding patient welfare underpins medical ethics and patient safety teaching, with patient safety curricula emphasising the significance of organisational, or ‘systems’, factors. However, the reliance on whistleblowing in ethics teaching disproportionately emphasises individual action and feeds a culture of blame and defensiveness. Vaughan’s ‘Normalisation of Deviance’ (NoD) provides a counterpoise to such individualism, describing a five-stage process by which signals of potential danger are collectively misinterpreted and accepted margins of safe operation are expanded. NoD is an insidious process that undermines the efficacy of whistleblowing in detecting inevitable disaster. However, despite widespread adoption of NoD in many safety-critical industries, applications to healthcare are currently minimal.

Through qualitative analysis of the Kirkup and other relevant external reports into the Morecambe Bay maternity scandal, we described a cycle of NoD affecting Trust handling of five ‘serious untoward incidents’ occurring in 2008. Through this cycle, organisational complexity and Trust culture led to signals of potential danger failing to generate sufficient change, despite repeated analysis at board level. Such was the grip of NoD, even the raising of concerns by a senior consultant failed to generate significant concern. Our analysis demonstrates the dangers of reliance on individuals to identify and raise concerns. We suggest greater space in medical education is needed to develop understanding of the cultural and organisational processes that underpin healthcare failures, tackle the emphasis on individual action and better integrate the teaching of medical ethics and patient safety to resolve tensions between systems approaches to safety and the individualism of whistleblowing.

**Keywords:** Safety, Whistleblowing, Truth Disclosure, Obstetrics, Systems
**Significant Event Analysis for Education (SEAFE) and its role in undergraduate medical education**

**Presenter(s):** Dr Ciaran Conway  
**Author(s):** Dr Ciaran Conway, University of Bristol; Professor Trevor Thompson, University of Bristol

**Background:** Significant event analysis is a concept familiar to clinicians and has been used in primary care for decades. Our primary care teaching team, at the University of Bristol Medical School, recognised that often significant educational events are not afforded the same formal evaluation and reflection. We therefore developed a yearlong pilot study looking at the use of significant event analysis in education. We termed our novel approach “Significant Event Analysis for Education (SEAFE)” (say, ‘see-fee’).

**Method:** We designed a proforma for the recording of events and held triannual SEAFE meetings to discuss the events and their outcomes as a team. After 12 months we surveyed our team members to evaluate if the use of this process had improved practice.

**Results:** During our 12 month pilot, we raised and discussed 19 SEAFEs covering a wide range of clinical and administrative issues. A survey of our team concluded that users found the SEAFE easy to use and 78% reported that it improved their educational practice.

**Conclusion:** We demonstrated that the use of this model was able to facilitate systematic learning and improve practice. We have continued to use this model within our team since the end of the trial and continue to raise and discuss SEAFEs regularly. We feel there is scope for this tool to be used in a diverse range of medical education settings.

2. Conway C, Thompson T. The good, the bad and the unusual—the use of significant event analysis in primary care education. Educ Primary Care. 2020;31(4):260  
3. Conway, C. and Thompson, T., 2022. SEA change—the use of significant event analysis in primary care teaching. Education for Primary Care, 33(6), pp.327-330

**Keywords:** Significant Events, Primary Care, General Practice
Exploring the barriers and facilitators to careers in clinical education research

**Presenter(s):** Dr Anna Harvey Bluemel

**Author(s):** Dr Anna Harvey Bluemel, Newcastle University; Dr Oliver E Burton, Newcastle University; Professor Gillian Vance, Newcastle University; Professor Janice Ellis, Newcastle University; Dr Bryan Burford, Newcastle University; Dr Doyin Alao, Newcastle University

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**Background:** There are more clinical learners in the UK than ever before, so we require a robust workforce of clinical education academics. This research sets out the perceived barriers and facilitators to conducting clinical education research (ClinEdR).

**Methods:** We conducted six focus groups with a total of 36 participants, medical, dental and allied health professions. Discussions were analysed using thematic analysis.

**Results:** The data highlighted a number of perceived barriers and facilitators to careers in ClinEdR:

1. The culture of clinical academia
   a. Denigration of ClinEdR: The perception that the wider community of clinical academia denigrates ClinEdR; perception that qualitative research lacks value in clinical academia
   b. Perceptions of the value of ClinEdR: Difficulty communicating the value of education research for patient benefit
   c. The identity of the field of ClinEdR: Unclear ideas of what is meant by ClinEdR; blurred boundaries between teaching delivery and education research

2. Organisational barriers and enablers
   a. Laying the foundations for a career in ClinEdR: The role of exposure to ClinEdR at an early stage; the role of serendipitous encounters
   c. Relationships and networks: The importance of strong networks, mentors and role models in beginning and developing careers in ClinEdR

**Discussion:** This research highlights significant perceived barriers to careers in ClinEdR. Given the current educational needs of the UK health service, it is vital appropriate interventions are being put in place to support the development of a healthy

**Keywords:** Careers, barriers, enablers, identity, research
Transnational education: Understanding the challenges and opportunities for competency-based health professional education in Bangladesh

Presenter(s): Professor Jo Hart
Author(s): Professor Jo Hart, University of Manchester; Dr Salim Chowdhury, THET; Dr Tapash Roy IRD-Global; Dr Usmaan Omer, University of Manchester; Ms Natalie Carr, University of Manchester; Professor Lucie Byrne-Davis, University of Manchester
Twitter: @jonijojo

Background: Transnational education (TNE) is thought to be one of the ways of addressing the global shortage of health professionals. The first stage of TNE development is in-depth understanding of health professional education in a country, and existing partnerships.

Bangladesh has a shortfall of health professionals, particularly within rural areas. Competency-based education (CBE) is an international aspiration, being adopted in favour of more traditional educational methods. However this has been less widely adopted in Bangladesh.

Methods: Using a case study of UK-Bangladesh health partnerships, in this research we explored the barriers and facilitators for competency based education (CBE).

This mixed method study included 40 interviews with key stakeholders, documentary analysis of national health education curriculum documents, policy and peer reviewed papers and 22 observations of teaching in clinical and educational settings.

Results: Findings included the role of culture, misunderstandings and language, communication. Government support was perceived as important. Training, support and expertise of faculty in health professional education was emphasised. Preparedness for non-didactic learning and English language ability and resources were a barrier. Status, perceptions and support for nurses should be prioritised in making changes. Funding precarity underpinned many concerns.

Conclusions: Findings and recommendations were discussed with key government and health professional leadership stakeholders in Bangladesh and the UK; and implementation of these recommendations is under discussion, including developing a Bangladesh-UK Health Alliance to support joined up and strategic working

Keywords: Transnational education, competency based education, educational research
Using Epistemic Network Analysis to design and develop a novel teleconferencing platform to deliver clinical experience to undergraduate medical students

Presenter(s): Dr Kelvin Gomez
Author(s): Dr Kelvin Gomez, University of Leeds

This study is part of a wider project investigating how a novel teleconferencing platform can be designed and developed to support clinicians in delivering remote clinical experiences to undergraduate medical students. Drawing from conversations with 7 clinicians, this study provides a worked example of how Epistemic Network Analysis was used to a) visualise clinicians’ experience of using the Virtual Clinical Experience (VCE) platform and b) identify which aspects of the platform were potential barriers to clinicians’ ability to teach clinical experience. Clinician perspectives were explored using the Unified Theory of Acceptance and Technology 2 model, which encompasses a broad range of theories of technology acceptance. Results from the ENA network maps highlighted that several aspects of the software and hardware were potential barriers to clinicians’ uptake of the VCE platform. Differences in gender and years of experience also impacted clinicians’ perceptions of the platform. Findings highlight the high utility of Epistemic Network Analysis for visualising and identifying relevant areas of focus for technology development.

Keywords: Epistemic network analysis, research methods, medical education, educational technology, discourse analysis
Building a Confident, Diverse Workforce through Simulation for Medical Support Workers (MSWs)

**Presenter(s):** Dr Amani Patel

**Author(s):** Dr Amani Patel, Royal Free London NHS Foundation Trust; Ms Zarina Khan, Royal Free London NHS Foundation Trust; Ms Michaella Wiltshire, Royal Free London NHS Foundation Trust; Dr Charlotte Ho, Royal Free London NHS Foundation Trust; Dr Sarah Needleman, Royal Free London NHS Foundation Trust; Dr Sophie Collier, Royal Free London NHS Foundation Trust; Professor Áine Burns, Royal Free London NHS Foundation Trust

**Background:** As healthcare demands expand, the NHS increasingly relies on overseas doctors to join the workforce. The medical support worker (MSW) programme allows medically qualified doctors without GMC registration to gain experience working in the NHS in a supervised post, which often provides a stepping-stone to working in the UK. As part of MSW induction we designed a simulation programme with the aim of building confidence among MSWs to manage emergencies in the NHS.

**Methods:** Sessions consisted of an introduction to the ABCDE approach followed by emergency patient simulated scenarios completed by MSWs. This was followed by a facilitated debrief focusing on clinical management, human factors and the hidden curriculum. Feedback from MSWs was gathered following each session.

**Results:** Overall, 4 simulation sessions were held and 11 MSWs attended. None had previous simulation experience. Feedback completed by 9 MSWs showed that 100% agreed that the session was useful and relevant to their development needs. They reported enhanced understanding of the topics covered and were more confident to deal with emergencies. All participants requested further sessions.

**Conclusion:** Our feedback demonstrated that the simulation course was a valuable addition to the MSW programme and built confidence among MSWs. This report provides justification for incorporating the simulation sessions as a mandatory component to the MSW programme, with repeated sessions offered. We hope that by providing further sessions we can help to accelerate progress of the MSWs through PLAB to enter the NHS workforce faster and help to build a skilled, increasingly diverse workforce.


**Keywords:** simulation, medical support worker, confidence, education, emergency
Teamwork in the COVID19 - zone : simulation as a means of understanding and improving communication whilst wearing PPE

Presenter(s): Dr Anandini Arumugam
Author(s): Dr Anandini Arumugam, University Hospital Coventry and Warwickshire; Professor Jo Angouri; Dr Polina Mesinioti; Dr Chris Turner

Background: Effective teamwork has a direct impact on clinical performance and patient safety, particularly when working in high-risk, emergency situations. During the COVID-19 pandemic healthcare teams were under greater pressure with more critically ill patients and the restrictions of personal protective equipment (PPE). PPE restricts professionals’ body movements and audio-visual cues, significantly limiting the information available to team members. These cues carry significant information for team interaction and all are mobilised together in systematic ways, contributing to effective teamwork.

This study identified how good teams compensate for the impact of FFP3-PPE on communication.

Methods: We analysed 30 simulations of ad-hoc teams, wearing FFP3-PPE, resuscitating critically ill patients. Team effectiveness was assessed using quantitative methodology, measuring time to notice a life-threatening event, time to intervene and other checkpoints. The communication between team members was then studied using interaction analysis, an established approach and methodology, with the aim of understanding what the best teams were doing to compensate for the restrictions to normal communication imposed by the FFP3-PPE.

Results: The simulations identified how FFP3-PPE led to communication difficulties contributing to team interactional struggle, decreasing team effectiveness.

We noted challenges such as team members speaking louder, increasing overall sound in the environment, resulting in decreased information sharing; greater amounts of team movement around the clinical workspace reducing clinical efficiencies; and difficulties in sharing the mental model.

Compensation strategies included using voice/touch to ensure attention, leaning in/making eye-contact/use gestures when transmitting information, and ensuring verbal confirmation, all of which are achieved differently in FFP3-PPE.

Keywords: Teamwork, covid, simulation, communication, inter-professional
The impact of the introduction of virtual reality (VR) simulation into general surgical teaching for improving technical skill

Presenter(s): Dr Aditi Siddharth

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Background: Simulation based education (SBE) provides the opportunity to develop transferable skills outside of the operating theatre (Sturm et al., 2008). The aim of this study was to assess technical skill change and trainee perception of simulation after the use of the virtual reality (VR) simulator for 3 months.

Methods: General surgical trainees in Thames Valley used the VirtaMed Laparos™ VR to practice 25 exercises (gamified and anatomically accurate surgeries). This was a mixed methods study- quantitative data on trainee performance of the procedure was collected from the simulator and qualitative data using qualitative questionnaires was collected to understand trainee perception of the experience. During the 3-month study, the trainees performed a baseline assessment, used the simulator as frequently as their schedule allowed, a mid-point review, and a final assessment.

Results: General surgical trainees (n=22) showed a wide range in the frequency of use of the simulator (3 to 167 total repetitions of the 25 available exercises), which correlated with the difficulties trainees faced (the location of the simulator and the rigid interface). No correlation between frequency of use and the self-reported usefulness of the simulator was found. The tactile feedback, the range of exercises available, and the improvement in hand-eye coordination were favorably viewed by the trainees, especially those returning to training. Scores improved even when exercises were not consistently performed, showing even minimal use of the simulator can improve skill.


Keywords: Virtual reality simulation, General surgical training, Technical skills, Mixed methods research, Postgraduate training
Low-Tech, High-Yield; the utility of virtual patients using simple presentation software

Presenter(s): Dr Alice Middleton

Author(s): Dr Alice Middleton, Gloucestershire Hospitals NHS Trust, University of Bristol; Dr Carys Gilbert, Gloucestershire Hospitals NHS Trust; Dr Philippa Dodd, Gloucestershire Hospitals NHS Trust; Dr Isabel Rimmer, Gloucestershire Hospitals NHS Trust

Virtual patients are known to be valuable for teaching clinical reasoning, capitalising on accessibility, patient safety, and freedom to control case scenarios¹. Specialist software licences and training however, can be a barrier to their initiation and ongoing use².

We explore the impact of teaching with hyperlinked Microsoft PowerPoint presentations as virtual patients. This study investigates perceptions by both teachers and students, with attention paid to whether this tool can develop clinical reasoning skills.

Methods: This is a phenomenological qualitative study which seeks to gain a rich understanding of perceptions of this teaching method. Teaching fellows and students were familiarised with the tool, before participating in a teaching session, then taking part in follow-up focus group discussions. Undergraduate medical students and clinical teaching fellows were recruited to the study using non-probability, exploratory sampling.

This study was preceded by quantitative, quasi trials, using post-teaching questionnaires. These demonstrated promising utility and popularity of the tool.

Results: Analysis of data from the first phase of the study have revealed themes which will be further explored in a second phase. Its use has been acknowledged as a legitimate and safe way to develop clinical knowledge, reasoning skills, and decision making, in line with existing literature regarding virtual patients³. The simplicity of the software has not been a barrier to the face validity of the tool and there is demand for ongoing use.

This format can overcome potential barriers to use of virtual patients, and expand access to their use in medical education.


Keywords: Virtual patients, Medical education, Clinical reasoning, TEL
Multidisciplinary Team Virtual Reality Simulations for Diverse, Immersive Undergraduate Education

Presenter(s): Miss Olivia Nwosu, Miss Vanessa Rodwell, Mrs Terese Bird
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Background: Simulation training is an excellent complement to workplace learning, allowing students to experience authentic scenarios and develop clinical skills in a safe space. Multidisciplinary simulation aids training in procedural accuracy and communication across professions, which is particularly helpful for complex clinical cases. With the challenges of the COVID-19 pandemic and ever-growing student cohort numbers, simulation training opportunities may be limited. Virtual reality offers an on-demand nuanced learning experience to explore “soft” skills like teamworking and reflection. A novel staff-student partnership with the simulations team at Leicester Royal Infirmary delivers high-quality immersive 360-degree videos on diverse multidisciplinary teams successfully managing emergency scenarios.

Methods:
1. Year 2 student participants did a pre-intervention quiz to establish baseline knowledge.
2. Participants watched 360-degree multidisciplinary simulation videos.
3. Student-staff collaboration made live-streamed simulations in which a multidisciplinary team worked together to try to manage an authentic clinical scenario with a patient.
4. Participants were quizzed on understanding.
5. Participants joined a focus group to explore the pedagogical value of our videos.
6. Participants’ comments were analysed to evaluate emerging themes.

Results: Previous research findings suggest that learning from 360-degree videos is practical and authentic. Early evidence indicates students find virtual reality increases their confidence in handling complex ward scenarios. Virtual reality was found to be engaging and to promote compassion in students, second only to real-life simulations. These resources have been developed together with the Clinical Skills department to ensure appropriate implementation into the curriculum that maximises teaching effectiveness.

Reference(s):

Keywords: Multidisciplinary, Teamwork, Virtual reality, Diversity, Medical Students
Revitalising the virtual patient: an early years medical student perspective on clinical reasoning

Presenter(s): Miss Sruthi Saravanan
Author(s): Miss Sruthi Saravanan, University of Lincoln; Dr Robert Jay, University of Lincoln; Professor Rakesh Patel, Queen Mary University London

Introduction: Clinical reasoning is a key competency for medical students to develop with virtual patients (VPs), enabling learners to practise making a diagnosis in a safe, risk-free environment¹. However, VPs are costly to develop; therefore, maximising student engagement is important. This research explored the experience of early years medical students reasoning through VPs or paper-based cases to explore the influence of case format and design on student engagement.

Methods: 16 second-year medical students undertook 2 clinical cases presented as paper-based or as a VP. Participants completed a semi-structured interview discussing their experiences; interviews were transcribed and analysed using thematic analysis. Transcripts were independently analysed by 2 reviewers with an interclass correlation of 0.75.

Results: Three main themes were identified. First, VPs increased the authenticity of the clinical reasoning task and were perceived to support participants’ development more so than paper-based cases. VPs were also visually more appealing and interactive, increasing participant engagement and satisfaction. Finally, the diversity and inclusivity of VPs and the accessibility of the case format were perceived as important for encouraging engagement and developing clinical reasoning.

Conclusions: VPs rather than paper-based cases better represented the clinical reasoning challenge. Equality, diversity, inclusion and accessibility issues are both relevant and essential to students in the design of clinical reasoning cases.


Keywords: Technology Enhanced Learning, Clinical Reasoning
A theoretical systematic review of patient involvement in health and social care education

Presenter(s): Miss Amber Bennett-Weston
Author(s): Miss Amber Bennett-Weston, University of Leicester; Professor Simon Gay, Leicester Medical School; Professor Elizabeth Anderson, Leicester Medical School

Background: Patient involvement in medical education lacks theoretical underpinning. When applied with quality, theories help to explain how and why patient involvement advances learning and offer guidance for supporting patient-educator partnerships. Previous reviews have not looked beyond medical education, nor have they taken a systematic approach to searching for, synthesising, and assessing papers on the application of theory. We share the findings of our systematic review, which sought to synthesise the contributions that high-quality theory has made to patient involvement in health and social care education.

Methods: Three databases were systematically searched. Studies demonstrating explicit and high-quality application of theory to patient involvement in teaching and learning or involvement within faculty were included. A narrative synthesis was undertaken using Activity Theory as an analytical lens to highlight the multifaceted components of patient involvement in professional education.

Results: Seven high-quality, theoretically underpinned papers were identified. Four studies applied theory to pedagogy, demonstrating the added value of patient involvement for learning. Although we identified a growing body of studies attempting to use theory to explain learning, many were descriptive, lacked theoretical quality, and were excluded. Three studies applied theory to illuminate the complexity of involving patients in the higher education system, showing how patients can be supported and valued in teaching roles.

Conclusion: Further high-quality, theoretically underpinned research is required to identify the mechanisms through which patient involvement enhances learning and to explore meaningful partnerships in healthcare schools. We consider the implications of this alarmingly atheoretical evidence-base to help advance the field.

Reference(s):

Keywords: Theoretical quality, patient involvement, professional education, systematic review
‘Dr Who?’ A Qualitative Analysis of Ideas of Matriculating Medical Students around Medical Professional Identity

Presenter(s): Dr Heather McNeilly
Author(s): Dr Heather McNeilly, University of Birmingham; Dr Dawn Jackson, University of Birmingham; Professor Sheila Greenfield, University of Birmingham; Professor Jayne Parry, University of Birmingham

Background: Successful professional identity formation (PIF) is a key aim of modern medical education and a determinant of career success. Despite a shift in professional values towards patient-centred care, medical culture has been slow to change. Study of this phenomenon has led to the description of a tacit professionalism - the ‘hidden curriculum’, which is posited to compete with explicit professional values for internalization. Current models of PIF orient around socialization during medical education and training. We hypothesise that medical culture does not exist in isolation, and students will arrive at medical school with preconceived ideas of doctor identity, which may influence which version of professionalism is ultimately embraced.

Methods: We conducted semi-structured interviews discussing doctor identity with 10 students (30% BAME background) during the first semester of their studies at Birmingham Medical School. Data was analysed using thematic analysis.

Results: Participants expressed ideas of doctor identity which encompassed both explicit and tacit professionalism. Ideas derived from media, social acquaintances and work experience. Participants linked doctor identity to the medical admissions process, healthcare systems, patient expectations and medical school curricula. Identity dissonance was expressed around social class and gender.

Discussion: Many discouraged elements of tacit professionalism are familiar to medical students by matriculation. Medical educators may need to actively challenge student preconceptions to ensure a developmental trajectory aligned with explicit rather than tacit professional values.


Keywords: Identity, Professionalism, Curricula
Describe the teaching or other educational activity for which you would like to be considered for this award. Be specific about your own involvement from conception to delivery. Please use the shortlist scoring criteria to guide your answer.

The lack of leadership teaching within medical curricula is a global issue, despite the need to lead effectively as a doctor. To address this curriculum gap, I have been writing a practical guide to leadership for medical students and junior doctors, alongside colleagues from the US and Singapore, as the basis for a leadership curriculum for medical students globally. My co-authors and I have been equally involved throughout; in project inception, chapter ideas, literature review, writing and editing chapters, and gaining feedback on chapters. We have taught leadership concepts to medical students globally through medical education events held by Elsevier, and will be teaching sessions for individual medical schools in the next few months. We also aim to start a free webinar series, for medical students internationally. We hope this will support our vision of enhancing medical leadership worldwide by teaching students about effective medical leadership from an early stage.

Explain why this activity is particularly relevant to trainees in your clinical area and its relevance to the wider educational community.

Leadership is crucial to being an effective doctor. It is widely known that effective leadership in healthcare results in improved patient care, patient outcomes, organisational culture and staff satisfaction.

In a survey we conducted of 16 medical students worldwide, 88% felt that they received no formal teaching or training in leadership during their time at medical school, but 100% felt that it is important for medical students to learn and master leadership skills. To our knowledge, there are currently no books that discuss leadership tailored to the unique role of medical students and junior doctors. We aim for the topics discussed within the book to be the basis of a leadership curriculum that medical schools can incorporate within their curricula globally, and we aim to run a webinar series available to medical students internationally to show the real-world application of the concepts discussed.

Summarise any feedback you have gained from learners, peers or supervisors regarding this educational practice. How has this project influenced your own development as a medical educator?

Medical students and junior doctors feel the leadership curriculum we have developed is useful, practical, and appropriate to their level. When running workshops, our topics have resonated with all, regardless of their country, healthcare system, culture, or training level. Feedback from medical students and junior doctor chapter reviewers internationally has included:

“Really enjoyed reading the chapter...well-written, interesting and important for us as medical students.”

“So well analysed...such a relatable and fun read!”

“...a helpful reminder to be reflective in my own practice and tips I can employ to avoid burnout.”

Personally, writing this book has deepened my understanding of leadership concepts, and encouraged me to consider how best such concepts can be taught to medical students and doctors. Since working on the book, I have incorporated teaching about leadership and teamwork concepts into my debriefs and teaching with medical students and peers to highlight its relevance to daily clinical practice.
Summarise the educational rationale for this project - how did you use current evidence to develop your idea and how will you make it sustainable?

Our book focuses on addressing the lack of leadership teaching in medical school curricula worldwide, as detailed in the literature and anecdotally from medical students internationally.

Each chapter has been thoroughly researched and referenced, drawing on sources including medical and non-medical academic literature, books, and opinion leaders in business and leadership.

To supplement book content, we are planning a podcast series and free webinar series for medical students globally, focusing on our leadership curriculum topics. These resources will be available globally to allow the most students to benefit. As well as the written text, we aim for the book to be available as an audiobook and downloadable e-book, which will benefit learning in regions with limited internet access. We would like to work with medical schools to teach sessions and discuss our leadership curriculum. As leadership principles are universal, our book and leadership curriculum will remain relevant for the future.
Describe the teaching or other educational activity for which you would like to be considered for this award. Be specific about your own involvement from conception to delivery. Please use the shortlist scoring criteria to guide your answer.

Two years ago I started the More Than Skin Deep YouTube channel (https://www.youtube.com/c/MoreThanSkinDeep) in which I release regular educational videos covering human anatomy at a university level. I personally write, illustrate, animate, record, and edit every video (with the exception of a few rare collaborations) as well as manage the social media side. To date, videos on the channel have been watched over 500,000 times, with 12,000 subscribers and on average 1500 new viewers every day. Viewership comes from all over the world, including the United States, India, UK and Nigeria.

Videos tend to be less than 10 minutes and focus on the anatomy of one region, for example the heart chambers, (https://youtu.be/abwtGzBplco), femoral triangle (https://youtu.be/hiwGDJaOMFQ), or mediastinum (https://youtu.be/o8R9p.UDTuo). I also make videos covering how to learn/revise anatomy (https://youtu.be/RN6YBr0LSNI) and videos showing how anatomy relates to specific clinical scenarios, such as hip fractures (https://youtu.be/eDXVo0vsGy0).

Explain why this activity is particularly relevant to trainees in your clinical area and its relevance to the wider educational community.

There are disparities between institutions in the way anatomy is taught, in particular when it comes to hands-on dissection, quality of small group teaching and access to revision aids. This becomes even more apparent when you look at anatomy education internationally, where many students lack access to tools that we take for granted in the UK. Additionally, distance-learning following the covid-19 pandemic meant that students have become more reliant on virtual teaching.

As a future surgeon, I know that a comprehensive understanding of anatomy is essential in all aspects of training and practice and it saddens me that students often leave medical school feeling underprepared in this regard. This project provides free, engaging and immediately available educational tools to students anywhere where there is access to the internet.

My videos are also viewed by a lot of high-school students and many report being inspired to study medicine/anatomy as a result.

Summarise any feedback you have gained from learners, peers or supervisors regarding this educational practice. How has this project influenced your own development as a medical educator?

I don't formally collect feedback for the videos I release, but YouTube facilitates a “like/dislike” system as well as an open comments section. Overall, my videos have 13,850 likes and 197 dislikes, meaning a 98.6% like rate. No individual anatomy video has a like rate less than 94.7%. Students frequently comment on the quality of the diagrams and simple explanations and say how it has benefitted their anatomy studies. A colleague who has worked with me in some aspects of the project describes the videos as “creative and innovative... clear, concise and interactive”.

This project has fostered my passion for medical education and given me a creative outlet where I can feel I am helping a community of like-minded students. It has inspired me to embark on numerous other similar projects and encouraged me to undertake a PGCert in medical education, which I will be starting next year.
Summarise the educational rationale for this project - how did you use current evidence to develop your idea and how will you make it sustainable?

Studies have demonstrated that learning involving “mixed modalities” methods has benefit over other styles (Coffield, 2004). I wanted to develop a learning tool that combined detailed diagrams with concise talk-throughs and integration of memory aids such as simplified figures, mnemonics and etymology.

I have worked with anatomy faculty from my University to integrate my videos as revision aids into the formal anatomy curriculum. This will help the sustainability of the project as new students are annually introduced to it. However, most promotion of the content happens organically through the YouTube platform which advertises my videos automatically to students based on their viewing preferences.

In the future, I intend the grow the project further to include printable worksheets, question banks and an interactive website. I will also continue to expand on YouTube and may one day be able to recruit over enthusiastic teachers to join me.
Describe the teaching or other educational activity for which you would like to be considered for this award. Be specific about your own involvement from conception to delivery. Please use the shortlist scoring criteria to guide your answer.

I conceived, produced and delivered a pilot clinical reasoning course for Year 3 medical students at Leicester Medical School in order to extend the Phase 1 foundations of diagnostic reasoning into a longitudinal theme. This was undertaken in my own time to my role as a clinical teaching fellow, which comprised daily group teaching, and required significant dedication, utilising most evenings and weekends throughout the 2022-2023 academic year. My passion, commitment and engagement with wider teams is demonstrated by conducting a multi-centre project: I was principal investigator of a two-centre mixed methods study design to evaluate the impact of this pilot, with statistical analysis of Diagnostic Inventories and thematic analysis of semi-structured interviews being conducted. I trained tutors locally and at Local Education Providers, gaining the support of various stakeholders, and have successfully implemented this teaching into the undergraduate curriculum, following the pilot’s success.

Explain why this activity is particularly relevant to trainees in your clinical area and its relevance to the wider educational community.

Clinical reasoning can be defined as “a skill, process or outcome wherein clinicians observe, collect and interpret data to diagnose and treat patients” and is integral to clinical competence and patient safety. There are many explanations for misdiagnosis but a root-cause analysis demonstrates that errors in clinical reasoning, such as the failure to accurately synthesise the available information, account for the majority of diagnostic errors. The articulation of this metacognition, however, is variable in clinical settings, often resulting in an implicit process for students to develop their own clinical reasoning. Explicit teaching of clinical reasoning concepts is therefore imperative to equip students with the ability to navigate the challenges of increasing medical complexity and uncertainty in a modern NHS. The expectation to formalise clinical reasoning teaching ubiquitously across curricula is of particular relevance to the wider educational community to develop a strong command of clinical reasoning vocabulary, requiring formal training.

Summarise any feedback you have gained from learners, peers or supervisors regarding this educational practice. How has this project influenced your own development as a medical educator?

Feedback from learners exemplifies my teaching skills: “Previously, I was getting decile 7 – 9 but now I’ve got decile 2 - 5 and I really think your course made a massive difference, thank you so much for everything. I hope the results of your study are what you hoped for but even if not, please know you’ve made such a massive impact on my studies.”

Additionally, feedback from clinical colleagues demonstrates a tangible translation to placements: “a medical student with me had a very good structure for differential diagnosis and management. I was impressed; she said diagnostic reasoning sessions with Dr Thakrar have really helped her approach to assessing patients.” Course tutors also conveyed an improvement in their own clinical performance, as per the supporting evidence.

This project has influenced my educational leadership skills as well as my ability to harness educational pedagogy to design curricula in an evidence-based
Summarise the educational rationale for this project - how did you use current evidence to develop your idea and how will you make it sustainable?

There is an international consensus that the development of a clinical reasoning longitudinal theme is a priority in medical curricula. At Leicester Medical School, the formalisation of this was limited to a Phase 1 diagnostic reasoning course; its value diluted in the clinical years without a formal continuation. I produced a Phase 2 counterpart to build on these foundations, completing the vertical integration of this theme, Clinical Reasoning and Application of Biomedical Principles. I conducted an extensive literature review of the impact of taught clinical reasoning courses, noting the efficacy of teaching reasoning and knowledge simultaneously. I mapped course content to national consensus guidelines for undergraduate clinical reasoning curricula. To make this sustainable, I will continue to deliver faculty development workshops and intend to develop a teaching clinical reasoning module in our Masters of Clinical Education programme, which may also be offered as CPD for clinical staff.
Comparing the perspectives of clinical supervisors and veterinary students on the relative importance of preparedness characteristics for workplace clinical training

Presenter(s): Dr Jennifer Routh

Author(s): Dr Jennifer Routh, University of Surrey; Dr Sharmini Julita Paramasivam; Professor Peter Cockcroft; Professor Vishna Devi Nadarajah; Professor Kamalan Jeevaratnam

Twitter: @jenny_routh

Background: Healthcare students’ preparedness for learning in the clinical workplace is important. Veterinary student preparedness has been explored qualitatively but the specific characteristics students and their supervisors perceive as important could be different. Any disparities are essential to examine because a collegial relationship between these groups is critical yet could be threatened if expectations are incompatible.

Methods: The study aim was to quantify the relative importance of 91 preparedness characteristics according to students and supervisors, using a questionnaire consisting of pairwise comparisons. There were 901 respondents from 25 veterinary schools. The Elo algorithm generated relative importance ratings and rankings of the characteristics for supervisors and students. Kendall’s tau coefficient for the characteristics’ ranks was calculated and permutation testing determined which characteristics had significant between-group differences in rank.

Results: Kendall’s tau coefficient for the characteristics’ ranks was $r=0.77, p<2.2e-16$. The characteristics with the greatest differences in rank were: students’ awareness of their own and other’s mental wellbeing, and the importance of self-care; being willing to try new practical skills with support; having a clinical reasoning framework for common problems; students’ awareness of uncertainty and risk in clinical decision making; and empathy, compassion, and kindness.

Conclusions: By identifying the differences in perspectives on preparedness, expectations can be reconciled to optimise supervisor satisfaction and minimise student stress. The use of pairwise comparisons and the Elo algorithm to quantify the relative importance of characteristics is novel in health profession education research and could be used by others to rate and rank other sets of items.


Keywords: preparedness, workplace learning, questionnaire, veterinary, supervision
‘Ctrl-Alt-DermScape’: Shifting medical students’ perceptions through a dermatology-based escape room

**Presenter(s):** Dr Amy Prideaux  
**Author(s):** Dr Amy Prideaux, University of Bristol; Dr Daniel Keith, North Bristol NHS Trust; Dr David Hettle, North Bristol Academy  
**Twitter:** @amyprid

**Background:** Medical students’ exposure to dermatology is variable, taught mainly using didactic or observational methods, potentially contributing to low confidence or prejudices towards dermatology. Moving to more student-focussed approaches, especially using gamification, can consolidate learning after didactic sessions. Yet whether new concepts can be taught through such methods is not known. To explore this, we created an escape room, ‘DermScape’, investigating its potential for teaching new concepts and promoting dermatology as a specialty.

**Methods:** Two groups of third-year undergraduates participated in ‘DermScape’, which included knowledge-based and practical tasks exploring a variety of dermatological conditions. Pre- and post-session questionnaires were used to elicit students’ views.

**Results:** 100% of students felt ‘DermScape’ provided them with a strong overview of dermatological conditions and concepts, with 57% rating their experience of learning new concepts through DermScape as “very good” or “excellent”. Additionally, 86% felt more likely to pursue dermatology as a career following the escape room. Free-text responses revealed that pre-escape room perceptions were broadly positive, however participation in DermScape greatly increased enthusiasm and developed participants’ interest in dermatology. Further, students were clear on how enjoyable, interactive and fun the escape room was as a learning method.

**Conclusion:** DermScape explored the potential for learning new skills and concepts within dermatology, from which students both improved their confidence and hugely enjoyed. Along with offering an innovative route to learning new concepts in an interactive manner, grounded in educational theory, escape rooms like this may help to promote and improve accessibility to future careers.

**References:**  

**Keywords:** dermatology, undergraduate, education, curriculum, gamification
Exploring why cancer patients engage into medical education

**Presenter(s):** Dr Ertan Teodorescu-Arghezi

**Author(s):** Dr Joshua Frost, The Christie NHS Foundation Trust; Dr Ertan Teodorescu-Arghezi, The Christie NHS Foundation Trust; Dr Daniel Anderson, The Christie NHS Foundation Trust; Dr Lubna Bhatt, The Christie NHS Foundation Trust

**Background:** Patients are recruited to act as educators, sharing experiences of their illness to enlighten students about both physical and psychosocial aspects of their care. At our institution, cancer patient educators have been recruited to participate in a weekly teaching session for students.

**Methods:** This study used a qualitative exploratory research design, with four current patient educators being selected to participate. The interviews were conducted virtually and were designed to allow patients the opportunity to provide a rich narrative of their experiences. Their accounts were transcribed using built-in transcription software and analysed using interpretative phenomenological analysis (IPA). IPA is an in-depth analytical method used to identify common themes between patient’s experiences and exploring why these themes exist.

**Results:** Four superordinate themes, each with their own subthemes were identified following analysis of patient transcripts: perceived success of the session (relationship between patient educator and facilitator, willingness of students to participate, organisation and planning of the session), motivations for becoming a patient educator (wanting to “give something back”, personal attributes making them suitable for the role, improving experiences of future patients), perceived benefits of engaging in medical education (improvement in mental health, engaging with medical students) and suggested improvements for the session (logistics, recruitment).

**Reference(s):**
- Dijk SW, Duijzer EJ, Wienold M. Role of active patient involvement in undergraduate medical education: a systematic review. BMJ open. 2020 Jul 1;10(7):e037217

**Keywords:** patient educator, cancer, interpretative phenomenological analysis, patient reported experience
Funding summer placements to increase diversity within postgraduate MSc/MRes courses

**Presenter(s):** Dr Martin Higgs  
**Author(s):** Dr Martin Higgs, University of Birmingham; Dr Richard Tuxworth, University of Birmingham

**Background:** Students from ethnic minority backgrounds comprise a high proportion of the STEM undergraduate population (~45% within our College). Many students graduating with biomedical degrees subsequently apply for post-graduate research-focused courses (MRes and MSc by Research), which are a stepping stone towards PhD programmes and/or to future employment. However, disproportionately few students from ethnic minority groups (~7%) register for these courses, and very few undertake PhDs.

**Approach:** One barrier preventing such students progressing into research careers is the lack of funded placements where they can experience academic research, engage with role models and answer real-world questions.

To address this, we have established a fully-funded summer internship supported by University alumni that targets undergraduate students from ethnic minority groups. Students obtain a stipend of £250/week for 8 weeks and pursue a research project that aligns with their interests. We have just completed the first round of this scheme, hosting 9 students across our Institute.

**Results:** Although progression to postgraduate education cannot yet be assessed (these students are currently in years 2/3 of their degree), feedback is extremely positive. The scheme has enabled students to be competitive when applying for MRes/MSc programmes by providing essential research experience and has had a positive impact on students’ perspectives of future academic careers, with comments such as “this internship has now convinced me that research is 100% for me”.

In the long term, this exemplar scheme may help increase the proportion of ethnic minority students that consider STEM research careers, ultimately enhancing academic diversity.

**Keywords:** Studentship, ethnic minority, funding
I am training students for a job I've never done: A qualitative study of the experiences of teaching biomedical science subjects to medical students in the UK

Presenter(s): Miss Anna Foster
Author(s): Miss Anna Foster, University of Southampton; Professor Kathleen Kendall, University of Southampton

Background: Biomedical sciences are recognised as an important part of the medical degree curricula in the UK\(^1\)\(^2\). The GMC’s Outcomes for Graduates guidance\(^3\) states that their inclusion is compulsory. Consequently, scientists who choose to teach medical students are essential for the education of future doctors. Despite this, little research has examined the experiences of these individuals exclusively.

Aim: To explore the experiences and perceptions of individuals teaching biomedical science subjects to medical students in the UK.

Methods: Ten one-to-one interviews were conducted with individuals who teach biomedical science subjects to medical students in the UK. Six medical schools were represented. Interviews were recorded, transcribed verbatim and then analysed following Braun & Clarke’s six-stage reflexive thematic approach.

Findings: Participants experienced strong camaraderie among their fellow teaching colleagues and generally enjoyed teaching medical students due to their perceived intelligent and hard-working nature. However, they faced many challenges, including a sense that students were dismissive of their expertise and obsessed with assessments. Participants also regretted the need to simplify lecture content.

Working within a multidisciplinary team was valued, but it was seen to generate an unfair hierarchy placing clinicians above biomedical scientists.

Conclusions: Biomedical scientists navigate the challenges and rewards of teaching in a medical school by adopting a hybrid professional identity which integrates their original role as a scientist with their later role as a medical educationalist. More support is needed to cohere and foster this new identity, including creating a national network for biomedical scientists in medical education.


Keywords: Hybrid professional identity, Biomedical scientists
Undergraduate

Thursday 13th July - 1000-1020hrs - MR2

If at first you don’t succeed, try, try again? - A quality improvement project to implement a ‘Call a Teacher’ scheme

Presenter(s): Dr Elle Dodds, Dr Cleone Pardoe

Author(s): Dr Elle Dodds, Leeds Teaching Hospitals Trust; Dr Cleone Pardoe, Leeds Teaching Hospitals Trust

Background: Bedside teaching is declining despite its recognition as a valuable educational tool. One suggested reason for this is an increase in clinical workload. Alongside this, students state that the COVID-19 pandemic has resulted in increased anxiety regarding their return to clinical placement, as well as reduced confidence in communication and clinical skills.

Methods: Clinical Teaching Fellows (CTFs) at Leeds Teaching Hospitals Trust (LTHT) developed a ‘Call a Teacher’ (CAT) scheme to support and encourage bedside teaching. Principles of adult learning theory underpinned this scheme. Students were asked to self-identify a learning-need, find an appropriate patient and bleep the ‘on-call’ teacher to attend and facilitate a learning event within the clinical environment. The scheme was developed using multiple Plan, Do, Study, Act cycles.

Results: Despite the anticipated benefits and anecdotal enthusiasm from students, during a 12-week period, only 2 of the ~140 students on placement accessed CAT.

When questioning students about barriers to accessing CAT, reasons included: anxiety in approaching patients, perception of being a burden, bleeping and having experienced sufficient ward-based learning opportunities. Subsequent adaptations to improve appeal and reduce barriers were made, without improvement in uptake.

Discussion: There is disappointment amongst the CTFs regarding the dissonance between our perceived benefits of the scheme and the reality of limited engagement. Our team remains committed to the improvement of bedside teaching. However, at this point, we pose the question and invite discussion: Should we admit defeat with CAT and redirect our efforts elsewhere?

Reference(s):

Keywords: bleep, undergraduate education, clinical teaching, medical students, adult learning.
Background: Climate change is the greatest threat to health.\textsuperscript{1} Paradoxically, healthcare systems contribute to related morbidity by emitting approximately 5% of global carbon emissions.\textsuperscript{2} Yet, medical school engagement in Education for Sustainable Healthcare (ESH), which includes planetary health, is currently inadequate globally.\textsuperscript{3}

Methods: The Planetary Health Report Card (PHRC) is an international student-driven initiative developed to catalyse this urgently required educational shift (www.phreportcard.org). At each institution, student teams with faculty support produce an annual report assessing the inclusion of ESH across five domains: Curriculum, Research, Community Outreach, Support for student-led initiatives, and Sustainability. The reports provide a vital needs assessment tool identifying strengths and weaknesses and driving development in required areas. Each school’s report is published on the website on World Earth Day. Additionally, a collated annual Summary Report is published incorporating regional ranking tables and highlighting outstanding examples to facilitate cross-institutional collaboration.

Results: Since 2019 the PHRC has expanded from 12 schools in North America to over 100 schools in 10 nations in 2023, plus extended to other health professions. Schools participating have shared numerous examples of direct change generated by the PHRC such as curriculum modification including assessment, employing faculty leads for ESH, and new student societies. Of the 50 returning schools in 2022, 39 improved their score.

Conclusion: Students are hungry for the gap within current health profession undergraduate education in ESH to be rectified and are a powerful force for change. The PHRC is an established successful advocacy tool for this, rapidly expanding internationally and inter-professionally.


Keywords: Undergraduate, Education, Inter-professional, Planetary Health, Sustainability
ASME PhD Funding Recipient: Student Perspectives on the Provision of Cases and Self-Regulated Learning Feedback in Virtual Patients to Teach Clinical Reasoning

Presenter(s): Dr Robert Jay

Author(s): Dr Robert Jay, Edge Hill University; Professor Rakesh Patel, Queen Mary University London; Professor Emma Wilson, University of Nottingham; Professor Jeremy Brown, Edge Hill University; Professor John Sandars, Edge Hill University

Introduction: Virtual patients (VPs) provide repeated opportunities to practice clinical reasoning (CR) skills in a safe environment. This research explores student perspectives of a new and innovative VP software for final-year medical students that is designed to develop their self-regulated learning (SRL) of CR. The aim was to identify the acceptability of providing multiple VP cases in a single block and feedback on both CR and their SRL.

Methods: Final-year medical students were invited to complete 4 VP cases within 7 days. Detailed feedback on both CR process and their SRL was released 7 days later. Semi-structured interviews were recorded, transcribed, and analysed using thematic analysis.

Results: Release of multiple VPs cases in a short period was acceptable as long as they were aligned to their current curriculum. The timing of feedback release was perceived differently by the students, with some revisiting the original teaching material whilst waiting for feedback but others found that the absence of immediate feedback was frustrating. Students also struggled to see the relevance of feedback on their SRL to their future learning.

Conclusion: The use of multiple VPs cases in a short period is acceptable but the optimum time and type of feedback requires further research and development, including the need for explicit instruction about the importance of SRL for CR.


Keywords: Clinical Reasoning, Virtual Patients, Thematic Analysis, Student Experience, Self-Regulated Learning
Team-Based Learning in Paediatric Clinical Attachments for Medical Students

Presenter(s): Dr Elena Jones
Author(s): Dr Elena Jones, Swansea Bay University Health Board; Dr Pramodh Vallabhaneni, Swansea Bay University Health Board

Background: Team-based Learning (TBL) is a unique teaching pedagogy that emphasizes teamwork, communication skills, and problem-solving. It engages student knowledge through individual testing and group collaboration with immediate feedback. Despite such advantages, adopting TBL into clinical attachments hasn’t been widely incorporated in undergraduate paediatric teaching. We set out to introduce and measure the effectiveness of TBL in our paediatric attachment.

Methods: A pilot study was conducted initially and followed up with the main study. This study examined the impact of implementing TBL for third-year Swansea University Medical students. TBL topic was chosen in alignment with the paediatric curriculum for undergraduate students. Data were collected anonymously through a questionnaire. Qualitative and quantitative analysis was undertaken on the data.

Results: A total of 27 students participated in the pilot (13) and main (14) TBL sessions. 100% of participants expressed overall satisfaction with TBL as an engaging teaching method. In addition, 85% of the main study participants opined that it helped develop team working. 93% felt it helped improve problem-solving skills, and 100% felt TBL helped to develop clinical reasoning skills. Qualitative data suggests TBL helped improve learning attitudes, and students enjoy discussion elements amongst peers. They also favoured the idea of TBL being a long-term learning modality. Our study has added to the evidence that TBL based on specific constructivist design principles can improve student teamwork, communication and clinical reasoning skills.

A Data Driven Virtual Learning Environment That Identified and Mitigated the Impact of Reduced Physical Interaction on Undergraduate Medical Education

**Presenter(s):** Dr Alice Doughty  
**Author(s):** Dr David Hewitt, University of Edinburgh

**Introduction:** This programme aimed to assess and mitigate disruptions in undergraduate medical education caused by COVID-19, through a data driven interactive virtual learning environment.

**Methods:** Medical students completed online questionnaires detailing COVID-19 related training disruption. 29 hour-long interactive system-specific clinical examination tutorials were delivered with accompanying asynchronous online content. Pre-and-post session questionnaires assessed quantitative changes in knowledge and confidence, and qualitative perceptions of the value of the materials.

**Results:** 1693 participants responded to the COVID-19 survey. >75% described reduced patient contact, bedside teaching, and clinical skills training. 69% reported university teaching gaps. 20% were satisfied with clinical skills training. 85% desired supplemental teaching.

Over 689 attendances, >95% of participants agreed that sessions: enhanced locally organised teaching; led to achieved learning outcomes and were relevant. Median increases in knowledge and confidence scores were 25% (IQR:0-60%, p0.01) and 43% (IQR:23-81%, p0.01) respectively.

**Discussion:** Medical students reported significant medical education disruptions and shortfalls due to COVID-19. This virtual learning environment was highly valued, in great demand and demonstrated significant improvements in knowledge and confidence. This extremely scalable and reproducible methodology could continue to improve accessibility, efficiency, and efficacy of undergraduate medical education, particularly when physical resources are limited.

**Keywords:** Online, teaching, undergraduate, virtual, medical
Virtual

Thursday 13th July - 1020-1040hrs - Tactic MR

Getting your head in the game: exploring first year medical students perceptions of VR and cadaveric resources for learning anatomy

Presenter(s): Ms Geetika Ail

Author(s): Ms Geetika Ail, Queen Mary, University of London; Dr Frances Freer, Queen Mary, University of London; Dr Paula Vickerton, Queen Mary, University of London; Dr Tracy Chan, Queen Mary, University of London; Dr Melissa Jones, Queen Mary, University of London; Dr Pedro Elston, Queen Mary, University of London; Mr Gian Paulo Canale, Queen Mary, University of London

Central to the teaching of anatomy is an understanding of three-dimensional (3D) relationships between structures, requiring students to develop visuospatial skills. Traditionally, cadaveric-based materials have formed the mainstay of anatomy teaching, successfully providing a 3D and tactile learning experience. The integration of virtual reality (VR) platforms may offer a valuable tool to supplement cadaveric teaching, by providing alternative means to overcoming barriers to engagement presented by today’s larger and more diverse medical student cohort. It is hypothesized that VR creates an engaging learning environment for those students that are not engaged with cadaveric material.

VR was incorporated into two station-based practical sessions delivered for 360 first year medical students. Students were given a series of questions to answer while using a VR anatomy software focusing on introductory skeletal anatomical concepts. Feedback was obtained retrospectively via standardized questionnaires. 86 (23.9%) students responded. 55% rated cadaveric resources very engaging while 28% found VR very engaging for anatomy learning. 22% of respondents regarded both cadaveric and VR resources as highly engaging. None of the students rating cadaveric resources as very unengaging ranked VR as engaging or highly engaging.

Specific attractions of VR included interactivity and ease of manipulating models to appreciate 3D structures. Limitations included technical issues such as ill-fitting headsets, difficulty using controllers and battery issues. VR offers potential benefits for learning anatomy, especially if technical factors can be improved. However, further research may be required to better understand some students’ lack of engagement with both cadaveric and VR approaches.


Keywords: virtual reality, cadaveric teaching, human anatomy
Pandemic Support for Educational Supervisors – Lessons Learnt From a Virtual Update Course

Presenter(s): Dr Kwaku Baryeh
Author(s): Dr Kwaku Baryeh, West Middlesex University Hospital; Dr Antoniya Kamenova, West Middlesex University Hospital; Miss Christina Cotzias, West Middlesex University Hospital; Ms Beryl De Souza, Chelsea and Westminster Hospital NHS Foundation Trust

Introduction: Educational supervision is essential for trainees. Ensuring educational supervisors are au fait with the latest developments is important and even more so during times of significant change, such as the pandemic.

Methods: A half-day virtual course was developed to provide educational supervisors with an update. Each course covered the 7 domains of educational supervision and also included, trainee contract updates, and flexible working. Post-course feedback was used to measure the effectiveness of the content and improve future iterations.

Results: Between May 2021 and December 2022 there were 5 courses with 80 educational supervisors attending (an average of 16 supervisors per course).

When asked the question “what did you find most useful about this course?” common themes were:
An insight into the resources available to trainees, support for less than full time trainees, support groups and signposting, the roles and responsibilities of an educational supervisor, and how to identify and support trainees experiencing difficulties.

When asked “what will you do differently in your role as a trainer after this session?” common themes were:
Allowing more time for meetings with trainees, greater focus on trainees’ career progression, documenting informal as well as formal meetings, structuring meetings to maximise, signposting trainees to the support resources available, and more rigorous midpoint reviews

Discussion: We developed a faculty development workshop specifically for teaching supervisors how to fulfil requirements needed to be educational supervisors

We found a high level of satisfaction amongst the participants who completed the course. The topics covered meant that supervisors were

Keywords: Educational supervision, Virtual sessions, Faculty development
Background: The pandemic launched a paradigm shift towards reassessing the design of the clinical learning environment. Global isolation highlighted the difficulties of medical students preparing for OSCEs as collaborative study often underpins this process. Virtual reality gives students unique opportunities to simulate real scenarios from any location. Since 2018, our student-led, staff-supported partnership at Leicester Medical School has researched virtual learning with input from across all stages of Medicine, ranging across many ethnic backgrounds.

A prior iteration of this study featured a series of virtual OSCE cases, which we have improved using real-time integrated examiner’s comments in order to cultivate a bank of effective resources. This improvement was driven by a team of students from diverse disciplines including Medicine, Engineering and Mathematics, who were trained using an editing course that we produced.

Methodology: Virtual OSCE videos, edited with Adobe Premiere Pro, were uploaded to YouTube. Participants engaged in a mock OSCE, with one group having done virtual reality preparation and the control group using more traditional forms.

Participants joined in a focus group to examine the learning value of films and contextual teaching, with emphasis on novel edited examiners comments.

Thematic analysis was conducted on participant’s comments and performance scores were compared.

Results and Discussion: A majority of participants reported that using virtual reality videos to prepare for OSCE stations improved their confidence and understanding. To maximise inclusivity, we will be collaborating further with Leicester Medical School’s anti-racism society to ensure our videos promote positive change.


Keywords: OSCEs, Extended reality, Virtual reality
EDC Education Innovation Award Funding Recipient 2023: TOMO Global Health – lighten up TOMOrrow’s health together with friends across the globe

Presenter(s): Masako Shimato, University College London
Author(s): Masako Shimato, University College London; Miss Alma Sato, University of Nicosia; Dr Shi Jia Zhou, NTT Medical Center, Tokyo, Japan; Dr Shota Yamaji, Toyota Regional Medical Center, Japan
Twitter: @masako_chaco

In this interconnected world, we need healthcare leaders to facilitate global collaborations to overcome complex global health problems, improve resilience in healthcare systems and eventually improve well-being worldwide. However, current medical curricula often lack practical opportunities for healthcare leadership and exposures to global health. TOMO Global Health aims to sustainably foster competent global health leaders, build their long-lasting global network, and enhance self-efficacy in young healthcare professionals.

Through collaborations with universities and professors around the world, we have three main activities. Output-focused case studies consist of synchronous and asynchronous activities and focus on one public health issue of a specific country. Participants from different countries and backgrounds form teams to together analyse and come up with solutions for each topic. Through this process, they hone their critical thinking skills and teamwork, and of course, gain knowledge on the various topics in global health. Our regular online networking events, including seminars, discussions, peer-coaching, skill-up sessions, allow members from all over the world actively interact with each other and accommodate their learning needs. In Project-based Learning, local students take initiatives to tackle community-rooted public health issues, cultivating problem recognition and solving skills as well as leadership and teamwork.

Following a case study on ‘Malaria in Kenya’, ‘Diabetes in Nepal’ and ‘ACP in Japan’, participants felt they gained knowledge and different perspectives on the topic as well as teamwork and critical thinking skills. They also appreciated learning with local narratives as an eye-opening and rare experience.


Keywords: Global health, Healthcare leadership, Networking, Project-based learning
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Keywords: Global health, Healthcare leadership, Networking, Project-based learning
Assessment of Burnout for Physicians with Disabilities

Presenter(s): Dr Lisa Meeks
Author(s): Dr Lisa Meeks, University of Michigan Medical School; Ms. Sarah Conrad; Ms. Zakia Nouri; Dr. Christopher Moreland; Mr. Michael Dill; Ms. Xiaochu Hu
Twitter: @meekslisa

Purpose of Study: Disability representation declines by almost 40% from training to practice. This attrition may be due in part to mistreatment, which is also associated with burnout. Burnout in this population has not been studied. To address this gap, we investigate the association between disability identity and burnout.

Methods: This study analyzed data from the 2019 National Sample Survey of Physicians (NSSP). Burnout was measured using two key dimensions from the Maslach Burnout Inventory: Emotional exhaustion (EE) and depersonalization (DP). Physicians reported the frequency of “I feel burned out from my work” and “I have become more callous toward people since I took this job” on a 6-point scale: “never,” “a few times a year or less,” “once a month or less,” “once a week,” “a few times a week,” and “every day.” Responses were dichotomized into two categories, “Never” and “At least once”). Multivariate logistic regression controlling for demographic variables (age, sexual orientation, marital status, and race and ethnicity), workplace characteristics (practicing primary care and employment type), and international medical graduate status assessed whether physicians with disabilities (PWD) were more likely than non-disabled physicians to experience emotional exhaustion or burnout.

Results: Among the 6000 physician respondents, 178 reported disability (3.1%; 95% CI, 2.6%-3.6%). Compared to physicians without disabilities, PWD had a significantly higher likelihood of experiencing depersonalization at least once within the last year (1.52; 95% CI, 1.07-2.17, p<.05). PWD were slightly less likely to experience burnout than non-disabled physicians, although this difference was not significant.

Reference(s):

Keywords: Wellbeing; Disability; Diversity
Associations between program access, depressive symptoms, and medical errors among resident physicians with disability: results from the intern health study

Presenter(s): Dr Erene Stergiopoulos

Author(s): Dr Lisa Meeks, The University of Michigan; Karina Pereira-Lima, University of Michigan Medical School; Erene Stergiopoulos, University of Toronto; Katherine Ross, University of Michigan; Elena Frank, University of Michigan; Srijan Sen, University of Michigan

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The rate of medical students disclosing disability is increasing, and the Accreditation Council for Graduate Medical Education (ACGME) has outlined new disability-focused regulations, making disability a new priority for residency programs. While data exist on the prevalence and characteristics of medical students and physicians with disabilities, little is known about residents with disabilities. We assessed the prevalence of self-reported disabilities, program access (i.e. receiving accommodations when residents perceived a need), and the association between program access, depressive symptoms, and self-reported medical errors in a large, multi-specialty cohort of US intern physicians.

Interns from 282 institutions across 22 specialties completed a survey for the Intern Health Study 2 months prior to internship, and 1 year into internship, assessing depressive symptoms, disability status, access to program support, and self-reported medical errors. Survey data were analyzed using Mann-Whitney, $\chi^2$, Kruskal-Wallis and Dunn-Bonferroni tests for associations.

Of 2472 survey respondents, 7.5% self-reported a disability. Most residents with disabilities self-reported program access through accommodations (32.3%) or that accommodations were not required (53.1%). Those reporting unmet program access needs demonstrated a statistically significantly greater increase in depressive symptoms compared to non-disabled residents. They were significantly more likely to self-report major medical errors compared with non-disabled residents and disabled residents whose access needs were met ($p = .008$).

There is an association between a lack of accessibility supports and heightened risk for depression and self-reported medical errors during residency training.


Keywords: Disability, Accommodations, Wellbeing, Mental Health, Medical Errors
Representations of Impostor Syndrome through I-Poems: ‘What am I doing here?’

Presenter(s): Miss Chloe Langford
Author(s): Miss Chloe Langford, University of Southampton; Professor Sally Curtis, University of Southampton; Dr Sarah Rule, University of Southampton
Twitter: @CLangfordPGR

Impostor Syndrome has been shown to disproportionately affect medical students and students from underrepresented backgrounds. This study used Interpretative Phenomenological Analysis (IPA) to explore how 6 medical students from underrepresented backgrounds experience Impostor Syndrome. Linguistic, descriptive and conceptual analyses of online semi-structured interviews were conducted; through engagement with the linguistic element of IPA, participant-voiced ‘I-Poems’ were created, giving raw and novel insights into participants’ perspectives of themselves and their experiences. I-Poems are comprised entirely of participant quotes, with each line formed from statements which include the first-person pronouns ‘I’, or ‘me’. Isolating and gathering the phrases formed when participants discuss meaningful first-person experiences enables a deeper exploration of their more vulnerable reflections. By arranging these into stanzas, poems are created which provide simple yet poignant representations of the participants’ experiences. These poems are titled with a representative line from each.

Each participant’s data yielded at least one I-Poem, with titles ranging from ‘What am I doing here?’ to ‘I’ve earned my right’ and key themes within the poems ranging from lack of belonging to defiance. Using I-Poems as a linguistic method of analysis to explore participants’ emotional responses to feelings of Impostor Syndrome highlights the benefit of idiographic exploration of students’ lived experiences. With greater understanding of these experiences, appropriate institutional measures can be taken to maximise students’ wellbeing and potential.

Reference(s):

Keywords: Impostor Syndrome, Poetry, Widening Participation
**Small Grants 2020: Student perceptions of how termly OSCEs impact stress and wellbeing compared with biennial OSCEs**

**Presenter(s):** Dr Catherine Farrelly  
**Author(s):** Dr Catherine Farrelly, Princess of Wales Hospital; Mrs Natasha Doran, University of Exeter

**Introduction:** Frequent-look assessment methods are receiving increasing attention within medical education. Current literature evaluating the impact on student wellbeing is limited, focusing only on knowledge assessment in the form of progress testing. We aimed to explore student perceptions of the impact on stress and wellbeing of a termly OSCE model versus a biennial OSCE model.

**Methods:** We gathered qualitative data from semi-structured interviews with twenty preclinical students at Exeter Medical School, who experienced the termly and biennial OSCE models respectively. Thematic analysis was applied to generate comparative themes.

**Results:** Four key comparative themes were identified: perception of impact on wellbeing, stress levels, results and feedback, and student comparison of the OSCE models. A small number in both cohorts found OSCEs challenged their wellbeing negatively. Stress in the termly model was “constant” but “manageable” whereas in the biennial model, some students described feeling “overwhelmed”. Accruing marks and constructive feedback during the year had a positive impact within the termly model. Overall, the majority of students thought termly OSCEs were better for wellbeing than biennial OSCEs.

**Conclusions:** This study supports current literature suggesting frequent-look models of assessment are a positive choice for student wellbeing. However, effective feedback and remedial action to support students who fail is essential to minimise any negative impacts. Remediation that frames failure as a learning and development opportunity is likely to have the most beneficial effect. Further research and piloting of frequent-look OSCE models in other institutions is indicated to enhance the generalisability of our results.

**Reference(s):**  

**Keywords:** OSCE, student, assessment, wellbeing, qualitative
The impact of the COVID-19 pandemic on the early years of medical school – an exploration of students’ experiences

Presenter(s): Dr Polly Hardy-Johnson
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Background: The literature covering HE-transition experiences of first-year students is well-established. In 2020 the COVID-19 pandemic disrupted traditional teaching methods and raised concerns especially about the mental health and well-being of newly-registered students. Current understanding of the long-term effects of this is in its infancy.

Aims: To better understand the impact of COVID-19 on early years medical school students.

Methods: Qualitative research, using three semi-structured interviews and three focus group discussions (FGDs) was employed. 15 University of Southampton medical students were recruited who were in Year 1 or 0 during the academic year (2020/21). Interviews and FGDs were transcribed and thematically analysed.

Results: Overall, students struggled with the transition to online learning. They found this format to be unengaging and dependent on self-discipline. Participants expressed their frustrations with the difficulties associated with limited practical teaching and skills acquisition. They expressed how these factors, alongside the isolation associated with the pandemic impacted their mental and physical wellbeing. Studying at home during lockdown was considered challenging and inferior to campus studying. Accessing educational and pastoral support was also considered to be more challenging. These factors seemed to reduce confidence when entering the subsequent academic year.

Conclusions: Students considered this as a challenging time during which their academic performance and wellbeing suffered. Many feel that these factors continue to affect them to this day. These findings highlight the benefits of using qualitative methods to understand the experiences of these students and emphasises their ongoing needs in relation to medical education and wellbeing.

Keywords: Undergraduate students, Teaching & Learning, First year experience, Covid-19
ORAL WHAT’S YOUR POINT?

PRESENTATIONS

Themed short presentations on a topic of interest or debate. Think soapbox or speaker’s corner – don’t be afraid to challenge thinking!
<table>
<thead>
<tr>
<th>Theme</th>
<th>Title</th>
<th>Presenter</th>
<th>Date</th>
<th>Time</th>
<th>Room</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>ChatGPT and MedEd-catastrophe or opportunity?</td>
<td><strong>Lead Presenter:</strong> Dr Sarah Helen Oram, King's College London; @DrHelenOram</td>
<td>Wednesday 12th July</td>
<td>1635-1655hrs</td>
<td>MR11</td>
<td>188</td>
</tr>
</tbody>
</table>
|                                      | Online Question Banks: Credit? Or Debit?                            | **Lead Presenter:** Dr James Fisher, Newcastle University  
**Co-Presenter:** Mr Declan Leahy, Newcastle University  
**Additional Contributors:** Dr Richard Thomson, Newcastle University | Friday 14th July | 0905-0925hrs | MR8 | 189 |
| Careers                              | Rise of the Med-Ed-ists: Achieving a critical mass of non-practicing clinicians within medical education | **Lead Presenter:** Dr Helen Church, University of Nottingham; @helenrchurch  
**Co-Presenter:** Dr Megan Brown, Imperial College London | Thursday 13th July | 0920-0940hrs | MR11 | 190 |
| Clinical skills                      | Remote Consultations: friend or foe in the future of medical education | **Lead Presenter:** Dr Richard Darnton, University of Cambridge; @DrDarnton                           | Friday 14th July | 0925-0945hrs | MR8 | 191 |
| Equality, Diversity and Inclusivity (EDI) | Challenging Imposter Phenomenon in Healthcare: Who is Responsible?   | **Lead Presenter:** Dr Zaha Kamran Siddiqui, Sheffield Teaching Hospitals NHS Foundation Trust  
**Co-Presenter:** Dr Helen Church, Faculty of Medicine and Health Sciences, University of Nottingham  
**Additional Contributors:** Mr Raveen Jayasuriya; Mr Timothy Boddice; Mr Chris Lewis; Mr James Tomlinson | Wednesday 12th July | 1715-1730hrs | MR10 | 192 |
|                                      | The Tree - tearing up the roots of structural racism                 | **Lead Presenter:** Dr Rhiannon Eley, HCA Healthcare UK @learnsharecare                                 | Wednesday 12th July | 1655-1715hrs | MR10 | 193 |
|                                      | Why best practice isn’t best                                       | **Lead Presenter:** Professor Gabrielle M Finn, University of Manchester; @gabs_finn  
**Co-Presenter:** Dr Megan Brown, University of Buckingham                                    | Wednesday 12th July | 1635-1655hrs | MR10 | 194 |
<table>
<thead>
<tr>
<th>Theme</th>
<th>Title</th>
<th>Presenter</th>
<th>Date &amp; Time</th>
<th>Room</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Action is needed to secure a future for Medical Educators</td>
<td><strong>Lead Presenter:</strong> Dr Sarah Allsop, University of Bristol; @sarah_a_bristol</td>
<td>Friday 14th July 0925-0945hrs</td>
<td>MR5</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Co-Presenter:</strong> Professor Robert K McKinley, University of Keele</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional Contributors:</strong> Professor Colin Macdougall, University of Warwick; Professor Lindsey Pope, University of Glasgow; Professor Christine Douglass, Heriot-Watt University, Edinburgh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial annual bonuses for being better trainees leads to better patient outcomes</td>
<td><strong>Lead Presenter:</strong> Mr Balaji Jayasankar, Belfast Trust, Northern Ireland</td>
<td>Thursday 13th July 1040-1100hrs</td>
<td>MR11</td>
<td>196</td>
</tr>
<tr>
<td>Quality and standards</td>
<td>Learning from failure or failing to learn?</td>
<td><strong>Lead Presenter:</strong> Dr Helen Church, University of Nottingham; @helenrchurch</td>
<td>Friday 14th July 0905-0925hrs</td>
<td>MR5</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Co-Presenter:</strong> Dr Megan Brown, Imperial College London</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ChatGPT and MedEd- catastrophe or opportunity?

Lead Presenter: Dr Sarah Helen Oram, King’s College London
Twitter: @DrHelenOram

In November 2022 ChatGPT, a next generation chatbot using GPT3, a type of AI that relies on a large language model to learn how words and phrases relate to each other, hit the scene. It produces startlingly coherent text in response to dialogue with the user, generating essays, project-work, blog-pieces and exam-style questions with ease.

ChatGPT has been shown to be able to pass the USMLE examination, produce believable scientific abstracts that are accepted for prepublication and Higher education institutions are concerned students could potentially use ChatGPT to cheat on essay writing assignments by pasting generated responses into their own papers and attempting to pass this off as original content. Students and doctors in training could use it to generate reflective portfolio entries.

How worried should we be? What mitigating steps can we take? Does this present us with an opportunity to rethink how we design (and thus improve) assessments?

Reference(s):

Keywords: Artificial Intelligence, ChatBOT, Collusion, Plagiarism, Cheating
Online question banks are hugely popular, with 74-91% of medical students using them \(^1\(^,\)\(^2\)\). In this session we present the shared perspective of senior faculty and medical student. We will draw on self-determination theory \(^3\) to suggest why these resources are popular and to consider how they might be influencing learning. The impact of ‘gamification’ of learning will be considered. Pitfalls associated with some question banks will be outlined. Financial constraints may result in inequity of access. Opaque governance structures may raise concerns regarding quality assurance. Crudely constructed questions may move the emphasis from deeper learning to students playing ‘spot the give-away’. Poorly constructed single best answer questions, in the uncertain world of clinical medicine, may impede development of students’ tolerance of uncertainty. We hope to encourage educators to reflect on what practice examination resources they provide and to consider whether limited offerings may be contributing to students’ thirst for alternative resources.

References:

Keywords: Assessment, Medical Students, Question Banks, Digital Inequity
Rise of the Med-Ed-ists: Achieving a critical mass of non-practicing clinicians within medical education

Lead Presenter: Dr Helen Church, University of Nottingham
Co-Presenter: Dr Megan Brown, Imperial College London
Twitter: @helenrchurch

Having recently published our thoughts on the under-representation of ex-clinicians in Medical Education,¹ we are keen to open this discussion up for wider debate. Barriers exist within the culture of medical education which de-value the experience that ex- and non-practicing clinicians offer. We believe current assumptions regarding the need for clinical practice as a currency to more senior positions within medical education must be challenged. Instead, organisations should re-evaluate and prioritise the qualities, experience, and qualifications necessary for such roles.

In this presentation we argue for a reimagining of medical education culture that allows the value of non-practicing medical educators and non-clinicians to be realised, and empowers non-clinicians within medical education to craft meaningful professional identities that celebrate their unique perspective. We hope that attendees begin their own process of repositioning non-practicing clinicians within medical education and consider how they might open the door of our field more widely.


Keywords: Non-practicing clinicians, Medical education faculty, Careers
Remote Consultations: friend or foe in the future of medical education?

Lead Presenter: Dr Richard Darnton, University of Cambridge
Twitter: @DrDarnton

When it comes to telephone and video consultations between doctors and patients, 2020 was a watershed. Covid raised the curtain on a new era of remote consulting: “a whole new world” for medical students and their clinical supervisors. Even now, remote consultations are rife compared to before the pandemic. What does this mean for medical education? Should we be worried? Will students miss out? Or is it the real-deal from an education point of view? Could it help medical schools out of a few tight corners or open up new possibilities? Do our teaching and assessments align with this new world? In medical education, is remote consulting our friend or our foe ... or is that all a bit too binary? I’ve got some views and I’ve done a bit of research on the topic. Hop on the magic carpet and let me share this whole new world with you.

Reference(s):

Keywords: remote consultation, video telephone teleconsultation
Imposter phenomenon (IP) / syndrome are used interchangeably to describe a psychological experience of perceived professional fraudulence and self-deception by Clance and Imes in 1978.¹ There is debate whether viewing it as a ‘syndrome’ attaches further negative connotations to an experience which is not characterised as a disease or disorder.² We propose a discussion around how labels play an important role in developing social identity and perception of IP in healthcare. IP affects the mental and physical functioning of individuals in high-achieving industries such as research, education, and healthcare; emotional exhaustion, work related stress and burn out are all linked to IP.³ IP affects leadership and career progression, further threatening equality, diversity and inclusion in healthcare.

We aim to create awareness / discuss:
1. Is IP a syndrome or phenomenon – do labels matter?
2. How does IP affect EDI?
3. Is tackling IP an individual or collective institutional responsibility?


Keywords: Imposter phenomenon, Social identity, Wellbeing, Equality, Diversity and inclusivity, Intervention
The Tree - tearing up the roots of structural racism

Lead Presenter: Rhiannon Eley, HCA Healthcare UK
Twitter: @learnsharecare

The Tree is a 6 foot visual art installation that has been co-created with my international colleagues as a model of structural racism and a vehicle for conversation about multiculturalism in the workplace. It is made of papier mache Daily Mail newspapers and each part of the tree, from the roots to the leaves, represents another layer of structural racism in the UK. Many EDI initiatives focus on individual stories or, at best, organisational change. But structural racism is much deeper than that and is found in the very fabric of our society. My argument posits that to create meaningful and lasting social change, it’s time to work towards chopping down the tree, tearing up the roots and starting again.


Keywords: Anti-racist, Decolonisation, Structural racism, Migration
Why best practice isn’t best

Lead Presenter: Professor Gabrielle M Finn, University of Manchester
Co-Presenter: Dr Megan Brown, University of Buckingham
Twitter: @gabs_finn

Best practice, a term born within business, is a “way of running a business or providing a service that is recognised as correct or most effective”.[1] Within medical education, the concept of “best-ness” is evident within teaching, where best practice guides are commonplace, and within research, where best evidence influences research. Further, within curricula and assessment, best practice is applied as a benchmark for quality.

However, within medical education, the service we are concerned with is graduating safe, competent physicians with adaptable skill sets suited to caring for their local communities. There is no one “correct” or “effective” way to achieve this aim. What’s best for a medical school, for its students, and for the communities those schools serve depends on not only global, but also local needs, and contemporary shifts in thinking. In regard to best practice, we ask: best for who, what, where, and when?


Keywords: Best practice, power, equality, diversity, inclusion
Problem: Medical Educators are undervalued.

Outcome: We need a system and culture that recognises that education and training are integral to healthcare delivery and essential in training a diverse workforce that is representative, inclusive and accountable to the populations it serves (Allsop et al. 2023).

Issues: Educator numbers stagnating and facing ever greater demands, e.g. increasing medical student numbers, decreased time to deliver education and training, and increased levels of burnout (General Medical Council, 2021).

Need: Two fundamental policy changes are needed to revitalise our workforce.

Task: We urge all medical educators to lobby stakeholders to:

- invest, support and mentor healthcare workers from all backgrounds to feel secure, confident and supported in their work as medical educators
- place education as an investment not a cost to the continuing provision of safe and effective care clinical care, valuing educators with the same parity of esteem as clinical service and research

Reference(s):

Keywords: Medical Educators, Careers, Policy, NHS workforce, Education and Training
Financial annual bonuses for being better trainees leads to better patient outcomes

Lead Presenter: Mr Balaji Jayasankar, Belfast Trust, Northern Ireland

Financial bonuses are essential in improving NHS trust outcomes and patient care in the NHS. Unfortunately, however, financial bonuses are only awarded to administrative managers at a higher level. Consultants doctors have the option to receive bonuses through the ‘Clinical Excellence Award’. As the NHS trusts are structured around a ‘corporate model’ whereby all the junior doctors and nurses are treated as ‘employees’, it is only fair that they should receive annual financial bonuses. Rewarding work with financial bonuses will improve quality, learning, efficiency and patient outcomes. In addition, this may not lead to strikes by the working members, which have increased in the recent past.


Keywords: Annual bonus, outcomes
Learning from failure or failing to learn?

Lead Presenter: Dr Daniel Taylor, Lancaster University
Co-Presenter: Dr Dawn Goodwin, Lancaster University
Twitter: @DrDanielJTaylor

Current undergraduate safety teaching is failing patients. Despite a move towards incorporating a ‘systems’ approach, learning continues to be muted by the ongoing emphasis within healthcare on individual action—both in the causes of poor patient care and whistleblowing as a key response. This continued focus fuels perceptions that individual error or incompetence lies as the root cause of organisational failure. This promotes a culture of blame and defensiveness amongst practitioners, many of whom see safety incidents as a threat to professional integrity rather than an opportunity to learn. To redress this continued focus on the individual and enhance cohesion between the teaching of medical ethics and patient safety, we propose educators collaborate on the topic of whistleblowing to develop a curriculum that positions individuals in their cultural and organisational context. For are we currently learning from failure or failing to learn?

Keywords: Safety, Whistleblowing, Truth Disclosure, Obstetrics, Systems
e-POSTERS

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<table>
<thead>
<tr>
<th>Theme</th>
<th>Title</th>
<th>Date</th>
<th>Time</th>
<th>Room</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>Developing, implementing and evaluating the effectiveness of medical educators development programme for Myanmar</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>212</td>
</tr>
<tr>
<td>Allied health professions</td>
<td>Continuing gender diversity efforts in speech-and-language therapy: Opinions, ideas and advice from gender-minorities</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>213</td>
</tr>
<tr>
<td></td>
<td>Destination, interest, and challenges of graduates from postgraduate education programmes in relation to careers in clinical education research. Phase 1 summary of an NIHR funded project</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>214</td>
</tr>
<tr>
<td></td>
<td>Equity in pharmacy workforce development: The LMIC case</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>215</td>
</tr>
<tr>
<td></td>
<td>Learning from our mistakes: Implementation of a dynamic teaching programme</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>216</td>
</tr>
<tr>
<td>Allied health professions students</td>
<td>Developing greater confidence in interprofessional communication via undergraduate healthcare MDT simulation</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>217</td>
</tr>
<tr>
<td></td>
<td>Using IPAC (Individual peer assessment of contribution) scores to investigate student collaboration in group work</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>218</td>
</tr>
<tr>
<td></td>
<td>Enhancing the mentoring circuit experience in speech and language therapy: Insights from a follow-up study</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>219</td>
</tr>
<tr>
<td>Anatomy</td>
<td>A comparison of physician and surgeon opinions of undergraduate medical students anatomy knowledge</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>220</td>
</tr>
<tr>
<td></td>
<td>Out With the Old, In With The New?: Virtual Reality vs Traditional Cadaveric Based Teaching Materials for Second Year Medical Students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>221</td>
</tr>
<tr>
<td>Assessment</td>
<td>A modified Angoff B screening method for collusion detection in examinations delivered on the MSCAA and Speedwell platforms</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>A novel method for OSCE standard setting</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>223</td>
</tr>
<tr>
<td></td>
<td>An exploration of how early-stage medical students use online question banks</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>224</td>
</tr>
<tr>
<td></td>
<td>Performance of ChatGPT on the situational judgement test (SJT): Can it be a useful resource in preparation for the SJT?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>225</td>
</tr>
<tr>
<td></td>
<td>PG ED fellow coordinated accessible mock PACES-Challenges and Benefits</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>226</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td>Assessment</td>
<td>Power Automate as a Peer-to-Peer Feedback Tool</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>227</td>
</tr>
<tr>
<td></td>
<td>Should the dissertation be discharged? A scoping review of the efficacy of the written dissertation as an assessment method in progressive, postgraduate, online, global clinical education curricula</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 1</td>
<td>228</td>
</tr>
<tr>
<td>Careers</td>
<td>Voice Recognition Technology for Remote Academic Assessment</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>229</td>
</tr>
<tr>
<td></td>
<td>Doctors as ‘Widening Participation Champions’ in Schools-Inspiring future doctors and promoting a diverse medical workforce</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>230</td>
</tr>
<tr>
<td></td>
<td>Effect of a regional-rural immersion programme in Aotearoa New Zealand on returning to work in that region</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>How Do Medical Students Plan and Prepare For a Career in Medicine? An Examination of Enablers and Barriers</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>232</td>
</tr>
<tr>
<td></td>
<td>Longitudinal survey study of GP trainee and foundation doctors’ awareness and experience of denigration between specialities</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>233</td>
</tr>
<tr>
<td></td>
<td>The experiences of Medical Education Fellows at a new UK Medical School: a role beyond information provision</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>234</td>
</tr>
<tr>
<td></td>
<td>'Classical' cases and 'Typical' presentations. Are they really representative of today's clinical practice?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>235</td>
</tr>
<tr>
<td></td>
<td>Gambling harms-if we don’t ask we don’t know</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>236</td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>How do doctors and medical students view providing out-of-hospital emergency care, and do they think it requires formal training?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>237</td>
</tr>
<tr>
<td></td>
<td>Exploring the factors which experienced General Practitioners consider when making triage decisions</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>Observed differences in clinical reasoning between junior and senior medical students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>239</td>
</tr>
<tr>
<td></td>
<td>&quot;Similar but not the same&quot; – exploring medical students perceptions of different virtual patient educational technologies for learning clinical reasoning</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>240</td>
</tr>
<tr>
<td></td>
<td>The Words You Need to Know for Clinical Reasoning</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>241</td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
<td>Time</td>
<td>Room</td>
<td>Page</td>
</tr>
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<td>----------------------------------------------------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Clinical skills</td>
<td>An Introduction to Critical Care: A multi-modal teaching programme for Foundation Year Doctors</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 2</td>
<td>242</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combining virtual reality and 3D anatomical models in a simulated neurosurgical skills course – A pilot study</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 2</td>
<td>243</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning to cannulate beyond the arms of mannequins</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 2</td>
<td>244</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Effects of Reflection on Self-Efficacy for Clinical Skills: A Mixed Methods Study amongst Preclinical Students</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 2</td>
<td>245</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>The shaky hand understands consequences: Exploring enhanced physiological tremor in surgical training</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 2</td>
<td>246</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A novel simulation to experience the 'Unteachables': Learning communication skills junior doctors face in day-to-day practice</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 2</td>
<td>247</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confronting students with the complexity and uncertainty of recognising, managing and prioritising co-occurring mental and physical health problems in a simulated GP Surgery</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>248</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Designing teaching to address work-based conflict: An interprofessional education approach</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training inclusive communicators: a co-creation project in paediatrics</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>250</td>
<td></td>
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<td>Continuing education</td>
<td>What is Generalism? Developing an integrative philosophy through an international writing project</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>251</td>
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<td>COVID response</td>
<td>Out of sight, out of mind?: What can the experiences of junior doctors who were ‘shielding’ teach us about the support we provide for junior doctors who take protracted clinical leave?</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>252</td>
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<td>Curricula</td>
<td>CARER prepared? Exploring the process of learning in women’s and children’s health for students during and following a longitudinal community placement</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>253</td>
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<td>Do medical graduates have the required information literacy skills to meet GMC graduate requirements?</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>254</td>
<td></td>
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<td>Learning within a liminal space: Threshold concepts in critical care medicine for medical undergraduates</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>255</td>
<td></td>
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<tr>
<td>Education</td>
<td>Assessment of the Quality, Content, and Reliability of the Information in CoMICs videos in Comparison to YouTube Videos on Diabetes Mellitus and PCOS</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>256</td>
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<td>Education</td>
<td>Departmental Teaching Audit – Increasing Non-Core Teaching Hours for Foundation Doctors</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>257</td>
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<td>Designing a transition programme to aid higher surgical trainees transitioning to consultant practice</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>258</td>
<td></td>
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<tr>
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<td>Developing a Surgery Induction Curriculum using Simulation for Foundation Year 1 Doctors</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>259</td>
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<td>Development of a pilot training programme for Medical Support Workers at a large teaching hospital</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>260</td>
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<td>Engagement of UK medical schools in international electives: a mixed methods study</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>261</td>
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<td>Evaluation of non-clinical educational hub days for foundation year doctors</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>262</td>
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<td>“Filling a gap” - The role of a Practice Education Facilitator in Medical Education (MPEF): Supporting a Diverse Workforce</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>263</td>
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<td>How are competencies related to Uncertainty Tolerance included within postgraduate training curricula in the UK?</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>264</td>
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<td>&quot;How to make an NHS&quot;. Does teaching medical students about the NHS change their attitude towards leadership?</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>265</td>
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<td>Medical Student Perspectives of the Medical Licensing Assessment</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>266</td>
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<td>Medical students as educators: a programme of introduction to medical education and its relevance in clinical practice</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>267</td>
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<td>ReSPECT - Good for patients but challenging for clinicians? Exploring attitudes towards ReSPECT planning through training and education in the BANES, Swindon and Wiltshire (BSW) Integrated Care System (ICS)</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>268</td>
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<td>Simulating The Medical Registrar Shift - A Novel Approach To Delivering Simulation For Internal Medicine Trainees About To Step Up</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>269</td>
<td></td>
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<td>‘Simulation for Finals and Real Life’</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>270</td>
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<td>TASME TIME – An Innovation in Engagement with Medical Education Scholarship</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>271</td>
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<td>Education</td>
<td>The Equal Representation in Academia initiative</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>272</td>
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<td>The Goliath Project - a mixed methods creative enquiry study exploring the impact of a virtual reality experience on students' understanding of living with schizophrenia</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>273</td>
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<td>The impact of an LIC on student transition to foundation doctor - exploring trainees and trainers views of preparedness for practice</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR4</td>
<td>274</td>
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<td>To what extent do sociocultural factors impact medical student study habits? A systematic review</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>275</td>
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<td>Comparing the use of Simulation via Instant Messaging - Birmingham Advance (SIMBA) in low- and middle-income and high-income countries</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>Ashstead 3</td>
<td>276</td>
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<tr>
<td>Equality, Diversity and Inclusivity (EDI)</td>
<td>A student/staff co-creation experience: integrating trauma-informed pedagogies in inclusive medical education</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>277</td>
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<td>Assessing the Need for a More Inclusive LGBT+ Medical School Curriculum – The Student Perspective</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>278</td>
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<td>Be Supportive: Improving workplace and training culture</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR5</td>
<td>279</td>
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<td>Breaking the barrier: A novel teaching series for final year medical students on transgender and non-binary inclusive healthcare</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>280</td>
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<td>Challenging imposter phenomenon: a scoping review</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>281</td>
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<td>ChatGPT-analysis of 30 ChatGPT-generated ideas for innovative schemes to widen participation in medical education</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>282</td>
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<td>Cost of Learning Crisis: How do Medical Schools Communicate Financial Costs to Prospective Applicants on their Websites?</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>283</td>
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<td>Disability, Program Access, Empathy And Burnout In US Medical Students: A National Study</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>284</td>
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<td>Doctors with disabilities: exploring the barriers to career progression</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>285</td>
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<td>Evaluation of the impact of Medical Schools Council's Summer Schools 2022 on the students that attended</td>
<td>Thursday 13th July 1325-1430hrs</td>
<td>MR1</td>
<td>286</td>
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<td>Equality, Diversity and Inclusivity (EDI)</td>
<td>Excel and Elevate – The impact of initiating a weekly International Medical Graduate Teaching Programme at Wythenshawe Hospital</td>
<td>Thursday 13th July 1325-1430hrs MR1</td>
<td>287</td>
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<td>Experiences of widening participation medical students during their time at medical school</td>
<td>Thursday 13th July 1325-1430hrs MR1</td>
<td>288</td>
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<td>Exploration of factors contributing to differential attainment in undergraduate medical education through identification of performance profiles</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>289</td>
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<td></td>
<td>Female medical students’ experiences of sexism during clinical placements: a qualitative study in one medical school in England</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>290</td>
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<td>&quot;I don’t know if all girls get this...&quot; Exploring gender and ethnicity within medical education</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>291</td>
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<td>Impact of the Covid-19 pandemic on UK medical school applications and intake</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>292</td>
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<td>Improving support for BAME veterinary students: a collaborative student-led process</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>293</td>
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<td>Introducing the empowerment project</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>294</td>
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<td>&quot;It’s still a man’s world...&quot; Exploring how gender can impact learning amongst medical students</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>295</td>
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<td>Meaningful public representation – Evaluating and designing diverse clinical teaching materials</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>296</td>
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<td>Medical students’ experience of and attitudes towards minority languages in Wales</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>297</td>
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<td>Medical Support Workers: creating a learner-centred course to promote equity within a diverse workforce</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>298</td>
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<td>Perception of barriers for WP Medical Students</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>299</td>
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<td>Professional Identity Formation in Dundee Medical Students with Chronic Health Conditions and/or Physical Disabilities</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>300</td>
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<td>Simulation Ward Round: Integrating International Medical Graduates</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>301</td>
<td></td>
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<td>STEP inTO OxMed: Providing work experience opportunities to interested students from widening participation backgrounds</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>302</td>
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<td>Equality, Diversity and Inclusivity (EDI)</td>
<td>The Gay Agenda: Fair representation and inclusion of LGBTQ+ people in the medical curriculum</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>303</td>
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<td></td>
<td>The impact of Microaggressions on behaviour, learning, and practice: A pilot tutor training workshop</td>
<td>Thursday 13th July 1325-1430hrs Tactic MR</td>
<td>304</td>
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<td>The missed value of international students in widening participation</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>305</td>
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<td>Timeout Redefined</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>306</td>
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<td>Tracking Medical Foundation Year students' performance: An evaluation of academic progression at Leicester Medical School and an exploration of predictive factors for academic performance</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>307</td>
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<td></td>
<td>What makes you think you're qualified to teach this?</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>308</td>
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</tr>
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<td>Widening participation in High Fidelity Simulation with the use of Video conference software</td>
<td>Thursday 13th July 1325-1430hrs MR4</td>
<td>309</td>
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<td>Widening participation: so much more than access</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>310</td>
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<tr>
<td>Focus groups</td>
<td>Exploring the effect of role-modelling on the career aspirations of medical students?</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>311</td>
<td></td>
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<tr>
<td>Foundation doctors</td>
<td>Junior doctors' perceptions on providing ward-based teaching to medical students</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>312</td>
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<td>Pecha Kucha: the Solution to Foundation Doctor Peer Teaching</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>313</td>
<td></td>
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<tr>
<td>Gamification</td>
<td>A co-operative board game for teaching clinical reasoning and non-technical skills</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>314</td>
<td></td>
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<td>Cracking the Code: Can Escape Room Simulation be Used to Teach Medical Students Core Skills for Foundation Years?</td>
<td>Thursday 13th July 1325-1430hrs MR11</td>
<td>315</td>
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<td>Paediatric undergraduate medical education; is it all just fun and games?</td>
<td>Thursday 13th July 1325-1430hrs MR5</td>
<td>316</td>
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<td>Warts'n'All: Gamifying sexual health to combat the ugly truth about sexual health coverage in undergraduate curricula</td>
<td>Thursday 13th July 1325-1430hrs MR7</td>
<td>317</td>
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<td>Innovation</td>
<td>Clinical Pathway Initiatives: Highlighting and Supporting Role Relevant Competencies in the Patient Genomic Journey</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR5</td>
<td>318</td>
</tr>
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<td></td>
<td>Doctors graduating from the Medical Support Worker programme maintain high fill rates in clinical fellow posts at a large teaching hospital</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR5</td>
<td>319</td>
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<td>Individual and organisational change after clinical leadership professional development: a novel outcome model</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR5</td>
<td>320</td>
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<td>Student Involvement in Revolutionising Medical Education: The Use of Virtual Reality for Developing Empathy</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>321</td>
</tr>
<tr>
<td>Interdisciplinary</td>
<td>Long term effects of undertaking healthcare assistant shifts in the early years of medical studies: interviews with clinical medical students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>322</td>
</tr>
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<td></td>
<td>Meditations on the MDT - Understanding the intricacies of undergraduate introduction to multidisciplinary work</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>323</td>
</tr>
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<td></td>
<td>Promoting inclusive and collaborative learning: evaluation of an inter-specialty teaching programme</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>324</td>
</tr>
<tr>
<td>Interprofessional education</td>
<td>An exploration of the perceived educational value of renal and cardiac multi-disciplinary team (MDT) meetings</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>325</td>
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<tr>
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<td>Challenges and opportunities in improving in-patient diabetes care in a district general hospital in East London</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>326</td>
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<tr>
<td></td>
<td>Developing an end-of-life interprofessional learning day for nursing and medical students: a guide</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>327</td>
</tr>
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<td>‘Geri-Pods’: Using podcasts to broaden learning on the MDT’s role in practice for medical students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>328</td>
</tr>
<tr>
<td></td>
<td>Learning from each other: Promoting excellent interprofessional education</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>329</td>
</tr>
<tr>
<td></td>
<td>The impact of an early-years healthcare assistantship (HCA) placement: Reflections from 5 years of medical students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>330</td>
</tr>
<tr>
<td>Interviews</td>
<td>What are the perspectives of GP trainees on the educational value of the GP apprenticeship model?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>331</td>
</tr>
<tr>
<td>Medical students</td>
<td>Addressing professionalism concerns with a reporting system; were we so wrong to be that transparent?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>332</td>
</tr>
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<td></td>
<td>Are Final Year Medical Students of today prepared to be the Antimicrobial Stewards of tomorrow?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR7</td>
<td>333</td>
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<td>Medical students</td>
<td>Are you not engaged? The risk of aiming high with teaching innovations for undergraduate medical students</td>
<td>Thursday 13th July 1325-1430hrs MR7</td>
<td>334</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Been there, done that, got the T-shirt: A near-peer mentorship programme for final year medical students</td>
<td>Thursday 13th July 1325-1430hrs MR7</td>
<td>335</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Being the best you can be, but not good enough for yourself: competitive behaviours amongst medical students</td>
<td>Thursday 13th July 1325-1430hrs MR7</td>
<td>336</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carpooling and collegiality: Commuting and the Informal Curriculum</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>337</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Defining Culture within the Faculty of Medicine: student and staff perceptions of and experiences with the Faculty's culture</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>338</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluating the use of online commercial question banks amongst medical students at a UK medical school</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>339</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Finding SPACES to teach: Shared Placements between medical schools and Associated Clinical Educator and Student Experiences</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>340</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I Study, Therefore I Am: Does a medical foundation year affect the change in identity reported by Widening Participation medical students?</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>341</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improving medical students’ confidence in the theatre environment and surgical scrubbing technique through pre-placement ‘theatre prep’ teaching: a quality improvement project</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>342</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investigating the understanding and impact of the NHS Bursary on Gateway Medical students</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>343</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Let’s go round again: group support for repeating year one MBBS students</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>344</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paediatric undergraduate bedside teaching: Applying quality improvement methodology to maximise impact</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>345</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Participatory Action Research to determine the best ways to support undergraduate medical students who are re-sitting Year 1</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>346</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer-led simulation programme improves confidence in final year medical students prior to starting as foundation doctors</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>347</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer-led versus conventional teacher-led methodological research education sessions; an initiative to improve medical education research teaching</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>348</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
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<tr>
<td>Medical students</td>
<td>Personal experiences of junior doctors improves student confidence in deanery ranking</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>349</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social media and medicine: Has Pandora’s Box been opened?</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>350</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teaching Clinical Reasoning in Medical Schools: a review of current practice and call to action</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>351</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teaching Venepuncture on Real Patients</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>352</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The surgical hour: Improving the surgical footprint of undergraduate surgical teaching</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>353</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Using the Medical Student Voice to Assess the Quality of General Practice Placements</td>
<td>Thursday 13th July 1325-1430hrs MR8</td>
<td>354</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed methods</td>
<td>Faculty and students’ perceptions of High Fidelity Simulation: A study at an Emergency Medical Services schools in Saudi Arabia</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>355</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Development of a Course to Prepare Final Year Medical Students for Foundation Years</td>
<td>Thursday 13th July 1325-1430hrs MR11</td>
<td>356</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSCEs</td>
<td>Development of an interactive platform for OSCE preparation</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>357</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pastoral</td>
<td>That Makes a Change – How Peer Support Effects Change</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer and near-peer education</td>
<td>An Introduction to Patient Safety - Developing and Evaluating a Workshop for Preclinical Medical Students</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>359</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bumps, Breaks and Bruises: an interactive trauma day for final year medical students</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>360</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician associates</td>
<td>Design and evaluation of an interprofessional immersive simulation based on immersive theatre techniques</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>361</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exploring the Preparedness for Practice and Continuing Professional Development (CPD) Requirements of Physician Associates</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>362</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiology</td>
<td>When and why do medical students engage with pre-sessional content to support teaching in physiology labs</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>363</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>Australian medical regulations and the use of eHealth data analytics to strengthen CPD. A policy implementation gap analysis with the Australian Specialist Medical Colleges</td>
<td>Thursday 13th July 1325-1430hrs MR9</td>
<td>364</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Title</td>
<td>Date</td>
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<td>Postgraduate</td>
<td>Addressing Health Inequalities – Creating Educational Supervision Capacity</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR9</td>
<td>365</td>
</tr>
<tr>
<td></td>
<td>Empowering junior doctors to improve training culture</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR5</td>
<td>366</td>
</tr>
<tr>
<td></td>
<td>Exploring the extent of correlation between postgraduate student engagement and academic achievement</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR9</td>
<td>367</td>
</tr>
<tr>
<td></td>
<td>Journal Club discussion forum - beyond a face-to-face meeting</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR9</td>
<td>368</td>
</tr>
<tr>
<td>Primary care</td>
<td>Enriching the Trainee Learning Experience Through the Case Study Model</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR9</td>
<td>369</td>
</tr>
<tr>
<td></td>
<td>Exploring primary care network leadership views on undergraduate GP placement provision</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>Ashstead 2</td>
<td>370</td>
</tr>
<tr>
<td>Qualitative</td>
<td>Exploring Medical Students’ Experiences with Complex Patients: A Qualitative Study</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR9</td>
<td>371</td>
</tr>
<tr>
<td>Research</td>
<td>Immersive technology in simulation-based education: Asthma simulation</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>372</td>
</tr>
<tr>
<td></td>
<td>Patient video cases in early large-group medical student teaching: a qualitative study of learners’ and faculty perspectives</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>373</td>
</tr>
<tr>
<td>Simulation</td>
<td>Bridging the gap: A teaching series aimed at improving the confidence and competence of new FY1 doctors in the assessment of acutely unwell patients</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>Difficult Conversations &amp; Legal Frameworks: Preparing Final Year Medical Students for the Realities of the Ward</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>375</td>
</tr>
<tr>
<td></td>
<td>Enhancing Learning in Simulation Based Medical Education (SBME); Evaluating Student Perspectives of Simulation Based Learning (SBL) in comparison to the Literature</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>376</td>
</tr>
<tr>
<td></td>
<td>Junior doctor-led acute neurology simulation to address neurophobia in final year medical students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>377</td>
</tr>
<tr>
<td></td>
<td>Simulation in Maternal Medicine – a Pilot Training Day at a UK Centre</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>378</td>
</tr>
<tr>
<td>Simulation</td>
<td>The effectiveness of Interprofessional High Fidelity Simulation: Systematic Review</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>379</td>
</tr>
<tr>
<td></td>
<td>The Six Thinking Hats, an alternative simulation debrief method</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>380</td>
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<tr>
<td>Theme</td>
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<td>Simulation</td>
<td>Trainee-led simulation for undergraduate medical students in acute care</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>381</td>
</tr>
<tr>
<td></td>
<td>Transferable Sim: Adapting low fidelity paediatric simulation to improve undergraduate training across multiple sites</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>382</td>
</tr>
<tr>
<td></td>
<td>Ward enhanced learning experience simulation course for medical support workers</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>383</td>
</tr>
<tr>
<td></td>
<td>“What do you want to be when you grow up?” Increasing Recruitment to Paediatrics through Undergraduate Simulation</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR10</td>
<td>384</td>
</tr>
<tr>
<td>Teaching and learning</td>
<td>Attitudes and Experiences of GP Registrars Towards Undergraduate Teaching: Has Anything Changed?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>385</td>
</tr>
<tr>
<td></td>
<td>Implementing an EDI curriculum at Oxford: feedback and self-efficacy across cohorts</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>386</td>
</tr>
<tr>
<td></td>
<td>LETS Teach: Developing undergraduate medical students as educators</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>387</td>
</tr>
<tr>
<td></td>
<td>Science and medical education – do we need to develop better interprofessional team working?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>388</td>
</tr>
<tr>
<td></td>
<td>Skills lab: using video to encourage applicants from secondary school students in Wales</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>389</td>
</tr>
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<td></td>
<td>The impact for tutors and students of integrating transgender teaching in undergraduate medical education</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>390</td>
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<td>What students want: Exploring student engagement in non-compulsory activities to support learning</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>391</td>
</tr>
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<td></td>
<td>Recent developments in the use of technology enhanced learning (TEL) in undergraduate medical primary care teaching in the United Kingdom</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>392</td>
</tr>
<tr>
<td></td>
<td>Using Technology Enhanced Learning methods to improve the effectiveness of undergraduate teaching on the Gynaecological-Oncology MDT</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>393</td>
</tr>
<tr>
<td></td>
<td>Visualisation Approaches in Technology-Enhanced Medical Simulation Learning: Current Evidence and Future Directions</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>394</td>
</tr>
<tr>
<td></td>
<td>Virtual Reality in Medical Education: gimmick or gamechanger?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>395</td>
</tr>
<tr>
<td></td>
<td>Cultivating inclusivity in healthcare education: Exploring the boundaries of meaningful patient involvement</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>396</td>
</tr>
<tr>
<td>Theme</td>
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<td>Transition</td>
<td>Introducing Foundation On-Call Undergraduate Simulation (FOCUS) to Post Final Medical Students in preparation for Foundation Year 1</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR4</td>
<td>397</td>
</tr>
<tr>
<td></td>
<td>Trauma and Orientation: Improving orthopaedic induction for postgraduate doctors</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>398</td>
</tr>
<tr>
<td></td>
<td>“Unwilling participants in widening participation:” exploring the experiences of widening access students in their transition into medical school using interpretative phenomenological analysis</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR11</td>
<td>399</td>
</tr>
<tr>
<td></td>
<td>You may think that the consultants are great, and they know everything, but they don’t: Exploring how new consultants experience uncertainty</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>400</td>
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<td></td>
<td>A scoping review exploring the experiences of undergraduate students in surgical education through the lens of cognitive load theory</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>401</td>
</tr>
<tr>
<td></td>
<td>A serious game to help final year medical students develop clinical reasoning skills</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR5</td>
<td>402</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>Improving Final-Year Medical Student Simulation Teaching</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>403</td>
</tr>
<tr>
<td></td>
<td>Interprofessional team-based simulation training for undergraduate medical, midwifery and paramedical students during their Obstetric rotation to improve understanding of professional roles</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>404</td>
</tr>
<tr>
<td></td>
<td>Lights, camera, obstetrics: Using ‘familiar faces’ to empower medical students to make the most from learning opportunities during their obstetrics and gynaecology clerkship</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>405</td>
</tr>
<tr>
<td></td>
<td>Polar opposites: Do icebreakers support medical students' engagement in small-group learning?</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>406</td>
</tr>
<tr>
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<td>The use of a ‘mini’ radiology case series to improve medical students confidence in interpreting plain radiographs and basic cross sectional imaging</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>407</td>
</tr>
<tr>
<td></td>
<td>Medical student, future doctor and patient: The impact of lived experience of personal healthcare on Professional identity formation</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>408</td>
</tr>
<tr>
<td></td>
<td>Navigating the boundaries of health and identity: a qualitative study of medical students</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>409</td>
</tr>
<tr>
<td></td>
<td>Trigger warnings for inclusion – looking at their role through the lens of adult learning theories</td>
<td>Thursday 13th July</td>
<td>1325-1430hrs</td>
<td>MR2</td>
<td>410</td>
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</tbody>
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Developing, implementing and evaluating the effectiveness of medical educators development programme for Myanmar

Presenter(s): Dr Anchal Gupta
Author(s): Dr Anchal Gupta, Nottingham University Hospital NHS Trust; Dr Haseeb Raza, Nottingham University Hospital NHS Trust; Mr Mark Finn, Nottingham University Hospital NHS Trust; Professor S. Hesg, Nottingham University Hospital NHS Trust
Twitter: @Anngups

Background: Medical education in Myanmar has largely ceased due to COVID-19 and the military junta. Health workers from Myanmar and global organisations are providing remote educational sessions. However, most educators lack formal educational training. The Myanmar Health Education Support Group (HESG) was created to develop medical educators and improve medical education by providing resources, development of teaching practices and direct support from course leaders.

Methods: The programme has three modules which were delivered remotely through interactive live tutorials and small group work. These modules covered professional knowledge, skills and values. Thirty participants were assessed through attendance, coursework completion and online portfolios. The evaluation of this course will be conducted using Kirkpatrick’s level 1: by questionnaires and level 2: by reflection of portfolios. The project is ongoing, and we have data only from questionnaires.

Results: Feedback was generally rated high. 100% of respondents agreed or strongly agreed that the session’s content was useful. More than 90% rated the sessions as ‘Excellent’ and ‘Very good’. Open-ended comments also reflected growing professional confidence and interest.

Conclusion: This programme has been delivered successfully. It has helped boost their professional identity, confidence, skills and knowledge and allowed continuity of professional development. Furthermore, this programme has been accredited by the Academy of Medical Educators and Royal College of Surgeons (Edin), which provides professional security as the programme is one of the few internationally recognised. Overall, this programme has helped cultivate a community of practice through the sharing of medical knowledge and resources.


Keywords: Accreditation, Community of Practice, Myanmar
Continuing gender diversity efforts in speech-and-language therapy: Opinions, ideas and advice from gender-minorities

Presenter(s): Miss Claudia K Au-Yeung
Author(s): Claudia Kate Au-Yeung, Serena Lo, Andrea Fernando, Fraser Wakeling & Yi-Ting Chia
All team members are part of Speech Therapists' Links.
Twitter: @medicslt_CKAY

Background: Men represent 3% of speech-and-language therapists (SLTs) in the UK (RCSLT, 2020). The questionnaire aims to continue ongoing efforts to promote gender equality by investigating the wider demographics, opinions, and gathering advice from SLTs of minority-genders.

Methods: An online questionnaire via GoogleForms was designed by 4 SLTs. Themes included participants’ demographics, experiences, and advice to promote gender equality in SLT. The questionnaire was distributed through professional and social media platforms via snowballing method. No personal identifiable data was collected.

Results: All participants (n=8) self-identified as ‘men’ and were students (n=5) or qualified-SLTs (n=3) across various UK clinical settings. One participant had a different gender identity from birth. Seven (88%) agreed the need for increasing gender diversity, as it increases representation and relatability for service users. One (12%) did not agree, and felt the focus should be on competence instead. Facilitators advised by participants include 1) having male placement educators, 2) #meninSLT on Twitter, 3) UK SLT Pride network, 4) inclusion of minorities (trans/non-binary/men) in policy decision-making and 5) highlighting gender diversity in recruitment materials. Advice offered for aspiring-SLTs of minority-genders encouraged a focus on passion, professional knowledge, clinical skills (e.g. relatedness/communication skills/compassion), and finding a supportive network.

Conclusion: Men/trans-gender/non-binary are minorities within SLT. Increasing gender equality is crucial to maximize positive experience for aspiring/qualified-SLTs and service users. Existing minority-genders networks can be signposted to support gender diversity. Further advice and strategies should focus on competence and avoid tokenism.


Keywords: Speech-and-language-therapy, gender diversity, meninSLT, SLT2b, SLT Pride
Destination, interest, and challenges of graduates from postgraduate education programmes in relation to careers in clinical education research. Phase 1 summary of an NIHR funded project

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Author(s): Dr Sonia Bussey, Newcastle University; Dr Bryan Burford, Newcastle University; Professor Gill Aitken, University of Edinburgh; Dr Michael Page, Queen Mary University of London

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Background and Purpose:
An overall lack of capacity of clinical academics in educational research is a well-recognised problem – one which the National Institute for Health and Care Research (NIHR) Incubator for Clinical Education Research (ClinEdR) was established to address.

This project will increase capacity in the ClinEdR workforce through improving the retention, or re-engagement in research, of clinicians who have graduated from taught Masters programmes in clinical, medical, or healthcare professions education.

Methodology: The project will involve three phases of work:
1. A graduate survey, cascaded through HEIs (Higher Education Institutions), to identify destination, interest, and challenges in remaining involved in ClinEdR.
2. Qualitative data collection to elaborate challenges and solutions.
3. Co-creation of materials to provide support and improve ongoing engagement, involving stakeholders, current students, and graduates.

Results: Results are not yet available, as project funding was only recently confirmed.

The project will examine the research career destinations of Masters graduates to identify ways in which support – delivered through HEIs and the Incubator – may be best implemented to facilitate their ongoing engagement with ClinEdR.

We will be able to share the phase 1 findings by July 2023.

Discussion and Conclusions: Capitalising on their newly developed expertise, and encouraging and supporting graduates to maintain their research skills and interest, seems a potentially effective and cost-efficient way of increasing throughput of the ClinEdR careers pipeline. Increasing the conversion rate of Masters graduates to clinical academics, over a period of years, will prove a key foundation of the Incubator.

Reference(s):

Keywords: Research, Careers, Education, Workforce Retention
Equity in pharmacy workforce development: The LMIC case

**Presenter(s):** Dr Ifunanya Ikhide

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Equity has become a global hot topic due to social and political occurrences, however this reckoning has not translated to the global south. This is despite a strong recommendation that it be prioritized, especially within the pharmacy workforce development context.

In the context of this research, which aimed to kindle these conversations and identify context-specific strategies, equity is described as the extent to which opportunities and resources are fairly and impartially made available to all across the country.

**Methods:** Semi-structured interviews were conducted with the deans of all pharmacy schools in Nigeria (N=23) and focus groups with a representative multi-sector selection of pharmacists (N=55). Participants were asked how pharmacy workforce development could foster equity through person centred approaches and processes. Their responses were audio recorded, transcribed verbatim and thematically analysed to determine facilitators and barriers to equity in the pharmacy workforce development.

**Results:** Suggested process-driven strategies included regulatory equity, fair effective and transparent policies, inclusive staff recruitment and student admission policies, age and gender diversity in leadership, merit-based reward systems, enacting policies that discourage favouritism and nepotism were suggested by stakeholders to ensure equity.

People driven equity will involve engaging with stakeholders and students in planning and decision making, educating staff and students on equality diversity and inclusiveness.

**Conclusion:** While having clear processes was a useful equity-ensuring strategy, involving people was also quite important in contexts where processes don’t often work for leadership or governance.


**Keywords:** Equity, Lower Middle Income Country, Pharmacy Workforce Development
Learning from our mistakes: Implementation of a dynamic teaching programme

Presenter(s): Dr Gianluca Trisolini Longobardi
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Introduction: The Seventh Patient National Emergency Laparotomy Audit (NELA) report published in November 2021 highlighted our health board as an outlier for mortality. We subsequently introduced regular multidisciplinary team (MDT) NELA Morbidity and Mortality (M+M) meetings. Common themes include; recognition of the sick surgical patient including prompt antibiotic stewardship and appropriate fluid management.

Foundation doctors and surgical teams are regularly faced with these issues so we decided to deliver teaching sessions to this cohort to improve the quality of care for patients in line with the NELA objectives.

Method: We have since delivered three teaching sessions using cases discussed from recent meetings. These sessions cover an introduction to NELA and compare our health board’s performance with NELA targets. The sessions promote discussion, reflection and help identify areas for improvement including Quality Improvement opportunities.

Results: Attendees included foundation doctors, junior and senior members of surgical teams. Feedback using Likert scales has been positive.

85% reported a better understanding of NELA and its importance in patient care
100% found the cases useful to identify and manage sick surgical patients
86% learned something new about the management of sick surgical patients that they will take forward in their practice.

Discussion: The successful implementation of our MDT teaching has improved knowledge and awareness of NELA patients which we hope will translate into better care and outcomes for our patients.

We will continue to deliver these sessions at regular intervals using new cases to reinforce the importance of reflective practice.

Reference(s): National emergency laparotomy audit (no date) NELA. Available at: https://www.nela.org.uk/ (Accessed: January 15, 2023).

Keywords: Case-based learning, Multidisciplinary Team, Dynamic teaching, Improving knowledge and understanding
Developing greater confidence in interprofessional communication via undergraduate healthcare MDT simulation.

Presenter(s): Dr Rhian Bevan and Dr Gavan Melody
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Background: Application of a multi-disciplinary team (MDT) approach within the healthcare setting is recognised as a key component in the provision of comprehensive patient care. However, there is a scarcity of practical undergraduate training in this regard. Providing undergraduate students with opportunities to experience working as part of a MDT has been challenging due to curricular and logistical issues, despite the perceived interprofessional benefits.

Methods: A series of simulation scenarios was created to incorporate the attendance of undergraduate medical, nursing and physiotherapy students, each at an appropriately comparable stage of their education. Questionnaire data was obtained from each student before and after the series of simulations (four sessions). Such information provided a means to assess overall confidence in terms of interprofessional communication of the individual student and their respective cohort, while working as part of a MDT in the care of an acutely unwell simulated patient.

Results: Participants comprised 16 undergraduate medical students. Self-rated questionnaire data analysis is currently undergoing collection. Limited early analysis from the first cohort of students suggests that MDT simulation improves confidence in interprofessional communication skills which correlates to feedback obtained from the undergraduate nursing and physiotherapy students.

Conclusions: The study demonstrates that confidence in communicating as part of a MDT is improved through exposure to other professional disciplines. Simulation is an effective means of delivering this within the undergraduate healthcare curriculum, as it provides high fidelity in a safe learning environment.


Keywords: multi-disciplinary team, communication, undergraduate
Using IPAC (Individual peer assessment of contribution) scores to investigate student collaboration in group work

Presenter(s): Mr Pak Yin Lam
Author(s): Mr Pak Yin Lam, King's College London; Ms Sharma Tanvi, Columbia University; Ms Gill Mandeep Sagoo, King's College London; Ms Anette Wu, Columbia University

Collaboration via group work is strongly advocated in medical education, for enhancing learning outcomes and fostering teamwork and communication skills. However, there remains a paucity of research on group work conducted on an international level. This article presents an evaluation of international inter-disciplinary student collaboration in online group work via analysis of score distributions from a peer assessment study.

The investigation is part of the International Collaboration and Exchange Program, a global virtual networking program by Columbia University involving medical, dental and health profession students from 24 leading universities. Students, divided into small groups, were asked to rate their peers on their engagement in program group activities. Scores were then calculated using the Individual Peer Assessment of Contribution to group work (IPAC) methodology, which evaluates individual contribution through peer feedback. Score distributions were analysed to study how group cohesiveness and individual contribution levels change over time. Calculations were performed using the IPAC software developed by University College London.

Our results show that overall group cohesiveness remained high throughout the program despite differences in cultural and educational backgrounds and lack of face-to-face communication. However, disparities in individual contribution were greater than cohorts studied in previous literature. In addition, the study reveals that a larger group size is linked to an increase in both group cohesiveness and equality in contribution over time.

In view of the ever-increasing importance of global collaboration in healthcare, these findings provide an important insight for future research on student group dynamics in international collaboration and training settings.


Keywords: International, Group work, Peer assessment
Enhancing the mentoring circuit experience in speech and language therapy: Insights from a follow-up study

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All team members are part of Speech Therapists' Links
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The ‘mentoring circuit’, a speed dating approach, is an innovative approach valued by speech-and-language therapy (SLT) students and newly-qualified therapists (NQTs). It offers insights into different specialities and informs potential clinical interests. Our first mentoring circuit feedback revealed the need to consider countdown warnings, additional time per breakout room, and for mentors to know potential questions in advance.

Our aim was to implement the identified areas of improvement in a subsequent run to review participants’ experiences of the mentoring circuit.

Methods: The second mentoring circuit was conducted in a similar manner to its predecessor with the following changes: (i) from 10- to 20-minutes per breakout room (ii) addition of 5-, 2-, 1-minute countdowns prior to each rotation, and (iii) sharing a list of potential questions to mentors prior to the event. Feedback was collected online anonymously.

Results: Eleven participants joined with 17% pre-SLTs, 58% students, and 25% NQTs. Ten (90%) mentees agreed that 20-minute rotations were adequate, while others (n=1) remained neutral and preferred more time. Eleven (100%) strongly agreed that the countdown warnings were helpful. All (n=6, 100%) mentors strongly agreed/agreed that knowing potential questions in advance enhanced their participation.

Conclusion: Feedback following changes from the first to second mentoring circuit were overall positive and appeared to increase participants’ experiences. Further work is needed to determine the optimal rotation time to balance mentees’ experience and mentors’ time burden. Organizers in other healthcare specialties can consider the presented logistics and evaluate their mentoring circuits’ effectiveness.


Keywords: mentoring circuit, speech-and-language therapy
A comparison of physician and surgeon opinions of undergraduate medical students anatomy knowledge

Presenter(s): Ms Alexandrina Roman
Author(s): Ms Alexandrina Roman, University of Southampton; Mr Paul Carter, University of St Georges

Background: Although there are a number of studies indicate that there is significant disparity between the standard expected from senior clinicians regarding the knowledge of medical students, there is sparse evidence investigating the difference in opinions of physicians’ and surgeons’ views on anatomy teaching. The aim of this study was to compare the views of senior clinicians to assess for any significant difference between the two groups.

Methods: A questionnaire utilising a mixture of Likert and dichotomous questions (8 questions total) was provided to senior clinicians at our institution to decipher senior clinicians’ views of the quality of students’ anatomical knowledge and their opinion as to how this could improve.

Results: A total of 83/399 consultants completed their questionnaire, other medical professional that self classified not as either a surgeon or physicians were excluded. A total of 48 (26 physicians and 22 surgeons) views were analysed. With regards to rating students pre-exciting knowledge when students reach their clinical years, 2 surgeons and 11 physicians felt their knowledge was adequate whereas 13 surgeons and 2 physicians felt their knowledge was poor p=0.001 and p=0.002 respectively. When asked if they feel that they have been sufficiently examined in the subject of anatomy, 4 physicians and no surgeons felt they did p=0.01. Interestingly, when it came to offering their support only 4 physicians and 14 surgeons were keen to make a contribution.

Surgeons feel that students’ anatomy knowledge is poor compared to physician. Further work should focus how this impacts on students’ knowledge.

Keywords: Anatomy, Clinician, Perspective, Knowledge
Out With the Old, In With The New?: Virtual Reality vs Traditional Cadaveric Based Teaching Materials for Second Year Medical Students

**Presenter(s):** Dr Frances Freer & Dr Chui Shan Chan  
**Author(s):** Dr Frances Freer, Queen Mary University of London; Dr Chui Shan Chan, QMUL; Dr Paula Vickerton, Queen Mary University of London; Dr Melissa Jones, Queen Mary University of London; Dr Jessica Leeney, Queen Mary University of London; Miss Geetika Ail, Queen Mary University of London

**Intro:** Virtual reality (VR) is an exciting emerging technology to provide safe environments for students to test out skills and develop understanding. Anatomy is an inherently three-dimensional subject, which is often taught through the use of cadaveric resources. In a post-COVID teaching environment, with increased limitations on donor availability and restrictions in laboratory spaces, virtual reality as a pedagogical tool is a promising novel approach to teaching and learning anatomy. VR is a relatively untested method of teaching compared with the centuries old use of cadaveric material.

**Aim:** Our aim was to investigate the attainment of students answering questions using VR-based teaching in comparison to cadaveric teaching materials.

**Methods:** 50 second-year medical students participated in our study. Students were randomised to use VR or cadaveric material-based resources to answer a series of standardised questions delivered over 6 stations. Questions pertaining to 3D-structural relationships within either the abdomen or thorax. Questionnaire responses were collated and data was subsequently analysed.

**Results:** In the thorax group (n=34) there was a significant improvement in the scores of the prosection group over the VR group in two stations (p<0.05). In the abdomen group (n=16) there were no significant differences between the scores of the prosection and VR groups.

**Conclusion:** We found no significant difference in scores between the VR and prosection groups in the majority of stations, suggesting VR was as equally effective as cadaveric-based materials for answering these questions. Limitations included a small sample size and student's lack of prior experience with VR technology.

**Keywords:** Virtual reality, anatomy, cadaveric-based teaching
A modified Angoff B screening method for collusion detection in examinations delivered on the MSCAA and Speedwell platforms

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The occurrence of a pandemic led to remote un-invigilated examinations being used, particularly in the early years of medicine programmes. While students were expected to work independently, examination and social pressures can drive students to collude. Here, we describe the practical implementation of an Angoff B technique\(^1\) with modifications (mAngoffB), for collusion testing, supplemented by secondary measures of ‘simultaneous identical action’ using ‘Data Audit’ analysis on the MSCAA platform and Speedwell. mAngoffB is a measure of the proportion of identically wrong answers between pairs of students. Data was assessed using either Excel or R (https://www.r-project.org/). In the question papers with 100 or more MCQs, the cut-score for collusion referral was set at 6 standard deviations above the cohort mAngoffB mean; across all years, involving approximately 2000 students in 2020-21, this was 0.60±0.06 (mean±SD; n=8 examinations). This resulted in the referral of 85 students from all years (4%) through our standard academic integrity processes, with a higher proportion in the early years of the programme. Most, either spontaneously or when presented with relevant data, admitted their collusion at or on the day of their first academic integrity meeting; the rest admitted collusion during misconduct committee investigations or appeals. On the basis of confessed collusion, this process therefore has a very low false positive rate, although the false negative rate is likely to be high and difficult to determine. Timing methods are readily applied on examination platforms where delivery audit (‘clickstream’) data is available, with applications that extend beyond remote un-invigilated examinations.


Keywords: Angoff, Speedwell, MSCAA, collusion, clickstream
A novel method for OSCE standard setting

**Presenter(s):** Professor John McLachlan

**Author(s):** Professor John McLachlan, University of Central Lancashire; Professor Chris Harrison, University of Central Lancashire; Mr Stephen Mahon, University of Central Lancashire; Dr Marina Sawdon, Hull York Medical School

**Background:** Clinical skills are frequently measured by means of the Objective Structured Clinical Examination (OSCE). It is common to employ a conjunctive condition (a proportion of the stations must be passed) to avoid full compensation between strong and inadequate performances. However, this is under-theorised, and the relatively small number of stations challenges reliability. In addition, conjunctive approaches can only operate with integer numbers: a requirement that candidates pass 75% of stations is straightforward with 16 stations, but not with 15. There is often a marked discrepancy between the cut score and the conjunctive condition pass/fail outcomes.

**Methods:** Anonymised candidate scores for 20 undergraduate OSCEs from 3 UK medical schools were analysed. Outcomes were ranked from high to low. For each 5 percentile, the average number of stations passed was calculated. The results were plotted with scores as the abscissae and average number of stations as the ordinate. The resulting curve is an ogive of a normal distribution, and a point on this curve corresponding to any desired limitation of compensation can be selected, and translates directly into a cut score. Students were characterised as ‘at risk’ prior to examination of the results, on the basis of expert staff input. University ethical approval was obtained.

**Results:** This method allows compensation to be appropriately limited, but without the challenges to reliability of using integral numbers of stations. It avoids a discrepancy between the cut score and the conjunctive condition. The number of false positives and negatives benefits from this integration.


**Keywords:** OSCE, standard setting, conjunctive condition, reliability, cut score
An exploration of how early-stage medical students use online question banks

Presenter(s): Dr James Fisher & Mr Declan Leahy

Author(s): Dr James Fisher, Newcastle University; Mr Declan Leahy, Newcastle University; Dr Emily Astles, Newcastle University; Dr Jacobo Salvatore, Newcastle University; Dr Richard Thomson, Newcastle University

Background: Online question banks (QBs) are popular revision tools amongst UK medical students with survey data indicating widespread use\(^1\). Their use may be further promoted by the imminent arrival of the Medical Licensing Assessment. No published work has explored why students use these resources. We want to build an understanding of why students use QBs and how they inform their learning. Our aspiration is that learning from this project will inform educational strategies for future cohorts of early-stage medical students.

Methods: Ethical approval has been obtained for this study. DL, a current year 5 medical student, will email the second-year cohort seeking volunteers. Those expressing interest will be given a participant information leaflet and asked to provide informed, written consent to participate. Deci and Ryan’s self-determination theory\(^3\) will be used as a lens through which our findings will be interpreted. We will use focus group discussions as our method for data collection. Focus groups will consist of 6-8 second-year medical students with experience of using QBs as revision tools for summative assessments. Discussions will be audio-recorded with consent. Transcriptions will be anonymised, so individual contributions will not be identifiable. The data will be analysed using thematic analysis. Data collection and analysis will proceed iteratively. Interim analysis will be undertaken to inform modification of the semi-structured interview guide to explore themes in subsequent focus groups. Data collection will stop once saturation of themes is reached.

Results: Recruitment and data collection is ongoing and our findings will be presented at the ASM.


Keywords: Question banks, Medical students, Self-determination theory, Assessment
Performance of ChatGPT on the situational judgement test (SJT): Can it be a useful resource in preparation for the SJT?

Presenter(s): Dr Abdi Malik Musa

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Introduction: The situational judgement test (SJT) is an exam taken by final year medical students in the UK that assesses the non-academic attributes. It's a high-stakes exam and accounts for 50% of a graduate's national ranking. ChatGPT is a large language model utilising natural language processing to generate text responses.

Methods: SJT questions from the UK Foundation Programme Office (UKFPO) were collated and then screened to ensure they were not indexed on Google before September 2021. Questions were put into three categories: Rating, Multiple choice, and Ranking. Formatted questions were inputted into ChatGPT. The rationales for its answers were qualitatively analysed. Questions were divided into themes: Patient safety, Effective communication, Professionalism, and Coping with pressure.

Results: 75 questions from the 2023 practice paper were included in this study. ChatGPT scored 79.5% in the paper overall. Highest score was achieved in rating questions (86%) and lowest in the MCQ (68%). It performed similarly between themes, scores ranging from 78.5% to 81.8% in effective communication and patient safety respectively. Review of rationale revealed that ChatGPT was using general principles of medical ethics to answer the questions. It directly referenced General Medical Council publications in 1.3% of questions. It escalated problems to seniors more readily than the model answers.

Conclusion: ChatGPT is able to answer SJT questions with reasonable accuracy, while producing appropriate rationale. It may be a useful resource preparation for the SJT as it utilises a different approach to explaining the rationale for answers.

Keywords: Situational Judgement test, ChatGPT
PG ED fellow coordinated accessible mock PACES- Challenges and Benefits

Presenter(s): Dr Antoniya Kamenova

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Background: PACES (Practical Assessment of Clinical Examination Skills) examinations are integral to exam assessment in Postgraduate Medicine. Practice assessment - ‘MOCK PACES’ in a timed environment, with experienced examiners and an appropriate patient cohort can provide exam candidates with an opportunity to improve their examination, diagnostic and presentation skills. We present a ward based in-situ model which offers effective mock PACES provision.

Methods: A 3-pronged approach led by the PG Ed fellow was employed.

1) 8 inpatients with pathology matching appropriate stations in circuit 1 & 3 were identified, selected and consented.
2) Examiners were recruited and prepared for the session - 2 experienced medical consultants and 2 recent PACES ‘successful’ registrars.
3) 4 junior doctors (JDs) with a date for PACES were taken through two separate circuits

The candidates received immediate written feedback after each station. A post-mock PACES survey of the JDs was collected.

Results: 100% of candidates found this examination helpful and the examiners fair, professional and constructive in their feedback.

75% of candidates found the circuits simulated the real examination environment and that the cases were representative. Examiner written feedback was particularly appreciated by candidates and adherence to a timed station structure on a ward setting was felt key to helping exam technique.

Key Messages: In-house accessible ad hoc mock PACES examinations are an effective method for providing practice. Formal PACES courses can be costly and challenging to attend. To support trainees in-house to achieve success in their exams, coordination and organisation are essential but achievable.

Keywords: PACES, Examination, Simulation
One of the challenges that arise from increased student numbers is the difficulty to assess individual students effectively on Intended Learning Outcomes. This challenge is amplified in the administrative quagmire that is presented to module convenors whose modules are delivered as small group sessions. Peer-to-peer feedback is an established pedagogic method for rapid assessment which works particularly well in small group sessions. However, for module convenors, ensuring parity across multiple small groups in the way that the peer-to-peer feedback is provided, distributed and moderated is not an easy feat. This is especially true when grappling with the double-edged sword of high student numbers. In the case where a student’s peer feedback counts towards their grade, there is also the need for a reliable process to timestamp their submissions. Crucially, for the module convenor, all the above processes must ideally occur with minimal administrative intervention on their part.

Here, I describe how Power Automate; an Office 365 application was used to create a safe and secure peer-to-peer feedback workflow that excluded facilitator administrative involvement. Considering the near-ubiquitous adoption of Office 365 in UK universities, this Power Automate workflow provides a free and disseminatable plug-and-play solution to ease the administrative burden that has plagued the modern educator. Furthermore, since this solution utilises popular Microsoft tools that students are familiar with, there is no extra learning curve for the student.


Keywords: Power Automate, Assessment, Peer-to-peer feedback, Parity, Office 365
Should the dissertation be discharged? A scoping review of the efficacy of the written dissertation as an assessment method in progressive, postgraduate, online, global clinical education curricula.

**Presenter(s):** Dr Kirstin Stuart James

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**Background:** The dissertation has a long history within postgraduate clinical education and often remains the sole final method of attainment. This is despite the challenges global learning communities face in access to local Ethical review, and the stressors of balancing the unique academic demands of the dissertation against increasing practice pressures. Despite curriculum transformation initiatives across the HEI sector to address the negative impacts of assessment methods, the dissertation remains firmly in place.

**Aims:** This scoping review aims to explore and examine the efficacy of the written dissertation in progressive, postgraduate, online, global clinical education curricula. Findings will be applied to underpin any diversification of routes to Master’s attainment and to inform future empirical research.

**Methods:** A scoping review protocol is currently being developed following the Joanna Briggs Institute Guidance (2023) in order to examine the following search question: What is the efficacy of the Master’s dissertation as an assessment method in postgraduate clinical education?

Search terms are being developed according to the participant, concept and context (PCC) framework. Limiters and inclusion/exclusion criteria will be developed iteratively, dependent upon returns. The following sources will be searched: Medline, ERIC, PubMed and Web of Science. Grey literature, including curriculum frameworks will also be scoped.

Data extraction methods will be applied according to the scoping review protocol and data will be synthesised and reported using a thematic analysis approach.

**Findings:** The scoping review is due to commence in January 2023 and initial findings will be presented at the ASME conference in 2023.


**Keywords:** Dissertation, Assessment, Curriculum transformation, Inclusion, Postgraduate
Introduction: COVID-19 has changed how institutions teach and assess students, many opting for blended learning and online assessments, even as we leave the pandemic behind\(^1\). Remote learning opened avenues for inclusive education, rendering it an effective tool for widening participation\(^2\). Voice recognition has been suggested as a tool for enabling inclusive examination while avoiding academic misconduct\(^3\).

Methods: An Amazon Alexa voice-recognition tool provided by a partner company was tested for online assessment suitability. Three groups of participants: A (n=90), B (n=84) and C (n=11) were provided with learning materials and test answer options in audio format. Group A was assessed using a verbal questions and answers exercise with Alexa. Group B was assessed using a multiple-choice question (MCQ) format, and C undertook both assessments. Following the assessment, subjects in groups A and B provided quantitative (1-5 Likert scale) and qualitative feedback, group C provided only qualitative feedback. Qualitative responses were categorised as positive or negative by AS and NV.

Results: Group B responses were 47.8% negative toward voice recognition. Group A yielded 22.2% negative responses towards MCQs. Group C had one positive response to the voice recognition assessment.

Conclusions: Overall, in this pilot study the MCQ format was preferred. Students found voice recognition technology utility to be limited e.g. by its accent comprehension. The technology needs further development and assessment to investigate its utility for issues surrounding online and inclusive assessment.


Keywords: Voice-Recognition, Inclusion, Remote Assessment
Doctors as ‘Widening Participation Champions’ in Schools- Inspiring future doctors and promoting a diverse medical workforce.

Presenter(s): Dr Anjali Vaidyanathan, Mr Albert Jennings
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Students from low socio-economic backgrounds are under-represented in medical education. ‘Widening Participation’ (WP) is needed to level this playing field, and enable less-privileged yet talented pupils into Medicine. This promotes a diverse workforce and ensures selection of future doctors is from wide meritocratic student-pools. This has been shown to provide healthcare benefits, and promote social mobility. However progress has been limited (BMA, 2009).

We are motivated in ensuring less-privileged pupils have the chance to enter medical school and are committed to developing new initiatives.

We saw a specific need to target secondary schools, and developed ‘Doctors in Schools’ – a programme targeting local schools meeting our WP-criteria. We created bespoke training for passionate doctors of various backgrounds and specialities in becoming ‘WP Champions’, enabling them to engage in this work. Evaluation of this training has been very positive with 100% stating that it prepared them well.

We arrange for Champions to deliver talks and workshops in schools; working collaboratively with teachers to meet their objectives. The aim is to inspire pupils, dispel myths and barriers; whilst enabling Champions to work with communities, and engage in social responsibility.

Feedback from schools has been overwhelmingly positive, with 100% scoring 5/5 for satisfaction, and 100% stating “very much so” to the question “Do you feel this event may now help inspire your pupils into a career in Medicine?” which is highly encouraging. This demonstrates the immense benefit of our programme, which we now aim to expand further.


Keywords: Widening-participation, Inclusivity, Diversity, Inspiring, Social-responsibility
Effect of a regional-rural immersion programme in Aotearoa New Zealand on returning to work in that region

Presenter(s): Professor Philippa Poole
Author(s): Professor Phillippa Poole, University of Auckland; Dr Charlie Connell, University of Auckland; Professor Warwick Bagg, University of Auckland; Mr Emmanuel Jo, Ministry of Health

Background: Rural workforce outcomes are more likely among medical graduates who spend time training in non-urban areas; however, the propensity of graduates to return to the area where they undertook rural training is less well-studied. The study aim was to determine if medical graduates who had undertaken a regional-rural immersion programme in their penultimate year were more likely to have to returned to work in Northland.

Methods: Prospective cohort study using longitudinal tracking survey responses, medical school and health workforce information. We defined rural as population<100,000. A multinomial model determined the association between graduates practising in Northland or another regional-rural area. Explanatory variables were participation in the Northland programme, Background and ethnicity. Participants were University of Auckland domestic medical students graduating between 2009 and 2018 who had responded to career tracking surveys.

Results: The sample comprised 1320 students (78% response). Students in the Northland programme (n=169) were more likely to be working in Northland between 3 and 12 years post graduation (RR 3.4 [1.9-6.2]) but not more likely to be in another regional-rural area (RR 1.4 [0.9-2.2]). Student Background and ethnicity were also independent predictors of eventual regional-rural work location.

Conclusions: Regional-rural immersion programmes seem important in building workforces in specific regions, with several plausible explanations. Longitudinal linkage studies, plus the use of three population categories (urban, regional or rural), allow a greater understanding of the interplay among student Background, curriculum context, and non-urban workforce outcomes.


Keywords: rural, curriculum immersion, workforce, career tracking, student background
How Do Medical Students Plan and Prepare For a Career in Medicine? An Examination of Enablers and Barriers

Presenter(s): Ms Amanda Godoi

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Background: The several facets of a medical career require students to go beyond clinical knowledge and develop skills to be competitive applicants. Whilst a large body of evidence exists on students’ clinical preparedness to practise, less is known about the barriers faced when planning their careers. The aim of this study was to investigate factors that facilitate career readiness of UK medical students, as well as factors that act as barriers for career planning.

Methods: Using a cross-sectional study design, a questionnaire consisting of closed and open-ended questions was sent via social media. Open ended questions focused on ascertaining students’ perceptions of enablers and barriers to career readiness. A total of 348 responses from 41 UK medical schools were received and analysed. The majority of participants were aged 18-25 years-old (92.8%), of whom 33% were male and 65.8% female. Graduate students accounted for 6.3%, while undergraduate students accounted for 89.2% of participants.

Results: The findings highlighted that most respondents reported feeling unprepared or somewhat unprepared for professional career development. Using Super’s theory of career readiness1, a framework analysis was conducted on open-ended comments provided by participants2. Findings suggest that enablers of career readiness are self-directed exploration, a supportive network, and extracurriculars. For students, barriers to career readiness were a lack of information and senior support, poor planning and feeling disadvantaged.


Keywords: Career Development, Barriers, Portfolio, Medical Student, Super Theory
Longitudinal survey study of GP trainee and foundation doctors’ awareness and experience of denigration between specialities.

Presenter(s): Dr Gemma Graham
Author(s): Dr Gemma Graham, Newcastle University; Dr Alex Wood, Newcastle University; Dr Helen Collingwood, Newcastle University; Professor Hugh Alberti, Newcastle University

Denigration of general practice and other specialities is a significant issue: it can lead to lowered morale, inaccurate perceptions and poor recruitment into some speciality areas such as general practice and psychiatry. We undertook a longitudinal survey study of final year medical students, foundation doctors and GP trainees in the Northern region; asking them whether they have received any comments, positive or negative, about their career choice. Over the five years we have had 4590 responses from GP trainees and over 3500 responses from foundation doctors. During this time, efforts have been made locally among undergraduate and postgraduate training programmes to highlight the issue of denigration and to address this in teacher training workshops.

Over the period of the study, there has been no significant change in the proportion of positive and negative comments made to GP trainees. There has been no significant change in the proportion of positive and negative comments regarding specialities to foundation doctors and medical students. GP trainees in hospital placements reported a higher proportion of negative comments regarding the speciality (20% of comments made) compared to peers in GP placements (5%).

Despite local efforts to reduce denigration and despite an overall increase in the uptake of GP training posts, the level of denigration remains similar. While it is frustrating this remains unchanged, it is reassuring that, despite increased pressure on the NHS and its staff, trainees are not reporting increased negativity towards their speciality choice.

Keywords: Speciality choice, Careers, Denigration
The experiences of Medical Education Fellows at a new UK Medical School: a role beyond information provision

Presenter(s): Ishleen Kaur and Krupa Badiani

Author(s): Dr Mohammed Abdu, Brunel University; Krupa Badiani, Brunel University; Ishleen Kaur, Brunel University; Halima Mohamud, Brunel University; Sarah Saadat, Brunel University; Dilshani Hunukumbure, Brunel University

Background: The majority of junior doctors completing foundation training do not go straight into speciality training, with an increasing number taking up an educational role as teaching fellows. Harden describes the twelve roles of a teacher, however limited insight has been obtained into the development of fellows as medical educators, particularly in non-clinical medical settings. Brunel Medical School (BMS) welcomed its first cohort of students in 2022 and employs a number of junior doctors as Medical Education Fellows (MEFs) in the design and delivery of its medical curriculum.

Objective: To explore the experiences of MEFs at a new UK medical school and the varying roles of a teacher within this experience.

Methods: A qualitative approach using an open-ended questionnaire exploring the experiences of ten MEFs at BMS in 2022-23. This questionnaire will guide reflective statements utilising Gibbs’ reflective cycle. Questionnaire prompts will explore MEF experiences of prior involvement in medical education, and how their role at BMS has expanded their experience in the varying roles of a teacher. Data collection will be completed by the end of January, and data analysis by the end of February 2023.

Conclusions: We will include our findings and conclusions in our presentation. Exploring the experiences of MEFs will inform junior doctors considering roles in undergraduate medical education. We will also discuss the mutual benefits gained by both junior doctors and medical schools through the role of a MEF.


Keywords: fellows, medical school, roles of a teacher, reflection, teaching
Clinical reasoning

Thursday 13th July - 1325-1430hrs - MR10

‘Classical’ cases and ‘Typical' presentations. Are they really representative of today's clinical practice?

Presenter(s): Dr Ed Luff

Author(s): Dr Ed Luff, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Many healthcare professionals are taught the classical presentation of a condition, typical features of a diagnosis, or a textbook definition; acute myocardial infarction is an archetypal example. But in today’s practice, typical may not be representative of the population we see. How far should we go in educating tomorrow’s doctors about the nuance and variety of clinical presentations as described by patients? Should we move away from terms such as classical, typical, and atypical, focussed on our traditional view of a 70kg white male patient, and consider the experiences of all patients? In chest pain, recent literature suggests moving to use the terms ‘cardiac’, ‘possible cardiac’, and ‘non-cardiac’ instead of typical and atypical\(^1\). However, NICE still use these terms to describe angina\(^2\). This ‘What’s your point?’ will explore how we, as educators, should move forward in navigating this minefield, as we know that our patients don’t usually read the textbooks.

Gambling is promoted as a fun leisure activity. The explosion of smart-phones in recent years has increased access to highly addictive gambling products to 24/7.

The harms of gambling to individuals, those close to them and society are well established. It is estimated that one person a day dies by suicide linked to their gambling. It is a causative factor in mental health problems, chronic pain, housing insecurity, poverty, domestic abuse, and other addictions.

NHS gambling treatment services are expanding across the country and allow patients access to expert help to prevent further harm and death.

Teaching healthcare staff to normalise ‘asking the question’ would reduce the shame and stigma of gambling harms, and should be covered by all disciplines.

I will highlight key literature on health harms of gambling; screening questions, and suggestions of how gambling harm can be taught.

If we don’t ask we don’t know.
How do doctors and medical students view providing out-of-hospital emergency care, and do they think it requires formal training?

**Presenter(s):** Dr Isabel Rimmer

**Author(s):** Dr Isabel Rimmer, University of Bristol; Dr Iwan Roberts, University of Bristol

**Introduction:** Doctors are expected to provide assistance for out-of-hospital emergencies, with the GMC stating they must offer help. Past studies have touched on medical students' views on out-of-hospital care and inconsistencies in its coverage by medical schools. However, little is known about doctors' perceptions, despite 88% doctors reporting having offered such aid.

**Aim:** The main objective is to explore and compare how clinicians and medical students perceive out-of-hospital emergency incidents. This includes how confident they feel managing such scenarios, whether having formal training would be beneficial, and the most efficacious manner to deliver teaching on out-of-hospital events.

**Methods:** An online, anonymous questionnaire will be sent to clinical staff and medical students within the University of Bristol Medical School. Questions include how many out-of-hospital emergencies participants have experienced, their confidence in managing various scenarios and whether they received formal training in managing such events.

**Results:** Pending at time of abstract submission. Results and analysis expected to be complete by April 2022.

**Discussion:** We anticipate our results will indicate a diverse range of responses with differences between medical students' and doctors' perceptions. The intention is to use the results to provide an evidence base for the value of formally teaching out-of-hospital emergency care at medical school and the best way to deliver this. This is likely to inform further research into designing such teaching, most likely in the form of bespoke simulation programmes.

**Reference(s):**

**Keywords:** Out-of-hospital, Emergencies, Training, Preparedness, Awareness
Exploring the factors which experienced General Practitioners consider when making triage decisions

Presenter(s): Dr Andrew McClarey
Author(s): Dr Andrew McClarey, NHS Education Scotland; Dr Agata Dunsmore, University of Edinburgh; Dr Samantha Smith, NHS Forth Valley; Dr Sarah Luty, NHS Education Scotland; Dr Duncan McNab, NHS Education Scotland

Background: Demand for General Practitioner (GP) appointments continues to rise despite a relative reduction in the GP workforce. Whilst there are plans to increase recruitment, the service already finds itself in significant difficulties with urgent need for reform and investment. To balance need with demand, GPs have begun to operate a system of triage which enables prioritisation of their workload. There is therefore a need for training on triage decision making for GP specialty trainees. These decisions are often complex and multifaceted, yet little is known about how experienced GPs make triage decisions.

Methods: A series of focus groups will be conducted with experienced GPs, exploring the factors considered when making triage decisions. The focus groups will be recorded and transcribed verbatim with a template analysis carried out.

Results: Pilot data suggests GPs take a wide variety of factors into account when triaging their workload. These include themes of resource management such as time and personnel available, systems themes such as trust in their administration team and local knowledge of available services. There were also themes of resilience and self-care such as tackling more difficult consultations in a certain order.

Conclusion: The results of these focus groups will be used to develop a teaching intervention for GP Specialty Trainees to develop their triage decision making skills. This has potential utility in improving GP service access and safety, as well as promoting practitioner efficiency and wellbeing.


Keywords: General Practice, Triage, Decision making
Observed differences in clinical reasoning between junior and senior medical students

**Presenter(s):** Dr Sabia Dayala

**Author(s):** Dr Sabia Dayala, University of Manchester; Dr Aisha Awan, University of Manchester; Dr Dario Rydel, University of Manchester

**Background:** Clinical reasoning (CR) refers to the contextual, affectual and metacognitive processes behind clinicians’ diagnostic and therapeutic decision-making. CR continues to garner interest amongst medical educators due to its impact on clinical practice: literature highlights the importance of robust CR skills to reduce errors and improve patient care.

The University of Manchester Medical Programme has successfully embedded CR as a group teaching core activity for 3rd year medical students. However, when it was implemented for 5th year medical students in 2021-22, we identified a knowledge gap in how CR differs between junior and senior medical students. This quality improvement study endeavours to address the gap by exploring tutors’ observations, with a view to enhancing new tutor understanding and preparation for teaching CR for senior students.

**Method:** GP tutor views were obtained at a training workshop in 2022 on how CR skills differ between junior and senior medical students. Responses were collated and thematically analysed.

**Results:** 11 tutors attended the workshop. Themes constructed from tutor views included differences in hypothetico-deductive skills, knowledge and experience in junior versus senior medical students; surprisingly however, tutors also highlighted how a better developed professional identity, self-perception and sense of independence in Year 5 students were associated with greater CR skills.

**Discussion:** Perceived differences in CR skills between junior and senior medical students extended to unexpected themes. Further research is required to explore these differences in greater detail to improve understanding of CR skill development and progress students’ CR skills more effectively.

**Reference(s):**

**Keywords:** clinical reasoning, undergraduate, transition
**Clinical reasoning**

**Thursday 13th July - 1325-1430hrs - Ashstead 2**

“Similar but not the same” – exploring medical students perceptions of different virtual patient educational technologies for learning clinical reasoning

**Presenter(s): Miss Ariba Shah**

**Author(s): Miss Ariba Shah, University of Nottingham; Dr Robert Jay, University of Lincoln; Professor Rakesh Patel, Queen Mary University London**

**Background:** Advances in educational technology (EdTech) provide new spaces for medical students to learn outside the clinical environment. Virtual patients (VPs) are a novel EdTech that enable a scalable and sustainable way to practice clinical reasoning. Despite this, student perceptions on the ways VPs should be created to support their development of clinical reasoning remains unexplored; specifically the interactional design of cases.

**Methods:** Nine pre-clinical medical students completed two identical VP cases presented using different VP EdTech – on the freely available open source software Xerte, and on the paid for bespoke VP software Isabel-EPIFFANY, complete with its own differential diagnosis checker. Students participated in semi-structured interviews which were then transcribed and analysed using thematic analysis.

**Results:** Students felt that software which enabled more direct questions to be asked of them, were more engaging, whereas questions that were too challenging discouraged learning. Cases broken down into small episodes were also perceived as more helpful. The visual appeal of the EdTech was important, with dated videos perceived negatively, yet were noted to foster non-verbal communication skills. A lack of illustrative images combined with extended text was also seen negatively. The realism of the VP also positively engaged participants.

**Conclusions:** EdTech for early year medical students, need to consider multiple factors to ensure they promote engagement. VPs need to have a feeling of both realism for the clinical environment, be interactive as well as ensure they are not overly challenging to the point of discouraging learners. The visual appeal of the EdTech and

**Keywords:** Clinical Reasoning, Virtual Patients
Clinical reasoning

Thursday 13th July - 1325-1430hrs - Ashstead 2

The Words You Need to Know for Clinical Reasoning

**Presenter(s):** Miss Dilan Ozdemir

**Author(s):** Miss Dilan Ozdemir, University of Nottingham; Dr Robert Jay, University of Nottingham; Professor Rakesh Patel, Queen Mary University of London

**Background:** Clinical reasoning (CR) is a core skill requiring the application of knowledge and problem-solving to diagnose and treat patients. Flaws in CR lead to diagnostic error, hence, medical students need to be competent in CR when they graduate as doctors. CR in obstetrics and gynaecology (OBGYN) is challenging because students spend little time in this subspecialty and diagnostic errors have profound consequences for baby and mother. This study investigated medical students' self-perceptions about CR in a OBGYN context, OBGYN teaching and any struggles they experienced.

**Methods:** An interpretivist research design was used to collect qualitative data using a semi-structured interview protocol at the University of Nottingham (UoN). Six participants were recruited using purposive sampling and transcripts analysed inductively using thematic analysis approach.

**Results:** Three themes emerged from the research. Medical students struggled with CR due to limited knowledge of the OBGYN curriculum and terminology used on placement. There was implicit teaching of CR in the early years of the course, however that teaching was different and unrelated to that received on placement. Students found OBGYN placements more challenging than others due early years knowledge appeared unconsolidated, and placement CR teaching was not aligned early years case-based or CR teaching.

**Conclusion:** Sub-specialty CR teaching in later years should consolidate knowledge and skills acquired in the early years. Time during sub-specialty placement should include recalling previous knowledge and filling in knowledge gaps before attempting to build complex CR skills among medical students.

**Keywords:** Clinical reasoning, Medical students, Qualitative, Interviews, Obstetrics and Gynaecology
Introduction: Evidence shows limitations with junior doctors’ ability to recognise, manage and appropriately escalate critically unwell patients\(^1\)\(^2\). We wished to address these issues early by targeting foundation doctors (FYs).

Methods: We surveyed FYs on their confidence in dealing with acutely unwell patients, what therapies critical care (CC) offer and which patients may benefit from admission. Subsequently, we implemented a multi-modal teaching programme which included lectures, workshops and simulations. A post-teaching survey was completed after the course.

Results: Prior to our teaching programme, 72.4% of FYs felt “a little” or “not at all” confident in managing unwell patients. Just over half felt “a little” or “not at all” confident in recognising when a patient may need CC, however almost two thirds of FYs had previously referred a patient. After completing our programme, 72.1% considered it to be “a lot of help” in managing acutely unwell patients. Approximately 95% now feel “fairly” or “very” confident in recognising both when a patient may need CC and understanding patient suitability for referral.

Discussion: Our initial survey highlighted various shortcomings and given limited exposure to CC environments, teaching programmes like this can be highly beneficial to the understanding, skills and confidence of FY doctors when dealing with critically unwell patients. This is particularly important in the current NHS climate whereby seniors may not be available and FYs are commonly making referrals to CC. This teaching programme is clearly beneficial to FYs and we feel there is significant scope to expand this project to other trusts.


Keywords: critical care, simulation, deteriorating patient
Combining virtual reality and 3D anatomical models in a simulated neurosurgical skills course – A pilot study

**Presenter(s):** Dr Jen Wae Ho

**Author(s):** Dr Jen Wae Ho, North Bristol Academy, North Bristol NHS Trust; Dr David Hettle, North Bristol NHS Trust; Mr Mario Teo, North Bristol NHS Trust

**Twitter:** @DrJenWae

**Introduction:** Early exposure to neurosurgery, utilizing virtual reality (VR) and 3D anatomical models has been shown to improve neurosurgical education and technical skills\textsuperscript{1,2}. When VR is used alongside 3D printed models, elements of realism and tactile feedback enables trainees to develop skills in a safe yet realistic environment\textsuperscript{3}. The Bristol Clinical Neurosciences collaborative designed a simulation course utilising VR and 3D-printed models, exploring five important neurosurgical procedures.

**Methods:** Medical students and neurosurgical trainees were invited to participate. Qualitative and quantitative feedback was obtained via a questionnaire. Likert-type style questions investigated overall impressions (1 = poor, 5 = excellent). Descriptive analysis was used for quantitative data, and participants' confidence in cranial approaches and instrument handling. Thematic analysis was utilised to explore qualitative feedback highlighting strengths and weaknesses of the course.

**Results:** Twenty-one participants undertook the simulation with overall impression of the course hugely positive (mean rating 4.85 [range=4.7-4.9]). All grades enjoyed the VR components of the course. Paired t-test demonstrated a statistically significant improvement in participants' confidence level in cranial approaches (pre-course mean = 3.4; post-course mean = 4.3;\textsuperscript{p <0.05}) and instrument handling (pre-course mean = 3.5; post-course mean = 4.4;\textsuperscript{p <0.05}).

Three key themes were identified from qualitative responses: time/opportunity to practice, models and equipment, and method of delivery of teaching.

**Conclusion:** This innovative VR and 3D models approach to neurosurgical simulation demonstrates excellent learner satisfaction, and self-perceived improvements in techniques. Feedback received will help further develop the course on this innovative model, improving access to neurosurgical training and opportunities.

**Reference(s):**

**Keywords:** Virtual Reality, 3D printed models, Neurosurgery, Technical skills
Learning to cannulate beyond the arms of mannequins

Presenter(s): Dr Andrew Walker
Author(s): Miss Amy Edwards, University of Leeds; Dr Andrew Walker, University of Leeds; Dr Valerie Farnsworth, University of Leeds

Background and Aims: One in three medical students do not reach the competency standards for cannulation, leaving patients feeling like “guinea pig[s] for inexperienced staff”. Cannulation teaching methods range on a spectrum from simulation training to a “see one, do one” approach.

This study explored the ways students perceived the support they had when learning to cannulate. The project used interview methods to draw out descriptions of teaching and learning methods reported by students. Implications for the cannulation curriculum are considered.

Methods: The recruited participants were fourth and fifth-year medical MBChB students studying at the University of Leeds. The University of Leeds granted Ethical approval. In this qualitative study, seven participants were interviewed in a semi-structured manner and their experiences and emotions around learning to cannulate were discussed. The interviews were transcribed and pseudonymised and then thematically analysed.

Results: Four themes were identified. The first surrounds the element of luck involved in cannulation experiences. The second theme discusses the importance of cannulation practice. A third theme explores the importance of ongoing cannulation support throughout medical school. The fourth theme highlights barriers within the clinical practice context in developing cannulation.

Conclusion: Recommendations to be considered for future practice include more supervised opportunities for cannulation and developing placement apps that monitor skill progression. These recommendations recognise the importance of practice and situational teaching in developing cannulation skills and can inform medical schools when reviewing their curriculum. Such developments could reduce the aforementioned inconsistencies in students' learning experiences, increasing their confidence in cannulation.


Keywords: cannulation, student perspective, confidence, support
The Effects of Reflection on Self-Efficacy for Clinical Skills: A Mixed Methods Study amongst Preclinical Students

**Presenter(s):** Dr Bryan Burford

**Author(s):** Miss Jade Lene Yong, Newcastle University Medicine Malaysia; Dr Gwyndaf Roberts, Newcastle University; Dr Bryan Burford, Newcastle University

**Background:** In the learning of clinical skills, self-efficacy, one's beliefs about their abilities to succeed, is an important factor in determining a student's mastery of the skill. Referring to the theoretical origins of self-efficacy, it seems that engaging with reflection, a metacognitive process where one evaluates their thoughts and actions to produce intended behaviours, could play a role in improving self-efficacy. This study examined the effects of preclinical students' engagement with reflection on their self-efficacy for clinical skills.

**Methods:** This mixed methods research was conducted amongst Newcastle University Medicine Malaysia preclinical students. For quantitative data collection, validated questionnaires measuring engagement with reflection and perceived self-efficacy for clinical skills were used. Interviews and focus groups were also conducted to collect qualitative data on how students thought engaging with reflection impacted their self-efficacy for clinical skills.

**Results:** Statistical analysis of the quantitative data using multiple regression showed that there was no significant effect of engagement with reflection on students' self-efficacy for clinical skills ($R^2$ change<0.0001, $p=0.841$). From thematic analysis of qualitative data, students perceived that engagement with reflection impacted their self-efficacy for clinical skills both positively and negatively through objective evaluation of their performances, familiarisation and understanding of skills, by transforming their personal mindset and connecting to their emotions.

**Conclusion:** Engaging with reflection may improve or decrease self-efficacy for clinical skills, depending on students' own attitudes towards the exercise. However, engagement with reflection alone is insufficient to alter self-efficacy beliefs of students, and should be considered in the presence of other factors.

**Keywords:** Medical students, Preclinical, Medical education
The shaky hand understands consequences: Exploring enhanced physiological tremor in surgical training

Presenter(s): Dr George Greenlees
Author(s): Dr George Greenlees, University of Birmingham, Bradford Teaching Hospitals; Dr Mary O’Hanlon, University of Birmingham

It is perhaps self-evident that surgeons should have steady hands but all humans experience a degree of physiological tremor. This tremor can be exacerbated by pharmacology, physiology (e.g. fatigue) or psychology, particularly anxiety. Physiological tremor which is visible to the naked eye is termed “enhanced physiological tremor”1.

Despite its potential impact on surgery studies on tremor in surgeons have been small in scale and usually devoted to pharmacological interventions. Research on the role of emotions, particularly anxiety, in tremor is extremely limited. There is some evidence to suggest that tremor is more common in junior trainees and improves with experience2. We situate our research alongside a growing body of evidence that suggests performance anxiety is common in surgeons and particularly surgical trainees3. Somatic manifestations of performance anxiety including tremor are widely discussed in other fields, particularly music, but a reluctance to address them in surgical training is likely to have a negative impact on both trainees and their patients.

In this qualitative study we explore the closely related phenomena of surgical performance anxiety and physiological tremor amongst surgical trainees. Surgical trainees will participate in semi-structured interviews and an inductive content analysis undertaken. The project is ongoing but we we will have some interesting and novel insights to share with delegates.


Keywords: Tremor, Anxiety, Surgical Performance Anxiety, Wellbeing
A novel simulation to experience the 'Unteachables': Learning communication skills junior doctors face in day-to-day practice

Presenter(s): Dr Jacqueline Roy

Author(s): Dr Jacqueline Roy, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Background: Simulation-based training aims to provide a controlled, psychologically safe environment from which students can learn from errors, improving outcomes. Communication skills training is used during medical school, however can often seem formulaic, leaving junior doctors feeling under-prepared for the challenges faced in clinical practice. Therefore, using local survey data collected on communication challenges junior doctors actually face, we aimed to assess the value of a novel simulation in addressing these.

Methodology: A novel simulation session was created, including breaking bad news by telephone, and responding to patients discharging against medical advice. Pilot sessions have been conducted with two groups of 8 students, working in pairs, before debriefing led by facilitating teaching fellows. Evaluation was undertaken through post-session surveys.

Results: Post-session evaluation was strongly positive, with all students finding the simulation useful in practicing their communication skills. Over 90% of participants found the scenarios challenging, and realistic representations of scenarios they may face, finding this reworking of communication skills training more helpful than previous sessions in supporting their preparedness. All students felt it would be beneficial to include this in the formal curriculum.

Discussion: Argued as the most influential factor in team provision of healthcare, communication affects all aspects of care from the professional performance of skills to patient safety. This simulation enabled students to experience authentic, practically challenging scenarios, under-represented in traditional curricula. Students valued this novel approach and feel there is huge potential for this dynamic junior doctor-driven model of communication skills to supplement current learning.


Keywords: Communication skills, Breaking bad news, Junior doctors, Simulation
Confronting students with the complexity and uncertainty of recognising, managing and prioritising co-occurring mental and physical health problems in a simulated GP Surgery

**Presenter(s):** Dr Thomas Rourke

**Author(s):** Dr Thomas Rourke, Keele; Professor Jo Protheroe, Keele University School of Medicine; Dr Fiona Hay, Keele University School of Medicine; Dr Magdy Abdalla, Keele University School of Medicine; Dr Nicola Roberts, Keele University School of Medicine

Piloting a new case titled ‘Mania in homeless patient with underlying pneumonia requiring hospital admission’ in the pioneering Keele Primary Care Simulation of Excellent Clinical Outcomes (PC SECO).

This case will allow final year medical students to confront complexity and uncertainty within the safety of a simulated setting. Helping them step towards achieving the outcome within the General Medical Council's Outcomes for graduates (GMC, 2020) that ‘Newly qualified doctors must be able to recognise complexity and uncertainty, and, through the process of seeking support and help from colleagues, learn to develop confidence in managing these situations and responding to change.’

In addition to this the Intended learning Outcomes for the students experiencing the case will be;

1) The ability to systematically assess a complex patient with both mental and physical health problems, who has a differing agenda than that of the student and exhibits challenging behaviours.

2) The application of knowledge and skills to determine the patients immediate health needs (Both Physical and Mental health), prioritise these needs and effectively communicate this to the patient and the wider healthcare team.

3) Appreciation of the unique experiences and challenges facing the marginalised and unrepresented patient group of the homeless community.

The extent to which this case meets these outcomes will be evaluated through a mixed method approach comprising questionnaires, debrief following the session, documentary analysis of student documentation during the consultation and semi-structured interviews. These results will then be analysed through a thematic analysis.


**Keywords:** Psychiatry, Simulation, Complexity, Uncertainty, Communication
Designing teaching to address work-based conflict: An interprofessional education approach

Presenter(s): Dr Mairi McKinlay

Author(s): Dr Mairi McKinlay, University of Birmingham; Dr Lauren Ackroyd, University of Birmingham

Interprofessional collaboration is essential in functioning healthcare systems with interprofessional education (IPE) now a core component of many professional bodies curriculum standards. But with a diverse group of individuals working together, conflict is inevitable. Inadequate conflict resolution has been shown to have adverse effects on patient care and staff morale\(^1\). Conflict resolution is rarely discussed in relation to IPE\(^2\) indicating an important area to address in interprofessional working.

Using experiential learning theory, we developed an IPE conflict resolution workshop based on simulated conflict conversations using professional role players. 64 self-selecting students across eight healthcare courses were allocated to IPE groups of eight. Icebreakers were introduced to facilitate 'safe space' for discussion and address cognitive bias and hierarchy; known barriers to conflict resolution\(^3\). We presented two different conflict resolution models, giving students different frameworks to use during their simulation. Four cases were presented where students in interprofessional pairs enacted conflict conversations with the characters while the rest of the group observed. Reflection in action was encouraged through ‘timeouts’, enabling self and group reflective practice.

Through student survey and IPE steering group debrief, we formulated a list of lessons learned. Student free-text responses (n=39) highlighted the benefits of creating a safe space, interprofessional discussion and use of conflict model theory within debriefing. Students outlined concerns regarding design bias towards secondary care and little focus on dentistry related scenarios. This uncovered our own cognitive bias, and we plan to ensure diverse interprofessional representation when designing IPE workshops of this kind in future.


Keywords: Conflict, Inter-professional education, Communication, Roleplay, Theory
Training inclusive communicators: a co-creation project in paediatrics

Presenter(s): Dr Naomi Jones
Author(s): Dr Naomi Jones, University College London Hospital; Dr Hamish Robertson, University College London Hospital; Miss Natalie Bishop, University College London; Dr Yasmin Baki, University College London Hospital/University College London; Dr Camilla Sen, University College London Hospital/University College London
Twitter: @naomicmjones

Background: Communication in paediatrics is often complex. Future doctors must be skilled and compassionate communicators in this context. Students at our site reported low confidence in their communication skills within paediatrics, particularly relating to Equality, Diversity and Inclusion (EDI). We designed a new course to address this.

Method: We co-created communication skills training with undergraduates, embedding EDI in keeping with the aims of our affiliate university. We identified learning outcomes from the medical school curriculum and chose peer role-play as the educational method, as it is supported in the literature. We co-created scenarios with student volunteers who ensured they aligned with EDI principles. Topics including adolescent psychosocial assessment, consent and breaking bad news are covered, with EDI threads such as disability, sexuality and young carers integrated throughout.

The course is being delivered as a pilot of four 90-minute sessions from December 2022-January 2023 to ten students, with more in future. We introduce relevant theory at the start of each session. Students then complete peer role-plays, after which facilitated feedback enhances learning and enables students to share experiences.

Results: We are capturing pre- and post-course evaluations, alongside feedback after each session. The programme is rated highly so far, with 100% of students describing it as useful. Students appreciate the EDI elements adding nuance and realism to scenarios. Feedback from co-creative students indicates that the EDI perspective “has created the potential for wider conversations... about how to utilise communication to navigate these situations.” We aim to co-produce with patients in future.


Keywords: Communication skills, Paediatrics, Peer role-play, Co-creation
What is Generalism? Developing an integrative philosophy through an international writing project

Presenter(s): Dr Kathleen Elisabeth Leedham-Green
Author(s): Dr Kathleen Leedham-Green, Imperial College London; Professor Sophie Park, University College London
Twitter: @doctorkayleigh

There is increasing interest in generalist approaches to clinical practice, led in part by rising multimorbidity and the need for more sustainable forms of clinical care. Health Education England is launching a programme to enhance generalist skills across all postgraduate training. But what is it that generalists do? How do they organise? How do they think? What forms of knowledge and what values do they bring to their practice? How can generalism be learned and integrated into disparate areas of clinical practice?

As part of a book-writing project, 40 international experts collaborated to describe generalist approaches to clinical education, research and scholarship, organisation of healthcare, and clinical interactions. Experts included general practitioners and family doctors, allied health and social care professionals, patients and patient advocates, and clinical and non-clinical academics. Participants co-produced a philosophy of generalism across three meetings using a combination of collaborative whiteboards, discussion, reflection on book chapter commonalities, and consensus building. Concepts were mapped to the philosophical domains of ontology, epistemology, axiology, and praxis and integrated into a philosophical statement. The statement was tested by re-applying it to chapter content and case studies.

We present and discuss our emergent philosophy which articulates how generalists adopt participatory approaches, respond dynamically to evolving situations and contexts, work collaboratively drawing on expertise as needed, invite multiple lenses on complex problems, integrate diverse forms of knowledge, see people as situated within the broader envelope of their lives and social/environmental contexts, and work pragmatically to address what matters to them.


Keywords: Generalism, philosophy
Out of sight, out of mind?: What can the experiences of junior doctors who were ‘shielding’ teach us about the support we provide for junior doctors who take protracted clinical leave?

**Presenter(s):** Dr Amy Martin

**Author(s):** Dr Amy Martin, Yorkshire and The Humber School of Public Health; Professor Susan Jamieson, University of Glasgow

**Twitter:** @DrAmyMartin1

**Background:** Shielding was introduced to protect the clinically extremely vulnerable from COVID-19. This presented challenges to the estimated 1343 junior doctors who stepped away from clinical duties to protect their health. However, protracted clinical leave is not new or uncommon in PGME. There are approximately 5000 UK junior doctors on leave from the clinical environment at any time. Doctors, like anyone else, continue to experience health events yet there is a widespread view of the medical profession as not inclusive. This is the first interview-based study gathering in-depth information on shielding junior doctors. Available literature is limited and mainly survey-based or blogs and highlights negative experiences including guilt, isolation, inadequate support, and concerns about return to work (RTW). It is important to understand the experiences of shielding junior doctors to recognise potential impact and support needs.

**Methods:** Ten junior doctors and three consultants from across Scotland were interviewed using semi-structured interviews. Data analysis employed thematic analysis.

**Results:** data analysis is ongoing however preliminary findings indicate inadequate support for junior doctors with medical conditions, hostile working environments, and considerations of leaving specialties or the profession entirely. Pilot data of 3 junior doctor interviews identified negative experiences including guilt, isolation, anxiety, frustration, feeling forgotten, and lack of support, particularly around inconsistent RTW procedures. RTW support is vital for patient safety and physician wellbeing. These emerging results align with the message that we must respect, value, and improve support for these junior doctors to thrive.

[Research funded by SMERC].

**Reference(s):**

**Keywords:** Shielding, EDI
Introduction: Longitudinal Integrated Clerkships (LICs) are a method of delivering medical education designed to help address staff shortages in underserved communities. In comparison to traditional block rotations (BRs) where students rotate through medical specialties in short hospital placements, LICs focus on continuity with an extended placement exposing students to specialties in parallel.

Cardiff University introduced the Community and Rural Education Route (CARER) in 2018. CARER is a comprehensive ‘dispersed-immersed’ LIC model running from two hubs in Wales (Bangor and Aberystwyth), where Year 3 medical students are embedded within general practice for 10-months. Since 2019, Bangor University in partnership with Cardiff University delivers ‘C21 North Wales’ where all Year 3 students experience the CARER route. Cardiff University also recently introduced an 8-week amalgamative clerkship in primary care as an alternative to a BR placement in ‘Chronic Disease’. In Year 4, all medical students return to traditional BRs to complete their specialty modules, leading to extended assistantships in primary and secondary care for all students in their final years.

Our study aims to explore how early exposure to ‘Women, Child and Family’ (WCF) patients influences students’ later learning in a secondary care setting.

Methods: Using a qualitative approach, semi-structured interviews with medical students from each curriculum stream delivered, including traditional BRs, are conducted after completion of the WCF BR. Purposive sampling was used to recruit participants. Data will undergo thematic analysis organised using NVivo 12.

Results: Data collection and analysis is ongoing and will be completed ahead of the academic meeting.


Keywords: Longitudinal Integrated Clerkship, Primary Care, Preparedness for Practice, Medical Students
Do medical graduates have the required information literacy skills to meet GMC graduate requirements?

Presenter(s): Miss Bethia Evans

Author(s): Miss Bethia Evans, Cardiff University Medical School; Mrs Julie Browne, Cardiff University Medical School; Mrs Lindsay Roberts, Cardiff University Medical School; Miss Delyth Morris, Cardiff University Medical School

Background: The General Medical Council provide a list of standards for newly qualified doctors, which include information literacy (IL) skills: being able to understand principles of research, critically appraise research, and use evidence to inform decisions about patient care.1 Findings from current literature shows poor engagement from medical students in IL training, inadequate strategies for sourcing scientific information, and that students' confidence in their IL skills does not correlate with their performance.

Aims: We want to know whether final year medical students feel they have had the opportunity to develop and practice their IL skills, how confident they are, and whether they feel prepared for using IL skills in clinical practice.

Methods: Final year medical students at Cardiff University were sent a survey with questions on IL knowledge, based on curriculum learning outcomes, and confidence ratings. Students were invited to share their experiences of IL in a focus group or interview. Data collection involved transcribing verbatim, and thematic analysis with an inductive approach.

Results: Analysis is ongoing, but preliminary findings indicate that there are key gaps within medical students' knowledge of IL. Survey results show a wide range of confidence levels in students' ability to apply their IL skills, which are not associated with their performance. Students struggle to find opportunities to practice IL skills on placement and are not feeling prepared for practice.

Conclusion: IL needs to be a higher priority in medical school curriculums to ensure that medical graduates are prepared for clinical practice.


Keywords: information literacy, evidence based medicine, undergraduate, medical student, medical school curriculum
Learning within a liminal space: Threshold concepts in critical care medicine for medical undergraduates

Presenter(s): Dr Xiaoxi Zhang
Author(s): Dr Xiaoxi Zhang, Imperial College; Dr David Antcliffe, Charing Cross Hospital; Dr Suveer Singh, Chelsea and Westminster Hospital; Dr Kay Leedham-Green, Imperial College; Dr Tiffany Chiu, Imperial College

Medical students and newly qualified doctors report unpreparedness in the management of acutely deteriorating patients.1 The Intensive Care Unit (ICU) offers a unique and dynamic learning environment for medical undergraduates to gain knowledge and skills required to deal with acutely unwell patients. However, there is a gap in our understanding about what medical students find challenging and how their learning can be facilitated effectively. Threshold concepts (TC) are crucial and transformative concepts which students learn through a transitional or 'liminal' space.2 This study employs the TC framework to identify TCs in critical care medicine.

83 medical students on critical care placements were surveyed using an anonymous questionnaire with open questions to explore possible TCs. In addition, group feedback sessions informed by results of the questionnaire took place to examine these TCs further. Detailed contemporaneous notes were made during each session. Data were analysed using an inductive thematic analysis approach.

Four threshold concepts were identified from analysis of textual data: (1) systematic approach to the critically ill; (2) decision making within a multidisciplinary context; (3) coping with uncertainty; and (4) accepting own limits and knowing when to call for help. Students reported that grasping the systematic ABCDE approach and knowing when to call for help ‘transformed’ how they think when managing unwell patients. Furthermore, students found these TCs to be integrative and could be applied to other specialties.

Threshold concepts identified in this study highlight essential learning points in critical care medicine for undergraduates and may inform curriculum design.


Keywords: Threshold concept, Critical care medicine, Liminality, Medical students, Curriculum
Assessment of the Quality, Content, and Reliability of the Information in CoMICs videos in Comparison to YouTube Videos on Diabetes Mellitus and PCOS

Presenter(s): Mr Anagh Josh Banerjee

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Introduction: Concise Medical Information Cines (CoMICs) creates video infographics on various diseases tailored towards medical students and healthcare professionals (HCPs).

Diabetes and PCOS are highly prevalent conditions and the importance of online resources for HCPs has become apparent. YouTube is a widely used resource regarding these conditions for both patients and HCPs; however, not all the videos offer accurate information and can sometimes be misleading.

The study aimed to assess YouTube videos about Diabetes and PCOS targeted at patients and HCPs and compare these with the quality, content, and reliability of CoMICs on the same topics.

Methods: Videos relating to diabetes and PCOS were screened using agreed search terms and filtered using inclusion and exclusion criteria. A total of 124 videos, including the videos published by CoMICs, were finalised and each video was analysed using the DISCERN, JAMA, and GQS tools by two independent reviewers.

Results: In general CoMICs videos scored higher if not the same in DISCERN, JAMA, and GQS in both Diabetes and PCOS videos. Notably, in the DISCERN analysis, CoMICs videos on PCOS scored the highest in this section with a mean total score of 25.4+/−2.6 over the questions that assessed reliability. In contrast, YouTube videos on PCOS scored 19.1+/−3.9 and the You and Your Hormones video scored 19.

Conclusions: CoMICs has shown to provide more accurate and reliable results than their counterparts on YouTube and is a reliable source of medical information on Diabetes and PCOS for patients and HCPs.

Keywords: Quality, Content, Reliability, CoMICs, Video
Introduction: Each foundation doctor is required to undertake sixty hours of learning in a year as per the UK Foundation Programme. Thirty hours of this can be non-core learning which includes departmental teaching, grand rounds, Balint groups, Schwartz rounds and e-learning. An initial survey was carried out which showed that none of the foundation doctors working in the local trauma and orthopaedic department were reaching this target. The purpose of this audit is to aid foundation doctors reach their target of thirty non-core teaching hours by the introduction of a departmental teaching programme.

Methods: A departmental teaching programme was carried out where weekly teaching sessions were delivered by senior house officers (SHOs) and registrars on common and emergency orthopaedic pathologies, common post-operative complaints and orthogeriatric care of orthopaedic patients.

Result: A survey carried out after the initial round of teaching sessions showed that the departmental teaching programme helped the foundation doctors reach their non-core teaching hours target. It also showed that there was an increased confidence amongst the departmental junior doctors in dealing with common emergency orthopaedic conditions.

Conclusion: Structured departmental teaching sessions can be used to help foundation doctors reach their target of thirty non-core teaching hours. In our department, weekly teaching sessions will be continued beyond the rotation of doctors. Four-monthly surveys will be carried out to assess the increase in number of teaching hours contributing to the rotating foundation doctors non-core teaching hours and to assess the increase in their confidence of managing common orthopaedic conditions.

Keywords: orthopaedic, foundation doctors, education, departmental teaching, non-core teaching hours
Designing a transition programme to aid higher surgical trainees transitioning to consultant practice

**Presenter(s):** Dr Zaha Kamran Siddiqui

**Author(s):** Dr Zaha Kamran Siddiqui, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield; Mr Raveen Jayasuriya, HEE Yorkshire and the Humber; Mr Chris Lewis; HEE Yorkshire and the Humber; Mr James Tomlinson, HEE Yorkshire and the Humber

**Background:**
Higher surgical training (HST) in the UK focuses on delivery of clinical knowledge to pass FRCS exams, technical skills to fulfil CCT requirements, and clinical preparedness for a day-one consultants.

**Objectives:** To identify specific professional capabilities deficient in HST which may inform new training objectives to aid transition between HST and T&O consultant practice.

**Study Design**
1. PRISMA Scoping Review
2. Review of existing courses and interviews with course directors
3. Semi-structured interviews with newly-appointed consultants (< 5 years) exploring non-clinical attributes necessary for new consultants.
4. Interactive questionnaire with senior trainers and with post-FRCS trainees exploring time-frame current trainees to gain non-clinical experience compared to the ideal timing of developing these skills.

**Results:** PRISMA-ScR papers identified n=434, screened n=276, eligible n=105, included n=50, of which surgical=7, T&O=0; demonstrating limited literature characterising the gap in preparedness during this specific surgical transition-point.

Specialities with dedicated courses include paediatrics and ophthalmology; programmes reviewed demonstrated a wide array of topics.

Interviews identified strong themes of lack of understanding of NHS structure, job planning, procuring specialist equipment, handling complaints and human factors.

The interactive survey undertaken by both senior trainers and post-FRCS trainees demonstrated a similar trend with a clear shift towards pre-FRCS delivery of skills.

**Conclusions:** Differences in trainees' perceived needs and those identified by consultants pose a potential challenge in HST. Across all groups involved, deficiencies were identified in acquiring non-clinical skills and knowledge. This mixed-methods approach identified key topics to cover in transition courses to improve challenges during higher training.

**Keywords:** Transition, Higher surgical training, Mixed methodology, Curriculum development, Phenomenology, Survey design
Developing a Surgery Induction Curriculum using Simulation for Foundation Year 1 Doctors

**Presenter(s):** Dr Zaynab Abid Sohail

**Author(s):** Dr Zaynab Abid Sohail, Royal Lancaster Infirmary; Dr Tricia Tay, Royal Lancaster Infirmary; Dr Aroon Sohail, Royal Lancaster Infirmary

### Aim:
Starting work as a doctor is often seen as a daunting task to final year medical students. All foundation doctors have a curriculum according to the United Kingdom Foundation Programme Office (UKFPO), and this acts as a cornerstone for teaching and learning for foundation doctors. However, anecdotal accounts reveal a practice-theory gap exist as students bridge their clinical knowledge from university into practice in the clinical environment. We describe our experience in using surgical simulation to bridge this practice-theory gap.

### Method:
In our local hospital, two-week mandatory induction happens yearly for incoming foundation doctors prior to starting work. Aligning to UKFPO’s curriculum, we designed two half-day peer-led teaching sessions for all shadowing foundation doctors. This involves table-top simulation and debrief of 6 surgical emergencies commonly encountered for the oncall doctor, and a basic surgical skills simulation using a high-fidelity suturing kit commonly required of foundation doctors such as assisting in theatre and interrupted mattress sutures. Pre and post session feedback were collected with consent to share as research.

### Results:
A total of 20 participated in our teaching session, 20 and 4 completed their pre and post session feedback forms respectively. Prior to the session, 70% had never had surgical skills simulation teaching. In terms of surgical skills simulation, participants felt least confident in hand-tying (25%) and mattress sutures (25%). All participants felt this hybrid simulation method helped them to learn.

### Conclusions:
We describe the alignment of surgical curriculum for foundation doctors using table-top and low-cost high-fidelity suturing simulations to improve surgical education.

### Keywords:
Simulation, Foundation Doctors, Teaching, Education
Development of a pilot training programme for Medical Support Workers at a large teaching hospital

Presenter(s): Dr Sadie Rawlinson
Author(s): Dr Sadie Rawlinson, North Bristol Trust; Dr Emma Mitchell; Dr Kate Millington; Dr Heather Woodcraft

Background: The Medical Support Worker (MSW) programme enables International Medical Graduates and refugee doctors to begin working in the NHS, whilst General Medical Council (GMC) registration is acquired. Although a service role, MSWs have specific learning needs. Feedback from a first cohort of MSWs at North Bristol NHS Trust has informed development of a needs-focused communication and simulation training programme for a second cohort.

Methods: A learning needs assessment considered guidance from Health Education England and the GMC. One month into post, 29 MSW doctors completed a reflective piece exploring perceived learning needs, plus two probing questionnaires. Subsequently, a teaching programme was designed consisting of: simulation, human factors training, communication and ethics training and theatre company delivered communication sessions. The programme was evaluated using feedback forms, consisting largely of Likert scale questions, completed after each session.

Results:
Pre teaching survey
Communication, social skills or cultural change were highlighted as the biggest challenges by 64% MSWs. Confidence in sensitive discussions, presenting cases and updating relatives was low (0-35%). 75% requested teaching in assessing acutely unwell patients and decision-making. Few felt confident managing emergencies (18.5%). 60% wanted to improve teamworking skills.

Post teaching survey
Results showed improvements in confidence, specifically in: performing A-E assessments (96%), assessing acutely unwell patients (96%), escalating to seniors (96%), sensitive discussions (62.5-100%) and presenting cases (100%).

Conclusion: This novel, locally developed programme addresses some of the unique learning needs of MSWs. Further development and evaluation will take place and opportunities to collaborate with other MSW-employing trusts sought.

Reference(s):

Keywords: Communication, Simulation, Medical Support Worker
Engagement of UK medical schools in international electives: a mixed methods study

Presenter(s): Dr Birgit Fruhstorfer

Author(s): Dr Birgit Fruhstorfer, University of Warwick; Professor David Davies, University of Warwick; Professor Frances Griffiths, University of Warwick

Background: Structured programmes and institutional partnerships have been considered as a strategy to enhance international electives. However, they do not appear to be widely implemented and other factors may influence the choice of the elective model. It is important to understand current practices and the drivers for medical schools to engage in their chosen model for international electives. This study aimed to examine how UK medical schools engage in international electives with a focus on exchanges involving low- and middle-income countries and explore the perspectives of medical school educators.

Methods: The websites of all UK medical schools were searched for elective-related information. Two questionnaires including closed and open questions were distributed to elective leads in the academic year 2021/2022. Qualitative data were analysed by using thematic analysis.

Results: International electives play an important role for medical schools. Communication between sending and hosting institutions is mainly limited to the exchange of formal documentation. Respondents had a preference for the use of individually arranged electives also in the future. Four themes were derived from responses (n = 16) to open questions: (1) it is not only the student who benefits; (2) scarcity of resources interfere with good practice; (3) conflict between student agency and institutional oversight; and (4) uncertainty about the nature and role of structure.

Conclusion: International elective exchanges are considered as providing a number of benefits for schools and students. Elective practice is shaped by external forces, which make it challenging to achieve best practice in international elective programmes.


Keywords: International electives, medical schools, structured electives, mixed methods
Evaluation of non-clinical educational hub days for foundation year doctors

Presenter(s): Dr Vanessa Naguleswaran
Author(s): Dr Vanessa Naguleswaran, HEE East of England; Dr Helen Barker HEE East of England

Background: Currently each foundation year doctor must attend three educational hub days a year: two clinical and one non-clinical to pass their ARCP. The current non-clinical topics include Human Factors, Good medical practice, GMC, Quality Improvement and Leadership.

Aims:
- Evaluate the interest in the current non-clinical educational hub days and identify any alternative topics that they wish to be covered.
- Identify any issues with the current non-clinical educational hub days and find ways of resolving these

Method:
1. Review feedback from previous hub days.
2. Conduct focus groups interviewing foundation year doctors
3. Conduct a formal pre-intervention questionnaire
4. Evaluate results from focus group and questionnaire
5. Implement change
6. Post intervention questionnaire

Results: Focus group and pre-intervention results have demonstrated that the main issues are a lack of agenda when signing up for the hub day, along with some logistical issues. A desire for an online proforma to be created to ask lecturers questions in advance has been requested. Alternative topics to be covered included talks on NHS finances and medico-legal issues.

Recommendations:
1. Create a space for agenda to be placed when signing up for the hub day.
2. Trial a pilot for non-clinical hub days on NHS finances and Medico-legal issues.
3. Implement an educational hub champion per trust to help with logistical issues
4. Conduct a post-intervention questionnaire


Keywords: Non-clinical Education, Foundation doctors
“Filling a gap” - The role of a Practice Education Facilitator in Medical Education (MPEF): Supporting a Diverse Workforce

Presenter(s): Mrs Alison Stewart, Mrs Sally McCreith
Author(s): Mrs Sally McCreith, Liverpool University Hospitals NHS Foundation Trust; Ms Joanne Baker, Liverpool University Hospitals NHS Foundation Trust; Mrs Alison Stewart, Liverpool University Hospitals NHS Foundation Trust

Submission outlines the introduced Medical Education Practice Facilitator (MPEF) role for Medical Education role within Liverpool University Foundation Hospital provides an important leadership role supporting student and trainee doctors and Medical Associate Professionals focusing on Physician Associates (PA’s), whilst on placement and working within the trust.

The MPEF has worked with various professions within medical education to improve the experiences of those on placement and employed by the trust.

For example, internal research demonstrated there was a lack of understanding regarding the PA role how the role fits into the medical model and what the role can do – this research led to the creation of a PA governance document, to assist those working with PA's to understand the role, limitations and expectations.

Additionally, MPEF has worked with stakeholders and clinical educator roles to create a QR code that enables the department to monitor teaching feedback following external visits, the QR code enables the trust to monitor teaching feedback, ensure that quality of teaching is a high standard, and the trust is meeting the expectations of the Higher Education Institution's and that Trust KPI's and Health Education England quality framework standards are being met.

The MPEF role enables the organisation to attract, support and retain its workforce West et al. (2018).

Reference(s): West, M and Coia, D (2019), Caring for Doctors, Caring for patients. How to transform UK healthcare environments to support doctors and medical students to care for patients, GMC, www.gmc-uk.org

Keywords: quality, MPEF, workforce, multiprofessional, innovation
Introduction: Uncertainty is inherent within the practice of medicine\(^1\), and higher Uncertainty Tolerance (UT) is associated with improved outcomes for clinicians and patients\(^2\). There is growing evidence that medical education can act as a tool to develop UT\(^3\). However it is not clear how competencies relating to development of UT are included within postgraduate medical curricula in the UK.

Methods: We aimed to identify the competencies related to UT across curricula from postgraduate medical specialties. To do this we accessed 21 postgraduate training curricula identified through the online ‘General Medical Council approved post-graduate curricula’ webpage. This included 11 secondary care specialties, GP, and 9 psychiatric sub-specialties, given our interest in these as psychiatry educators. We searched these for any reference to the term “uncertainty”.

Results: All curricula included a competency termed ‘complexity and uncertainty’. 10/11 secondary care curricula did not state how this competency could be assessed. 7/11 described the need for ‘managing uncertainty’ without elaboration. The General Practitioner (GP) curricula was the exception with 10 separate references, including explicitly stating where uncertainty exists in the GP role, the need for trainees to tolerate and manage uncertainty within clinical practice, and the need for uncertainty to be communicated and shared with patients.

Conclusions: Medical postgraduate curricula for secondary care specialities should consider more explicitly describing which competencies relating to UT their trainees should develop and demonstrate. For example the need for clinicians to acknowledge and tolerate uncertainty and the need to communicate UT with patients.


Keywords: Uncertainty, Curricula, Postgraduate, Education, Competencies
"How to make an NHS". Does teaching medical students about the NHS change their attitude towards leadership?

**Presenter(s):** Dr Tabitha Atkinson-Seed

**Author(s):** Dr Tabitha Atkinson-Seed, Bath Academy, Royal United Hospital; Dr Hannah Mahoney, Bath Academy, Royal United Hospital

**Twitter:** @DrAtkinsonSeed

**Background:** Clinicians are ideally placed to make positive changes in their organisations and are often required to take on leadership roles during their career. Additionally, when employees feel as though they have the power to shape their workplace, this ultimately increases their levels of engagement (West & Dawson, 2012).

Many junior clinical staff do not feel empowered to take on leadership roles and in any case, do not receive adequate education into the systemic factors that govern the way they work. However, the opportunity to provide this begins well before graduation.

Unfortunately, whilst medical school and postgraduate teaching prioritises clinical reasoning and communication skills, our appreciation for the system in which we work and the issues facing it today seems to have got lost along the way (Untz Lee 2019). Nevertheless, our future clinicians have a right and responsibility to be involved in the way that the NHS operates.

**Method:** Our project aims to improve students’ engagement with leadership by teaching them about the systems in which they will work and providing them with the tools required to navigate these systems to affect change. Small groups of medical students were invited to attend an afternoon seminar that covers these topics. Student attitudes towards leadership were measured before and after the session using a validated 5 point likert scale (Rouhani et al, 2018) and a self assessment of their leadership ability was assessed using the Leadership Traits Questionnaire. Data was collected by asking students to complete a survey.

**Results Pending**

**Reference(s):**

**Keywords:** Leadership, NHS, systemic factors, engagement
Medical Student Perspectives of the Medical Licensing Assessment

Presenter(s): Miss Madeleine Carling
Author(s): Miss Madeleine Carling, Queen Mary University of London; Dr John Broad, Queen Mary University of London

*Please note that this is an undergraduate intercalating medical student's project for a BSc in Medical Education, data collection is beginning in January 2023 but the study will be complete by April; ethical approval has been obtained.

**Background:** There is little existing research into student perspectives of the MLA, and students may have a mixture of views and existing knowledge about the assessment and about standardisation in general. It has also been found that medical school staff may not be aware of details of the MLA, raising questions regarding dissemination of information to medical students (Sharma, Murphy and Doody, 2022). There are large discrepancies between UK medical schools assessment types and standards, and although implementation of a national licensing exam should be considered, it may result in students becoming more exam-focused and less holistically trained (McCrorie and Boursicot, 2009). Furthermore, Rutter-Locher and Menzies-Wilson (2018) highlight the risk of medical school curricula changing to cater to the MLA topics, resulting in a loss of variety between medical schools curricula and ways of teaching.

**Methods:** Three eight-person homogenous semi-structured focus groups, one group of first year MBBS students, one group of second year students, and one group of third year/intercalating students as these will be the first cohorts affected by the exam, and will allow comparison between year groups. Thematic analysis of the transcriptions will be carried out aided by NVivo software.

**Results:** Data collection is ongoing, updates will be happily provided to support the application for an e-poster.


**Keywords:** MLA, Assessment, Student, Curriculum, Exam
Medical students as educators: a programme of introduction to medical education and its relevance in clinical practice

Presenter(s): Dr Megan Crothers and Dr Ian Blackburn

Author(s): Dr Iwan Roberts, University of Bristol; Dr Megan Crothers, University of Bristol; Dr Ian Blackburn, University of Bristol

Introduction: “Teaching the Teacher: Teach and Present Effectively” is a professional domain that a doctor is expected to demonstrate during the UK Foundation Programme, and “being prepared to contribute to teaching and training doctors and students” is outlined as one of the GMC’s components of Good Medical Practice¹. However, formalised teaching on “how to teach” is not delivered consistently as part of curricula for medical students or foundation doctors², and there remains a lack of consensus across medical schools regarding how best to fulfil this requirement³.

Aim: We aim to assess the effectiveness of a bespoke three-part seminar programme, which provides final year medical students with the skills to design, deliver and evaluate medical teaching within the clinical environment.

Methods: Target participants are final-year medical students on clinical placement. The teaching programme incorporates tutorials, group activity and peer-led teaching to facilitate content delivery on educational theory, practical aspects of instructional design, and feedback and evaluation. Effectiveness of the programme will be assessed through anonymous pre-and post-programme surveys.

Results: Results pending at time of abstract submission. Results including qualitative analysis are expected to be complete by April 2023.

Discussion: We anticipate enthusiastic enrolment from this student cohort, and that survey responses will demonstrate students’ perceptions that there is a significant unmet educational need. We intend to use our findings to supplement existing research in arguing for the establishment of a formalised programme within the medical school curriculum to teach medical students to be educators.


Keywords: Educational theory, Professional development, Facilitated learning, Instructional design, Good Medical Practice
ReSPECT - Good for patients but challenging for clinicians? Exploring attitudes towards ReSPECT planning through training and education in the BANES, Swindon and Wiltshire (BSW) Integrated Care System (ICS).

Presenter(s): Dr Tabitha Atkinson-Seed
Author(s): Dr Tabitha Atkinson-Seed, Dorothy House Hospice
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Background: The national Resuscitation Council DNAR document, ‘Recommended Summary Plan for Emergency Care and Treatment’ (ReSPECT), was adopted by Banes, Swindon and Wiltshire in October 2021. A successful transition from other forms of DNAR to the use of RESPECT plans depended on widespread and effective education amongst medical professionals. As with any change, attitudes towards ReSPECT present a significant obstacle to its effective adoption.

Methods: Between September and December 2022, a series of training sessions on RESPECT were given to both primary and secondary care clinicians across BSW. Attendees were asked to complete a survey both before and after training. Responses were recorded either on a 5 point likert scale or in free text answers. Positive and negative attitudes towards ReSPECT were analysed and grouped into categories.

Results: 92 responses were collected before training and 83 after training. Overall, there was a 25% increase in perceived knowledge and a 41% increase in perceived confidence in clinicians ability to use ReSPECT effectively. Following training, 34% more clinicians felt empowered to have ReSPECT conversations with patients.

Attitudes towards ReSPECT were mixed. Challenges with the layout of the plan were the most common perceived drawback (over 50% of negative comments), with other concerns being lack of time to have conversations and difficulty applying the same plan to both primary and secondary care. Conversely, most clinicians (72%) felt that ReSPECT would positively impact patient care, with the holistic and personalised nature of the plan being the most commonly expressed reason for this.

Keywords: ReSPECT, Treatment escalation, attitudes, clinicians
We have developed a new simulation course aligned with the IMT curriculum to provide experience for trainees who are about to ‘step up’ to medical registrar. The course aims to recreate the working environment of a medical registrar by simulating a rolling take shift.

IMT trainees have real-life and simulation experience of managing complex cases in isolation\(^1\). As a medical registrar they are expected to move on from the ability to manage an acutely unwell patient to also managing the medical take, the on-call team, the multiple referrals, and all the interactions with other members of the multi-professional team. We believe that this management of the environment in which we work can be one of the most difficult challenges throughout the registrar years\(^2\). We have moved beyond the traditional format of managing individual cases, to the broader roles and responsibilities expected of the medical registrar.

We have successfully piloted our course on multiple sites and days across Barts Health with IMTs and received positive feedback, with improved confidence scores in all the roles of a medical registrar described by the RCP\(^3\).

Stepping up to work as a medical registrar is a step for which trainees often feel under-prepared\(^2\). We believe that our innovative format enables more effective training for the different challenges that working as a registrar provides. Through simulation we are able to observe an individual’s capabilities in practice which may be used as part of an entrustment decision for those becoming a medical registrar.


**Keywords:** medical registrar, internal medicine training, simulation, acute medicine, Step up
Background: Surveying University of Nottingham (UoN) medical students in their final year with regards to applying an A-E approach in a medical emergency context, we found that they lacked confidence. In order to address this curriculum gap, we designed a low fidelity simulation-based workshop which has been shown to improve confidence in developing key skills relating to medical emergencies\(^1\)\(^2\). This consists of a 2-hour session for groups of 6, for all students undertaking their medical placements at Nottingham University Hospitals (NUH).

Methods: In order to gauge if simulation training would be helpful, in the initial planning stage of this project, our survey supported this approach. Google forms were used to survey students’ pre and post session regarding their confidence in recognising when to perform A-E assessments, the application of this, including managing individual medical emergencies.

Results: We have shown this has improved their confidence in performing A-E assessments from 31.1% to 95.4% (n=45). We have also demonstrated positive improvements in managing the following specific scenarios (pre and post survey confidence, n=25):

1. Acute asthma (16% vs 96%).
2. Hyperkalaemia (8% vs 88%).
3. Supraventricular Tachycardia (0% vs 88%).

Following extremely positive feedback, this workshop has now been embedded into the final year teaching timetable at NUH, covering UoN core learning objectives. This will not only prepare them for their final OSCE but more importantly when they start their roles as foundation doctors. In future cohorts, this will help prepare them for the new GMC mandated MLA examinations\(^3\).


Keywords: A-E Assessments, Medical Emergencies, Low-fidelity Simulation, Undergraduate Medical Education, Confidence
Podcasts became popular in the early 2000s and now cover a whole multitude of topics. As part of TASME’s mission to foster interest and support development in medical education amongst junior doctors and early career medical educators, our podcast Talks in Medical Education (TiME) was launched in 2022. In each episode, a topic is discussed with an expert guest or panel. This could be centred around a paper or can explore current evidence and practice as well as aspects of future scholarship in Medical Education. Existing Medical Education podcasts often focus on clinical topics and have been shown to help with knowledge retention and self-reported behavioural change in practising clinicians.

**Results:** Since the launch in May 2022, we have had 494 listens across all episodes, an average of 55 listens per episode, most of whom are from the UK (69%). We have 67 subscribers across platforms. Our most popular episodes have covered Neurodiversity, well-being, LGBT+ Health and Decolonisation.

**Conclusion:** TASME TiME demonstrates a desire to engage with medical education scholarship alongside traditional output methods of conferences and publications. It also adds an opportunity for early career educators to learn more about careers in medical education and educational research. The results show a higher engagement with episodes relating to Equality, Diversity, and Inclusion so future episodes will continue to highlight these issues alongside other areas of scholarship. Further research is needed to explore attitudes and potential changes in the practices of educators following the use of podcasts.

**Reference(s):** Kelly JM, Perseghin A, Dow AW, Trivedi SP, Rodman A, Berk J. Learning Through Listening: A Scoping Review of Podcast Use in Medical Education. Acad Med. 2022;97(7)

**Keywords:** Podcast, TASME, Early-Career Educators
Lack of inclusion is a recognised problem in the UK HEI sector, the problems span several characteristics with a particular focus recently on ethnicity. St George's, University of London (SGUL) in conjunction with Equal Representation in Academia (ERA), developed a new initiative to try and improve access to doctoral education and, subsequently, careers in academia.

ERA is an initiative that offers undergraduate students from statistically underrepresented Backgrounds the opportunity to enrol on a bespoke programme that provides lab experience tailored to the student. In addition to this the programme offers 1:1 mentoring, personal coaching (resilience training) and careers sessions (interview techniques, CV building).

Since 2021, 12 students have progressed to research related careers upon completion of their ERA placements. 100% of students rated their ERA experience as highly effective (5-star rating) with one stating that “this ERA placement has provided me with the opportunity to gain invaluable insight into research and academia which has had a positive influence and impact on the career path I would like to pursue”. The ERA has built a large following, one student stated that “by taking part in this placement, you can advocate for the need of improved representation in the world of research”.

The ERA initiative has secured 4 national awards for its working to improve access to academia and knowledge transfer throughout the sector. The ERA will now work collaboratively with other universities in the UK and overseas to support the retention of diverse talent.

**Keywords:** EDI; Research, Postgraduate, Placements, Representation
The Goliath Project - a mixed methods creative enquiry study exploring the impact of a virtual reality experience on students' understanding of living with schizophrenia

**Presenter(s):** Dr Michael Page

**Author(s):** Mr Maximilian Paley, Barts and The London School of Medicine and Dentistry; Dr Hugh Grant-Peterkin; Dr Ashok Velineni; Dr Michael Page

**Objective:** to explore whether an immersive and interactive virtual reality (VR) experience of schizophrenia, such as Goliath, has an impact on medical students' understanding of living with schizophrenia.

**Scope:** empathy is proven to improve clinical outcomes, but individuals' empathy often declines throughout medical school\(^1\). This is of particular concern in psychiatry, where there is often greater stigma\(^2\). Both auditory and visual hallucination simulations have been shown to reduce stigma and increase empathy towards patients with psychoses\(^3\), but no studies have been conducted using immersive VR experiences.

**Participants:** a sample of 12 medical students from Barts and The London, QMUL, were invited to participate by way of exponential non-discriminatory snowball sampling.

**Methods:** this qualitative, mixed methods create enquiry involved two groups of six students, split according to phase of study, experiencing the VR experience Goliath. Immediately upon finishing, students were given 10 minutes along with a pen and paper to illustrate their thoughts and feelings. In groups of six, students then participated in a focus group where their illustrations were used as stimulus material. The semi-structured focus group explored students’ impressions of Goliath, its impact on their understanding of schizophrenia, and whether they think there is potential for VR to be used in medical education to increase students' understanding of schizophrenia and other psychotic conditions. A six-step reflective thematic analysis of the transcripts is being conducted.

**Results and Conclusion:** analysis and write-up of the research will be completed by 23/5/23.


**Keywords:** virtual reality, schizophrenia, education, creative enquiry, mixed methods
The impact of an LIC on student transition to foundation doctor - exploring trainees and trainers views of preparedness for practice

Presenter(s): Miss Sirsha Kundu, Dr Katie Webb
Author(s): Miss Sirsha Kundu, Cardiff School of Medicine; Dr Katie Webb, Cardiff School of Medicine; Dr Susan Fish, Cardiff School of Medicine; Dr Ffion Williams, Swansea University Medical School
Twitter: @sirshakundu

Background: Longitudinal integrated clerkships (LIC) are an innovative method of delivering medical placements as opposed to traditional placement blocks. In 2018, Cardiff School of Medicine introduced the CARER scheme, which is a dispersed immersed LIC\cite{1,2}, where Year 3 medical students have the opportunity to immerse themselves in a community GP practice for 10 months.

In 2022, a GMC survey\cite{3} found that 50% of foundation trainees found their work to be emotionally exhausting to a ‘very high/high degree’ and 39% of these trainees felt ‘burnt out’ due to their work. These figures highlight the need to amply prepare medical students to work in increasingly stressful environments.

This work is part of a longitudinal evaluation and follows the first two cohorts as they enter foundation training and seeks to explore how experiencing the CARER scheme has impacted their training experience and perceptions regarding preparedness for practice. In addition, we explore the views and experiences of their educational supervisors.

Method: This is an exploratory qualitative study. Qualitative data is generated through semi-structured narrative interviews with foundation doctors who have experienced CARER (n~10) and their respective educational supervisors (n~10). Data will be analysed using thematic and narrative analysis using Nvivo 12 software.

Results: Data collection and analysis is underway and will be completed by the time of the academic meeting.


Keywords: Longitudinal integrated clerkship, Preparedness, Transition, Education, Medical student
To what extent do sociocultural factors impact medical student study habits? A systematic review

Presenter(s): Mr Hamzah Shahid Rafiq
Author(s): Mr Hamzah Shahid Rafiq, Queen Mary University of London

There are many factors that can influence a student’s study habits and sociocultural components (such as socioeconomic Background, religion, ethnicity and family) are likely to be such factors (Riemenschneider et al, 2016; Adnan and Anwar, 2020; Miller, 2014). If educators can increase their contextual understanding of students, then they are benefitting the student-centred approach. Students from certain educational Backgrounds may have been supported to develop good study habits at an early age, while other students may not have had this guidance. If addressed, these habits can be improved as done by Miller’s (2014) study where students from ‘at risk Backgrounds’ possessed inappropriate study plans however once fine-tuned through a study skills programme, their academic performance improved. This demonstrates that if we pay attention to these matters, students may benefit. This paper aims to investigate this niche topic and examine the current literature to establish what is known and what further research needs to be done.


Keywords: study habits, study skills, sociocultural, diversity
Comparing the use of Simulation via Instant Messaging - Birmingham Advance (SIMBA) in low- and middle-income and high-income countries

Presenter(s): Miss Anisah Ali
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Background: The COVID-19 pandemic widened pre-existing medical education disparities between low- and middle-income countries (LMICs) and high-income countries (HICs). Simulation via Instant Messaging - Birmingham Advance (SIMBA) is a free virtual simulation-based learning platform based on concepts of Kolb’s experiential learning theory. We compared SIMBA’s acceptance and impact in low- and middle-income countries (LMICs) and high-income countries (HICs).

Methods: All participants who completed pre- and post-surveys in 16 SIMBA sessions from May 2020 to October 2021 were included. We compared self-rated confidence levels in managing clinical scenarios and improvements in Accreditation Council of Graduate Medical Schools (ACGME) Core Competencies between participants from LMICs and HICs using the Chi-square test.

Results: 462 participants [LMICs: n=137 (29.7%), HICs: n=325 (70.4%)] completed both pre- and post-SIMBA surveys. Both groups reported similar gains in patient care (LMICs: 51.8% vs HICs: 57.2%; p=0.28), systems-based practice (LMICs: 56.9% vs HICs: 47.1%; p=0.05), practice-based learning (LMICs: 72.3% vs HICs: 65.5%; p=0.15), communication (LMICs: 31.4% vs HICs: 25.8%; p=0.22), session applicability (p=0.27) and quality (p=0.10). The HIC group reported greater gains in knowledge on patient management (LMIC: 77.4% vs HIC: 86.5%; p=0.01) whereas the LMIC group reported higher gains in professionalism (LMIC: 41.6% vs HIC: 31.1%; p=0.02), interest in future sessions (p=0.01) and favourability of teaching methods (p<0.1).

Conclusion: SIMBA provided equitable access to medical education for participants from LMICs and HICs. SIMBA’s virtual nature promotes international accessibility and potential for global scalability. This could steer standardised global health education policy development in LMICs.

Reference(s):

Keywords: Simulation, medical education, SIMBA, low- and middle-income countries, high-income countries
A student/staff co-creation experience: integrating trauma-informed pedagogies in inclusive medical education

Presenter(s): Ms Jessica Sinyor, Dr Helen Nolan
Author(s): Ms Jessica Sinyor, Warwick Medical School; Dr Helen Nolan

Trauma-informed approaches (TIA) are advocated in education to mitigate the relationship between traumatic experience and retraumatisation during learning, ultimately fostering inclusive learning environments and organisations. Increasingly integrated in health and social care but currently underused in UK higher education, TIA also aims to reduce educators’ risk of vicarious trauma.

Emergent evidence demonstrates the necessity of awareness of trauma prevalence and impacts amongst medical educators. Experiences in medical training routinely involve exposure to situations associated with significant risks of traumatisation. Additionally, widening participation initiatives seek to enhance representativeness of students admitted to medical study. Recognised intersections between minoritized experiences and trauma necessitate systematic approaches to development of curricula and learning environments, to ensure inclusivity.

This poster shares our experience of developing and evaluating an innovative learning resource for undergraduate medical educators. In this staff/student co-creation project, we explored existing evidence and established four TIA principles: Safety, Values, Active Care and Context. These principles informed recommendations for practical strategies towards implementing TI pedagogies. Using a modified version of Kolb’s experiential learning cycle, we invited users to reflect on their educator experiences, and share feedback on insights gained and how they may integrate TIA in their teaching practice following this training.

Looking ahead, we consider next steps for integration of TIA in medical education. These could include developing medical student resources introducing knowledge and skills for trauma-informed patient interactions and self-care. TIA can thereby support medical educators and students to develop the professional skills required for contemporary patient-centred practice.

Reference(s):

Keywords: trauma-informed, medical education, wellbeing, vicarious trauma, retraumatisation
Assessing the Need for a More Inclusive LGBT+ Medical School Curriculum – The Student Perspective

Presenter(s): Mr Carlos Marques Pestana
Author(s): Mr Carlos Marques Pestana, The University of Sheffield; Dr Joanne Thompson, The University of Sheffield

Background: Research shows that current medical school curricula are lacking in terms of LGBT+ education. Furthermore, it has been identified that the cultural competency of both clinicians and educators are lacking regarding LGBT+ matters. Increased LGBT+ inclusive healthcare education can play a key role in addressing this issue.

Methods: 93 medical students across years two to five of the MBChB completed a questionnaire that was designed to explore the need for more LGBT+ healthcare teaching, and to identify potential areas for curricular improvement. Closed questions were asked with optional free text boxes to enable students to contextualise their answers. The data was anonymised via the use of a pseudoidentifier key.

Results: 80% of students felt that there is not sufficient LGBT+ content within the current curriculum. 55% report a lack of knowledge of LGBT+ healthcare. 19% of free text responses claimed teaching only exists in isolated modules, namely psychiatry and genitourinary medicine. The leading cause for a lack of knowledge was a lack of teaching (51%).

Conclusion: Students identify that there is a lack of LGBT+ healthcare education within the medical school curriculum. Learners want a holistic curriculum where LGBT+ issues are covered more consistently across modules, rather than appearing in isolation within certain modules.


Keywords: LGBT+, Curriculum, Homophobia, Transphobia, Inclusivity
The healthcare community is navigating tough times. Now is the time to pause and reflect: how do we do things around here?

Together, we must commit to building a supportive culture that allows our most valuable resource, our dedicate and skilled workforce, to thrive. Improving workplace and training culture not only supports our colleagues to thrive, but improves patient care and mortality. (West 2021)

Join me to reflect on your workplace or training culture using the Be Supportive model. The model addresses the key aspects of culture, providing a framework for each of us to improve culture for the better. By re-framing how we see our culture we can make small changes to make a big impact.

This is a call to arms – now is the time to tackle workplace and training culture together. Are you ready to join a movement to create real change?

#BeSupportive

Transgender and non-binary patients (TNBP) experience significant health inequalities, ranging from discrimination from staff to negative health outcomes. It has been suggested that to reduce these, we need to improve undergraduate medical education.

We designed a teaching series, informed by LGBTQ+ University of Bristol ambassadors, for final year medical students (FYMS). Our aim is to evaluate the effect of implementing these sessions on confidence and knowledge of FYMS in supporting TNBP.

Two 90-minute interactive, small group teaching sessions were conducted across two undergraduate academies and 20 students. These covered consultation and bystander skills, non-medical, medical and surgical support for TNBP.

We collected anonymised feedback before and after each session using 4-point Likert scales and white space questions. Domains based on the learning objectives included, recognition of healthcare barriers, awareness of medical support, use of bystander skills, confidence supporting TNBP and overall impression of the sessions.

Preliminary data showed that following the teaching, the percentage of students reporting they felt confident or very confident in providing support to TNBP increased from 50% to 89.5%.

Furthermore, the percentage reporting they felt confident or very confident applying bystander skills when faced with situations of discrimination against TNBP increased from 22% to 100%.

Further sessions will be adapted and delivered across the two academies. Data will be collected with particular focus on where students feel these sessions fit best in their medical curriculum.

We propose further research on the wider application of this teaching series across different student groups.


Keywords: Transgender, Non-binary, Inclusivity, Undergraduate, Teaching, Evaluation
Challenging imposter phenomenon: a scoping review

Presenter(s): Dr Zaha Kamran Siddiqui

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Objective: This scoping review aimed to understand the management of the imposter phenomenon (IP) in high-achieving individuals.

Introduction: IP is a subjective feeling of intellectual fraud that is predominant in high-achieving individuals regardless of gender. At an individual level, IP is associated with physical and mental health. At an institutional level, IP threatens inclusion and diversity. To confront the possible impact of this within healthcare, it is essential to explore the strategies currently being adopted to address the effects of IP across a wide variety of professional settings.

Inclusion criteria: All published studies and gray literature, such as reports, commentaries, website content addressing, or implementing management of IP are included in the scoping review. Interventions not addressing IP, mimicking syndromes, or isolated symptoms such as burnout were excluded from the study.

Methods: The scoping review comprises of articles found by searching the MEDLINE, PsychINFO, SCOPUS, and Web of Science databases, along with gray literature. Studies are screened against the inclusion criteria for eligibility to be included in the review by two independent reviewers. Studies highlighting intervention for IP are subjected to a quality review based on framework described by Cook et al.¹

Results: The review includes 30 articles, of which only 16 highlighted both strategies and intervention to overcome IP. Demographic population identified: technology, law, healthcare, and education. The review is on-going, and results will be tabulated to describe study methodology, strategies and interventions implemented / evaluated and quality of research. Results will guide future development of innovative resources.


Keywords: Imposter phenomenon, Equality, diversity and inclusivity, Intervention, Scoping review, Allied health professionals
ChatGPT-analysis of 30 ChatGPT-generated ideas for innovative schemes to widen participation in medical education

**Presenter(s):** Dr Stefano Sandrone  
**Author(s):** Dr Stefano Sandrone, Imperial College London

**Background:** Widening participation in medical education is an essential and pressing need. Several schemes have been implemented in medical education, and many of them have integrated viewpoints from students, academics and other key players within the academic landscape. However, to the best of our knowledge, no work so far has explored a chatbot’s views regarding innovative schemes to widen participation in medical education. In this work, we asked ChatGPT, a chatbot launched by OpenAI at the end of 2022, to provide ideas for innovative schemes to widen participation in medical education and tell us which ones will be more effective and why.

**Methods:** In January 2023, we asked ChatGPT (https://openai.com/blog/chatgpt/) two questions:
1) Can you please give me 30 ideas for innovative schemes to widen participation in medical education?
2) Which ones do you think will be more effective and why?

**Results:** According to ChatGPT, the most effective schemes are:
- recruitment in underrepresented communities;
- programs that provide support and resources, such as mentorship and networking opportunities, financial aid and scholarship programs and early exposure;
- engagement, enrichment and retention programs;
- community outreach and targeted outreach;
- community-based participatory research.

Only three of the thirty ideas explicitly referred to an online, remote environment, but all of them could potentially be applied to online or hybrid environments. While ChatGPT recognised that contextual factors and information on the targeted community are crucial elements to successfully tailor each approach, investigating ideas generated by AI-powered chatbots can open new research avenues.

**Reference(s):**  

**Keywords:** Widening participation, diversity, diverse workforce, simulation, ChatGPT
Cost of Learning Crisis: How do Medical Schools Communicate Financial Costs to Prospective Applicants on their Websites?

**Presenter(s):** Dr Oliver Topping, Dr Sandhya Santharam, Dr Hassaan Waqar  
**Author(s):** Dr Oliver Topping, University of Birmingham; Dr. Sandhya Santharam, University of Birmingham; Dr. Hassaan Waqar, University of Birmingham; Dr. Dawn Jackson, University of Birmingham

**Background:** Websites are the most frequently cited sources of information regarding financing university study for prospective applicants. Limited detail and poor accessibility may contribute to misconceptions around estimated costs of university study. Applicants from lower socio-economic groups are significantly more likely to seek out detailed information about university costs and place greater importance on factors such as grants, bursaries and living costs, in deciding whether to go to university.

Provision of accurate and accessible financial information is essential to develop a more diverse workforce. This study aims to analyse the scope and accessibility of financial information provided to prospective applicants on UK medical school websites.

**Methods:** Content analysis will be performed on websites of all UK medical schools using the Framework Method to characterise patterns in the navigation, content and presentation of financial information.

**Results:** In a pilot of five websites, all provided up-to-date tuition fee details, with links to sources of financial support. Only one provided details on costs specific to studying Medicine. One provided limited information on living costs; three included detailed information on this on a separate webpage, but only one linked this from the page on medical school finances.

These initial data demonstrate significant variability in the level of detail communicated to prospective applicants regarding medical school finances. This analysis, which will be completed for all UK medical school websites, is expected to inform further research into prospective applicants’ perceptions of the financial cost of studying medicine, and how these costs can be effectively communicated.


**Keywords:** Medical School, Financial communication, Financial Support, University website, Cost of Living
Disability, Program Access, Empathy and Burnout In US Medical Students: A National Study

**Presenter(s):** Dr Lisa Meeks

**Author(s):** Dr Lisa Meeks, The University of Michigan Medical School; Dr. Neera Jain, The University of Auckland; Dr. Karina Pereira-Lima, The University of Michigan Medical School; Dr. Erene Stergiopoulos, The University of Toronto; Dr. Christopher Moreland, The University of Texas at Austin-Dell Medical School; Ms. Melissa Plegue, The University of Michigan Medical School

Students with disabilities, an important and growing population in medical education, report high level of empathy and resilience yet little is known about burnout and empathy experiences. This study investigates whether self-disclosed disability and reported program access are associated with measures of empathy and burnout in a national sample of US medical students.

Using AAMC Y2Q survey data from two cohorts (2019 and 2020) we investigated associations between disability status, program access, empathy, and burnout using multivariable logistic regression models accounting for demographic, personal-related, and learning environment measures.

23,898 (54.2%) provided disability data; 2,438 (10.2%) self-reported a disability. Most medical students with disability (SWD) reported having program access through accommodations (1,215 [49.8%] or that accommodations were not required for access (824 [33.8%]). Multivariable models identified that SWD with and without program access presented higher odds of high exhaustion (1.50 [95%CI, 1.34 - 1.69] and 2.59 [95%CI, 1.93 - 3.49], respectively) and lower odds of low empathy (.75 [95%CI, .67 - .85] and .68 [95%CI, .52 - .90], respectively) than their peers. In contrast, multivariable models for disengagement identified that SWD reporting lack of program access presented higher odds of high disengagement compared to peers (1.43 [95%CI, 1.09 - 1.87), while SWD with program access did not (1.09 [95%CI, .97 - 1.22]).

SWD were less likely to report low empathy regardless of program access. SWD with program access did not differ from peers in terms of disengagement. These findings add to our understanding of SWD in medicine as empathic future physicians.


**Keywords:** Empathy, Disability, Wellbeing, Burnout, Accommodations
Doctors with disabilities: exploring the barriers to career progression

Presenter(s): Dr Caroline Bonner
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Twitter: @disableddoctors

Background: The UK Equality Act ensures that all should receive equal and fair opportunities in the workplace regardless of disability. Evidence suggests that the prevalence of NHS employees with disabilities is significantly lower than the general population, and doctors with disabilities report higher levels of dissatisfaction, burnout and plans for resignation. This pilot project aimed to examine the experiences of doctors with disabilities within the NHS.

Method: Five participants were identified through the Disabled Doctors Network and, with consent, were interviewed through online discussion to explore their lived experience working with disability in the NHS. Disability was self-declared and defined by the Equality Act.

Areas of focus included personal challenges, attitudes, support, environmental and job-specific barriers.

Results: Whilst participants reported some positive work experiences, they also described perceived inequality at multiple points during their careers impacting on personal well-being and professional development. This included feeling undervalued, stereotyped and discriminated. Specific concerns included fear of accusations of incompetence and perceived higher attainment requirements than peers.

Discussion: This preliminary study highlights that, despite law and national guidelines, doctors with disabilities still report experiencing discrimination. The value to the NHS of these skilled professionals can be overlooked due to often unfounded fears over their safety, creating a workforce that does not reflect the population it serves and characterises doctors with disabilities as a “burden” within the NHS.

Further studies are required to explore the processes leading to perceived inequality, to ultimately drive strategy change and improve equality for doctors in the NHS.


Keywords: equality, disability, diversity, experience, doctors
Evaluation of the impact of Medical Schools Council’s Summer Schools 2022 on the students that attended

Presenter(s): Mr Daniel Jackson
Author(s): Mr Daniel Jackson, University of Southampton; Mrs Sally Curtis, University of Southampton; Miss Chloe Langford, University of Southampton

The Medical Schools Council (MSC) run annual summer schools aimed at widening participation from underrepresented groups in medical school. As a result of COVID summer schools were online until 2022 allowing summer schools to be virtual and residential.

The primary aim of this project is the evaluation of the impact of MSC Summer Schools 2022 on participants who attended. Secondary aims are evaluating the differences between participants’ experiences of online and in-person summer schools and exploring the summer schools’ impact on their understanding of medical school and their confidence in going to university.

115 students who attended at least one MSC Summer School in 2022 were contacted and invited to participate. 10-20 minute interviews were carried out on Microsoft Teams, recorded and transcribed. Braun and Clarke’s thematic analysis was undertaken, with in-person and online summer school transcripts coded separately.

17 summer school participants were interviewed: 10 had attended in-person, 5 attended online and 2 attended both. The overall impacts of summer schools on participants were increased levels of confidence in going to medical school; increased understanding of how medical school works and a sense of community in this environment. In-person summer schools allowed participants to immerse themselves in university life and online summer schools were more logistically flexible.

Both delivery methods of summer school helped participants understand the requirements for medical school and created a sense of community with other participants. Possible further research could focus on the most beneficial activities, individualised application guidance and outreach aimed at younger students.

Keywords: Widening participation, Medical Schools Council, Summer schools, Medical school, Diversity
Excel and Elevate – The impact of initiating a weekly International Medical Graduate Teaching Programme at Wythenshawe Hospital

**Presenter(s):** Dr Sara Howells and Dr Stephanie O'Neill

**Author(s):** Dr Sara Howells, Manchester Foundation Trust; Dr Stephanie O'Neill, Manchester Foundation Trust; Dr Saad Aleem, Manchester Foundation Trust; Dr Akshay Juwarkar, Manchester Foundation Trust

Over a third of doctors in the NHS are international medical graduates (IMG’s). Since 2017 there has been a 121% increase in IMGs joining the UK register. The changing workforce highlights the importance of ‘inclusive, compassionate, and supportive environments’. Induction programs are currently insufficient for IMGs new to the NHS. Unlike other doctors in training, most IMGs do not have access to a formal teaching programme in their first year working in the NHS. IMGs are also more likely to fail their postgraduate exams and have barriers to entering and progressing in specialty training.

A weekly teaching programme was initiated aimed at IMGs new to Wythenshawe hospital. Participants (n=40) were identified through recruitment and IMG leads. Invitations to attend the Excel and Elevate programme were circulated through the Trust communications. A pre course questionnaire (n=15) identified 60% of IMGs had over 3 years of clinical experience. The programme was therefore designed to address gaps in learning on NHS logistics, portfolio development and quality improvement. Teaching has been supplemented by extra information on emails and a WhatsApp group.

Mid-course feedback shows that 100% of attendees ‘strongly agree’ or ‘agree’ that the education programme has improved their confidence at work, made them feel more supported and improved their wellbeing. Confidence in palliative care and resuscitation discussions increased from 20% to 86%.

This course demonstrates the positive impact of delivering a bespoke educational programme to IMG’s. In future, this programme should be expanded to provide equal opportunities for IMG’s and prevent differential attainment.

**References:**

**Keywords:** Teaching International Medical Graduates
Experiences of widening participation medical students during their time at medical school

**Presenter(s):** Dr Alison Graham  
**Author(s):** Dr Alison Graham, Newcastle Medical School; Dr Jason Boland, Hull York Medical School  
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Medicine as a profession is increasingly looking to widen the characteristics of those that become doctors. In recent years, there has been a focus on widening access (increasing the number of students from Backgrounds of traditionally low participation in higher education) but there has been less focus on the support of these students after they enter the university. This study investigated the experiences of students during their time at medical school.

All Year 2 medical students at Hull York Medical School were invited to complete a survey which gave participants the opportunity to reflect upon their experiences at medical school and to indicate potentially useful support measures. The survey was followed-up with semi-structured interviews.

This presentation will focus on two questions: what are Year 2 medical students’ perceptions of their medical school experience and sources of support, and does completion of a Gateway Year at the start of a medicine degree alter perceptions of medical school?

We found that the Gateway Year positively impacted feelings of belonging, preparedness and ability to manage work-life balance. The need to undertake paid work disproportionately affected students that undertook a Gateway Year. Few specific additional support measures were identified. Students shared ways in which their Background had disadvantaged them but also identified some positives to coming from an under-represented Background.

By having a deeper understanding of the experiences of students from widening participation groups, we hope to better recognise the challenges they face in medical school and identify effective support to empower all students.

**Keywords:** Widening participation, Support, Transition, Equity, Under-represented groups
Exploration of factors contributing to differential attainment in undergraduate medical education through identification of performance profiles

Presenter(s): Dr Laura Mongan and Dr Kehinde Akin-Akinyosoye
Author(s): Dr Laura Mongan, University of Birmingham Medical School; Dr Kehinde Akin-Akinyosoye, Hull York Medical School; Dr Amaya Ellawala, Hull York Medical School

There is increasing awareness of potential implicit biases in education\(^1\), leading to efforts to ensure fairness to candidates of diverse Backgrounds. The aim of this study is to investigate whether baseline demographic and socioeconomic factors are associated with group and individual level attainment differences observed during undergraduate education.

Hierarchical cluster analysis of Year 2 MBBS students\(^{2}\) (n=243) sought to identify distinct performance clusters related to summative scores in written (selected response (MCQ), constructed response (MEQ) and essay (SSIP)) and clinical (OSCE) assessments. When comparing differences between clusters, t-tests and X\(^2\) analysis were employed. Spearman correlation coefficients were computed to reveal possible correlations between clusters, summative scores and exposure variables.

Three distinct performance clusters were identified. Cluster allocation was not associated with sex, age on entry to the programme, being first in family to attend University, Gateway entry to medical school, nor fee status. No indicators of socioeconomic status were associated with cluster allocation.

However, exam specific analysis revealed disparities warranting attention. Sex-specific differences were noted in OCSE performance, as previously described\(^2\). Of the proxy measures of socioeconomic status studied, being in receipt of the UCAT bursary was associated with worse scores in written assessments (SSIP \(r=0.22, p=0.008\); MEQ \(r=0.19, p=0.02\)). Being non-UK domiciled was associated with a poorer performance in assessments testing knowledge of social and behavioural medicine (MEQ \(r=-0.14, p=0.03\)) and MCQ (\(r=-0.14, p=0.03\)).

These findings will support assessment quality improvement and inform curriculum delivery, in order to strengthen equality and inclusivity within the undergraduate medicine curriculum.


Keywords: differential attainment, assessment, equality, active inclusion
Female medical students’ experiences of sexism during clinical placements: a qualitative study in one medical school in England

**Presenter(s):** Miss Darya Ibrahim

**Author(s):** Miss Darya Ibrahim, University of Birmingham; Dr Ruth Riley, University of Surrey

**Twitter:** @dashaibra

**Background:** Females comprise 61% of medical students in England. The Sexism in Medicine report found 91% of females have experienced sexism at work yet these experiences are under-researched. This study explored female medical students’ experiences of sexism on placement, its impacts, barriers, and facilitators to reporting.

**Methods:** Qualitative methodology, using 17 semi-structured interviews. Participants were female medical students in clinical years, who had experienced sexism on placement. The interviews were conducted over Zoom, transcribed manually, and coded using NVivo. Inductive thematic analysis was used to analyse the data. Conducted at one medical school in England.

**Results:** Four major themes were identified: 1-Experiences of sexism, 2-Negative impacts of encounters, 3-Barriers to reporting, 4-Recommendations to tackle sexism. Trends identified across all themes included physical and verbal harassment; microaggressions; limitations on learning opportunities; and finally hurdles to reporting. Female medical student feedback was used to shape recommendations in this study.

**Conclusions:** Despite attempts being made to investigate reports of sexism on placement, such encounters appear to be ever-present from staff, patients, and peers. Institutional change is vital to recognise the severity of the issue and take the necessary steps to tackle it. Education on this issue to all is also key to raise awareness and create a safe environment for discussion, as well as the opportunity for life lessons that would shape future conduct of would-be perpetrators when beginning their medical practice.

Sex discrimination needs to be recognised, addressed, and appropriate measures need to be enforced by institutions to ensure safe and diverse learning environments for all.


**Keywords:** Sex discrimination, sexual harassment, sexism
"I don't know if all girls get this..." Exploring gender and ethnicity within medical education

**Presenter(s):** Grace Rahmatallah  
**Author(s):** Miss Grace Rahmatallah, University of Leeds; Miss Kanan Singh, University of Leeds

**Background:** Inclusivity within medical learning environments gives students equal access to opportunities and promotes progression into desired roles. Aspects of identity influence the experiences of learning, such as gender and ethnicity. Students with characteristics that are underrepresented in medicine feel subject to bias and unfair treatment during clinical learning. This study aimed to explore Leeds Medical Students' views around how intersectionality between gender and ethnicity may influence learning experiences and their overall medical journey.

**Methods:** A qualitative study design was followed, using a focus group to collect data. Three participants were recruited from the Leeds MBChB course from year groups three-to-five. The focus group was recorded and transcribed, before analysed thematically to generate themes.

**Results:** The data was summarised by the theme "Bias and Belonging". This was divided into two subthemes: stereotypes and representation. Participants described pressures to conform to stereotypical roles within medicine and discussed their different responses to stereotypes. The added burden of bias from stereotypes alongside poor representation of doctors reflecting similar Backgrounds to students created insecurity and doubt around belonging. It was emphasised that further understanding of individualised Backgrounds was required for students to feel supported in learning environments.

**Conclusion:** Understanding the intersect of gender alongside ethnic identities can help educators to better support their students and promote emotional safety. This will help students feel able to challenge stereotypes and openly discuss bias treatment with aim to improve inclusive culture, without fear of retribution.

**Reference(s):** Dr Naomi Quinton

**Keywords:** Intersectionality, Belonging, Students, Representation, Stereotypes
Impact of the Covid-19 pandemic on UK medical school applications and intake

Presenter(s): Dr Paul Garrud

Author(s): Dr Paul Garrud, University of Nottingham; Ms Clare Owen, Medical Schools Council; Ms Yuxiu Wu, Medical Schools Council; Mr Daniel Smith, General Medical Council

Twitter: @GarrudPaul

Over the last decade a steady transformation has been taking place in access to medicine. From the Selecting for Excellence project onwards, UK medical schools have collaborated to an unprecedented degree in enabling many more young people from minority and underrepresented communities to apply and enter medical school.1 Admission to medical school has been substantially disrupted by the Covid-19 pandemic, with the cancellation of exams and a move to virtual interviews, amongst other adaptations. There has also been an increase in the number of young people applying to medicine. With these changes and the increased competition for places, there has been concern that these factors may have had a disproportionate impact on applicants from disadvantaged Backgrounds.2

In response, we have analysed the impact the pandemic has had on widening participation from under-represented communities, using UCAS data supplied to the UK Medical Education Database (UKMED).3

The largest proportionate increases in applicants were amongst women, people from Asian and Black communities, and from disadvantaged communities (e.g. POLAR 1&2; non-professional and managerial); these were maintained in 2021. Acceptance rates increased for all groups in 2020, and then markedly decreased in 2021 – mostly due to government approved increases in provision of places by medical schools for 2020 entry. Overall, the pattern of acceptance was similar in the pandemic to preceding years. Further analyses will examine the intersectionality of educational and sociodemographic factors.

The patterns seen suggest that there has not been a marked deleterious impact on widening participation.


Keywords: widening participation, Covid-19 pandemic, applicant, medical school, sociodemographic profile
Improving support for BAME veterinary students: a collaborative student-led process

**Presenter(s):** Miss Gurpreet Gill and Angharad Belcher  
**Author(s):** Miss Gurpreet Gill, Royal College of Veterinary Surgeons; Dr Stephanie-Rae Flicker, Royal College of Veterinary Surgeons; and Angharad Belcher, Director for the Advancement of the Professions, Royal College of Veterinary Surgeons

Increasing ethnic diversity in the veterinary profession and enhancing retention and support for BAME veterinary students, especially whilst on extra-mural studies placements, has been identified as a key priority by the Royal College of Veterinary Surgeons (RCVS) and the Veterinary Schools Council (VSC). This e-poster will demonstrate how a student-led, collaborative process resulted in recommendations to improve the experience of BAME veterinary students in teaching and placement settings.

The project involved collaboration between students, faculty, the RCVS and the VSC and was undertaken in three stages. The first stage involved a roundtable discussion held in Autumn 2020, to understand the challenges in supporting BAME veterinary students and potential solutions.

The second stage of the initiative saw the formation of the BAME Student Support Working Group to take recommendations from the roundtable forward. These were: developing clear discrimination reporting structures; developing role models within the vet schools; developing support structures for BAME students; and religious clothing and belief guidance for universities and placement hosts.

The third stage of the initiative saw the publication in June 2022 of the joint RCVS/VSC BAME Student Support Working Group Report and Guidance on Religious Clothing and Belief. Fourteen recommendations were made in the report, designed to improve the educational experience of BAME veterinary students.

The project is an example of learning from the lived experience and knowledge of students to enhance understanding. Through a process of collaboration with students, issues were viewed from multiple perspectives, and the collective learning that occurred enhanced solution focussed thinking.

**Keywords:** Learning, student-led, recommendations, BAME, collaboration
Introducing the empowerment project

**Presenter(s):** Ms Dalila Marra and Ms Evie Bohu Russell

**Author(s):** Ms Dalila Marra, Barts and The London School of Medicine and Dentistry (QMUL); Ms Amrit Kaur Marway, Barts and The London School of Medicine and Dentistry (QMUL); Ms Evie Bohu Russell, Barts and The London School of Medicine and Dentistry (QMUL); Ms Natalia Danuta Olszewska, Barts and The London School of Medicine and Dentistry (QMUL); Ms Parmis Vafapour, Barts and The London School of Medicine and Dentistry (QMUL); Ms Rida Kherati, Barts and The London School of Medicine and Dentistry (QMUL); Ms Saher Jabeen Ahmad, Barts and The London School of Medicine and Dentistry (QMUL)

The Empowerment Project at Barts and The London School of Medicine and Dentistry (QMUL) is a student-led initiative which aims to make medical education more inclusive and representative by implementing curriculum changes to produce a more progressive next generation of healthcare professionals. A three-step strategy for Year 1, 2, and 3 medical students has been designed to execute such changes, comprising Active Bystander Training (Year 1), 'The 70kg Man' Lecture (Year 2), and a panel talk discussing 'The Elephant in the Room' of diversity and inclusion in the NHS (Year 3). Active Bystander Training empowers students for clinical placements. It is being progressively integrated for successive year groups in the form of an online course being co-created by students and staff. 'The 70kg Man' lecture emphasises the bias of the accepted standard in medicine and promotes critical thinking during medical school lectures, reading and conducting research, and medical practice. The 'Elephant in the Room' panel talk aims to sensitise medical students to the reality of the NHS. Previous themes have included sexism, racism, imposter syndrome, parenthood, mental health, and experiences of LGBTQIA+ healthcare professionals. Each theme is supported by an evidence-based research article. The overwhelming feedback from these discussions has confirmed the need for openness and honesty about the realities of the medical profession and the promotion of camaraderie on clinical placements. The following steps are to grow The Empowerment Project to clinical year teaching sustainably and efficiently and to expand the programme to medical curricula across the country.

**Keywords:** medical education, inclusion, diversity, innovation, empowerment
"It's still a man's world..." Exploring how gender can impact learning amongst medical students

Presenter(s): Miss Grace Rahmatallah
Author(s): Miss Grace Rahmatallah, University of Leeds

Background: Despite the increasing representation of women in medicine, masculine culture still dominates the profession and creates an unwelcome environment for women and other genders. Students learn in clinical environments and are exposed to this culture. The aim of this study was to explore medical students’ views, beliefs, and experiences around how gender can impact learning.

Methods: A qualitative study design was carried out using semi-structured individual interviews. A total of seven participants were recruited from the Leeds MBChB course, including women, men and agender identity. Thematic analysis of the data was used to produce themes.

Results: The three main themes were: 1) How gender discrimination is experienced; 2) Gender and the learning environment; 3) How to support students. The way gender discrimination was experienced and perceived to impact learning varied depending on gender. Participants recognised the male-centred culture within medicine negatively impacts individuals who are not men, with an emphasis on women of ethnic minority and transgender students feeling increasingly isolated. Increased institutional efforts are required to support students who have experienced gender discrimination, in aim to contribute towards a cultural change, where gender inequality within medicine is not normalised.

Conclusion: Current policies in place to promote gender equality are not proactive in supporting students of all genders and require improved reporting systems, as well as immersion of gender equality education into the formal curriculum. There is indication for further research into the barriers associated with intersectionality, as well as the under-recognition of medical students who are transgender.

Reference(s): Dr Naomi Quinton (n.d.quinton@leeds.ac.uk)

Keywords: Gender, learning, support, cultural change
Meaningful public representation – Evaluating and designing diverse clinical teaching materials

**Presenter(s):** Mr Jack Filan

**Author(s):** Mr Jack Filan, Newcastle University; Dr Charlotte Lucy Richardson, Newcastle University

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**Objective:** Undergraduate healthcare professional (HCP) education must prepare students to work in diverse environments, yet achieving practical exposure to diversity remains challenging. We explored the perspective of the public regarding what and how to teach students about identity and health.

**Methods:** Members of the public identifying as from a minority or marginalised community participated in semi-structured interviews (SSIs), which discussed experiences of accessing healthcare and perspectives on teaching HCPs. Verbatim transcripts were analysed with a thematic approach. Institutional ethical approval was granted (Ref:23678/2022).

**Results:** Eleven SSIs were conducted with participants of varied demographics in terms of ethnicity, sexual orientation, and disability.

Communication barriers affected access to healthcare; specific barriers included spoken language, biased language, and learning disabilities. Biased language included assumptions about family planning and language not inclusive of transgender people.

Participants suggested facilitating self-awareness of diversity through reflection and learning directly from those with lived experiences to make “sure that you don’t go into appointments with assumptions”.[P4]

Adapting to the social and cultural context and categorisation of people were key issues: “the assumptions that you... could go into... could be the absolute opposite of [the] situation that they're in”[P8] with one participant highlighting: “intersectionality is the key word”.[P4]

**Conclusions:** Participants reported mixed experiences during consultations with regards to the influence of their personal identities. Communication barriers were most spoken about. Reflection and self-awareness of biases were advised to promote patient-centred care which accounts for intersectionality. These findings will contribute to the design of inclusive and diverse teaching materials.


**Keywords:** Intersectionality, Cultural competence, Decolonising the curriculum, Diversity
Medical students’ experience of and attitudes towards minority languages in Wales

Presenter(s): Miss Susanna Enongene

Author(s): Miss Susanna Enongene, Cardiff University; Mr Harry Evans, Cardiff University School of Medicine; Ms Awen Iorwerth, Cardiff University School of Medicine; Dr Alun Owens, Cardiff University School of Medicine

Introduction: Effective communication is critical to providing patient care and promoting patient safety1. Wales is a bilingual country and whilst there have been some measures put in place to minimise its inferiority to English, it remains that less than 30% of the population are Welsh speakers2. In recent years, Wales has diversified in population, and Welsh amongst other minority languages has become increasingly apparent in the Welsh healthcare setting such as Arabic and Polish2. This could be a barrier for patients with Low English Proficiency to access good quality healthcare and build a rapport with their healthcare providers1.

Methods: This study will use focus groups to capture the thoughts and opinions of medical students from years 1-5 at Cardiff University School of Medicine regarding minority languages in Wales and the impact it has on their learning, their patient interaction, and future medical career.

Results: The literature shows that medical students feel a lack of preparedness when encountering patients with low English proficiency and this impacts how they interact with patients and limits their ability to build a rapport 3. We will investigate in this study whether monolingual students will have the same opinion as bi/multilingual students and if minority language students have a different experience to those speaking the majority language.

Conclusion: Should there be measures to increase opportunities for medical students to learn a minority language or at least practice communicating with patients with low English proficiency implemented in the medical curriculum?


Keywords: Medical education, Minority languages, Bilingual, Medical students, Communication
Newham University Hospital, in collaboration with Health Education England, offers 6 posts to refugee doctors. These positions, termed Medical Support Workers (MSWs), prepare refugee doctors for pursuing a medical career in the UK. The MSWs come from different medical and ethnic Backgrounds. Most of them have never worked in the NHS and some have been working outside of medicine for years, posing many teaching challenges.

I developed a learner-centred course on the foundations of clinical practice with the educational and career needs of the MSWs in mind. We delivered a total of 17 sessions over 3 months. We offered 3 clinical skills sessions and 7 sessions covering medical topics. We delivered 4 simulation sessions and 1 interactive communication skills session. We also offered an e-portfolio and an interview session.

What is unique about our course is that it focuses on both knowledge and professional skill development. We created a ward enhanced learning experience simulation (ELE-SIM) specifically for MSWs. The ELE-SIM recreated a ward environment with a live ward round to address the MSWs’ need to understand the NHS, their role within a ward team and promote effective teamwork. I created a session where the MSWs taught their peers interactively on medical emergencies to give them their first UK presentation and enhance their portfolio through learning. Finally, I provided 1:1 sessions to support MSWs encountering difficulties.

We feel this learner-centred approach supports diversity and promotes equity within our Newham workforce by preparing the MSWs to competitively progress into their next step.

**Keywords:** Medical Support Workers, MSW, Diversity, Equity, Refugee Doctors
In 2015, the UK government set a goal to "double the proportion of pupils from disadvantaged Backgrounds in higher education" (Connell-Smith & Hubble, 2018) for their Widening participation (WP) strategy. Yet despite increases in WP student population at medical schools, there still remains a "demonstrable difference in the experience of widening participation students and that of traditional medical students "(Krstić et al., 2021).

There have been many important theories used to try to explain these differences. The include the use of the hidden curriculum at medical school, the inability of WP students to correctly utilise social capital, or theories about psychological alienation at a broader higher education level. However, no studies have been done to determine barriers from the students perspectives. As such, a qualitative study will be done to answer the following research question:

What barriers do UK-based medical students with a widening participation Background perceive to encounter through medical school?

Case study methodology will be used to run focus groups with medical students that have previously completed a foundation year looking into barriers they face. This will performed at two medical schools, and will be have data triangulated using interviews of faculty and analysis of relevant policy documents.

This will be the first study of its kind to assess students lived experiences of barriers through medical school, and can help explore other important areas of research such as reasons potential causes for the attainment gap in ethnic minority medical students and doctors (Woolf et al., 2011).


Keywords: Widening Participation, Equality, Diversity and Inclusivity, Medical Students, Qualitative, Undergraduate
Professional Identity Formation in Dundee Medical Students with Chronic Health Conditions and/or Physical Disabilities

**Presenter(s):** Miss Annie Gould  
**Author(s):** Miss Annie Gould, Dundee University Medical School; Miss Eilidh McGoldrick, Dundee University Medical School; Dr Sarah Ross, Dundee University Medical School; Dr Lisi Gordon, Dundee University Medical School

**Introduction:** Professional identity development and formation is a multidimensional transformational process occurring between transition of “person” to physician and involves internalizing professional core values and beliefs. It is a crucial aspect of medical education, but not widely studied in certain groups.

**Method:** We adopted a qualitative social constructivist interpretivist approach using semi-structured interviews to gather data from eight medical students. Thematic analysis of transcripts was followed by comparative exploration to establish how students with chronic illnesses/physical disabilities develop and construct their professional identity, how these illnesses/disabilities impacted on their professional identity and identify how better to support these individuals.

**Results:** Our findings indicated that medical students with chronic illnesses/physical disabilities constructed their professional identities through the influence of role models and clinical experiences. Interestingly, students felt that their illness/physical disability impacted their professional identity both positively and negatively. Six key influencing themes were identified: role models, positive and negative impacts of chronic illness/physical disability, medical school environment, mental health consequences and proactive versus reactive support from the medical school.

**Conclusion:** Our study exemplifies the importance of role models and clinical experiences in professional identity formation for students with chronic health conditions/physical disabilities. We conclude a proactive approach to professional identity formation is required for this group; we contend that suitable role models are essential at all stages of the curriculum. This will be of benefit to all students and trainers, will reduce barriers to training and professional development and will foster a more inclusive curriculum.


**Keywords:** Professional identity formation, medical students, physical disability, chronic health, role models
Simulation Ward Round: Integrating International Medical Graduates

Presenter(s): Dr Laura Kyle

Author(s): Dr Eleanor Pilsworth, Somerset Foundation Trust; Dr Laura Kyle, Somerset Foundation Trust; Dr Bethan Arnold, Somerset Foundation Trust; Dr Robert Piper, Somerset Foundation Trust; Dr Malvika Subramaniam, Somerset Foundation Trust

International medical graduates (IMGs) make up a significant proportion of the NHS workforce at almost 40%. Over the last 2 years we have seen a rapidly increasing number of IMGs in the foundation training programme, or in stand alone foundation posts. This has bought with it, a depth of experience and many challenges.

On gathering feedback from the trainees, what has been clear is the clinical training has been varied, and in some places not at a level that means IMGs are prepared for FY1 in the NHS. During the last 6 months, we have been tasked with supporting the training, education and pastoral care for the IMGs in our trust. As part of this, we developed a simulation session, designed at targeting skills required for a ward round.

Following some initial feedback from the IMGs, we developed a session aimed at targeting 'non-clinical' skills. The session was designed to help with communication, managing tasks, prioritisation and handing over of patients. By simulating some of the key scenarios that occur during a ward round, we were able to feedback on skills that are otherwise difficult to assess.

Overall this session was met with positive feedback, and the IMGs found this a valuable learning experience. This is a session which we hope to run at regular intervals for new trainees, with the aim of easing transition to the NHS. Trainees report increased confidence and understanding of expectations following the sessions.


Keywords: Simulation, Education, International Trainee
STEP inTO OxMed is a student-led outreach initiative working to increase representation within Oxford Medical School. One of our key aims is to widen access to novel work experience opportunities and thereby improve awareness and understanding of medicine as a career choice. Towards this, we have developed a clinical skills workshop for local students from widening participation Backgrounds.

Participants were recruited via a sign-up form distributed to local state school administrators either directly or via Oxford college outreach departments. Confidential data on various widening participation characteristics were collected to confirm eligibility of applicants. The workshop was hosted at the clinical skills lab at the John Radcliffe Hospital and included interactive stations on phlebotomy, basic observations and CPR together with admissions talks. Students were reimbursed for travel and lunch.

Over 3 days of workshops across 2021 and 2022, we have hosted 44 students in our clinical skills workshop and received an average rating of 4.8/5. Based on available data, all participants felt the workshop stimulated interest in areas of medicine for further self-directed study. 86% of participants felt more comfortable applying to Oxford medical school and in all cases students felt they learned more about the admissions process, with an average increase in self-rated knowledge of 46% (2.85/5 to 4.17/5). Areas to improve on include managing timing to ensure enough time to interact with each station.

Overall, our clinical skills workshop is a viable model that can be used to offer work experience opportunities to local students from widening participation Backgrounds.

Keywords: Widening Participation, Diversity & Inclusion, Work Experience, Access
Lesbian, Gay, Bisexual, Trans, Queer, and more (LGBTQ+) people have worse health outcomes than their cis-heterosexual counterparts. This is in part due to a lack of experience and education for medical staff. To tackle this, an audit of the written curriculum given in years 1 & 2 of the BMBS course was carried out, using the Obedin-Maliver framework. This screens for multiple issues in which LGBTQ+ people are in different ways to non-LGBTQ+ people, such as barriers to healthcare, transitioning, and mental health.

The results show that while a number of areas are represented, there were some areas not discussed at all (substance usage, safe sex for LGBTQ+ people, LGBTQ+ people with chronic diseases, LGBTQ+ and body image, and unhealthy LGBTQ+ relationships), however these were not necessarily discussed for cis-heterosexual people either. Further discussion with LGBTQ+ people through this work has identified further areas, such as trans parenthood, which have not been discussed through our curriculum.

Overall, while the curriculum does have representation of LGBTQ+ people and issues within it, there are some aspects not covered. Improving the curriculum to reflect the population of the UK, and to keep up with developing ideas around identity for LGBTQ+ people is important not only for the education of medical students, but also for their future patients.

**Reference(s):**

**Keywords:** Inclusive Education, LGBTQ+, Educational Audit
The impact of Microaggressions on behaviour, learning, and practice: A pilot tutor training workshop

Presenter(s): Dr Jasmin Farikullah-Mirza, Dr Anjali Vaidyanathan
Author(s): Dr Jasmin Farikullah-Mirza, The University of Manchester; Dr Anjali Vaidyanathan, The University of Manchester

Microaggressions are defined as the everyday, subtle, and oftentimes unintentional interactions or behaviours that communicate some sort of bias towards marginalised groups.

A workshop was set up for both hospital and GP supervisors exploring the impact of microaggressions on behaviour and practice in the clinical-learning environment. 15 supervisors were present, including 2 medical students. The workshop covered what microaggressions look like; both supervisors and students also had the opportunity to share their own lived experiences. Impact of Microaggressions were covered, including the effect of biological weathering (Geronimus 1992)- the health effects, ‘wearing down’ and the potential breakdown of professional relationships between colleagues and patients leading to poorer clinical outcomes. Information on how to handle microaggressions; including how to be an advocate and active ally for cultural change, whilst also being aware of our own biases to educate and empower was discussed.

Using thematic analysis, feedback from the workshop reported how the safe space created encouraged everyone to speak-up. The benefit of having medical students gave a more inclusive and dynamic experience. Supervisors reported how their future clinical practice and medical student environment will change because of the workshop; including being aware of their own biases, how one can unintentionally cause offence, feeling more empowered to be an active bystander and how to escalate concerns raised.

Future work aims to develop this workshop for a longer session, giving more time for important discussions to be had and researching more into the impact of microaggressions on both student and patient experience.


Keywords: Microaggressions
The missed value of international students in widening participation

Presenter(s): Dr Joanne Selway
Author(s): Dr Joanne Selway, University of Buckingham; Professor Joanne Harris, University of Birmingham
Twitter: @JoanneSelway

Widening participation (WP) schemes in the UK typically focus on lower socio-economic status rather than race and ethnicity. WP schemes aim to widen the representation of minority groups in undergraduate medical education to mirror the population they will be serving. Current use of WP metrics such as IMD and POLAR data are outdated often delivering inaccurate results. Intersectionality data confuses this picture with accumulation of protected characteristics not matching the highest WP outcomes. For example, white boys from lower socioeconomic groups tend to perform poorly in higher education.

However, newly established medical schools recruiting more international students are also adding to the diversity of the medical workforce. These students enrich the cultural and ethnic diversity at medical school but pay high international fees and so are not considered WP students. We believe international students in new UK medical schools are an underutilised resource for WP activities in the UK.

Reference(s):
Timeout Redefined

**Presenter(s):** Dr Caroline Bird

**Author(s):** Dr Caroline Bird, Sheffield Teaching Hospitals; Dr Lucy Mennear, Sheffield Teaching Hospitals; Dr Sarah Peters, Sheffield Teaching Hospitals; Dr Freya Smith-Jack, Sheffield Teaching Hospitals

**Twitter:** @carolineemmab

**Background:** Returning to medical training following time out is often challenging. There are many reasons why trainees take time out of training including parental leave, research, illness and caring responsibilities. Those who have had timeout will promote a more diverse workforce through lived experience.

**Methods:** A committee of junior doctors from a variety of specialties formed a committee to organise a national conference for up to 200 delegates in all stages of medical training to support and inform those taking time out of training. The conference was funded by NIHR through Yorkshire and the Humber SuppoRRT.

To allow those on parental leave or with limited childcare to access the conference we welcomed babies/toddlers. A creche with a live stream of the talks and a feeding room allowed those with children who needed feeding or entertaining to be able to engage.

**Results:** The main focus of the conference was inspiring trainees to take time out as well as educating them on how to prepare for some of the challenges of returning to work. There was particular focus on finding balance between work and other elements of life and building resilience. We also delivered information on the resources and support available to trainees and had a strong emphasis on peer-to-peer support. The diverse timetable included sessions from Rachel Morris of the highly acclaimed podcast “You are not a frog”.

The conference was met with positive feedback. Trainees felt educated and inspired to take time out of training and better equipped to return.

**Reference(s):**
- https://www.yorksandhumberdeanery.nhs.uk/professional-support/supported-return-to-training

**Keywords:** Resilience, Diversity, Balance, Return to work
Tracking Medical Foundation Year students’ performance: An evaluation of academic progression at Leicester Medical School and an exploration of predictive factors for academic performance.

**Presenter(s):** Dr Megan Baldwin

**Author(s):** Dr Megan Baldwin, Leicester Medical School; Dr Andrew Cook, Leicester Medical School; Dr Michael McPartland, Leicester Medical School

**Research title:** Tracking Medical Foundation Year students’ performance: An evaluation of academic progression at Leicester Medical School and an exploration of predictive factors for academic performance.

Leicester Medical School offers 35 students a year the chance to study medicine with a foundation year (MFY), subject to them meeting specific widening participation criteria. This is with the hope to improve NHS workforce diversity so it more accurately reflects the general population it serves. This research project aims to compare how medical students who did MFY perform academically compared with their peers, and if there are identifiable predictive factors for this. This information will be used to guide future admissions criteria for MFY and make adjustments to support during the foundation year and the rest of the medical course to best prepare students from widening participation Backgrounds to become compassionate, competent, confident doctors.

A quantitative analysis of MFY student performance and progression rates through medical school will compare them to the performance of their peers from the rest of the cohort. This will be calibrated to other factors to analyse if there are predictors for academic performance including A-levels, UCAT, and foundation year performance.

Focus groups will be run to investigate if the students perceive there to be any factors that impact their academic performance and identify ways to improve support for them during the course.

The research project is in progress so no available results at present.

**Keywords:** foundation year programme, widening participation
What makes you think you're qualified to teach this?

Presenter(s): Dr Jack Amiry, Mr Ricardo De Luca E Tuma, Dr Gbemi David-West
Author(s): Dr Jack Amiry, Oxford University Medical School; Dr Sanah Ali, Oxford Medical School; Dr Gbemi David-West, Oxford Medical School; Ms Sara Rotenberg, Oxford Nuffield Primary Care Sciences; Dr Debbie Aitken, University of Oxford Dept of Education; Mr Ricardo De Luca E Tuma, Oxford Medical School

Teaching on Equity, Diversity and Inclusion (EDI) within medical schools is widely accepted to be crucial for the next generation of doctors, their colleagues and patients. However, our conversations with EDI advocates at other institutions highlight common struggles we all face. These include fighting to justify curriculum time and lack of administrative support, but also the paradox of feeling a lack of expertise in EDI issues mixed with the feeling “if we don’t teach on this, it simply will not happen”.

We are a group who’ve led the design and implementation of an EDI curriculum at Oxford Medical School from scratch since 2020. This piece involves us sharing challenging experiences including:

- Students (rightfully) feeding back disappointment around the lack of representation from those delivering teaching on healthcare inequalities faced by people of colour.
- Emails with staff that repeatedly exclude the brown female Co-Chair of the EDI Working Group, only replying to her white (ostensibly) male Co-Chair.
- A large number of students walking out of a lecture hall immediately registration period had been completed.
- A student-written piece critiquing the new anti-racism training in the Medical School as “unscientific dogma”.

We believe that the issues we’ve faced are unlikely to be isolated to Oxford and want to begin a conversation about the significant psychological and emotional toll that this takes. In particular, we wish to inspire research to quantify this impact; especially the risk of burnout in those who advocate for EDI education in medical schools.

Keywords: EDI, Racism, Microaggressions, Student feedback, Marginalised groups
Widening participation in High Fidelity Simulation with the use of Video conference software

Presenter(s): Dr Rebecca Morris
Author(s): Dr Rebecca Morris, Mid Yorkshire NHS Trust; Dr Ashley Wragg, Mid Yorkshire NHS Trust

The General Medical Council has recognised the impact of Covid-19 on medical education and the concerns they have about provision of teaching\textsuperscript{1}. The pandemic placed limitations on medical students and meant that the number of face-to-face teachings were and continue to be dramatically reduced. Concerns over student participation have meant that there is now an increased awareness of how teaching is delivered and there is a drive to be more flexible and adapt to the rapidly changing learning environment. The need for teachers to isolate after being exposed during the Covid-19 pandemic has meant that many teaching sessions have been disrupted or cancelled and has put strain on the education teams. The use of new and existing technology increased throughout the pandemic as examinations and assessment have had to be adapted and moved towards having a more online format\textsuperscript{2}. From this pressure a new strategy has emerged that offers an opportunity to expand participation and access to high fidelity simulation. This paper will examine how video conferencing software can be introduced into Simulation and discuss the benefits and limitations of its use. More research needs to be undertaken in this area to gain a greater understanding of its application in medical simulations. The overall summary is that there is hope for the use of video conferencing for students and facilitators in high fidelity simulation which could allow for a more adaptive working environment and therefore provide a better and more accessible learning environment for students.


Keywords: Inclusivity, Accessibility, Simulation, Virtual, Technology
Widening participation: so much more than access

**Presenter(s):** Dr Eleanor Hothersall

**Author(s):** Dr Eleanor Hothersall, University of Dundee; Dr Helen Oram, Kings College London; Dr Kathy Cullen, Queens University Belfast; Donna Quinn, University of Edinburgh

**Twitter:** @e_hothersall

Medical schools are encouraged to increase diversity of medical students through schemes often labelled "widening participation" or "widening access". People who traditionally would not have been able to access medical education are now encouraged to apply although the support available can be variable. Medical schools are still generally focussed on a "deficit model" where the student is perceived as lacking the necessary skills or attributes, and support focuses on addressing those deficits rather than considering systemic barriers. Building on work carried out at University of Dundee, Queens University Belfast, and Kings College London, we use the FORRT project's model of the Academic Wheel of Privilege to highlight the pervasive barriers faced by students and qualified doctors and ask how the system needs to change to address these inequalities.

**Reference(s):** FORRT project "Academic Wheel of Privilege" https://www.youtube.com/watch?v=mzEdTjyA06cU [https://forrt.org/]
Focus groups

Thursday 13th July - 1325-1430hrs - MR5

Exploring the effect of role-modelling on the career aspirations of medical students?

**Presenter(s):** Mr Matthew Fahmy  
**Author(s):** Mr Matthew Fahmy, Queen Mary University London

**Background:** Role-modelling has shown to be a critical process in the professional development of medical students. Literature suggests that role-modelling influences careers aspirations of medical students. A global meta-analysis and systematic review found that 46.93% of students find that medical teachers and mentors influence their specialty choice (Sitzmann and Ely, 2011). A systematic review in the impact of role-modelling on the future GP workforce found that role-modelling both in primary and secondary care is critical in attracting individuals as well as influencing professional development (Lamb et al., 2022). Another systematic review found excellence in role-modelling demonstrates high standards of clinical competence and develops future physicians whilst influencing their specialty choice (Passi et al., 2013). A study involving focus groups of final year medical students and semi-structured interviews of consultants also supported there is an impact of role-modelling and career-choice (Passi and Johnson, 2016). It also found that the students found the 5 stages of the model-trailing cycle (assembly, emulation, experimentation, adaptation, and assimilation) influential, especially assimilation which highlights that role-modelling has in impact beyond the initial years of study and into foundation year (Passi and Johnson, 2016). The aim of this study is to further understand the process behind role-modelling and specifically what students believe the reasons behind positive role-modelling, if any, are in affecting their career aspirations.

**Methodology:** Initial screening of Y2-Y5 medical students for interest in the study and desired career aspiration. One focus group with 8 students after screening.

**Results:** N/A


**Keywords:** Role-modelling, Career aspirations
Junior doctors’ perceptions on providing ward-based teaching to medical students

Presenter(s): Dr Fraser Ritchie
Author(s): Dr Fraser Ritchie, Leeds Teaching Hospitals NHS Trust
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Background: Workplace learning, which, for medical students, takes place in the clinical, patient-facing environment, is an important part of medical education because it provides opportunities for the development of clinical reasoning, practical and interpersonal skills. This educational method is frequently termed ‘bedside teaching’. Although there is evidence that the practice of bedside teaching in undergraduate medical curricula is decreasing, effective bedside teaching is valued by both students and patients. Increasingly, junior doctors (JDs) are delivering this teaching yet there is limited literature on their views and attitudes.

Aim: The aim of this study is to gain insight into the perceptions of practicing JDs on providing ward-based teaching to medical students, including motivating factors and main barriers.

Methods: JDs at Leeds Teaching Hospitals NHS Trust are being recruited as participants on a voluntary basis via Trust-specific mailing lists. This is a qualitative study. Semi-structured interviews are being conducted, which are being transcribed to allow for thematic analysis.

Results: Preliminary results from the interviews already conducted indicate that several barriers exist that challenge JDs’ abilities to provide effective ward-based teaching. These include time-pressures, service demand and lack of support. Early motivational themes include career aspirations and an awareness of the importance of high-quality training. Full results will be presented.

Conclusion: Several barriers exist preventing JDs effectively teaching medical students on wards. Awareness of the barriers could help to inform clinical education service providers how they can engage with ward-based junior doctors to better support medical students on placement.


Keywords: ward based, bedside teaching, junior doctors, medical students, barriers
Pecha Kucha: the Solution to Foundation Doctor Peer Teaching

**Presenter(s):** Dr Joe Thompson

**Author(s):** Dr Joe Thompson, The Mid Yorkshire Hospitals NHS Trust; Dr Hayley Boal, The Mid Yorkshire Hospitals NHS Trust; Dr Joe Gleeson, The Mid Yorkshire Hospitals NHS Trust;

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**Background:** PechaKucha is a presentation style whereby the presenter delivers a 20-slide presentation, with each slide advancing automatically after 20 seconds (6 minutes 40 seconds in total). There is emerging evidence to suggest that PechaKucha encourages creativity and can enhance presentation skills. Foundation Year 1 (FY1) Doctors must deliver a teaching session for their portfolios (typically done as peer teaching), however this is can be seen as a tick-box exercise and could be enhanced by using PechaKucha.

**Methods:** 45 FY1 Doctors each attended a one-hour slot for peer teaching, where FY1s could choose any medical topic to present in PechaKucha format. Each peer teaching session was attended by approximately ten FY1s with four presenting a PechaKucha. Several weeks prior to their session, FY1s received a demonstration of PechaKucha by Clinical Teaching Fellows, some guidelines and example PechaKuchas and were asked to submit their topic of choice in advance. Qualitative and quantitative data was collected from anonymised post-session questionnaires.

**Results:** FY1s chose a diverse range of medical topics to present as PechaKuchas. 93.3% agreed that the PechaKucha format kept them engaged as learners. 77.8% found PechaKucha more engaging than traditional PowerPoint presentations. of the 15/45 FY1s who delivered a PechaKucha, 86.7% agreed that PechaKucha helped them develop communication skills and 73.3% believed it made them more confident as a presenter.

**Conclusion:** PechaKucha can be used to enhance FY1 peer-teaching by improving presenter communication skills and confidence. It can also create a more engaging learning experience for the audience.


**Keywords:** Peer-Teaching, Foundation Doctors, Portfolio
A co-operative board game for teaching clinical reasoning and non-technical skills

**Presenter(s):** Dr Oliver Topping

**Author(s):** Dr Oliver Topping, University of Birmingham; Dr Richard Philips, Sandwell and West Birmingham NHS Trust; Dr William Drew, Sandwell and West Birmingham NHS Trust; Dr Emma Livesey, Sandwell and West Birmingham NHS Trust; Dr Alexander Hackney, Sandwell and West Birmingham NHS Trust; Dr George Turner, George Eliot Hospital NHS Trust; Dr Jack Priddy, Sandwell and West Birmingham NHS Trust

**Background:** Evidence for the use of educational games in medical education is increasing. Due to their capacity to replicate real-world scenarios and promote real-time decision-making, educational games present an opportunity to teach clinical reasoning and non-technical skills that are not easily taught in traditional teaching formats.

This study presents the design and evaluation of a pilot co-operative educational board game to teach technical and non-technical skills to year 3 medical students.

**Methodology:** In the game, a group of students take on the role of an on-call junior doctor and must co-operate to assess a patient with suspected sepsis. By correctly answering questions, they earn points to spend on unlocking elements of the clinical assessment and management, whilst also completing simulated on-call tasks.

Students were block-randomised to either receive a sepsis tutorial followed by the board game, or the sepsis tutorial alone. Evaluation consisted of a knowledge test and self-evaluation.

**Results:** Students in the intervention group (n= 25) scored higher in than the control group (n= 23) in a knowledge test immediately after the session and six weeks later, but these were not statistically significant (p=0.128, p=0.361). Students also felt more confident in their ability to diagnose and manage sepsis (P<0.05).

Students fed back that the session developed their teamworking, clinical reasoning, data interpretation and dynamic prioritisation.

**Conclusions:** This pilot board game presents an alternative format for teaching clinical reasoning and non-technical skills, in which students learn by engaging with an interactive scenario through peer co-operation.


**Keywords:** Gamification, Clinical Reasoning, Non technical skills
Cracking the Code: Can Escape Room Simulation be Used to Teach Medical Students Core Skills for Foundation Years?

Presenter(s): Dr Emma Lewin
Author(s): Dr Emma Lewin, Queen Mary University of London, Barts Health NHS Trust

Background: As the popularity of gamification in medical education grows, the use of medical escape rooms is increasing. However, further evidence is required to demonstrate its efficacy and potential applications in undergraduate teaching. This project aims to evaluate whether escape room simulation can help final year medical students prepare for working as a foundation doctor.

Methods: During a simulated on-call scenario, students were asked to assess a patient in a ‘locked’ room, encountering barriers in the form of locked boxes and clues during their management. The aim was to safely treat and refer the patient before ‘escaping’. Students completed pre- and post-session questionnaires and ranked their confidence in competencies, including falls assessment and requesting investigations, from 1-10. Additional feedback was obtained using a mixture of qualitative and quantitative questions. Comments were also recorded from a debrief following the scenario.

Results: 17 students, in four groups, participated in the escape room. Student enjoyment ratings averaged 9.93/10. Students reported the escape room increased their confidence in managing an acutely unwell patient and developed clinical reasoning, communication, and teamwork skills. Data showed an average increase of 1.5/10 in how well-prepared students felt for FY1. Qualitative data demonstrated that students valued practising problem-solving, independent thinking and communication in a high-pressure yet controlled and enjoyable environment.

Conclusion: Students overwhelmingly enjoyed the escape room. Evaluation suggests that it can be used to consolidate clinical knowledge and simulate a pressured environment, not dissimilar to clinical practice, while practising technical and non-technical skills required as an FY1 doctor.


Keywords: Escape room, Communication, Teamwork, Gamification, Clinical reasoning
Paediatric undergraduate medical education; is it all just fun and games?

**Presenter(s):** Dr Eleanor Dodd  
**Author(s):** Dr Eleanor Dodd, Mid Yorks Hospital Trust; Dr Eleanor Clarke

**Background:** There is an evolving body of evidence supporting the gamification of medical education, suggesting it fosters an environment that aids learning and improves recall.

The paediatric medical school curriculum often involves a large volume of new content, with learning centring around recall of buzzwords and phrases. This content can be innovatively delivered by a gamified approach.

**Methods:** ‘A day at the paediatric arcade’ interactive pilot session was delivered to six students in their fourth year of the MBChB (with 18 further students scheduled to participate by May 2023).

The day involved two sections. Initially, well-known games were adapted to focus on high-yield paediatric themes, including: breathlessness, abdominal pain and the limping child. Examples of games included ‘breathless battleships’. Students subsequently participated in a multi-system escape room, working through clues to apply knowledge of common paediatric concepts.

Students received a randomised participant number and completed pre- and post-session questionnaires via QR code, collecting both quantitative and qualitative data.

**Results:** Pre-course, the percentage of students who were confident in listing differentials, investigations, and management of (i) breathless child, (ii) limping child, and (iii) surgical emergencies in paediatrics were 66.7%, 50% and 16.7% respectively. Post-course, this increased to 100% in all domains.

100% of students agreed the games format encouraged teamwork, facilitated application of communication skills and consolidated knowledge of common paediatric concepts.

**Conclusion:** This pilot demonstrated that not only did gamified paediatric teaching improve student confidence to 100% across all themes, it created a holistic learning platform which facilitated development of teamwork and communication.


**Keywords:** Gamification, Paediatrics, Undergraduate; Innovative
**Warts’n’All: Gamifying sexual health to combat the ugly truth about sexual health coverage in undergraduate curricula**

**Presenter(s):** Dr David Hettle  
**Author(s):** Dr Lauren Blayney, University of Bristol; Dr David Hettle

**Background:** Whilst a good understanding of sexual health is imperative for health and wellbeing, there is widespread recognition that it is underrepresented in medical school curricula, potentially rendering graduates incompetent in managing related conditions. Whilst improved exposure is ideal, other practical solutions must be considered. Game-based learning has been shown to improve sexual health knowledge in adolescents. We aimed to assess if the same was true for medical students.

**Method:** Fourth-year students were invited to play ‘Warts’n’All’, a purpose-designed question-based board game addressing the diagnosis and management of 18 sexual health conditions. Evaluation was questionnaire-based, exploring students’ beliefs on game-based learning, sexual health coverage in the curriculum, and reflections on ‘Warts’n’All’, at first play and in future.

**Results:** Thirteen students participated in the pilot study, with 77% feeling that they currently have inadequate sexual health training. 100% enjoyed playing ‘Warts’n’All’ and felt more motivated to learn through game play than a traditional lecture. All participants felt that their subject knowledge improved after play. Most (69%) rated ‘Warts’n’All’ as better than didactic teaching, with remaining students reporting equal utility. Benefits of the games-based approach included increased interactivity and improved accessibility for those with dyslexia.

All participants felt that ‘Warts’n’All’ could complement formal sexual health teaching, with 77% feeling that it could support personal revision.

**Conclusion:** Gamification is an enjoyable way of delivering and consolidating undergraduate sexual health teaching. Students believe that it is comparable or better than traditional methods and that there is scope to introduce ‘Warts’n’All’ more formally into curricula.


**Keywords:** Sexual Health, Gamification, Undergraduate medicine
Clinical Pathway Initiatives: Highlighting and Supporting Role Relevant Competencies in the Patient Genomic Journey

Presenter(s): Dr Lianne Gompertz
Author(s): Dr Lianne Gompertz, Genomics Education Programme, Manchester Centre for Genomic Medicine; Dr Edward Miller, NHS Genomics Education; Mrs Melanie Watson, NHS Genomics Education, and NHS Genomics Services in the South West; Professor Kate Tatton-Brown, NHS Genomics Education, St Georges University Hospital NHS Trust, and St Georges University of London

The UK has become a world leader in the integration of genomic medicine into routine care. The Genome UK strategy1 2020, and the accelerating genomic medicine in the NHS strategy2 set out the ambition for the UK to be the most advanced genomic healthcare system in the world. In doing so, adequate role specific education and training is essential; to upskill clinicians and allied healthcare professionals to be confident and competent in genetic testing and ongoing management in rare disease. With over 7000 rare diseases, and 1.3 million multi-speciality healthcare workers, the challenge of transforming this aspiration into reality should not be underestimated.

The Clinical Pathway Initiative (CPI), led by the Genomics Education Programme in collaboration with NHS England and the Academy of Royal Colleges, aims to facilitate the integration of genomic competencies and NHS workforce education and training requirements via a national and consistent approach. By mapping clinical pathways the CPIs are designed for service leaders and educators to identify workforce development and educational requirements, and align relevant educational resources. This e-poster will outline the main aims and workflow of the resource, and describe how evaluation is being embedded into the project.


Keywords: Genomics, Competencies, MDT workforce, Initiative, Education
Doctors graduating from the Medical Support Worker programme maintain high fill rates in clinical fellow posts at a large teaching hospital.

**Presenter(s):** Dr Heather Woodcraft

**Author(s):** Dr Heather Woodcraft, North Bristol NHS Trust; Dr Emma Mitchell, North Bristol NHS Trust; Dr Sadie Rawlinson, North Bristol NHS Trust

**Background:** Since 2021, NHSEI has funded the Medical Support Worker (MSW) programme to support clinical teams during the pandemic. The programme enables International Medical Graduate (IMG) and refugee doctors to gain NHS experience while passing exams required for GMC registration. To date, the programme has employed more than 900 MSWs nationally.

North Bristol NHS Trust (NBT) has employed 59 MSWs in two cohorts since November 2021 and runs a popular Junior Clinical Fellow (JCF) programme in medicine for up to 40 doctors per year. Leadership of both programmes is shared.

**Methods:** Fill rates for JCF posts in medicine from 2020 onwards were analysed, including numbers of MSW and other IMGs employed.

**Results:** Proportions of IMGs / MSWs filling JCF posts has increased from less than 10% (3/31) / 0% in August 2020 to over 50% (20/39) / 31% (12/39) in February 2023. Over half (7/12) of former MSWs employed to work as JCFs from February 2023 trained at NBT. More than 90% fill rates have been maintained for JCF posts at NBT since August 2021.

**Conclusion:** Employment data for the JCF programme at NBT lends support to the concept of the MSW programme, which provides a rapid pipeline of doctors to fill JCF posts vulnerable to gaps. This is relevant given high staff sickness rates, high clinical demands and data showing support for IMGs could be improved. Providing paid clinical roles as MSWs gives valuable NHS experience and facilitates both the preparation for, and acquisition of, GMC-registered roles.


**Keywords:** international, refugee, fellow, employment
Clinical leadership (CL) of frontline doctors is associated with positive healthcare-related outcomes and CL professional development (CL-PD) is being integrated into graduate medical curricula world-wide. However, there is a paucity of high-quality evidence of CL-PD’s effectiveness. A key challenge of the field is a lack of a robust conceptual models of CL. Despite significant investments into CL-PD, the absence of conceptually robust and operationally specific outcome models linking individual and organisational impact impedes rigorous evaluations of programme effectiveness. This presentation draws on multiple sources of evidence to outline a model for CL-PD outcomes. A systematic content analysis of NHS policy documents captured what CL is intended to achieve. An exploratory factor analysis (EFA) of a theoretically-informed novel survey instrument was conducted in two CL-PD datasets (N=150 and N=42) to validate the CL-outcome construct and instrument. Regression analysis was utilised to test its association with desired organisational leadership behaviours. Thematic analysis of 30 in-depth CL-PD participant interviews was used to identify mechanisms linking individual CL-competences with organisational impact. Three CL-impacts desired by policy were identified: Speeding up good practice, Inter-professional collaboration and dialogue, and Change and transformation. Triangulating the EFA results with the qualitative analysis produced five individual outcome constructs: Self-efficacy, Engaging stakeholders, Agency, Boundary-crossing expertise, and Willingness to take risks and to learn from risks and failures. These were shown to be linked with desired organisational behaviours. The results outline a novel validated CL individual and organisational outcome model which can inform future research and CL-PD development.

References:

Keywords: Clinical leadership, Professional development, Professional learning, Learning outcomes; Evaluation
Student Involvement in Revolutionising Medical Education: The Use of Virtual Reality for Developing Empathy

Presenter(s): Mr Marcus Thevarajan
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Twitter: @marcus_niven

Background: Virtual Reality (VR) is an innovative technology that is increasingly being used in medical education. As a second-year medical student at Warwick Medical School, I had the opportunity to explore the implementation and development of VR in medical education through a summer internship and student-selected taught module. Through these experiences, I gained insight into the use of immersive 360-degree videos for teaching and participated in the creation of a VR video, from ideation to filming and editing.

Methods: To evaluate its potential, I conducted a scoping review of diverse studies and resources on the use of VR in medical education using various VR modalities. During the taught module, we interviewed patients about their discharge experiences to gather inspiration for our own VR video.

Results: By immersing myself into existing medical VR content, I was able to conclude that VR is an effective way of developing empathy for patient particular experiences, from what it is like to live with dementia, to a regular doctor-patient consultation.

Our VR video, inspired by real patients, demonstrates the disorientation felt during a confusing discharge process, where they were not wearing their glasses or hearing aids. The high level of immersion offered by VR creates stronger feelings of empathy than with traditional 2D videos, giving greater understanding of the patient’s perspective to medical students.

The use of VR in medical education is a promising area for further research, and this poster aims to encourage more studies in this field.

Keywords: Virtual Reality (VR), Empathy, Patient perspective, 360-degree videos
Long term effects of undertaking healthcare assistant shifts in the early years of medical studies: interviews with clinical medical students

**Presenter(s):** Dr Afsara A Ahmmed

**Author(s):** Dr Ed Luff, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol; Dr Afsara A Ahmmed, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol

**Background:** Early years medical students completing healthcare assistant (HCA) shifts as part of the undergraduate curriculum is an approach adopted in some medical schools to give early exposure to the clinical environment. Whilst the literature reports positive student perceptions regarding developing communication and inter-professional skills shortly after the completion of shifts, longer-term impacts on learning in the clinical environment are unclear. This research aims to ascertain if students felt that HCA shifts had a longer-term impact on their learning and practice in the clinical environment in their later undergraduate years.

**Methods:** Students in a single medical school across all clinical years, who had previously completed HCA shifts as part of the curriculum, were invited to answer a short online questionnaire about what they gained from their HCA shifts with the aim of gaining a breadth of responses and gaining consent to undertake a follow-up interview. A sample was then invited to an online 1:1 interview to understand further their experiences and perceptions of the utility of HCA shifts, focusing on the longer-term impact of completing them when going into their clinical undergraduate training. Students from all clinical years were equally sampled. A total of 11 interviews were conducted. Interviews were conducted over Microsoft Teams, video recorded, and audio transcribed.

**Results:** Full results are pending as the data analysis is still ongoing. Online interview transcriptions are being analysed using thematic analysis, adopting an inductive method, aiming to generate ideas from the bottom up in a data-led fashion.


**Keywords:** Medical student, Healthcare assistant shift, Early years medical education, Interview, Thematic analysis
Meditations on the MDT - Understanding the intricacies of undergraduate introduction to multidisciplinary work

**Presenter(s):** Dr Mike Duffy

**Author(s):** Dr Michael Duffy, North Bristol NHS Trust; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust

**Background:** Inter-professional collaboration enhances care and aids decision-making in daily practice. Yet despite recommendation by the GMC\(^1\), achieving familiarity with and competence in multi-disciplinary teamwork (MDT) through clinical placement is not a given. Previous studies have identified barriers to postgraduate doctors’ participation in MDT meetings and a need for further training\(^2\), however the perspectives of medical students remain unexplored. Indeed, if included at all, curriculum-based recognition of MDT ‘learning’ often takes the form of entrustable professional activities, requiring a sign-off to confirm attendance at meetings. There is often little to no structure or guidance on potential learning of MDT work.

**Aims:** The aim of this programme is to drive reflection in final-year students on their experiences of multi-disciplinary teamwork. This will build understanding on how students learn and reflect on the crucial practice of MDT working, at the cusp of their transition into the medical workforce.

**Methods:** Students will receive an introductory session before keeping a personal diary, including prompts to encourage independent reflection on their experiences over an 8-week period. This will provide an unrestrictive ‘real-world’ account compared to more interactive methods of qualitative data collection\(^3\). Thereafter a focus group will be used to discuss students’ reflections, alongside narrative analysis of individuals' written diaries, to allow exploration of students' views on the role of the MDT, and consider their identity as budding physicians in the context of inter-professional collaboration.

Data collection from focus groups and diaries is ongoing, and will be analysed thematically for presentation at the conference.


**Keywords:** Interdisciplinary, Collaborative, Reflection, Undergraduate, Identity
Inter-specialty and multidisciplinary team (MDT) working are fundamental to providing quality healthcare. Ensuring effective multi-specialty and multi-professional education promotes team cohesiveness and collaboration.1 Clinical teaching fellows (CTF) are instrumental in delivering medical education, but may have limited career support and professional development while in this role.2 CTFs lack clinical exposure given their educational responsibilities, so providing ongoing continuing professional development (CPD) is important for career progression.3

We piloted a monthly “Inter-specialty Learning Forum” where CTFs delivered teaching to their peers across a wide range of specialties and grades, nursing staff and the managerial team. Topics were clinical (e.g. case reports, guideline updates) and non-clinical (e.g. racism in medicine, career advice, research), using various teaching methods. Anonymous feedback from the programme was collected with free text questions and five-point Likert scales.

Eleven topics were delivered to 16 staff members (13 CTFs across nine specialties and three managerial staff), 100% of participants found the content relevant and appropriate to their level. 88% of participants found the overall programme very useful. They especially valued having a safe space to engage in open discussions across different specialties, which promoted inclusive and collaborative learning without barriers. In addition, participants found the programme helped them gain a better understanding of other specialties. Furthermore, they felt the programme kept them updated with clinical knowledge which may make returning to training easier.

We demonstrated the successful implementation of an inter-specialty teaching programme for out-of-programme CTFs. Feedback reflected engagement across different specialties and managerial staff while fulfilling CPD goals.


Keywords: Teaching fellows, Interspecialty, Postgraduate, Peer education, Continuing professional development
An exploration of the perceived educational value of renal and cardiac multi-disciplinary team (MDT) meetings

Presenter(s): Dr Zahra Ladan
Author(s): Dr Zahra Ladan, Royal Free London NHS Foundation Trust; Ms Fiona Sharples, Royal Free London NHS Foundation Trust; Professor Aine Burns, Royal Free London NHS Foundation Trust

Introduction: MDTs are increasingly employed in the NHS to improve patient outcomes. Literature has centred around improving patient care and service delivery. There is little emphasis on the educational value of MDTs. We hypothesised that MDTs are under-appreciated learning opportunities. We sought to explore the perceived educational value of MDTs in our Trust and to identify ways to optimise learning.

Methods: We identified and created an index of MDTs across disciplines. We then selected representative MDTs where multiple disciplines with different educational Backgrounds were represented. A questionnaire was designed to determine perceived educational value of MDTs and to explore ways of enhancing learning. This was distributed to attendees.

Results: 33 MDTs were identified. 15 questionnaires were completed by a range of healthcare workers. The educational value of MDTs was strongly acknowledged. The case-based nature of discussion was viewed as an excellent learning tool. Regular attenders perceived that the learning was continuous and deepening. Brief summaries of learning points, reminders of current guidelines and attendance by senior trainees were proposed as areas for potential improvement.

Discussion: When questioned, respondents were very positive about the educational value of MDTs. Many stated that the learning was very valuable and sustained at each MDT. The majority felt their input was respected and valued. Most remarked on the impact of collaboration.

The small sample size means that these findings may not be truly representative. However, the overwhelmingly positive results suggests that MDTs carry valuable learning opportunities. This has the potential to be exploited further.

Keywords: Multi-disciplinary teams, MDT meetings
Challenges and opportunities in improving in-patient diabetes care in a district general hospital in East London

Presenter(s): Dr Nadia Osman, Dr Henna Patel
Author(s): Dr Nadia Osman, Barts Health NHS Trust; Henna Patel, Newham University Hospital, Barts Health NHS Trust; Kirun Gunganah, Newham University Hospital, Barts Health NHS Trust; Anne Claydon, Newham University Hospital, Barts Health NHS Trust; Saji Roy Newham, University Hospital, Barts Health NHS Trust

All patients with diabetes deserve the highest quality care, delivered by a skilled and attentive workforce. 18% of acute beds are occupied by patients with diabetes, who are at increased risk of harm as highlighted by the National Diabetes Inpatient Audit (NaDia)\(^{1-3}\). Since the COVID-19 pandemic, an increase in frequency of diabetes-related incidents suggests a significant reduction in the quality of inpatient care for people with diabetes\(^{1-3}\). This lecture outlines a quality improvement project, aiming to improve the standard of care provided to patients with diabetes, carried out in a district general hospital in East London.

Diabetes-related incidents and all admissions coded with hyperglycaemia and hyperglycaemic emergencies across a period of 100 days were investigated. Root cause analysis was carried out where suboptimal care was identified. Learning points were used to design and deliver targeted education sessions for staff caring for this patient cohort. A working group of various stakeholders, including members of the diabetes multidisciplinary team, pharmacy and IT, was also set up to oversee logistical changes required to improve quality of care.

Comparative clinical data over the 100 days following targeted education were analysed; a reduction in diabetes-related incidents and errors was observed. Participants reported an improvement in confidence and understanding of diabetes management in questionnaires following attendance at the teaching session. Sustaining workforce knowledge and specialist skills in diabetes management remains challenging and requires continuous education, sharing of lessons learnt from incidents as well as addressing logistical issues compromising care.


Keywords: Medical education, diabetes care
Developing an end-of-life inter-professional learning day for nursing and medical students: a guide

**Presenter(s):** Dr Andrea Ling

**Author(s):** Dr Andrea Ling, Great Western Hospital; Dr Natasha Wiggins, Great Western Hospital

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**Introduction:** Prior to qualifying, it is unusual for nursing and medical students to interact. Inter-professional learning (IPL) enables learning that emulates professional working. Within end-of-life care (EOLC), a mutually-respectful, competent and cohesive multi-disciplinary approach is invaluable. Nursing and medical students attended a speciality-led IPL day, underpinned by educational theory. The day followed a fictional person’s journey through their last days of life and care after death. We introduce this method as a novel and reproducible way to deliver EOLC education.

**Process:** Unmet need and the relevant stakeholders were identified. Those within the undergraduate academies and specialist palliative care team with simulation, communication skills and/or clinical experience agreed to facilitate. Learning outcomes (LOs) were created using curriculum guidance. Centring the day around a patient maintained the humanity behind the LOs. Costs were negotiated between undergraduate departments. Thirty students for each day were allocated, split equally between professions. To maximise interactivity and to encourage psychological safety, students were allocated into mixed groups of four-to-six students. Multiple teaching methods were used to deliver sessions; small group tutorials, clinical observation, simulations and peer-to-peer teaching. The timetable was constructed to enable students and facilitators to rotate around ‘stations’ keeping the delivery of sessions fresh. One facilitator remained with each group, to provide continuity, ensure equal participation and identify student distress.

**Conclusion:** The EOLC IPL is an innovative and reproducible teaching day, encompassing knowledge, reflection and professional skills traversing nursing and medical LOs. Despite inevitable logistical challenges, it provides an invaluable and lasting experience for students.

**Keywords:** End-of-life, palliative, interdisciplinary, inter-professional, communication
‘Geri-Pods’: Using podcasts to broaden learning on the MDT’s role in practice for medical students

Presenter(s): Dr Jacqueline Roy, Dr Tirion Swart and Dr Antony Pile
Author(s): Dr Jacqueline Roy, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr Tirion Swart, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Background:
The multidisciplinary team (MDT) is an integral part of clinical medicine, especially in a world of multi-morbidities. MDT meetings have been the “engine room” of geriatrics for years; however, learning about the MDT as medical students can be challenging and calls for further integration of the MDT into clinical learning are growing2. Podcasts have shown huge promise in medical education, offering asynchronous, accessible learning for a more digital generation of learner3.

Aims: Through a podcast, we aim to shed light on the integral nature of the MDT for medical students and the specific roles of MDT professionals, using this novel technique to enhance student learning in an area more complex than pure attendance at meetings.

Methodology: We have developed a podcast, ‘GeriPods’, aimed initially at students undertaking their Complex Medicine of Older People rotation, hosted via Spotify. Several episodes are planned, of 20 minutes’ length, interviewing various MDT members involved in clinical cases, linked to the case-based learning scenarios currently in the curriculum.

Interviewees include several allied healthcare professionals, including speech and language therapists, physician associates, pharmacists, and specialist nurses. Using questions related to the clinical case in question, interviewees will outline their approach to the patient, what their role is and how they impact patient care.

Evaluation will be two-fold, using digital metrics to assess number of listeners and likes, alongside surveys directed to students and interviewed professionals, on their perception of this novel approach to MDT learning.

Results will be presented at the academic meeting.

Reference(s):

Keywords: Podcast, Allied Health Professionals, Multidisciplinary team, Medical students, Interview
In the world of interdisciplinary working, keeping medical students’ learning siloed from nursing, pharmacy, and other healthcare professional students’ education seems unwise and unrepresentative of future practice. Such separation leads to viewing healthcare through their own professions’ worldview, leaving graduates with a limited understanding of theirs and others’ professional roles. The adoption of medical doctor apprenticeship training routes in the UK will offer more on-the-job education for future doctors, increasing the potential for in-situ learning, but how can interprofessional training experiences be promoted for all?

Fostering opportunities are crucial. How though can this be done? Classroom, simulation or clinical-based sessions, before and during placements, have all been considered positive experiences in past studies. This ‘What’s Your Point?’ considers how educators can structure learning to drive “intellectual interaction” between students, driving deep knowledge, and promote problem-solving of authentic clinical scenarios, to create learning reflective of how interprofessional working happens in practice.

Reference(s):

Keywords: Interprofessional education, Multi-disciplinary, Professionalism, Undergraduate Collaboration
The impact of an early-years healthcare assistantship (HCA) placement: Reflections from 5 years of medical students

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Background: The early years of medical school offers opportunities to experience important aspects of practice, such as person- and values-based healthcare. Through workplace-based practice, students develop understanding of non-medical healthcare professionals' roles and working as health care assistants (HCAs) can help develop crucial skills. Since 2017, first-year students in Bristol have undertaken a HCA placement, fostering interprofessional learning at the outset of training.

Methods: We surveyed Years 2-5 students who participated in the HCA programme during their first year, investigating the programme's impact on which aspects of practice were developed, future clinical learning situations, and whether it prompted subsequent employment as HCAs.

Results: Data collection is ongoing, with 31 responses so far, spanning all student years. 81% of respondents reflect that the programme has benefitted them. Qualitative responses added depth, that it provided great insight into all professionals' roles, and how this enlightened students to the realities of the landscape of their future practice, alongside developing confidence in ward-based practice.

52% have gone onto formal employment as HCAs, with 75% of those feeling they would not have done so without having first undertaken the HCA programme.

Discussion: This review of the HCA assistantship, previously supported at the time of placements, evidences the value senior students now place on their HCA experience, years down the line. Alongside the early clinical contact offered, this study outlines further benefits - in understanding the importance of interprofessional practice on students' preparedness, alongside encouragement to become HCAs, gaining further workplace-based experience and expanding the workforce.


Keywords: Professionalism, Early clinical contact, Healthcare assistantship, Interprofessional practice, Workplace-based education
What are the perspectives of GP trainees on the educational value of the GP apprenticeship model?

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Background:
Existing literature provides insight into how GP trainees learn from their trainers but does not go beyond individual factors. Furthermore, there have been significant changes in clinical practice and training. This project was designed to explore the apprenticeship model through an interpretivist lens.

Research question/sub-questions:
What are the perspectives of GP trainees on the educational value of the GP apprenticeship model?
• In what ways do trainees learn from their trainers?
• What factors influence the ways in which trainees learn from their trainers?
• How has this been influenced by the transition to increased remote consulting?
• What is the perceived educational impact of the apprenticeship model in GP training?

Methods:
Ten semi-structured interviews were conducted with UK-based GP trainees, recruited through purposive sampling, convenience sampling and snowballing, as part of a Master's project. A reflective thematic analysis was then performed.

Results:
Four themes were identified; access to training opportunities, learning factors, system factors and a supportive learning environment. Factors which aid development of mastery include good quality feedback, accessible trainer(s) and a strong interpersonal relationship. Remote consulting has affected both clinical skills and training interactions. Meanwhile practice factors may exacerbate difficulties experienced by trainees and prevent them seeking help.

Conclusions:
Trainees strongly value the scaffolding provided by the apprenticeship model, despite systematic changes. With time they transition to practicing independently. However, apprenticeships do not exist in isolation. Learning is facilitated by practice factors. Further research will help to determine how trainers can support those with additional challenges.

Keywords: primary care, postgraduate, specialty training
Addressing professionalism concerns with a reporting system; were we so wrong to be that transparent?

Presenter(s): Dr Alice Middleton
Author(s): Dr Alice Middleton, University of Bristol

A presentation on our experience and lessons learnt from establishing a reporting system to address falling standards of professionalism amongst undergraduate medical students on clinical placement.

What we did: Instances of unacceptable standards of professionalism or inappropriate behaviour by students were highlighted and discussed in person, then followed up with an email to them, their tutor and their year lead. This was labelled a ‘yellow card’. Exemplar behaviour and good examples of a professional attitude to placement also resulted in both verbal and email acknowledgement, labelled a ‘green card’.

We introduced this system with an interactive presentation at induction, including examples from experience.

The outcome: We noted improved professionalism in a number of areas, but received complaints about the introductory presentation and about the system. We and are no longer using yellow and green cards!

We would like to share our reflections and the challenges of teaching professionalism.


Keywords: Professionalism, Medical education, Hidden curriculum, Medical students
Are Final Year Medical Students of today prepared to be the Antimicrobial Stewards of tomorrow?

Presenter(s): Dr Joe Thompson
Author(s): Dr Ian Todner, Mid Yorkshire Hospitals Trust; Dr Joe Thompson, Mid Yorkshire NHS Trust

Background: The World Health Organisation recommends Medical Students receive teaching on Antimicrobial Stewardship (AS) to combat increasing antimicrobial resistance. Despite this, research has found teaching on AS is insufficiently and inconsistently covered amongst UK medical schools.

Public Health England (PHE) have five criteria required to “step down” antibiotics from intravenous (IV) to oral preparations.

Methods: During a “Preparation for Foundation Years” teaching day, a cohort of 41 final year medical students received small-group, interactive teaching on interpreting blood tests and acting on results. The scenarios were designed to provoke discussion and encourage AS decision making for commonly encountered clinical scenarios that Foundation Year One Doctors face. Pre-session, students completed anonymized questionnaires asking about various domains relating to AS.

Results: Pre-session, the following percentages of students were able to identify each of PHEs five criteria for stepping down from IV to oral antibiotics.

- Apyrexial for >24 hours: 5%
- Able to take oral preparation: 49%
- Biochemically improving: 51%
- Clinically Improving: 54%
- Absence of Deep-Seated infection: 0%

Post-session, 98% of students agreed or strongly agreed they felt confident to “chase and act upon” blood results that were taken for predominantly monitoring purposes.

Discussion: The findings firmly support existing literature, highlighting that Medical Students require more teaching on AS. Interactive, small-group teaching sessions that demonstrate good medical practice regarding AS would be helpful in combatting antimicrobial resistance for the next generation of doctors.


Keywords: Antimicrobial, Stewardship, Medical, Students
Over the last few years we have implemented a number of teaching innovations and changes for undergraduate medical students on clinical placement. A number of these call for active engagement from students, and have highlighted a mismatch between our intention and reality; not all learners taking part gain meaningful educational benefit from these sessions.

In reviewing these methods, we have found that engaged adult learners with well developed skills in self-regulated learning often thrive. Other learners struggle with different or increased demands of the sessions.

Should we be accounting for this? How early and how often should we set an expectation for the lifelong learning skills they will require as doctors? When can we accept that some students miss out?

We will use examples to explore the balance between ‘aiming high’, with aspirational, inspirational methods, and ‘sticking to low risk’, using methods with more easily-accessible educational benefits for our learners.


**Keywords:** Learning, Self-regulated learning, Adult learners, Self-directed learning
Clinical mentorship programmes for final year medical students have shown to increase student confidence, academic support, and overall enjoyment. However, previous research has not focussed on near-peer mentoring. We created a mentorship program between final year students and Foundation Year 1 (F1) doctors. The aims of this study were to assess the effectiveness of a near-peer mentor and determine areas for future improvements.

Final year students (n=30) at Gloucestershire NHS Hospital Trust were allocated an F1 mentor at the start of their 7 month assistantship. Mentors attended an online induction session. A mixed-methods questionnaire was delivered to students two months into the scheme which 19 students completed. A mix of qualitative analyses and descriptive statistical analyses on quantitative data were performed.

Pastoral support was the key benefit identified. All mentees agreed the scheme increased their enjoyment of the assistantship. 95% of students agreed that the scheme improved their confidence about starting F1 and increased their sense of belonging within the clinical environment. The mentor’s recent experience of final year was highlighted as especially useful. Possible improvements include scheduling or providing a structure for meetings between mentor and mentee.

Overall, near-peer mentoring was well received and felt to better address the ‘hidden curriculum’ within the transition from student to doctor. This is especially important when we consider the turbulent healthcare climate tomorrow’s doctors will graduate into. The scheme is ongoing and will continue to be evaluated. We recommend near-peer mentorship schemes for final-year students at all medical schools.


Keywords: Mentorship, near-peer, medical students
Being the best you can be, but not good enough for yourself: competitive behaviours amongst medical students

Presenter(s): Dr Matthew Lee
Author(s): Dr Matthew Lee, Cardiff University; Mrs Julie Browne, Cardiff University; Professor Stephen Rutherford, Cardiff University
Twitter: @mattylee96

Introduction: Competitiveness amongst medical students is a known concept, but the consequences of such behaviours on learning and wellbeing have been minimally explored. Competitive activities can have positive impacts on knowledge retention yet encouraging competitive behaviours in medical students contradicts the GMC’s ethical recommendations for fostering collaborative work between colleagues. Our aim was therefore to further explore competition amongst medical students and the effects on learning and wellbeing.

Methods: A mixed qualitative and quantitative survey was distributed across UK medical schools via social media. All UK medical students and Foundation Year 1 doctors (FY1) were eligible to respond. The survey remained open for approximately 8 months, closing at the end of the academic year.

Results: 260 medical students and FY1s responded. More than 90% of students felt medical school was a competitive environment and multiple competitive behaviours were identified. 86% of students had an experience where comparing their abilities to others had a negative impact on their own confidence. Rankings, exams and limited clinical opportunities were highlighted as potential contributing factors. Crucially, more than 30% felt lecturers and tutors encouraged academic competition between students and nearly half felt their university encouraged students to believe they are part of an ‘academic elite’.

Conclusion: Competitive behaviours appear to be common within the hidden curriculum. Utilised appropriately they can enhance the learning experience, but, as medical educators, we have long overlooked the potential negative impacts of fuelling a competitive environment and need to reconsider how we teach and assess students accordingly.


Keywords: Competitiveness, Wellbeing, Learning Environments, Professionalism
Carpooling and collegiality: Commuting and the Informal Curriculum

**Presenter(s):** Dr Harshini Ruwanpathirana, Dr Mairi McKinlay

**Author(s):** Dr Harshini Ruwanpathirana, Birmingham Medical School; Dr Mairi McKinlay, Birmingham Medical School; Dr Oliver Topping, Birmingham Medical School; Dr Dawn Jackson, Birmingham Medical School

**Background:** Birmingham Medical school is situated in the UK’s second biggest city with students attending clinical placements up to 26 miles away, without option of on-site accommodation. Carpooling is the most common mode of travelling to placement (52%), with students citing poor public transport, convenience, and cost as key advantages.

Socialisation is a key component of workplace-based teaching. Learning is known to occur outside of clinical placements by casual interactions between learners in the informal curriculum1. We hypothesised carpooling may lead to unofficial group formation and the development of an informal curriculum, posing potential disadvantages for those unable to access this.

**Methods:** We distributed a pilot survey, incorporating options for free text response, to all year 4 students, exploring motivations and barriers to carpooling, and perceived impact on learning experience. Thematic analysis of responses will help inform a larger survey study (for roll-out in May 2023) across all Years 3-5, where we aim to also explore associations between socio-demographic Background, carpooling and potential impacts on educational experience.

**Discussion:** Preliminary thematic analysis of free text pilot survey responses (n=161) suggests that carpooling leads to improved friendships and punctuality, as well as an opportunity to share tips, debrief, and reflect on the day’s learning experiences. 53% students travelling by other means would like to carpool but report not living in student areas or not knowing people to share with. Carpooling, which may be influenced by social connections or geographical location, may therefore offer an important lens to the informal and hidden curriculum.


**Keywords:** Informal Curriculum, Workplace-based teaching, Commuting, Carpooling, Collegiality
Defining Culture within the Faculty of Medicine: student and staff perceptions of and experiences with the Faculty's culture.

**Presenter(s):** Miss Sandal Butt  
**Author(s):** Miss Sandal Butt, University of Southampton; Professor Kathleen Kendall

**Background:** University of Southampton's Faculty of Medicine implemented a strategic plan with the vision of improving the population's health. As part of this, several workstreams were created, including the 'Culture' Workstream, whose aim is to create an environment where everyone looks after each other and actively participates in achieving equity, diversity, opportunity and belonging. This research was undertaken to aid the Culture Workstream in better understanding and improving the Faculty's culture.

**Aims:** Explore how staff and students within the Faculty of Medicine define the term 'Culture'.  
Understand staff and student experiences of the Faculty’s culture.  
Analyse strengths and weaknesses of the Faculty’s current culture.  
Review what can be done to improve the Faculty’s culture.

**Methods:** Four focus groups were conducted with 21 students from Year 0 to Year 4. In addition, two interviews were carried out with staff. All were recorded, transcribed, and then thematically analysed.

**Results:** Overall, participants defined culture as ‘a sense of belonging based on behaviours, relationships and values shared by a group of people in a particular environment’. A sense of belonging was stronger among students in the early years than those in the later years. Key factors encouraging belonging were older students, selection interviews and staff role models. Discouraging factors included alcohol culture, competition, academic failure, and lack of connection with staff.

**Conclusion:** The findings identify strengths and weaknesses within the Faculty of Medicine's culture and highlight areas for improvement. Recommendations include: creating physical spaces, implementing cultural training for students, and awards for staff-student partnerships.

**Keywords:** Culture, Belonging, Medical Education
Evaluating the use of online commercial question banks amongst medical students at a UK medical school

Presenter(s): Miss Trisha Suji, Arisma Arora
Author(s): Miss Trisha Suji, King's College London; Arisma Arora, King's College London; Jonathan Guckian, Leeds Institute of Medical Education and Leeds Teaching Hospitals
Twitter: @trishikasuji

Background: Question banks are an increasingly popular study resource in medical schools owing to timed practice, similar exam environment, etc. Previous research on question banks and medical schools have focused on student generated banks or the American medical school curriculum. This study aims to explore the importance of question banks for UK medical students, providing a base for future research.

Methods: An anonymous online survey was distributed to medical students at a single UK medical school and closed when at least 10 responses in each year was collected.

Results: 87 students responded. Of the 89% of students who use question banks, 58.4% did so daily for an average of 2.96 hours in the lead up to examinations. Students rated them to be essential for university written examinations preparation at 4.82 out of 5, and for OSCEs 3.31. 36% of students reported missing timetabled university activity to use question banks. 95% reported they would feel disadvantaged if unable to access them, with 49% reporting that affordability restricted their access already. Average annual spend on question banks was £34.50.

Discussion: These results suggest commercial question banks positively impact student perception of university exam outcomes. Research to establish if these findings extend objectively to examination results is required. Exploring when medical students use question banks (e.g., after lectures or after self-study from other resources), how they decide what question topics to attempt, and what interface is preferred, could aid integration of question banks into university provided teaching materials - removing accessibility barriers.


Keywords: question bank, medical student, UK, exam, revision
Finding SPACES to teach: Shared Placements between medical schools and Associated Clinical Educator and Student Experiences

Presenter(s): Dr Sanat Kulkarni and Dr Amy Birchenough
Author(s): Dr Sanat Kulkarni, Sandwell and West Birmingham Hospitals NHS Trust; Dr Amy Birchenough, Sandwell and West Birmingham Hospitals NHS Trust; Dr Richard Phillips, Sandwell and West Birmingham Hospitals NHS Trust; Dr Shamus Butt, Sandwell and West Birmingham Hospitals NHS Trust; Dr Dawn Jackson, University of Birmingham; Dr Derek Ward, University of Birmingham; Ms Shagaf Bakour, Aston University

Background: Rising medical student numbers in the UK has led to an increasing overlap of students from different medical schools at the same clinical placement location; this may impact on the student learning experience. Sandwell and West Birmingham Hospitals NHS Trust (SWBH) receives students across all three clinical years from Aston University and the University of Birmingham. In this collaborative research between both medical schools, we aimed to understand the experiences of medical students attending overlapping placements.

Methods: All clinical year medical students placed at SWBH between 1st November and 31st December 2022 were invited to complete an anonymous, 20-item online questionnaire exploring placement satisfaction and perceived educational value. Chi-squared and Kruskal-Wallis tests were used to evaluate the association between students' university of study, year group, positive and negative experiences, and placement satisfaction.

Results: Eighty-eight students completed the questionnaire (response rate of 35%). Twenty (23%) students perceived an improved quality of learning due to learning alongside students from a different university, with 35 (40%) perceiving a negative impact, most commonly due to competition for learning opportunities and overcrowding. These perceptions of negative impact were also associated with reduced overall placement satisfaction (p = 0.015).

Conclusions: Medical students reported more negative than positive interactions when clinical placements overlapped with students from another medical school, with negative interactions proving detrimental to their overall placement satisfaction. This is only one aspect of a complex educational environment, but greater understanding of perceived competition and overcrowding is required in shared clinical placements.

Keywords: Shared placement, Placement overlap, Medical student, Undergraduate
I Study, Therefore I Am: Does a medical foundation year affect the change in identity reported by Widening Participation medical students?

Presenter(s): Dr Michael McPartland

Author(s): Dr Michael McPartland, University of Leicester; Dr Megan Baldwin, University of Leicester

A number of British universities now run Medical Gateway Year courses which have contributed to an increase of students with demographics associated with socio-economic advantage. This is just one of the ways of widening participation into medical schools, which is important as higher education has been shown to bring significant benefit to individuals while increasing social mobility.

However, all is not well. There is evidence to suggest that widening participation students can struggle with an identity conflict – a clash between their personal culture and the one in their medical school. As a result some students go through their medical school career with a certain distance between their peers and the school itself, while others find themselves conforming to what they feel is expected of them, in some cases making it difficult to fit in at home and with friends from before their university career. We hope to examine this phenomenon further, and in particular consider if a Medicine Gateway Year affects this identity crisis.

This is a qualitative study where we will use a series of focus groups with students from each year of the medical school. These focus groups will be analysed using an interpretive phenomenological approach in order to see if students who have entered medicine through a gateway year have the same identity issues reported in other widening participation students.

These focus groups have not yet been run but results will be available by the time of ASM 2023.


Keywords: Widening participation, Identity, Medical Foundation Year
Improving medical students' confidence in the theatre environment and surgical scrubbing technique through pre-placement ‘theatre prep’ teaching: a quality improvement project

**Presenter(s):** Dr Anna Politis & Dr Yara Ibrahim

**Author(s):** Dr Anna Politis, Undergraduate Medical Education, Salford Royal NHS Foundation Trust, Northern Care Alliance; Dr Yara Ibrahim, The University of Manchester; Undergraduate Medical Education, Salford Care Organisation, Northern Care Alliance NHS Foundation Trust; Sarah Bottomley, Undergraduate Medical Education, Salford Care Organisation, Northern Care Alliance NHS Foundation Trust; Dr Yeng Ang, The University of Manchester; Undergraduate Medical Education, Salford Care Organisation, Northern Care Alliance NHS Foundation Trust

**Background:** The GMC states that medical students should be proficient in surgically-related procedural skills, including scrubbing up. These skills are reported as top learning objectives for surgical placements. However, research shows students feel unprepared going into theatres, suggesting that preparatory teaching increases confidence and maximises learning opportunities.

This project aimed to improve confidence and preparedness for theatre amongst students at a large UK Medical School through the delivery of ‘theatre prep’ teaching.

**Methods:** A PDSA structure was utilised through multiple cycles from September to December 2022, using a baseline questionnaire to compare each cycle's outcomes against a control group. Feedback from students and stakeholders informed lesson plan updates after each cycle. Sessions utilised PowerPoint, PDF handout and practical skills teaching, delivered in small groups. Content focussed on theatre etiquette and scrubbing up.

**Results:** A Likert scale established self-reported students' confidence, graded from 1 (very unconfident) to 5 (very confident). Data across all cycles showed that prior to attending theatre, students' confidence in going into theatres, and scrubbing up, was low (average 2.14 and 1.66 respectively). Control group data showed that students' reported confidence improved by an average of 1.52 and 1.48 respectively post-placement. Comparatively, following ‘theatre prep’ teaching, groups reported an increase in confidence of 2.13 and 2.53 for cycle one, and 2.2 and 2.67 for cycle two.

Results demonstrate that students' confidence in going into theatres and scrubbing up was greatly improved by having a ‘theatre prep’ teaching session. We recommend all medical school curricula incorporate similar content.

**Reference(s):**

**Keywords:** surgery, scrubbing, preparatory, student, confidence
The NHS Bursary was set up to provide financial aid to medical students in their later years of study when the maintenance loan from Student Finance England decreases drastically. This funding is particularly important for students who are unable to rely on support from their families and must financially sustain themselves throughout medical school; this is often the case for gateway students.

Recently, there has been increased awareness of the inadequacy of the NHS bursary and this is further exacerbated by the UK’s current economic crisis. This research aims to investigate student experiences before and while receiving the NHS Bursary to highlight challenges faced by these students and explore avenues through which institutions can provide better support.

This is a mixed-methods, cross-institutional study. A survey has been co-created with the gateway programme leads of the collaborating institutions and distributed to gateway students at these institutions. The survey comprises both long-answer questions and categorical questions about Background demographics and finances. NVivo and Microsoft Excel are being used to analyse the qualitative data, using Braun and Clarke’s inductive thematic analysis. SPSS is being used to analyse categorical data through quantitative tests and simple descriptive statistics.

Preliminary data analysis shows that most students feel inadequately prepared for the financial challenges faced whilst undertaking their degree and believe more could be done to support them financially. This cross-institutional study provides a unique opportunity to gain a holistic view of gateway students’ experiences and further exploration will highlight the way finances impact these students.


Keywords: NHS Bursary, Student Support, Widening participation, Finances, Gateway students
Let's go round again: group support for repeating year one MBBS students

**Presenter(s):** Dr Nyree Myatt

**Author(s):** Dr Nyree Myatt, Queen Mary University of London; Dr John Broad, Queen Mary University of London; Dr Lesley Robson, Queen Mary University of London

**Context:** During the pandemic, many UK universities adopted “no-detriment” assessment policies. At Queen Mary University of London, students taking the MBBS course who would usually have been de-registered for failing at their second attempt, were instead given the opportunity to resit the year in full. This led to 49 students resitting year one; by comparison, 6 students resat year one in 2019, pre-pandemic. This made the usual individual support strategies (minimum 3 meetings with a senior tutor over the year) difficult to implement, so for one cohort of 7 resitting students, support was offered primarily in a tutor-led small group. Would students feel supported by group sessions, and would it save time for the tutor?

**Methods:** A loose scheme of work was devised with group sessions offered approximately monthly. Sessions included SWOT analysis, time management, revision strategies and motivation. Students were also offered 2 individual meetings over the year.

**Results:** Overall, of 49 students resitting the year, 16 passed. From the cohort receiving group support, 6 of 7 students passed the resit year. Students reported meeting with others in the same situation as them reassuring and they felt supported. Sessions on time management were better received than those on revision techniques. For the senior tutor, time taken with individual and group meetings was approx. 18 hours over the year versus 21 hours if individual meetings had taken place.

**Conclusion:** Student feedback was positive, and they felt supported. Whilst tutor time saved was minimal, group sessions will continue to be offered.

**Keywords:** Group, Support, Repeating, Students
Paediatric undergraduate bedside teaching: Applying quality improvement methodology to maximise impact

Presenter(s): Dr Nathan Collicott

Author(s): Dr Nathan Collicott, University of Bristol; Dr Abhishek Oswal, University of Bristol; Dr Anna Waghorn, University of Bristol; Dr Alison Kelly, University of Bristol

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Background and aims: Bedside teaching (BST) can be split into 3 components: pre-brief, patient encounter, and debrief, which we labelled A, B, C respectively. Maximising the yield of learning in BST is important in paediatrics, and after Covid-19, in a period where clinical contact may be reduced.

We studied which components of the BST session students value most, and how these could be improved using a quality improvement (QI) methodology.

Methods: We studied BST in 4 cohorts of undergraduates in a large tertiary children’s hospital. We collected student feedback after each session: ranking the session components, Likert scale data on self-reported preparedness, and free text responses. We also collected students’ scores from a practice Objective Structured Clinical Examination (pOSCE). We compared the feedback and pOSCE scores between cohorts using appropriate statistics. Using QI methodology, we used this to introduce interventions each subsequent cohort.

Data collection is ongoing and will be completed by May 2023.

Results: In the baseline cohort, students valued A the lowest, and valued B and C equally. However, their Likert and written feedback suggested they felt underprepared. Based on this we provided them with an additional teaching session demonstrating paediatric clinical examination. In interim analysis of the first intervention cohort, students valued B the highest, then C, then A. There was no significant difference in their Likert scale data. We will continue to make QI based interventions, to alter students’ ranking of the value of the components aiming to improve their yield of learning.


Keywords: Paediatric, Bedside Teaching, Quality Improvement
Participatory Action Research to determine the best ways to support undergraduate medical students who are re-sitting Year 1

**Presenter(s):** Dr Muna Al-Jawad  
**Author(s):** Dr Muna Al-Jawad, Brighton and Sussex Medical School; Miss Sonja Hanif, Brighton and Sussex Medical School  
**Twitter:** @OPWhisperer

**Background:** We are a fourth year medical student (with experience of re-sitting a year) and a faculty member. We carried out a participatory action research (PAR) project exploring remediation from the student perspective. There is lack of consensus about how to tackle failure in medical education.\(^1\) Previous research suggests re-sitting students are more likely to come from marginalised groups.\(^2\)

**Methods:** We used PAR as it empowers usually marginalised groups.\(^3\) We held 2 focus groups with first-year re-sitting medical students. We coded meetings individually, then together discussed and grouped our codes into themes. Our participants gave views on themes and wrote postcards to the medical school as recommendations. We also held meetings with other key stakeholders and reviewed existing literature.

**Results:** Our main themes were:
1. Failure causes a damaged relationship with the institution.
2. Current communication around failure and re-sitting is not adequately detailed or accurate for students.
3. Re-sitting students who are marginalised experience micro-aggressions from many members of the medical school community.
4. Shame is a powerful factor influencing the actions of students who are re-sitting.

**Recommendations:**
1. Put Personal Tutors at the heart of remediation, empowering them to be learner-centred in approach.
2. Change the language in official emails and policies to be clear but also supportive.
3. Increase support for marginalised students (eg widening participation Backgrounds) including wellbeing and navigating School systems.

Our recommendations are mostly not implemented at the time of writing, we plan to continue the cycle, evaluating impact next year.

**Reference(s):**  

**Keywords:** Remediation, re-sit, failure, shame, communication
Medical students

Thursday 13th July - 1325-1430hrs - MR8

Peer-led simulation programme improves confidence in final year medical students prior to starting as foundation doctors

Presenter(s): Dr Thomas Bedwell
Author(s): Dr Thomas Bedwell, Royal Bolton Hospital; Dr Daisy Marchant, Royal Bolton Hospital

Aims: Final year medical students often report feeling unprepared for clinical practice1. We created a teaching programme for students rotating within the North-West deanery. Our primary aims were to improve subjective confidence in starting foundation training, ability in recognising and treating medical emergencies and practise of relevant clinical skills.

Methods: A series of four two-hour sessions were delivered to four cohorts of medical students between September 2022 and January 2023 at Royal Bolton Hospital. Each session involved a lecture or workshop followed by two medical emergency simulation scenarios facilitated by junior doctors interested in simulation and debrief. Anonymised questionnaires measuring from 1 to 10 across domains including subjective confidence in attending their first on call, performing A to E assessments and interpretation of investigations were compared before and after each series.

Results: 56 students from cohort one to three completed pre-course and 34 completed post course questionnaires. Results from the fourth cohort will be analysed after the final session on January 31st 2023. On average each of the eleven domains increased by 3.2 points (4.5 to 7.7). Subjective confidence in: “starting as foundation doctors” increased by 3.5 points, (median 4 to 8 respectively); “performing A to E assessments” increased by 3.2 (5 to 8 respectively); and “attending first on call” increased on average by 3.8 (median 3 to 7 respectively).

Conclusions: Our peer-led simulation programme has achieved the primary aims of improving confidence in multiple cohorts of medical students across a range of domains relevant to starting as foundation doctors.

Reference(s): Tallentire VR, Smith SE, Wylde K, Cameron HS. Are medical graduates ready to face the challenges of Foundation training? doi:10.1136/pgmj.2010.115659

Keywords: education, confidence, support
Peer-led versus conventional teacher-led methodological research education sessions; an initiative to improve medical education research teaching

**Presenter(s):** Miss Maria Bantounou  
**Author(s):** Miss Maria Anna Bantounou, University of Aberdeen; Mr Niraj Kumar National Medical Research Association (NMRA)

**Introduction:** To enhance doctors’ engagement with research, the National Medical Research Association (NMRA) developed a research teaching series, delivering peer-led (PL) sessions by medical students and conventional teacher-led (CL) sessions by licenced physicians/lecturers. We assessed the effectiveness of the series and compared the PL and CL approaches.

**Methods:** The teaching sessions were delivered virtually via Zoom weekly either PL or CL. Feedback was provided by participants on completion of every session using a 10-point Linkert scale assessing their knowledge pre- and post-training.

**Results:** 87 participants were included generating 782 feedback forms, 367 (47.1%) for PL and 412 for CL sessions. The median knowledge scores significantly increased following each session (p-value<0.05) independent of teaching approach. An overall improvement in the median knowledge score from all sessions from 5/10 to 8/10 was reported. There was no significant difference between knowledge gained from the CL or PL teaching.

**Conclusion:** Didactic PL research training sessions are equally effective as CL sessions.

**Keywords:** Peer-led teaching, research education, medical education
Personal experiences of junior doctors improves student confidence in deanery ranking

Presenter(s): Dr Jessica Coenen
Author(s): Dr Jessica Coenen, Bath Academy, University of Bristol; Dr Nithesh Ranasinha, Bath Academy, University of Bristol
Twitter: @nitheshranasin1

Introduction: Applying for the Foundation Programme is an important step for final year UK medical students, with ranking deaneries being a particular source of anxiety (Cartwright 2015). The UK Foundation Programme Office (UKFPO) provides quantitative data on individual deaneries and UK medical schools offer variable guidance on Foundation Programme application. The aim of our study was to investigate the impact of junior doctors’ personal experiences on students’ confidence in deanery ranking.

Methods: We designed a four-part hybrid teaching course for fourth and final year medical students focused on personal experiences of junior doctors who had recently trained in different Foundation Programme deaneries. Sessions highlighted subjective strengths and weaknesses of individual deaneries, including support for trainees, accommodation availability and social factors. We designed and distributed pre- and post- course questionnaires using Likert scale and multiple-choice questions to evaluate students’ confidence in deanery choice.

Results: We collected 21-paired questionnaires from 30 students attending Bristol, Oxford and Southampton medical schools. There was a 47% increase in students feeling ‘quite’ and ‘very’ confident in their first choice deanery. Following the session there was a 33% increase in importance students gave to junior doctors’ personal experiences. Interestingly, cost of living was the second most important factor influencing students’ deanery choice, after positive personal experiences of junior doctors.

Conclusion: Personal experiences of junior doctors improved student confidence in deanery ranking. Medical schools could incorporate balanced personal experiences from junior doctors alongside current UKFPO Foundation Programme application information to deliver rounded, high utility preparation for medical students.

Reference(s): Cartwright L. Applying to the foundation programme BMJ 2015; 351 :h3739 doi:10.1136/sbmj.h3739

Keywords: Confidence, Application, Experiences, Subjective, Foundation Programme
Social media and medicine: Has Pandora’s Box been opened?

**Presenter(s):** Dr Zia Farooq

**Author(s):** Dr Zia Farooq, The Hillingdon Hospitals NHS Foundation Trust; Dr Thomas Shackshaft, The Hillingdon Hospitals NHS Foundation Trust

**Introduction:** Social Media (SoMe) is an increasingly prominent facet of modern living, but it is imperfect in its utility. Guidance on medical student use of SoMe currently has an emphasis on professional and ethical conduct online. However, SoMe is increasingly being used to facilitate teaching and to create online communities for medical professionals to share their experience. SoMe has been theorised to be detrimental to the user’s mental health. Resilience is a vital trait for a medical professional. We hypothesise that medical students’ negative experiences with SoMe may decrease their motivation to pursue a medical career.

**Methods:** We surveyed Imperial College medical students collecting themes including SoMe usage and views on their future career. We aim to conduct a focus group with a smaller subset of students to further explore these themes.

**Results:** This data set is currently incomplete. We have surveyed 10 third year medical students with 90% reporting daily SoMe usage, 100% viewing content created by medical professionals and 90% reporting this to be a positive experience. Only 40% have viewed discourse amongst medical professionals but 75% of this group have found this discourse to be negative.

**Discussion:** We aim to use regression analysis to analyse a correlation between negative experience with SoMe and current emotions towards a medical career. We will also collect qualitative data in focus groups regarding these themes. If a link is demonstrated this may help to inform more detailed guidance on SoMe use for medical students.

**Reference(s):**

**Keywords:** Motivation, Social Media, Medical Students, Career
Background: Deficiencies in clinical reasoning (CR) are the most significant contributor to diagnostic error, resulting in patient harm worldwide. It has been shown that students' CR capacity grows with experience, irrespective of how they are taught. However, there is a growing consensus in the UK that curricula should have an explicit and longitudinal programme of CR teaching.

Aims/ purpose: We conducted a literature review in September 2022 to summarise current teaching practices of clinical reasoning in medical schools, their strengths, limitations, and areas for future development. Four databases (EMBASE, PsychINFO, Medline and ERIC) were searched using terms relating to clinical reasoning, medical students, and curricula. Sixty-five studies met final inclusion for the literature review.

Results:
Key themes emerging:
1. The predominant style of CR teaching in medical schools is implicitly through isolated activities – problem-based learning, simulation, virtual patients, integration of science and clinical cases and reasoning short courses.
2. There is an emerging call to adopt the structure of longitudinal and integrated clinical reasoning teaching throughout the curriculum. Few medical schools have implemented this so far.
3. Barriers to implementation of a longitudinal CR teaching programme (resistance to change, time, motivation) may be overcome by faculty development to allow a critical mass of qualified teaching workforce.

We are calling to action medical school educators, to highlight the importance of clinical reasoning in their curricula and teaching methods. Further research into this area may help support more widespread implementation of a longitudinal course.


Keywords: Clinical reasoning, Medical errors, Curriculum development, Faculty development
Teaching Venepuncture on Real Patients

**Presenter(s):** Mr James Berman
**Author(s):** Mr James Berman, Bristol Medical School

**Background:** During practical training in clinical skills, several early clinical-year medical students suggested that despite lab-based sessions, they were terrified of the idea of walking up to patients and attempting procedures while on the wards. Therefore, proposed by a final-year student, a training session was developed, bridging the gap from skills lab to the bedside, involving real patients, aiming to improve student confidence and increase the likelihood of seeking out future opportunities to perform clinical skills on wards.

**Method:** Sessions were advertised to third-year students on a voluntary basis, with 30 students ultimately attending A&E in small groups of 1-2 students, alongside a senior student. Sessions lasted two hours and comprised performing venepuncture or cannulation on real patients. The session was evaluated via an anonymous feedback form, with data analysed descriptively.

**Results:** Fourteen participants completed feedback, rating their confidence before and after the session. Confidence improved from 3 pre- to 7.2 post-session. Qualitative responses further outlined the importance of sessions such as this to improve confidence, the value of student tutors and the benefit of near-peer experience in guiding learners through practical processes.

**Discussion:** This student-led session clearly improved students’ confidence in undertaking clinical skills in practice. Although mannequins are a useful learning tool, it is still significantly different to practicing on a human, and real-life practice alongside adequate supervision is invaluable. This offers a student-led, novel approach to supporting clinical skill development, which several students suggested should become a formal part of the course.

**Reference(s):**

**Keywords:** Medical Students, Venepuncture, Cannulation, Student confidence, Teaching
There has been a longstanding shortfall of surgical exposure in the undergraduate medical curriculum\(^1/2\), which was compounded by COVID-19. In response, we delivered an online surgical teaching programme for medical students to enhance undergraduate surgical education and evaluate its effectiveness.

Surgical speakers across 9 different surgical specialties were recruited via email. Topics included basic surgical principles, common pathologies, the surgical portfolio and surgical innovation. The programme was advertised to students via social media and a newsletter. Quantitative and qualitative feedback was collected via attendee feedback forms. Attendees' knowledge in topics covered before and after each lecture was measured via self-assessment using a 5-point Likert scale. A paired t-test was performed to measure pre- and post-session knowledge.

17 lectures were delivered between October 2021 and May 2022. 463 feedback forms were completed across the series by students across all years. Mean knowledge ratings improved after each session. 16/17 teaching sessions produced a statistically significant improvement in surgical knowledge (p<0.05). The most statistically significant improvement was seen following the acute abdomen lecture (p=0.00) Vascular surgery showed an increase from 2.8 to 4 (p=0.07). Common themes in written feedback were relevance to clinical practice, enthusiastic speakers, and exposure to content not otherwise taught in the curriculum.

Supplementary surgical series successfully address the demand for increased surgical teaching within the undergraduate curriculum. They improve insight into a career in surgery with exposure to positive role models, significant improvement in knowledge and practical advice on career development, empowering students to pursue surgery.


**Keywords:** Surgery, Virtual, Surgical teaching, Surgical curriculum
Using the Medical Student Voice to Assess the Quality of General Practice Placements

**Presenter(s):** Dr Alice James

**Author(s):** Dr Alice James, University of Bristol (Bath Academy) & The Royal United Hospital Bath; Professor Trevor Thompson, University of Bristol; Dr Simon Thornton, University of Bristol

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**Background:** High quality General Practice (GP) placements and exposure to role models confers greater probability of medical students choosing GP as a future career\(^1\). Verbal and written medical student feedback allows students to highlight the opportunities and challenges presented by their GP placements. Student feedback can ultimately enhance the quality of future GP placements by identifying, celebrating and replicating excellent practice by GPs & Allied Health Professionals involved in medical student teaching and through informing any changes that might be required. Evidence of active medical student involvement by medical schools in determining quality indicators relating to GP placements or in designing student feedback is lacking. Our team set out to use the student voice to define GP placement quality indicators.

**Methods:** Focus groups involving University of Bristol Medical Students were conducted after seeking ethical approval. Thematic analysis of focus group material will be used to create a standardised medical student feedback form for Primary Care Placements.

**Results:** Full results to be determined


**Keywords:** Undergraduate, Experience, Feedback, Quality, General Practice
Faculty and students' perceptions of High Fidelity Simulation: A study at an Emergency Medical Services schools in Saudi Arabia.

**Presenter(s):** Mr Majed Alqahtani

**Author(s):** Mr Majed Alqahtani, Cardiff University, School of Medicine, Center For Medical Education; Dr Michal Tombs, Cardiff University, School of Medicine, Center for Medical Education

**Background:** High-fidelity simulation (HFS) can help the learner shift from knowledge to higher cognitive levels such as application and analysis (Zigmont et al., 2011). While a great deal of research has been conducted in medical and nursing education on the topic of high-fidelity simulation, very little research exists that considers the experiences and needs of learners and teachers in emergency medical services education (paramedics).

**The Aim:** The purpose of the study was to examine the views of faculty and students with respect to their experiences and challenges associated with the implementation of high-fidelity simulation at EMS schools in Saudi Arabia.

**Methods:** A mixed methods approach was utilised, using interviews and surveys to tap into student and faculty perceptions. The Simulation Design Scale (SDS) and Educational Best Practices (EPPS) surveys tapped into experiences and satisfaction with HFS, whereby semi-structured interviews were designed to tap into perceptions of preparedness and challenges. 41 faculty members and 210 students completed the surveys, and 10 faculty members and 17 students volunteered to take part in the semi-structured interview.

**Results:** Findings suggest that students and faculty are equally satisfied with their experiences with HFS, as examined by the SDS and EPSS. It was the thematic analysis of the qualitative data that enabled the uncovering of challenges and barriers to HFS implementations. These challenges were categorised into themes associated with institutional issues, support needs, and teaching during the COVID-19 pandemic.

**Conclusion:** The findings will aid in the development of guidelines and additional support for educators.


**Keywords:** Paramedic Emergency Medical Services, Emergency Medical Services education
The Development of a Course to Prepare Final Year Medical Students for Foundation Years

Presenter(s): Dr Emma Lewin

Author(s): Dr Emma Lewin, Queen Mary University of London, Barts Health NHS Trust; Dr Colette Davidson, Queen Mary University of London, Barts Health NHS Trust; Dr Jessica Little, Queen Mary University of London, Barts Health NHS Trust; Ms Paula Lee, Queen Mary University of London, Barts Health NHS Trust

Background: Nothing can fully replicate the value of real-life clinical experience in preparing medical students for their role as foundation doctors. However, due to the variable nature of placements, students reported an inconsistent level of understanding of the role and the skills specifically required. This project aimed to develop a course for final year medical students, as an addition to placement teaching, to consolidate knowledge and cover any gaps prior to practising as an FY1 doctor.

Methods: Students were consulted on potential topics prior to the course. In total, 13 sessions were prepared for the 8-week rotation. This included three investigation interpretation tutorials, five tutorials on core foundation skills (including documentation, prescribing, communication skills and prioritising ward-based tasks) and two simulation sessions (on-call and A-to-E simulations). Teaching was supplemented with virtual reality simulation, an escape room, and a formative clinical assessment. Feedback was obtained after each individual session and on completion of the course for quality improvement.

Results: Two groups (12 students) have participated in the course so far. All students found the sessions useful in preparing for foundation years and exams. Common themes from the feedback include gaining more confidence, covering content that wasn’t taught elsewhere, appreciating the flexibility of sessions and inclusion in choice of course content.

Conclusion: The programme helped students to gain confidence in key foundation competencies and develop practical knowledge that was not obtained elsewhere. Students appreciated being consulted on the topics included. Participants’ views will be surveyed again once they are working as FY1s.

Keywords: Undergraduate, Foundation preparation, Clinical Skills, Communication, Competency
Development of an interactive platform for OSCE preparation

**Presenter(s):** Dr Lewis Potter  
**Author(s):** Dr Lewis Potter, Geeky Medics; Dr Chris Jefferies

**Background:** The Objective Structured Clinical Examination (OSCE) is a practical assessment tool used to assess performance within a simulated clinical environment. As an assessment method, OSCEs cause significant test anxiety among healthcare students\(^1\)\(^2\). Various methods of OSCE preparation exist, including participation in peer-led 'mock' formative OSCEs\(^3\).

**Methods:** A custom web-based OSCE platform was developed to assist students in organising and facilitating mock OSCEs. Key features of the platform include the ability to create OSCE stations (including student, patient and examiner instructions), embed rich media (pictures, audio and video), and create an interactive examiner checklist. The platform also allowed OSCE stations to be organised into circuits which could then be shared easily to facilitate mock OSCEs. The platform is designed to be used in small groups of students and accessed via a mobile device or laptop.

**Results:** The platform was launched in March 2022. Since launching, users have created 1,660 OSCE stations on the platform, including history taking, clinical examination and data interpretation stations. These OSCE stations have had a total of 90,500 interactions by users. The most popular months for OSCE station use are May (17,000 interactions) and June (20,000 interactions).

**Conclusion:** Participation in formative ‘mock’ OSCEs is an often utilised method of OSCE preparation by students. There is some evidence that participation in peer-led mock OSCEs improves student confidence. Our statistics show the web-based OSCE platform was heavily utilised by students, especially during assessment periods.

**Reference(s):**  

**Keywords:** OSCE, Technology enhanced learning, Peer and near-peer education
That Makes a Change – How Peer Support Effects Change

Presenter(s): Dr Antoniya Kamenova

Author(s): Dr Antoniya Kamenova, West Middlesex University Hospital; Mr Kwaku Baryeh, West Middlesex University Hospital; Miss Christina Cotzias, West Middlesex University Hospital

Background: The transition from medical school to foundation year 1 (FY1) presents unique challenges. There is a well-established support structure involving the educational and clinical supervisors and foundation training programme directors (FTPDs) but it can be difficult for FY1s to discuss concerns with significantly more senior doctors. Peer-to-peer (PTP) support groups can offer opportunities for FY1s to speak up openly. The outcome of using postgraduate Education fellows (PGEFd) to act as ‘peers’ in this role is considered.

Methods: Six FY1 doctors were invited to and attended a PTP support session. The invitation was offered to explore what was contributing to this FY1 cohort submitting a high number of exception reports. The session was facilitated by a PGEFd (CT2 level). At the end of the session with the consent of the FY1 doctors, the FTPDs joined to listen to a summary presented by the PGEFd.

Results: With protected time and safe environment the FY1 doctors openly reported issues relating to patient list management, missed educational opportunities, rota gaps, operational management, and interpersonal challenges within their group to the PGEFd. These points, when summarised by the PGEFd, were structured to allow the FTPDs opportunity to influence departmental change.

Key Messages: Appropriate out of department PTP sessions are an effective mechanism of support for foundation doctors and allow issues to be identified in a timely safe way and acted on promptly.

Keywords: Peer feedback, Foundation doctors
Patient safety is an integral part of the UK undergraduate medical curriculum. The GMC expects graduates to be able to ‘promote and maintain health and safety in all care settings’ and to ‘recognise how errors can happen in practice’.\(^\text{1}\) Incorporating patient safety into medical education can be challenging however, with its integration in curricula variable.\(^\text{2}\) Identifying a development opportunity within the Warwick Medical School (WMS) curriculum, this project aimed to develop an interactive ‘Introduction to Patient Safety’ workshop for preclinical students, importantly, co-produced with patients and peer-delivered. Following excellent feedback, 88% of the 117 student respondents gave the session at least a score of 4 out of 5, the workshop has since been integrated into the WMS curriculum.

To inform the workshop design, a scoping exercise was conducted with the WMS patient group, meaning that patient narrative was critical to developing the session’s learning objectives. The session subsequently designed was innovative and highly interactive, using a gameshow-inspired activity and storytelling to explore patient safety from different perspectives and inspire discussion. Initially piloted, a multi-faceted evaluation of the session was carried out, including written reflection and semi-structured interviews, followed by thematic analysis. Key themes were identified, such as the importance of using real-life examples, peer-learning and including actionable advice. Following this feedback, the session was adapted, and a decision made for it to be peer-delivered, by students interested in medical education. Now integrated into the curriculum, this project offers inspiration and shared learning across medical schools and with patient safety educators.


Keywords: Patient safety, Peer education, Patient narrative, Co-production, Innovation
Bumps, Breaks and Bruises: an interactive trauma day for final year medical students

Presenter(s): Dr Courtney Johnson
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Background: A recent survey of UK junior doctors highlighted insufficient undergraduate training in trauma care, translating into poor confidence when dealing with trauma in the clinical environment1.

Methods: Five final year medical students on their Emergency Medicine rotation attended a pilot interactive teaching day focused on the principles of trauma management, led by the Clinical Fellow Team. The day involved: (a) a lecture on the principles of trauma management and primary survey; (b) case discussions regarding common traumatic injuries (including fractures), mechanisms of injury, and trauma triage; and (c) simulated scenarios in which the students acted as a ‘trauma team’. The simulations included log rolling and application of cervical spine collars and pelvic binders. All simulations were performed using a member of the Clinical Fellow Team as a simulated patient.

Participating students completed anonymised pre- and post-session questionnaires, collecting both qualitative and quantitative data.

Results: 100% of students agreed or strongly agreed that a trauma teaching day would be useful prior to graduation.

Post-course, 100% of students agreed or strongly agreed that they felt confident with the principles of trauma assessment (compared with 20% pre-course). Student confidence with practical skills also greatly improved; post course, 100% of students agreed or strongly agreed they felt confident with the assessment and management of airway and cervical spines in trauma (compared with 20% pre-course).

Conclusion: This study supported the need for more teaching on trauma management prior to graduation, which could be addressed by one day of interactive, mixed-method sessions.


Keywords: Interactive, Simulation, Cases, Trauma, Practical
Design and evaluation of an interprofessional immersive simulation based on immersive theatre techniques

Presenter(s): Mrs Jenny Bishop
Author(s): Mrs Jennifer Bishop, University of Worcester; Dr Hannah Reed, University of Worcester

Clinical simulation on the Physician Associate programme follows the pattern of one student’s interaction with a simulated patient (i.e., an actor or manikin), with the other students observing. It has been noted, by clinical facilitators, that some students become disengaged and become passive learners when they observe another student performing the ‘role play’. Arguably, this form of clinical simulation is egocentric, as it focuses on the needs of one student and limits the engagement of other students or the opportunity to practice different skills such as teamwork and interprofessional collaboration.

Drawing from the discipline of immersive theatre, it was considered whether immersive theatre techniques could have a role in designing simulation for healthcare education which is more inclusive and supporting diversity in learners. Furthermore, could this create a real-life high-fidelity simulation, making it less egocentric to improve student engagement? Techniques used in ‘immersive theatre' were researched and adopted to design and implement an interprofessional simulation which allowed simultaneous scenarios to occur in a simulated hospital with multiple clinical areas. Actors were employed to increase fidelity allowing students to feel ‘immersed’ in the experience. An adapted version of Miles et al.2 DREEM tool was used to evaluate and compare students’ perceptions of conventional simulation to immersive simulation. Students perceived immersive simulation to be more stimulating and student-centred, with overall greater participation.


Keywords: immersive simulation, interprofessional, high-fidelity, clinical simulation, immersion
Exploring the Preparedness for Practice and Continuing Professional Development (CPD) Requirements of Physician Associates

**Presenter(s):** Mr Alykhan Alyan Kassam

**Author(s):** Mr Alykhan Alyan Kassam, Edge Hill University; Dr Simon Watmough, Edge Hill University; Dr Jayne Garner, The University of Liverpool; Dr Emma Jayne Pearson, Edge Hill University

**Background:** Physician Associate (PA) numbers remained low in the UK and particularly in the North West until 2016 when Health Education England (HEE) developed the PA workforce (HEE, 2016). This led to an increase in institutions offering a PA programme to strengthen the NHS workforce. This project addresses the lack of knowledge regarding the preparedness for practice and CPD requirements of PAs, and lack of regulation.

**Aims:**
1) Understand how the training experiences of PAs contribute to their preparedness for practice  
2) Understand the CPD training requirements of PAs and their views on regulation

**Methods:** A range of primary and secondary care PAs were interviewed (n=10). Clinical supervisors (n=3) were also interviewed with all data analysed thematically.

**Findings:** Data was primarily categorised into the following themes: Preparedness for Practice; The Physician Associate Role; Post-Qualification Training and CPD; GMC Regulation; and Miscellaneous. Key findings included many PAs being unable to articulate their learning or development needs due to lack of speciality knowledge. PAs felt prepared to perform cardiovascular, respiratory, and abdominal examinations, but less well prepared to perform a physical paediatric examination. Many PAs called for protected time for training and CPD. GMC regulation was welcomed.

**Conclusion:** The findings show that PAs need structured CPD to aid their development and this includes protected CPD time, greater access to conferences and more teaching opportunities, tailored to their specialty. There also needs to be increased teaching on CPD and paediatrics as part of the PA curriculum.


**Keywords:** Physician associates, Preparedness for practice, CPD, Regulation
When and why do medical students engage with pre-sessional content to support teaching in physiology labs

Presenter(s): Dr Maria Eduarda Ferreira Bruco
Author(s): Dr Jonathan Hall, Queen Mary University of London; Dr Maria Eduarda Ferreira Bruco, Queen Mary University of London; Dr Amir Hakim, Queen Mary University of London; Professor Rachel Ashworth, University of Worcester

Background: Physiology labs are an excellent opportunity for medical students to achieve a number of clinical competencies required by the GMC. These include obtaining ECG traces and urinalysis, in a safe environment, whilst providing a link between medical and clinical sciences. However, there is significant cognitive overload associated with navigating, obtaining and making sense of physiological tests for the very first time, particularly what normal looks like. Fortunately, during COVID, the physiology team at QMUL medical school developed a series of multimodal pre-sessional digital content to help familiarise students with lab equipment, theory and demonstrate good clinical practice using the principals of a flipped classroom model. We assessed when and why medical students engaged with this pre-sessional virtual learning environment (VLE).

Methods: In this prospective, observational study, 176 medical students (1st and 2nd years) completed a survey capturing their attitudes and engagement with the physiology VLE. Results were assessed using a 5-point Likert scale (strongly agreed-strongly disagreed) and represented as percentages.

Results: A total of 65% of students regularly visited the physiology VLE. 74% strongly agreed/agreed that the content was beneficial for their learning, despite self-reported incomplete engagement. 53% of students strongly agreed/agreed the physiology VLE supported and improved their clinical skills and 52% revisited pre-sessional content to support revision. Interestingly, 54% revisited pre-sessional content to fill any gaps post-in-person session.

Conclusion: Pre-sessional content in physiology helps to prepare students for their in-person lab session, but also provides a useful tool for revision and address gaps in knowledge.


Keywords: Flipped Classroom
Australian medical regulations and the use of eHealth data analytics to strengthen CPD. A policy implementation gap analysis with the Australian Specialist Medical Colleges

Presenter(s): Ms Carol Pizzuti
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Background: Starting from 2023, Australian medical practitioners will have to meet specific mandatory CPD Standards to renew their registration. Among other requirements, they will be asked to undertake “Measuring Outcomes” CPD activities for a set minimum hours per year1:

According to the regulatory policies developed by the Medical Board of Australia (MBA)2,3, these activities require the analysis of patient health data to be completed and, ideally, the use of large eHealth datasets and big data analytics for better insights.:

Australian Specialist Medical Colleges are currently working on the implementation of these requirements - even though many of them have voiced their concern around eHealth data accessibility and outcome measurement challenges.

Aims: This study aims to identify the factors that can be addressed by the Colleges to foster data-strengthened CPD and to support medical practitioners in completing their mandatory “Measuring Outcomes” activities.:

Methods: A policy implementation gap analysis was conducted together with participating Colleges. Specifically, interviews were conducted with those College teams that are responsible of CPD Standards implementation to identify existing barriers and propose a list of recommendations.:

Preliminary findings: Historically, Colleges have focused on trainees’ education, considering original research on CPD of secondary importance. Also, Colleges' CPD units currently dedicate time and resources almost exclusively to the development of traditional educational activities. Considering the ongoing shift in CPD requirements, these practices have created operational barriers for a smooth change in CPD management and development.:

In addition to this, some internal environmental factors - such as organisational operations, structure, and culture - are hindering Colleges’ efforts in implementing the MBA standards and promoting data-driven CPD.:

Conclusions: Final considerations will be made at study completion.


Keywords: Policy Implementation, Continuing Professional Development, Specialist Medical Colleges, eHealth Data, Practice Analytics
Addressing Health Inequalities – Creating Educational Supervision Capacity

Presenter(s): Dr Jack Haywood
Author(s): Dr Jack Haywood, NHS England; Professor Adrian Brooke, NHS England; Dr Aidan Fowler, NHS England; Miss Ginny Bowbrick, NHS England; Dr Nisha Nathwani, NHS England; Ms Kate Sharman, NHS England; Ms Kate Atkinson, NHS England

Background: As part of the Distribution of Medical Specialties Programme at Health Education England (HEE) and NHS England (NHSE), an expert group has been established to review Medical Educational Capacity within regions and training programmes in England to explore options for more effective and sustainable models of supervision as we enter a period of expansion and redistribution. These options need to develop across multiple settings to expand the models available and thus increase supervision capacity. The principle to support training and build supervision infrastructure in remote, rural and coastal locations is key.

Methods: Pilots have been established across various specialities and regions to investigate new models of supervision with evaluation to enable scaling up and adapting the traditional models. Pilots include supervision from other professionals, supervising trainees remotely, and supervision by higher trainees, or retired educators. Evaluation of the pilots will include quantitative data collection (trainee and supervisor surveys) and/or qualitative enquiry (focus groups).

Results: An increase in supervision capacity should be demonstrated through the formal evaluation of the pilots and case examples from those who took part. A ‘catalogue’ of options will be created to show the results. This will detail the strengths and challenges of each option. A ‘heat map’ of required expansion will also be produced.

Conclusions: Options to increase medical supervision capacity with challenges and mitigations will be demonstrated with an implementation plan.

Keywords: interprofessional, remote, workforce, training, remote
Empowering junior doctors to improve training culture

Presenter(s): Dr Sara Page
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Background: Improving workplace culture has a positive impact on patient care. A supportive culture allows our most valuable resource, our dedicated and skilled workforce, to thrive. We hope to improve training culture for junior doctors by addressing their core needs: autonomy, belonging and competence (West and Coia 2019). Preliminary work has highlighted the power of peer support in a positive training culture. Empowering trainees to lead cultural change provides a valuable opportunity to develop leadership skills.

Methods: We hope foster a sense of belonging and community, encourage peer support and empower doctors to take ownership of their learning with 3 key interventions:

1. Welcome email and introductions page
   An early welcome and request to reflect and share their aspirations for the rotation.

2. Staff directory
   A photo and brief introduction to members of the team.

3. Peer Support
   Named peer support lead. Two peer support meetings during rotation.

Junior doctors in a high performing geriatric department were invited to complete online questionnaires (Likert-scale and free-text options) on training culture before and after interventions.

Results: Results will be presented to assess whether interventions have made a positive impact to training culture. A resource pack will be shared, allowing others to use these tools within their departments.

Conclusion: Medical training programmes must prioritise developing a supportive training culture in these challenging times. Empowering trainees to lead culture change and develop peer support may be an effective approach to creating a positive training culture.


Keywords: Peer Support Culture
Exploring the extent of correlation between postgraduate student engagement and academic achievement

**Presenter(s):** Dr Gwyndaf Roberts

**Author(s):** Dr Gwyndaf Roberts, Newcastle University; Dr Sophie Hill, Newcastle University; Dr Sonia Bussey, Newcastle University; Dr David Thewlis, Newcastle University; Dr Richard Bregazzi, Newcastle University; Dr Bryan Burford, Newcastle University

**Background and Purpose:** Engagement has been described as being comprised of three different aspects: behavioural, emotional, and cognitive. Behavioural engagement can be considered to include whether students undertake the tasks required of them. As an academic team for Postgraduate Certificate / Diploma in Medical Education programmes, we were aware that there were several students who spent little time using Canvas, the virtual learning environment (VLE). As an online programme which is primarily delivered via the VLE, we wanted to explore our assumptions that there was a link between time spent on Canvas and the students’ results.

**Methodology:** Through the learning analytics on Canvas we were able to view time and page views for each student, and these were then linked to the students module results. Numerical data were analysed using correlation coefficients of the Online Student Engagement Scale with numerical percentage grade for both individual modules and terminal named awards.

**Results:** The initial results (from the first of three 2022-23 module blocks) were surprising, as no significant correlations were identified in the Postgraduate Certificate cohort between the degree of engagement of the students with the online study resources, and their module grade. This was not reflected in the data for the Diploma, where lower frequency or duration of engagement with the VLE was reflected in failure to achieve higher grades.

We will continue to analyse the data for the remaining two academic blocks as they become available (in March and June 2023) to complete our evaluation.


**Keywords:** Online Engagement, VLE, Grades, Achievement
Journal Club discussion forum - beyond a face-to-face meeting

Presenter(s): Dr Rhiannon Wong

Author(s): Dr Rhiannon Wong, Barts Health NHS Trust; Dr Joshua Singleton, Imperial College Healthcare NHS Trust; Dr Chandana Rao, Imperial College Healthcare NHS Trust

Journal clubs are used in postgraduate medical education to stay up to date with new research and critically appraise it. They usually involve meeting together in person or online. Meeting at a fixed time makes participation difficult for those working less than full time or not available due to other work commitments or health needs. We sought to widen access to journal club by changing the format to a non-time based online discussion forum, enabling members to participate when convenient to them.

The group contained nine clinical fellows and seven consultant anaesthetists in our department. During a trial period from April-June 2022, six articles were discussed. Fellows chose and shared research articles on a dedicated WhatsApp group along with a brief summary critically appraising the paper. Throughout the following fortnight, group members could read the paper and respond to the discussion. We used a questionnaire for feedback from the clinical fellows on their experiences of this novel method for journal club.

Results: (6 responses, 66% of fellows) showed high levels of engagement with 66% reading all six articles and 83% reading all of the discussions.

Eighty-three percent agreed the format made journal club more accessible, 66% agreed it was educationally useful, but 50% felt they were less likely to engage with the article in this format.

Free-text comments helped understand participants’ experience. Going forward we will use the WhatsApp group alongside a face-to-face format to widen accessibility to discussion and learning, while retaining the focus provided with a traditional meeting.

Keywords: virtual journal club, enabling access
Enriching the Trainee Learning Experience Through the Case Study Model

Presenter(s): Dr Derek Adu-Sarkodie MRCGP MBCHB Bsc  
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Background: The importance of applying theoretical knowledge towards clinical practice is outlined by the Applied Knowledge Test (AKT), an exit exam sat by GP trainees. Case studies have been shown to be more effective than textbooks in promoting learning of key concepts and comprehension of the relevance of such concepts towards everyday clinical practice.

The pandemic created challenges for trainees with gaining clinical experiences. Some trainees, depending on their practice's approach to managing the pandemic were affected disproportionately. Addressing this problem provided a unique opportunity to create an effective case study learning resource. All trainees had equal access to this resource and were able to benefit from learning via a case study approach irrespective of their exposure to certain clinical presentations within their practices.

Methodology: Questionnaire data was analysed from a group of GP trainees. Trainees were asked to describe their experience of studying for their AKT exam.

Using these responses allowed the development of weekly educational YouTube videos. These YouTube videos included clinical topics matched to curriculum components in video animated form each with a corresponding case study video. As well as assisting with knowledge retention, trainees could directly see how their theoretical knowledge could impact on the patient's journey by creating a link between the two video types.

Conclusion: This project allows trainees to harness the power of knowledge retention and application through exploring a case study. It also addresses the impact of varying exposure to certain


Keywords: Case Study, Exams, GP training
Exploring primary care network leadership views on undergraduate GP placement provision

**Presenter(s):** Dr Sabia Dayala

**Author(s):** Dr Sabia Dayala, University of Manchester; Dr Enam Haque, University of Manchester; Dr Aisha Awan, University of Manchester

**Background:** In the current climate of excess GP workload and workforce crisis\(^1\), the sustainability of undergraduate GP placement provision is under threat. Primary care networks (PCNs) are groups of GP practices and clinical directors (CD) provide leadership and management support for them.\(^2\) Although CDs are acutely aware of the pressures deterring practices from teaching, there is no published literature to date that has investigated this. This project aimed to explore CD perceptions of the enablers and barriers to practices teaching medical undergraduates.

**Methods:** Five PCN CDs in Northwest England participated in a remote video interview to discuss their views on the enablers and barriers for practices in their PCN being involved in undergraduate medical teaching.

**Results:** 5 CDs in neighbouring PCNs were interviewed. Results were collated and thematically analysed. Enablers included the opportunity to showcase General Practice, teaching support and being valued. Barriers included lack of consulting rooms, time and staff to supervise. Interestingly, most of the solutions did not address barriers directly; instead, they focused on the need for providing explicit and detailed support to supervisors.

**Discussion:** Despite barriers that deter practices from providing undergraduate GP placements, teaching support was considered not only an important enabler but also the most frequently reported solution to overcome unrelated barriers to teaching. These findings imply that Universities in need of undergraduate GP placements should strongly emphasise the teaching support\(^3\) they offer to practices.

**Reference(s):**

**Keywords:** PCN, Undergraduate, Placement, Primary care and General Practice
**Exploring Medical Students' Experiences with Complex Patients: A Qualitative Study**

**Presenter(s):** Dr Cara Bezzina

**Author(s):** Dr Cara Bezzina, University of Glasgow; Professor Wendy Lowe, University of Aberdeen; Professor Frances Mair, University of Glasgow; Professor Lindsey Pope, University of Glasgow; Dr Robert McQuade, University of Dundee

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**Background:** Medical students are typically taught using single disease frameworks\(^1\). Patients, however, do not present with a single disease\(^2,3\) as often illustrated in textbook cases. The current evidence on the education around complex patients is limited, partially due to heterogeneity of terms and lack of consensus. As there is little in the literature to guide teaching and learning around this matter, information tends to be drawn from different perspectives and sources, making integrating knowledge, skills and understanding a challenge. This study, therefore, aims to increase knowledge about how medical students perceive and work with complex patients.

**Methodology:** This is a qualitative study of medical students’ experiences using focus groups to analyse these encounters. Fourth- and fifth-year undergraduates across two Scottish Universities will be interviewed. Two focus groups have been recorded, with a further two organised. Transcripts will be analysed qualitatively.

**Discussion:** The study addresses how complexity in clinical interactions is recognised and taught. While the subject matter is inherently complex, the focus group exploration of the issue will aim to provide new insights. The results of the qualitative analysis will be shared at the conference.

**Conclusion:** Given the lack of literature on the subject matter, exploratory research in this area is worth pursuing. The results of this study should be relevant across all clinical medical specialities and to other clinical professionals. Gaining a better understanding of how medical students conceptualise complexity and experience it during their training has the potential to contribute to medical education research and, ultimately, patient care.

**Reference(s):**

**Keywords:** medical students, complexity, complex patients, multimorbidity, focus groups
**Immersive technology in simulation-based education: Asthma simulation**

**Presenter(s):** Dr Kriti Vaidya  
**Author(s):** Dr Kriti Vaidya, Great Western Hospital; Dr Chris Jacobs, Great Western Hospital

**Background:** Virtual reality (VR) in simulation-based education (SBE) is a rapidly expanding field that provides an immersive experience. Simulation and immersive technologies are transforming health and care education, gaining popularity across all sectors and disciplines, and providing new ways to support and engage learners. A recent scoping review of technology-enhanced learning discovered that a significant number of evaluation tools lacked robust validation. (Jacobs 2022).

This project aims for the healthcare professional to be able to recognise the sign of life-threatening and near-fatal asthma. They should be able to implement immediate treatment and lead a team safely to access and treat asthmatic patients promptly.

**Study Design and Methods:**

1. Research hypothesis – Co-development project with VR company Gogglemind and undergraduate education at Great Western Hospital (GWH) for novel acute severe asthma VR SBE that creates an environment to promote learning.

2. Study design – one group post-test experimental design

3. Methods - Participants undertake VR SBE in acute severe asthma in immersive simulation department at GWH. Following, they complete Immersive Technology Experience Measure (ITEM) for multidimensional evaluation of: immersion, motivation, cognitive load, system usability and debrief.

**Analysis:** Data collection will be done in Feb and March 2023 with recruitment of medical students and junior doctors at Great Western Hospital. Descriptive analysis for discussion and concluding remarks.


**Keywords:** Virtual reality (VR), simulation-based education (SBE), immersive technology, asthma
Patient video cases (PVCs) are short video recordings of real patients during clinical encounters used for educational purposes (Roland & Balslev, 2015). The impact of PVCs on learning of medical students has been widely studied in the context of small group teaching in medical education while there is no evidence is available on their value in large group teaching (LGT). In this study, I aimed to study how PVCs are perceived by both medical students and faculty members in early large group teaching of medical students.

**Methods:** The study was qualitative by design, following a grounded theory methodology, and conducted between March and July 2022 at the university of Leicester on a purposive sample of 16 medical students and 4 faculty members using focus groups and semi-structured interviews to collect data, respectively. Data analysis was underpinned by the constant comparative approach, described by Glaser and Strauss (1967), and applied open, axial, and selective coding of data to develop themes.

**Results:** Four overarching themes emerged based on my discussions with the study participants: 1) Benefits of using PVCs, 2) Integration of PVCs in LGT curriculum, 3) The challenges of using PVCs in LGT, and 4) Optimisation of PVCs for LGT use.

**Conclusion:** Early use of PVCs in lectures is perceived integrating large group teaching of basic sciences with clinical medicine and PVCs have the potential to create authentic learning experience for students in this modality of teaching. Areas for innovation and improvement in the design, content, alignment, and collection of PVCs for such use were also explored.


**Keywords:** Patient video cases, Large group Teaching, Undergraduate, Curriculum, Medical Education
Bridging the gap: A teaching series aimed at improving the confidence and competence of new FY1 doctors in the assessment of acutely unwell patients

**Presenter(s):** Dr Aroon Sohail  
**Author(s):** Dr Aroon Sohail, Royal Lancaster Infirmary; Dr Zaynab Abid Sohail, Royal Lancaster Infirmary

**Background:** Starting as a foundation year 1 (FY1) doctor, the responsibility in managing an acutely unwell patient can be a formidable task. At our trust, there was no teaching to prepare FY1's for this requirement. Therefore, several FY2's wanted to deliver a teaching series to prepare FY1's in independently managing unwell patients.

**Methods:** There were 3 sessions in total:  
1. Roleplaying as the doctor on-call and case based discussion through multiple acute scenarios  
2. An A-E and SBAR lecture with case based discussion to consolidate learning  
3. A simulation session with multiple acute medical and surgical scenarios  

Prior to and following each teaching session, a questionnaire was sent to the FY1's to determine confidence scores in several competencies related to managing unwell patients.

**Results:** The teaching series was received with uniform positivity with all FY1 doctors finding all teaching sessions beneficial in improving their competencies. This was further confirmed by the feedback we received which showed an increase in the average confidence score for all parameters questioned. Notable results included:

- An 18% increase in “initiation of basic investigations”
- A 22% increase in “initiation of basic treatment”
- A 22% increase in “overall confidence in independently managing an acutely unwell patient”

**Conclusion:** We have demonstrated that a teaching series developed by FY2 doctors can improve the confidence of new FY1 doctors in the management of acutely unwell patients. We strongly recommend that a teaching series similar to this should be standardised across the country for all newly qualified FY1 doctors.

**Keywords:** Simulation, Clinical Skills, Foundation year 1, Teaching, Education
Difficult Conversations & Legal Frameworks: Preparing Final Year Medical Students for the Realities of the Ward

Presenter(s): Dr Joe Thompson

Author(s): Dr Leanne Lacey, Mid Yorkshire Hospitals Trust, Medical Education; Dr Orla Forker, Mid Yorkshire Hospital Trust, Medical Education; Dr Joe Thompson, Mid Yorkshire Hospitals NHS Trust, Medical Education

Background: From day one, Junior Doctors are expected to deal with complex communication, ethical and medico-legal scenarios such as managing suicidal patients threatening to self-discharge or patients with dementia attempting to leave the ward. Knowing how and when to apply the relevant legislation can be challenging and surveys of UK Foundation Doctors have highlighted that there is demand for further training before graduation1.

Methods: Over five days, 41 final year Medical Students attended a one-hour communication simulation session facilitated by Clinical Fellows. The session consisted of three scenarios based around challenging communication (e.g. aggressive patients) and application of legal frameworks: (i) mental capacity assessment and self-discharge, (ii) section 5(2) and (iii) liberty protection safeguards (formerly known as DoLS).

Students were randomly assigned a participant number and anonymously completed pre- and post- session questionnaires, collecting quantitative and qualitative data.

Results: 95% of students reported they would benefit from mandatory training in legislation prior to starting FY1. Confidence following the session increased across all domains when compared with pre-session data: (i) assessing mental capacity (61% to 97%), (ii) managing a self-discharge (22% to 100%), (iii) applying liberty protection safeguards (17% to 97%) and (iv) implementing section 5(2) (46% to 100%).

Conclusion: There is high demand from final year students to have more training on the application of legal frameworks. A one-hour communication-based simulation session, facilitated by Clinical Fellows, has effectively increased student confidence in all assessed domains.


Keywords: Communication, Simulation, Near-peer education, Medical Students, Legislation
SBME has been demonstrated to be beneficial to both students and patients\(^1\). Research has previously noted the features and best practices of effective SBL, however student motivation must also be considered\(^1\). To consider student motivation, we must first look at student perceptions of effective SBL. This work evaluated student perceptions, compared them to the literature before making suggestions for future work.

**Methods:** Third year medical students based at Leeds Teaching Hospital Trust were voluntarily recruited to complete a questionnaire post simulation. Quantitative and qualitative data were collected using Likert scales and free text boxes.

**Results:** A total of 57 responses were evaluated and when compared to the 2010 paper by McGaghie et al. 7 of the 12 features and best practices of SBL were noted\(^2\). Common themes included feedback, deliberate practice and the facilitator. A trained facilitator and the facilitator’s feedback were viewed as important. Communication skills and peer feedback were not valued. Student's noted a preference for practical skills and patient management. Situational awareness was only noted by 2 students and no mention was made of teamwork.

The results showed many similarities between student perceptions of effective SBL and best practice however there were also a number of discrepancies. For students to be motivated to learn they need to understand what it is, why they are doing it and what they can get out of it\(^3\). This highlights the importance of constructive alignment and the need to highlight the benefits of SBL therefore motivating students and enhancing learning.


**Keywords:** Simulation, Student Perspective, Undergraduate
Junior doctor-led acute neurology simulation to address neurophobia in final year medical students

Presenter(s): Dr Thomas Sharp

Author(s): Dr Thomas Sharp, Mid Yorkshire Hospitals NHS Trust; Dr Joe Gleeson, Mid Yorkshire Hospitals NHS Trust; Dr Ashley Wragg, Mid Yorkshire Hospitals NHS Trust; Dr Joseph Thompson, Mid Yorkshire Hospitals NHS Trust

Background: Neurophobia is a well-documented phenomenon amongst medical students. One of the major contributing factors to neurophobia is a lack of clinical integration of neurological knowledge. Simulation enables students to apply prior knowledge to clinical scenarios and may improve learner confidence and help combat neurophobia.

Methods: This pilot study involved fifteen final year medical students attending a half-day of simulation teaching facilitated by Clinical Teaching Fellows (Foundation Year 3 doctors). Simulations included acute neurology presentations such as: seizure, stroke, meningitis and head injury with reduced consciousness. Each student had the opportunity to perform one simulation followed by a group debrief. Students received a randomised participant number and completed a pre- and post-course questionnaire.

Results: 93% of students reported that they had previously found neurology teaching intimidating and felt their neurology knowledge was not equal to that of other core medical specialties. 93% of students also reported that they would prefer to be taught neurology by junior doctors rather than consultants. Pre-course results also show that 93% of students did not feel confident dealing with acute neurology presentations as F1 doctors, whereas post-course, 100% of students felt confident that they could deal with acute neurology patient presentations as an F1 doctor. 93% of students felt learning about acute neurology presentations through neurology-specific simulation was more useful than classroom or lecture-based teaching.

Conclusion: Neurology-specific simulation teaching, facilitated by junior doctors, improved student confidence in dealing with acute neurology presentations and may be a useful neurology teaching tool for tackling neurophobia.


Keywords: Neurology-specific simulation, neurophobia, medical students
Simulation in Maternal Medicine – a Pilot Training Day at a UK Centre

Presenter(s): Dr Hannah Tierney

Author(s): Dr Hannah Tierney, North Bristol NHS Trust; Dr Aishwarya Anilkumar, North Bristol NHS Trust; Dr Verity Ellis, North Bristol NHS Trust; Dr Francesca Neuberger, North Bristol NHS Trust

Background: The leading causes of maternal mortality in the UK are non-obstetric with MBRRACE 2022 finding that improvements in care could have altered the outcome in 51%. We sought to produce a multi-speciality, simulation-based training day, aiming to increase confidence in managing pregnant patients with medical problems.

Methods: A programme was formulated with expert input from maternal medicine physicians, obstetricians, anaesthetists, and midwives. Key medical presentations were identified to include seizures, arrhythmia and massive pulmonary embolism. Clinicians were recruited to provide teaching, and four simulation scenarios were delivered.

Emergency department (ED), medical and obstetric (O&G) trainees were invited to attend. A pre-course survey ascertained attendee's Backgrounds and confidence with maternal medicine cases. A post-course survey collected feedback on the utility of simulations, teaching and re-assessed confidence levels.

Results: 14 doctors attended over 2 days. 28.57% (4/14) were ED doctors, 57.14% (8/14) medical and 14.29% (2/14) O&G. Experience ranged from 2 to 8 years post-graduation.

Regarding pre-course confidence in assessing the acutely unwell pregnant patient and maternal medicine emergencies, the average reported was 44.5% and 45.8% respectively; with a reported score of 100% considered fully confident. Post-course, these increased to 78.9% and 74.5%. 100% of attendees would recommend the course to a colleague, and the course was rated 4.9/5 overall. Specific comments included: “Absolutely fantastic. Feel much better about prescribing in pregnancy”, “Genuinely really helpful simulation!”.

Conclusion: Our training day demonstrates an appetite for multi-speciality, simulation-based training in maternal medicine, which we have shown increases the confidence of practising clinicians.


Keywords: Maternal Medicine Simulation, Collaborative, Inter-professional
The effectiveness of Interprofessional High Fidelity Simulation: Systematic Review

Presenter(s): Ms Nebras Alghanaim

Author(s): Ms Nebras Alghanaim, University of Manchester; Professor Gabrielle Finn, University of Manchester; Professor Joanne Hart, University of Manchester

Twitter: @Nghounaim

Background: A systematic review was carried out in response to the increased demand for interprofessional education\(^1\) and calls to include simulation in teaching health professions to prepare the health graduates to communicate and be an effective team member in a dynamic team\(^2\).

Method: A comprehensive search following the PRISMA protocol was conducted. Databases CINAHL, ERIC, MEDLINE, BEI, EMBASE, and google scholar, from 2010 to 2021 were searched. The main aim of this work is to explore the impact of interprofessional simulation on undergraduate and postgraduate students’ interprofessional working and collaboration.

Results: 2138 articles were retrieved. Only eight studies met the inclusion criteria. Five studies had quantitative methods, two were qualitative, and four were mixed methods. The Mixed Methods Appraisal Tool (MMAT) was used to assess methodological quality measures\(^3\),\(^4\).

Results were synthesised, presented descriptively in tables, and narrative synthesis provided. Based on the results, high-fidelity interprofessional simulation enhanced non-technical skills, such as teamwork, mainly for undergraduates. Data for postgraduates were limited. None of the articles measured technical skills.

Conclusion: Students’ non-technical skills are improved after utilising high-fidelity interprofessional simulation as an educational activity. Further research is warranted in the area of extending educational outcomes into hospitals to assess interprofessional collaboration for both undergraduates and postgraduates technical and non-technical skills.


Keywords: High fidelity simulation, Interprofessional education, Simulation, technical skills, non-technical skills
The Six Thinking Hats, an alternative simulation debrief method

**Presenter(s):** Dr Louise Gardner, Dr Ruben van der Valk, Dr Nimra Akram  
**Author(s):** Dr Louise Gardner, Frimley Health NHS Foundation Trust; Dr Ruben van der Valk, Frimley Health NHS Foundation Trust; Dr Nimra Akram, Frimley Health NHS Foundation Trust  
**Twitter:** @Wex_Ed

**Background:** Simulation debrief is the most important element for effective learning in simulation teaching. Edward de Bono’s Six Thinking Hats (which enables groups to reflect together more effectively), has been previously demonstrated as an easy-to-apply method for educators to use for simulation debriefing. The purpose of this study aims to compare the efficacy of the Six Hats to other methods currently used for debriefing.

**Methods:** Five groups of Foundation Doctors participated in three different simulation scenarios and three post-simulation debriefs with an experienced facilitator: an unstructured approach, the Diamond Debrief model (an established debrief method), and the Six Hats.  

This table demonstrates the Six Hats structure for debrief:

<table>
<thead>
<tr>
<th>Hat Colour</th>
<th>Example questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>What happened in the scenario?</td>
</tr>
<tr>
<td>Red</td>
<td>How do you feel that went?</td>
</tr>
<tr>
<td>Yellow</td>
<td>What went well?</td>
</tr>
<tr>
<td>Black</td>
<td>What went less well?</td>
</tr>
<tr>
<td>Green</td>
<td>What could be done differently next time?</td>
</tr>
<tr>
<td>Blue</td>
<td>What were learning outcomes?</td>
</tr>
</tbody>
</table>

**Results:** The participants provided feedback on the three debrief methods. 81% of respondents identified the Six Hats method as the most useful debrief model for their future practice. They felt it resulted in more reflective learning with greater exploration of their strengths and areas for improvement. The Six Hats offers an easy-to-follow and clear structure for simulation debrief. We are rolling out the Six Hats method in our simulation teaching and are excited by the beneficial results it is producing. We hope that other organisations could adopt the Six Hats method and apply it to their practice to provide more constructive feedback.


**Keywords:** Simulation, Debriefing
Junior doctors are a major contributor to medical student education as they are often perceived by medical students to be an approachable group of medical staff. The GMC stipulates that junior doctors should “contribute to the appraisal, assessment or review of students and colleagues”.\(^1\) Literature suggests that near peer teaching can be more effective than consultant led teaching because of the recent experiences of junior doctors, allowing them to pitch teaching at an appropriate level.\(^2\) Simulation training has been shown to be an effective method of exposing trainees to managing critically unwell patients in a protected setting.\(^3\)

The aims of this project were to develop a teaching programme providing a safe space for medical students to gain skills in resuscitating acutely unwell patients; and to provide formal experience to junior doctors in delivering simulation training.

Simulation sessions run by junior doctors were delivered to third and final year University of Manchester MBChB students at two hospital sites.

Data collected from separate sets of feedback from students and junior doctor tutors were analysed using both quantitative (Likert response scales) and qualitative (thematic) methods.

Overall feedback was positive from both medical students and junior doctors. Students enjoyed sessions, finding them to be a safe environment to practice their resuscitation skills and professional interactions. Trainee doctors found them a useful opportunity to develop teaching skills in formal setting.

Moving forward, we aim to develop and formally integrate these junior doctor-run sessions into the medical school curriculum both locally and across the region.

\(^1\) General Medical Council. The trainee doctor. London: General Medical Council; 2011

**Keywords:** Simulation, Opportunities, Junior Doctors
Transferable Sim: Adapting low fidelity paediatric simulation to improve undergraduate training across multiple sites.

**Presenter(s):** Dr Thomas Shackshaft

**Author(s):** Dr Thomas Shackshaft, The Hillingdon Hospitals NHS Foundation Trust; Dr Clare Andrews, London North West University Healthcare NHS Trust; Dr Zia Farooq, The Hillingdon Hospitals NHS Foundation Trust; Dr Adelene Wong, London North West University Healthcare NHS Trust; Dr Ewa Lichtarowicz Krynska, Imperial College London

**Introduction:** Newly qualified doctors should be able to provide immediate care in paediatric emergencies\(^1\), however medical students often feel unprepared for assessing unwell children. Simulation training is increasingly recognised as an important tool in teaching both clinical and human factor skills in acute medicine\(^2\), and is often under-utilised in paediatric teaching despite evidence of its benefits\(^3\).

**Methods:** Paediatric simulations were run in situ using low fidelity equipment in a district general hospital linked with a large London university. These were then adapted for a higher fidelity setting in a second, similar setting. Students were surveyed before and after the simulation sessions to evaluate any changes around confidence in clinical skills and human factors.

**Results:** Results were adapted to use the same Likert scales and demonstrate improvements in self-reported confidence in all areas of assessing an unwell child (mean before 2.35/5, after 4.04/5), as well as communication (mean before 1.78/5, after 3.75/5) and team working (mean before 2.54/5, after 3.75/5).

Written feedback supports this; ‘I thought this SIM session was very useful and think it would be of benefit for future students.’ The course will continue to run in both sites thus providing more robust data sets.

**Discussion:** Our initial data show both qualitative and quantitative benefits of using simple simulation scenarios to augment undergraduate clinical paediatric placements. Our feedback shows that simulation should become formerly embedded throughout the undergraduate curriculum. We have demonstrated that the benefits are easily reproducible despite varied resources, showing that this can be widely implemented.

**Reference(s):**

**Keywords:** Paediatric, Simulation, Undergraduate, Multi-site
Medical Support Workers (MSWs) are refugee doctors who often have had a career break, with the scheme helping them return to work. A novel teaching course has been developed for MSWs at Newham University Hospital to aid their integration into the NHS. The biggest educational challenge MSWs face is getting adequate clinical experience and focused teaching. To address this, we created a ward enhanced learning experience simulation (ELE-SIM) tailored to the needs of MSWs.

ELE-SIM is a 3-hour immersive simulation of a medical ward, including a live ward round of 6 simulated patients. We asked the MSWs to perform a variety of ward tasks including clinical prioritisation, managing common medical problems and acute emergencies, making referrals, difficult conversations, and performing clinical skills. We then gave a presentation to cover all the topics addressed during the session.

Feedback questionnaires were given to participants before and after the course. After the course, all MSWs reported that they felt confident managing acutely unwell patients and felt confident transitioning into a clinical role. All MSWs reported feeling confident in dealing with common ward issues, compared to 66.67% before the course. They all expressed positive feedback about the course with many take-home learning points.

ELE-SIM is not only a valuable educational tool for MSWs but can also be used in teaching International Medical Graduates and undergraduate students, where the increasing number of students is putting pressure on wards and compromising the students’ ward experience. Additionally, this simulation can also be used as an assessment tool.

Keywords: Medical support workers, MSW, Ward simulation, Integration, Refugee doctors
Simulation
Thursday 13th July - 1325-1430hrs - MR10

“What do you want to be when you grow up?” Increasing Recruitment to Paediatrics through Undergraduate Simulation

Presenter(s): Dr Laura Jeskins

Author(s): Dr Laura Jeskins, The Royal Wolverhampton NHS Trust; Dr Catherine Beatty, The Royal Wolverhampton NHS Trust; Mrs Melissa Colbourne, The Royal Wolverhampton NHS Trust; Dr Shoshana Layman, The Royal Wolverhampton NHS Trust; Dr Ashley Holt, The Royal Wolverhampton NHS Trust; Dr Annabel Copeman, The Royal Wolverhampton NHS Trust

Background: Paediatrics is a popular specialty for medical students but this enthusiasm is not echoed in applications to paediatric training, posing significant risks for the paediatric service we aim to deliver. The RCPCH has made it a priority to increase recruitment within paediatrics.

The Royal Wolverhampton NHS Trust (RWT) has run a paediatric simulation programme for undergraduate medical students since 2016. We aim to investigate whether the delivery of an undergraduate paediatric simulation programme impacts medical students’ perceptions of paediatrics as a career choice.

Methods: The simulation programme consists of four scenarios surrounding common acute presentations in paediatrics. The programme is delivered 6 times a year to final-year medical students on their paediatric rotation at RWT.

Students are asked to fill in an anonymous post-simulation questionnaire, with 180 students completing feedback forms over 6 years.

Results: Prior to simulation, 58.3% (105/180) of students had considered a career in paediatrics. of those, 53.3% (56/105) were more likely to consider a career in paediatrics after simulation.

41.7% (75/180) of students had not considered a career in paediatrics prior to simulation. of those, 40.0% (30/75) were more likely to consider a career in paediatrics after simulation.

No students were less likely to consider a career in paediatrics following simulation.

Discussion: With ever-increasing pressures on the paediatric workforce and the RCPCH drive to increase recruitment, increasing the delivery of paediatric simulation in an undergraduate setting may be a motivating factor and inspire a future generation of clinicians to #ChoosePaediatrics.


Keywords: Simulation, Undergraduate, Paediatrics, Recruitment, Careers
Attitudes and Experiences of GP Registrars Towards Undergraduate Teaching: Has Anything Changed?

Presenter(s): Dr Joanna Leader

Author(s): Dr Hugh Alberti, Newcastle University; Dr Joanna Leader, Newcastle University; Dr Lizzie Dowling, Newcastle University; Dr Lauren Hall, Newcastle University

Marshall and Alberti (2015) conducted a survey of GP registrars and newly-qualified GPs in the Northern region about the frequency of their involvement in undergraduate teaching, and how much teaching they would ideally be involved in. They found overwhelmingly that trainees were keen to teach medical students but had minimal opportunities available. They also found that more teaching opportunities were available on hospital posts than GP posts. It is unclear whether these disparities continue to exist and if so, how can we address them.

We repeated the 2015 6-question survey by emailing all current GPST2s, GPST3s and first1 GPs in the Northern region. We received 104 responses which were collated, analysed, and compared to the results from 2015.

The results show there is little improvement in GP registrars’ involvement in teaching of medical students since 2015, yet there is still a strong desire from them to have more opportunity to do so. 53% said they expected to have regular involvement with teaching medical students in their future career, but 85% reported having little or no involvement with teaching in their GP posts. There continues to be a disparity in teaching opportunities between hospital and GP posts, with more opportunity available in hospitals.

GP practices continue to be stretched, both financially and time-wise, and GP registrars could provide a cost-effective solution to delivering undergraduate medical education. Given this we strongly recommend further research into exploring the barriers and considering ways of enabling registrars to be involved in GP undergraduate teaching.


Keywords: Undergraduate Teaching, GP Registrars
Implementing an EDI curriculum at Oxford: feedback and self-efficacy across cohorts

**Presenter(s):** Ricardo De Luca E Tuma, Dr Gbemisola David-West, Dr Jack Amiry  
**Author(s):** Miss Sara Rotenberg, University of Oxford; Ricardo De Luca E Tuma, University of Oxford; Debbie Aitken, University of Oxford; Gbemisola David-West, University of Oxford; Jack Amiry, University of Oxford  
**Twitter:** @SaraRotenberg

**Background:** The University of Oxford Medical School began implementing an equity, diversity, and inclusion (EDI) curriculum for all undergraduate medical students in 2020. With limited dedicated time allocated to this topic, the teaching has occurred at different stages of medical training, depending on when students began university. All students currently enrolled have experienced the EDI curriculum, though at varying points of their education.

**Methods:** Each session began with pre-session feedback, a lecture or case-based discussion, then was followed up with post-feedback. These data allow us to investigate the differences in self-efficacy and attitudes towards EDI topics, when implemented at different points in the curricula.

**Results:** Data will be presented on how these outcomes differ pre- and post-intervention as well as by course year to understand the impact of these trainings. In addition to these self-efficacy statements, we asked students to discuss their motivations for each session, allowing us to analyze the topics and themes most relevant to current medical students.

**Discussion:** We will present this data overall and by course year to suggest future directions for EDI within medical education, as well as potential findings from implementing an EDI curriculum at different stages of undergraduate education.

**Keywords:** EDI, undergraduate medical education, curriculum development
LETS Teach: Developing undergraduate medical students as educators

**Presenter(s):** Miss Niharika Kalla, Miss Sujata Dutta

**Author(s):** Miss Sujata Dutta, University of Leicester; Miss Niharika Kalla, University of Leicester; Miss Emma Cosgriff; Miss Namrata Joshi, University of Leicester

**Background:** Good Medical Practice states that doctors ‘should be prepared to contribute to teaching and training’ however, ‘only a few medical schools currently incorporate teaching skills into their undergraduate curriculum’.

**Methodology:** LETS Teach (Leicester Education Training for Student Teachers) is a collaboration between Leicester Medical Education Student Society (MedEd Soc) and senior academics at the University. It aims to introduce medical education theory to undergraduate medical students and consists of five sessions delivered by academics: Learning theory, curriculum design, simulation, feedback and assessment. 28 students completed the course, which included an observed teaching activity with written feedback. Pre- and post-course questionnaires incorporated qualitative and quantitative data, including a series of 5-point Likert scales (strongly disagree to strongly agree) and free text comments. Areas of focus were student confidence, appropriateness of the course, and logistical factors.

**Results:** N=27 completed the pre-course, and N=26 completed the post-course questionnaire. 85% of respondents strongly agreed that the course was delivered at the appropriate level, 96% agreed that the course helped develop their teaching skills, and 100% agreed that they would recommend it to other students. 56% were extremely likely to engage in peer teaching after the course, compared to 26% before the course. Some students asked to “have an option to join sessions virtually” to increase accessibility.

The feedback from this course demonstrates its usefulness for developing students as effective teachers, in turn developing a more diverse workforce. Going forward, MedEd Soc will continue running this course annually, using the feedback for quality improvement.


**Keywords:** Teaching, Collaboration, Undergraduate, Theory, Feedback
Science and medical education – do we need to develop better interprofessional team working?

**Presenter(s):** Professor Rachel Ashworth

**Author(s):** Professor Rachel Ashworth, University of Worcester

Science and technology have transformed medicine and innovation continues to shape the future. Medical education has always endeavored to teach the latest and most up-to-date concepts and techniques. We want to ensure that we deliver the right knowledge and encourage the most appropriate and relevant learning in our students. How can we achieve this and what are the best approaches? Interprofessional education (IPE) involves specialists with different expertise working together to facilitate student-centered learning. There are challenges but also a wealth of guidance1,2. Using competency frameworks and the motivation of clinicians and scientists to work collaboratively, IPE can be included into training. Facilitating opportunities for interaction to achieve high-quality learning and teaching will ultimately improve health outcomes.

Skills lab: using video to encourage applicants from secondary school students in Wales

Presenter(s): Dr Oliver Allon and David Morgan
Author(s): Dr Oliver Allon, Glangwili Hospital; David Morgan, Glangwili Hospital Medical Education Centre

Background: Encouraging students from local Welsh schools to apply for medicine is a key strategy for medical recruitment in Wales. As well as increasing diversity this is a recognised factor in improving regional retention of doctors. Greater outreach and engagement with schools within Wales has been identified as particularly important. Existing government run initiatives such as the Seren Network can help address this by supporting Welsh students from state schools into higher education. We produced a promotional video for students visiting the medical education department at Glangwili Hospital as part of the Seren Network programme. The aim of the video was to portray a variety of clinical skills required in the day-to-day working life of a junior doctor, delivered in a light-hearted and engaging style.

Method: Skills included: male catheterisation, cannulation, venepuncture, suturing, insertion of nasogastric tube. Video recordings were made using an iPhone SE and basic photographic equipment. Footage was edited using Windows MovieMaker software.

Results: This video forms part of a wider outreach effort to engage students from a Welsh Background and encourage applications to study medicine. In the wake of the pandemic, the use of educational video footage has become common place and widely accepted by both students and educators. Moreover, the availability of simple photographic equipment (e.g. tripod, ring light etc) made possible by the rise in popularity of video blogging for social media, has made the production of effective videos far easier and more accessible to medical educators.


Keywords: Outreach, video, school, clinical skills
The impact for tutors and students of integrating transgender teaching in undergraduate medical education

**Presenter(s):** Dr Kimberly Bruce, Dr Lizzie Grove, Dr Joseph Hartland, Professor Trevor Thompson

**Author(s):** Dr Kimberly Bruce, University of Bristol; Dr Lizzie Grove, University of Bristol; Dr Jo Hartland, University of Bristol; Professor Trevor Thompson, University of Bristol; Molly Hawes, University of Bristol; Martin Lopez Edmondson, University of Bristol

**Introduction:** From 2013 - 2018 referrals to gender identity clinics increased by 240%¹ and medical students have a strong desire for LGBT+ content to be part of their curriculum². Yet there is a paucity of teaching about transgender healthcare in undergraduate medical education³ and it is not part of the GP curriculum, meaning that current GPs may have had limited teaching in this area.

**Aim:** To study the impact of a transgender teaching session on students and GP tutors and to improve the gender inclusivity of our course.

**Methods:** A new tutorial on transgender healthcare was created by the primary care leads in conjunction with the transgender community and secondary care leads. This teaching was piloted by GP tutors in 45 practices to year 4 medical students. The tutorial included information about transgender health, treatment, national screening and an option of watching a live online role play between a trans actor and a GP.

**Results:** Preliminary feedback indicates a positive impact on the medical students understanding of these issues. However, we are also excited to note the unintended transformative nature of the teaching on GP tutors. We have ethical approval for a questionnaire and focus groups to look at the impact on both medical student understanding, and changes in clinical practice in the care of trans people by GP tutors. We will analyse the data to determine positive changes in clinical practice for both educators and students, and explore top-tips for teaching transgender healthcare within an undergraduate curriculum.

**Reference(s):**

**Keywords:** Transgender, undergraduate, medical education
What students want: Exploring student engagement in non-compulsory activities to support learning

Presenter(s): Dr Emma Kelley
Author(s): Dr Emma Kelley, UCL
Twitter: @DrEmKel

Background: There is a rich body of literature linking student engagement to success, resulting in enhanced satisfaction and academic outcomes (Kuh, 2009). The aim of this study was to understand what influences student engagement in non-compulsory activities including study-skills support and wellbeing sessions, identify how to mitigate these factors and reach students not engaging.

Methods: I conducted eight semi-structured interviews with medical students in different years, which I thematically analysed using NVivo. I used an inductive approach, analysing my data and adapting my questions after the first four interviews to incorporate emerging themes.

Results: Emergent themes included stigma and a reluctance to show weakness. Clinical students questioned the medical school’s motivation for running extra sessions feeling sceptical and mistrusting. Positive influencing factors included familiarity with the facilitator and incentives involving food.

Conclusion: I found stigma and students’ reluctance to show weakness to peers or the medical school to have the biggest negative influence on engagement. Students feared judgement from peers, thinking they had to be in control, strong and composed, aligning with literature showing medical students hold themselves to a higher standard than other students (Dyrbye., 2015).

Short-term solutions include using anonymous platforms and offering incentives. Whilst reducing stigma and mistrust require a cultural change, collaborating with student groups may reduce students’ scepticism and mitigate peer-pressure.

It is impossible to guarantee engagement from all students, and this is not necessary. It is more important to have a targeted approach and improve engagement for students in need of extra support.


Keywords: engagement, study skills, wellbeing, competition, stigma
Recent developments in the use of technology enhanced learning (TEL) in undergraduate medical primary care teaching in the United Kingdom

Presenter(s): Dr David Tan
Author(s): Dr David Tan, Newcastle University

Despite widespread use of technology in primary care education since the late 20th Century, the rapid translation of existing curricula into an online modality put a spotlight on current practice. For undergraduates, primary care environments have been shown to be an important socio-cultural learning space, and much of this learning is developed through embodied interactions within the primary care team.

I aimed to discover how TEL initiatives are being used in undergraduate GP primary care teaching in the UK and undertook a multiple case study analysis with a case study research approach. I employed opposing paradigms during data analysis to gain a contextual understanding of the cases, as they can be viewed as ‘complex social interventions’.

The results show that there is bi-directional learning between HEIs and students. The provision of learning resources is brokered by the HEI and facilitated by their online LMS. Blended learning remains in the wake of COVID-19 restrictions, but students doubt whether this approach can provide authentic experiences of primary care, and material barriers such as access to healthcare computer systems need to be overcome.

This study has implications for HEIs and teachers planning teaching initiatives using technology. Priorities for implementation should focus on planning digital approval processes to legitimise the students’ access to health records and applying design integration models for new initiatives. Online teaching may best be used as structured supplemental learning rather than to replace clinical experience, and effort should be directed towards using the functionality of existing online platforms.

Reference(s):

Keywords: TEL, Primary care
Background: The multi-disciplinary team (MDT) approach to cancer care is well-established, with the MDT meeting at its centre¹. A recent timetable re-design for undergraduate medical students at a district general hospital, enabled students to begin attending the Gynaecological-Oncology MDT meeting during their gynaecology rotation. Feedback about the value of this teaching experience was disappointing.

Initial feedback: On their end of clerkship evaluation, 62% of students reported the MDT meeting to be the ‘least useful’ aspect of their rotation. Qualitative comments included that it was ‘difficult to follow’, ‘high level’ and ‘didn’t have enough knowledge to keep up’. Students reported difficulty engaging in the meeting’s virtual format. Feedback from staff echoed these same themes.

Aim: To improve the effectiveness of teaching regarding the Gynaecological-Oncology MDT and meeting.

Educational improvement project: We have created a virtual learning package that can be used in preparation for attendance at the MDT meeting. The package introduces the concept of the MDT. The role of key MDT members is taught through recorded interviews. A simulated meeting of four cases puts the concepts into action, which students can pause or re-play. It concludes with tips for foundation doctors such as when and how to refer patients to the MDT.

Intended evaluation: We will be piloting this teaching package with our next cohort of students and evaluating its effectiveness with a ten-question survey, containing subjective and objective assessments of its effectiveness. Should the package prove to be effective, then its virtual format lends itself to easy wider roll-out.


Keywords: Undergraduate, Medical Student, Gynaecology, Oncology, MDT
Visualisation Approaches in Technology-Enhanced Medical Simulation Learning: Current Evidence and Future Directions

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**Background:** Technology-enhanced learning (TEL) has been proposed as an approach to minimise the healthcare workforce shortage preventing universal healthcare coverage. Simulation-based medical education is a well-established teaching method. Little is known about effective strategies to translate in-person medical simulation teaching into a virtual world. This work aimed to review the literature on approaches to visualisation in technology-enhanced medical simulation.

**Methods:** A systematic search strategy was optimised using three databases: Embase, MEDLINE and APA PsycInfo. Additional papers were identified through cross-referencing. The last date of this search was 3 January 2022. The articles were analysed qualitatively. The risk of bias was assessed using ROBINS-I and RoB 2 tools.

**Results:** The search yielded 656 results with 9 additional papers identified through cross-referencing. Following deduplication and exclusions, 23 articles were included in a qualitative synthesis of evidence. Offline and online computer-based modules with virtual patient cases or practical skills simulations were identified as the most prevalent clinical simulation teaching modalities. Visualisation approaches included text, images, animations, videos and 3D environments. Significant heterogeneity of study designs with a moderate risk of bias was established.

**Conclusion:** Based on the current data, the virtual patient scenarios should use natural language input interfaces enriched with video and voice recordings, 3D animations, and short text descriptions to make the patient management experience more lifelike and increase knowledge retention. However, there is no agreed framework for assessing the pedagogical value of these innovations. High-quality randomised controlled trials of TEL-based clinical simulation are essential to advance the field.

**Keywords:** technology-enhanced learning, TEL, simulation, visualisation, systematic review
Virtual Reality in Medical Education: gimmick or gamechanger?

**Presenter(s):** Dr Jonathan Fenn

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**Introduction:** Virtual Reality (VR) is a nascent but powerful tool that immerses users into a computer-generated environment with audio, visual and in some instances haptic sensory feedback. Recent advances in the technology and reduced cost make it an appealing novel tool for medical education. A systematic review of the literature found that VR is being widely deployed as a teaching tool but that it remains in the early stages of validity assessment.

**Method:** A literature search was performed using OneSearch to include the terms “Medical Education” and “Virtual Reality”, yielding 38 articles. All articles were read and categorised. The publications were interrogated for themes which were categorised into relative advantages and disadvantages of Virtual Reality use.

**Results:** Insights from the literature showed that VR is being utilised in a wide spectrum of medical education applications covering many surgical and medical speciality specific topics as well as broader topics such as anatomy and communication skills, and includes the teaching of practical skills. Most assessment of training validity took the form of qualitative assessment, both of the operator experience and short term learning acquisition.

**Conclusion:** The literature to date has highlighted a pedagogical gap in learning theory in relation to VR in education. It has also shown that the potential uses are vast and encompass the breadth of Medicine and Surgery. The interrogation of VR as a valid learning tool remains in the very early stages and priority must be given to scientifically rigorous analysis of these tools going forward.

**Keywords:** virtual reality, technology-enhanced-learning, VR simulation, literature review, medical education
Cultivating inclusivity in healthcare education: Exploring the boundaries of meaningful patient involvement

**Presenter(s):** Miss Amber Bennett-Weston  
**Author(s):** Miss Amber Bennett-Weston, University of Leicester; Professor Simon Gay, Leicester Medical School; Professor Elizabeth Anderson, Leicester Medical School

**Background:** Medical schools must involve patients as partners with faculty to train students to be responsive to the needs of diverse patient populations. A recent review highlighted the lack of theoretical evidence on how to cultivate inclusive academic communities that enable diverse patient voices to be heard alongside educators. Drawing on a PhD study, this presentation explores the boundaries of patients’ meaningful participation in healthcare education.

**Method:** A qualitative case-study design was adopted. Semi-structured interviews were conducted with patients and carers (n=10) and clinical educators and academics (n=10) from across a Medical School and a Healthcare School. Five focus groups were held with penultimate-year students (n=20) from across both Schools. Data were analysed using reflexive thematic analysis informed by Communities of Practice theory.

**Results:** We report on two themes: ‘boundaries’ and ‘identity’. All stakeholders perceived restrictive boundaries preventing patients’ meaningful participation in healthcare education. Three boundary markers were identified: differences in knowledge and qualifications, a lack of shared vision and issues around trust. Suggestions for deconstructing these boundaries were offered and instances described where this had been achieved. Tensions of identity were experienced by patients, educators and students when they came together across these boundaries for patient involvement, revealing insights into the way in which the ‘patient’ is constructed in healthcare education.

**Conclusion:** Patients encounter boundaries that hinder their involvement in healthcare education. We provide recommendations for overcoming boundaries to ensure that students have opportunities to learn from a diverse range of lived experiences.

**Reference(s):**  
1. General Medical Council. Patient and Public Involvement in Undergraduate Medical Education. London, GB: General Medical Council; 2009  

**Keywords:** Patient involvement, undergraduate, healthcare education
Introducing Foundation On-Call Undergraduate Simulation (FOCUS) to Post Final Medical Students in preparation for Foundation Year 1

**Presenter(s):** Dr Rebecca Morris  
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Transitioning from medical school to foundation practice can be anxiety provoking as the pressure to balance medical and surgical quandaries with the human factors of handovers, task management and team working can be complex. Human factors are difficult to teach, and students rarely practice skills of prioritisation, handover and utilisation of team members before graduating. This results in inefficiencies and increased stress levels among the workforce which ultimately compromises patient safety. The Foundation Undergraduate On-Call Simulation (FOCUS) aimed to increase student confidence and understanding of necessary on-call shift tasks.

We designed and delivered a one hour simulated on-call shift for 42 medical students during their post finals assistantship at the Mid Yorkshire NHS Trust. The simulation was modelled on a shift covering medical wards out of hours at Foundation Year 1 (FY1) level using a high-fidelity manikin.

We saw an increase in confidence across all areas including handover, task management and working within a Multidisciplinary Team (MDT). Before FOCUS only 13 students felt somewhat confident compared to 27 after. Ten students felt no confidence in escalating to seniors before FOCUS. Nine out of these ten students felt somewhat confidence afterwards. We received very positive qualitative data with one student stating FOCUS was the “best prep I’ve has for FY1”.

FOCUS received excellent feedback, initiating plans for expansion in 2023. We would also encourage other trusts to adopt FOCUS where possible to positively impact confidence of post finals students with the aim to reduce stress and anxiety in FY1s.


**Keywords:** Wellbeing, On-call, Simulation, Transitions, Resilience
Background: Commencing a new clinical rotation in a new hospital trust with unfamiliar systems can provide great challenges around the functioning of a department, wellbeing of staff and impact on patient safety. At North Bristol NHS Trust, it was evident that the induction for new doctors left juniors with a great deal of uncertainty surrounding the expectations in trauma and orthopaedics (T+O). The aims of this project include: (i) to improve T+O induction for postgraduate doctors and (ii) to improve confidence and preparedness in carrying out the roles of a T+O doctor.

Methods: Postgraduate doctors within the T+O department were surveyed at North Bristol NHS Trust multiple times throughout the academic year 2022/23. Data analysis included comparing quantitative and qualitative data, exploring attitudes towards IT systems, contacting clinical teams and overall confidence.

Results: Baseline data identified gaps in knowledge and areas for improvement, enabling for a new induction programme spanning a month of face-to-face sessions, including peer-to-peer advice, clinical scenario teaching, dedicated IT training and an electronic crib-sheet. Group 1 (n=13) demonstrated that almost half (46%) of postgraduate doctors rated their induction ‘very poor’ or ‘poor’, contrasting with 0% amongst the second group (n=9). With confidence ratings of 1-5 (1 = not at all confident, 5 = very confident): confidence with IT systems increased from a mean of 2.7 to 3.5, contacting supervisors from 2.6 to 4.2, handing over from 2.5 to 4.2, and daily expectations from 2.7 to 3.6.

Keywords: induction, training, orthopaedics
"Unwilling participants in widening participation:" exploring the experiences of widening access students in their transition into medical school using interpretative phenomenological analysis

**Presenter(s):** Dr Anna Harvey Bluemel

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**Background:** Widening access (WA) students continue to experience challenges at medical school. This work explored the experiences of WA students transitioning to university.

**Methods:** Four interviews were undertaken. We produced in-depth idiographic narratives and identified themes. We used social identity theory as an analytical lens.

**Results:** Participants described a range of identities which for them represented being WA, including disability, neurodiversity, being a first-in-family university student and gender diversity.

**Themes included:**
- Motivation for medicine: Participants described studying medicine as a form of advocacy, pre-conceptualising themselves as different to peers who do not have protected characteristics.
- Barriers to entry: Participants perceived they had worked harder to gain entry. Some participants felt unable to form friendships with those who lacked self-awareness of their privileges.
- Stereotyping the medical student and future doctor: All participants referred to academic ability as a hallmark of medical student identity. For disabled students who did not have access to the support they needed, this undermined their ability to access this identity.
- Revealing/concealing identities: One participant hid an aspect of their identity, causing distress. One participant increased the visibility of their marginalised identities, taking an "activist" role.
- Formation of social subgroups: Three participants described the formation of social subgroups; within these subgroups, an in-group identity was developed with denigration of "traditional" peers.

**Discussion:** Academic and social challenges are a feature of WA early experiences at medical school. Students have unique methods of ameliorating tensions, particularly when aligning their pre-existing identities with the new identity of "medical student."


**Keywords:** widening access, undergraduate, transition, identity, conflict
You may think that the consultants are great, and they know everything, but they don’t: Exploring how new consultants experience uncertainty

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Background: Within medicine, managing uncertainty is recognised as an important skill. This is particularly relevant in Emergency Medicine (EM) with its undifferentiated patient cohort. However, uncertainty appears to be learnt implicitly rather than addressed explicitly in medicine.\textsuperscript{1,2} Transitions, such as going from trainee to consultant, increase uncertainty. This study aimed to explore how new consultants in EM experience uncertainty.

Methods: Five UK-based consultants who were within one year of achieving a certificate of completion of training (CCT) were interviewed online during 2021. Interpretive phenomenological analysis was used to analyse the transcripts.

Results: Three superordinate themes were identified – ‘Transition and performance as a source of uncertainty’, ‘Uncertainty and decision-making in the context of the Emergency Department’ and ‘Sharing uncertainty and asking for help’. Uncertainty related to professional identity was common, and participants felt this was worsened by an absence of useful feedback. The recognition and acceptance of uncertainty in practice was in tension with a perceived expectation of certainty from colleagues and patients. EM doctors were seen as experts in managing uncertainty, using strategies such as gathering information, sharing uncertainty, and seeking help. Expressing uncertainty was seen as important for patient care but potentially risky to their credibility, and was easier in a psychologically safe environment.

Conclusion: This study shows there is a need for psychologically safe spaces for doctors to discuss the uncertainty they face. We would echo the existing calls to address uncertainty explicitly during medical training, and challenge the expectations of certainty that still exist.\textsuperscript{3}


Keywords: Uncertainty, Transition, Consultant, Emergency Medicine, Qualitative research
A scoping review exploring the experiences of undergraduate students in surgical education through the lens of cognitive load theory

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**Introduction:** Cognitive load theory (CLT), defined by Sewell (2019), is a learning theory which states that for long-term learning to occur, there should be the right amount of ‘loads’. There are 3 main loads that affect the learning experience - Intrinsic (IL), Extraneous (EL) and Germane load (GL). This review reviews the state of literature on factors that impact the learning experience of undergraduate surgical students framed by CLT and whether a knowledge gap exist related to these ‘loads’ influencing learning in the undergraduate surgical environment.

**Methods:** Applying search terms ‘Undergraduate OR medical students’ AND (cognitive load) AND (surgery OR surgical)’, PubMed, Web of Science, Scopus and Medline databases were reviewed. All abstracts published after 2010 were reviewed for relevance. Full relevant papers and snowballing of cited references were critically reviewed.

**Results:** of 886 abstracts reviewed, 98 were included. of the 3 types of loads, IL was most researched, followed by EL and GL. Participants report factors such as learners’ experience, task and patient complexity influencing IL; heart rate was used to measure IL. Examples of EL are environmental distractions (e.g. noise, temperature). Examples of GL include interleaving design, simulation, and practice to encourage learning. To mitigate these ‘loads’, mentorship and pre-/post-operative surgical education checklists are shown to be effective measures. However, there is a knowledge gap specifically in relation to undergraduate surgical education.

**Conclusions:** We demonstrated a knowledge gap in factors influencing the undergraduate surgical learning experiences, forming the basis of a qualitative interview exploring their experiences through CLT.

**Keywords:** Cognitive load theory, undergraduate, surgical education

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A serious game to help final year medical students develop clinical reasoning skills.

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**Background:** Clinical reasoning is ‘a skill, process, or outcome wherein clinicians observe, collect and interpret data to diagnose and treat patients’. One important part of clinical reasoning is how knowledge is organised.

**Methods:** We introduced a game in our final year teaching based on the popular card game Codenames. We aimed to encourage students to re-organise knowledge by thinking in different ways about links, similarities, and differences between various diagnoses, investigations, and management options.

Each week, we create a grid of 25 playing cards, where each card has a word connected to the week’s topic - for instance in Chest Pain week, the cards included words like "ECG", "STEMI", and "Aspirin". Students play collaboratively and alternate between clue-givers and clue-receivers. The clue-givers are given 8 of the 25 words which they aim to have the clue-receivers guess - for example if they wanted their colleague to guess the words "PCI", "ST Elevation" and "Q waves", they may give the clue "ACS".

**Results:** 90% of students rated the game "good" or "excellent". 82% of students agreed or strongly agreed that they enjoyed it, 66.6% learnt something from it, 83% found it engaging, and 85% found it was the right level of difficulty. Most importantly, 78% stated it helped them come up with differentials and investigations during case-based discussions which followed the game.

**Conclusion:** This game is an effective way to help students make new links between concepts and thereby develop their skills in clinical reasoning.


**Keywords:** Clinical Reasoning, Serious Games
Improving Final-Year Medical Student Simulation Teaching

Presenter(s): Dr Vatsala Mishra
Author(s): Dr George Kimpton, Barts Health NHS Trust; Dr Vatsala Mishra, Barts Health NHS Trust

Background: Created amidst the COVID-19 pandemic, Health Education England’s (HEE)1 ‘Future Doctor Programme’ highlights the role of medical education and training reforms to ensure future doctors are better equipped to provide care in a dynamic, changing healthcare landscape. This includes greater focus on generalist skillsets, multi-professional teamwork and understanding complex patient needs such as multi-morbidity and population health.

Aim: to improve Barts and the London’s well-established final-year medical student simulation teaching, to better reflect HEE’s Future Doctor Programme.

Methods: Existing scenarios were reviewed and updated to address the school’s curriculum and reflect current practice as per NICE guidelines. Learning points and debriefs were expanded with consideration of the Future Doctor’s Programme, to cover a broader range of non-technical skills; this included crisis resource management, civility, social determinants of health, diversity and inclusion. Patient names, previously predominantly white British names, were updated to represent a wider range of cultural and ethnic Backgrounds. Updated patient briefings also comprised a more diverse range of gender and sexual orientations.

Results/Conclusion: Through post-course feedback, comprising free-text and Likert scale responses, students perceived the training as very useful to their undergraduate education and prospective role as foundation doctors. They identified its proficiency in developing their understanding of multiple themes of the Future Doctor Programme: assessment of acutely unwell patients and those with long-term complex needs, understanding their role in the multi-professional team and their communication skills, for example. Next steps involve consideration of how both population health and mental health needs can be addressed in debriefs.


Keywords: Undergraduate, education, simulation, human factors
Interprofessional team-based simulation training for undergraduate medical, midwifery and paramedical students during their Obstetric rotation to improve understanding of professional roles

Presenter(s): Dr Aditi Siddharth
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Background: Training for the medical, midwives, and paramedical students has traditionally been in silos though the three professional groups are expected to work together in a hospital setting. Evidence shows training together improves communication and shared leadership (Kenaszchuk et al., 2011, Kyrkjebø et al., 2006, Foronda et al., 2016). This simulation training was embedded into the patient safety day for Oxford medical and Oxford Brookes midwifery and paramedical students with the aim to gain an understanding of the strengths of the different professional groups through team-based simulation of obstetric emergencies.

Methods: The students from the three professional groups were divided into teams of 7 supervised by 2 faculty members. The roles of the patient, partner and professionals were assigned. Each team managed two emergency scenarios ( eclampsia and postpartum haemorrhage) with the aid of simulation equipment (mannequins, algorithms, etc) followed by a 20-minute debrief. Pre and post-simulation questions via Mentimeter helped document changes in attitudes towards the professional groups. We have run these simulations for one year (6 iterations)

Results: Pre and Post simulation discussion and reflection via Mentimeter clearly demonstrated the change in attitude towards the other professional groups with qualitative feedback such as ‘midwives know a lot’, ‘medical students have a deeper understanding’, and ‘paramedics are reassuring’. Post-simulation confidence scores have always demonstrated an improvement.


Keywords: Interprofessional training, Undergraduate simulation, Obstetric emergencies, Non technical skill simulation
Lights, camera, obstetrics: Using ‘familiar faces’ to empower medical students to make the most from learning opportunities during their obstetrics and gynaecology clerkship.

Presenter(s): Dr Verity Ellis
Author(s): Dr Verity Ellis, North Bristol Academy, Southmead Hospital; Dr David Hettle, North Bristol Academy, Southmead Hospital

Obstetrics and gynaecology (O&G) often elicits anxiety among medical students and clinicians alike, a primary factor being their limited exposure1. Gender bias may lead to students feeling excluded from learning opportunities2. These challenges can disincentivise student engagement and lead to missed learning opportunities. Simple factors, such as a sense of belonging within a clinical team, can promote students’ feelings of confidence and competence within a healthcare setting3. At the University of Bristol, students undertake an intense six-week rotation including O&G, which is often shrouded in anxiety.

Therefore we sought to empower students beginning their rotation, by developing an innovative approach to clinical induction. In what can seem a busy, alien world where staff may seem too pre-occupied to ‘get to know you’ using student perspectives on pre-clerkship worries, we created a video tour of the O&G department addressing some of these. This approach draws on the concept of ‘familiar faces’, introducing students to a selection of the clinical team (consultants, midwives and healthcare assistants) offering helpful tips, who students are likely to encounter in their rotation.

Ultimately our aim is to help reduce anxiety for incoming students, introduce them to ‘familiar faces’ who will feel more approachable during clinical placement and foster an encouraging learning environment conducive to strong workplace-based learning. Evaluation will take place through focus groups and a questionnaire, considering students’ confidence approaching ward work, the role the ‘familiar faces’ played in this, and pairing these reflections with the student concerns we have gauged prior to placement.

Reference(s)

Keywords: Familiar Faces, O&G, Video induction
Polar opposites: Do icebreakers support medical students' engagement in small-group learning?

Presenter(s): Dr Antony Pile
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Introduction: In small-group learning settings, such as case-based learning (CBL), students are usually randomly allocated into groups and must become comfortable interacting with previously unknown peers to fully engage. Therefore, certain individuals may either dominate or rarely contribute, dependent on personal factors and group dynamics. While icebreakers are often used in medical education, potentially promoting more meaningful interaction and improving learning, we aimed to evaluate whether icebreakers actually encourage all students' engagement in group learning.

Methods: To begin second-year students' initial CBL sessions, half the groups completed a novel interactive icebreaker, while others started with simple introductions. Thereafter, students' contributions were recorded by observers, before additional evaluation was completed via post-session questionnaires investigating student's perspectives and how comfortable they and their peers felt to contribute.

Results: Thirty-seven students completed the questionnaire, incorporating Likert scale-type and free-text responses. Those starting sessions with icebreakers reported more equal contribution from their peers (39% vs. 6%), replicated in the objective assessment (mean student contributions: 28 vs 13). Those in icebreaker groups reported feeling more comfortable (76.2% vs 66.7%) and participants highlighted that while icebreakers can be “awkward” and “nerve-racking”, our icebreaker was “fun” and “a good icebreaker that got [them] to work as a team”.

Conclusion: Given the widespread use of icebreakers, it is useful to look beyond the ‘cringe’. This study highlights their potential in equalising involvement within learning groups, especially in early-year students. We found students were largely happier to contribute post-icebreaker, and felt more comfortable, potentially enhancing the scope for learning.


Keywords: Icebreaker, Case-based Learning, Communication, Inclusivity, Interactive
The use of a 'mini' radiology case series to improve medical students confidence in interpreting plain radiographs and basic cross sectional imaging

**Presenter(s):** Dr Hannah Mahoney and Dr Tabitha Atkinson-Seed  
**Author(s):** Dr Hannah Mahoney, Royal United Hospital, Bath; Dr Tabitha Atkinson-Seed, Royal United Hospital, Bath

**Introduction:** We observed that there was no formal radiology teaching, outside a limited number of plain films in case-based learning, for the 4th year medical students at the University of Bristol during their Complex Medicine for Older People unit. The medical students then fed back to us that they wanted to improve their interpretation of plain radiographs and increase confidence in identifying anatomy from CT scans which is a skill regularly utilized on placement and as a foundation doctor.

**Methods:** We developed an 18 week ‘mini’ radiology case series with each session taking 5-10 minutes to interpret and discuss which were incorporated into the students weekly Case Based Learning sessions. Over the weeks cases progressed from straightforward chest radiographs to more complex cross-sectional imaging and students were facilitated to interpret the scans as a group in each session.

Students were surveyed before and after the course commenced regarding their confidence in discussing plain films and identifying anatomy on cross sectional imaging and usefulness of a 'mini' radiology case series to improve this.

**Results:** Results pending as teaching course in ongoing.

**Discussion:** This project does/does not show the effectiveness of regular short radiology cases in improving student’s confidence in interpreting basic radiology. We believe a mini case series is an effective way of delivering teaching on radiology as it allows for regular practice over a longer period than traditional lectures with regular recall improving long term retention of knowledge and skills.

**Keywords:** Radiology, undergraduate, case series, medical education
Medical student, future doctor and patient: The impact of lived experience of personal healthcare on professional identity formation

Presenter(s): Miss Lauren Simmonds, Miss Alice Barber
Author(s): Miss Lauren Simmonds, University of Leeds; Miss Alice Barber, University of Leeds

As medical students progress through their studies, the continual development of their professional identity can lead to many students adopting a dual role as both doctor in training, and as a patient; particularly those with a chronic mental or physical health condition. This dual role is a common experience of many medical students, however little is known about how adopting the professional identity of student doctor can impact on the personal experiences of medical students when they are patients.

Whilst there has been wide research into the barriers that medical students may face in initially accessing healthcare, further work is needed about the experiences that medical students have when they are receiving healthcare, considering both the impact of medical student identity on their experiences as patients, and how this feeds into their professional identity formation. Understanding of medical students’ experiences of healthcare, and the impacts of this on identity, will better enable medical schools to equip and support their students to be able to fulfill the requirement to manage their own health stipulated by ‘Outcomes for Graduates’.

Therefore, we conducted a qualitative study, using semi-structured online interviews, to hear from medical students at the University of Leeds about their experiences as patients. This work will help medical schools be able to support medical students to understand their dual identity as student doctors and patients, and how best they can navigate this as they progress through their career.


Keywords: professional identity formation, student support
Navigating the boundaries of health and identity: a qualitative study of medical students

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Background: The literature suggests that members of the medical profession do not always manage their own health and wellbeing in an optimal way. Research conducted on medical students’ response to illness is limited, however some studies show that they avoid traditional pathways of care, choosing to self-manage and rely on the advice of colleagues. This study aims to understand how medical students perceive and manage their health as they transition through medical school.

Methods: Individual semi-structured interviews with 10 medical students from one institution in England were conducted. Interviews explored: students' views and management of their health, the role students adopt in managing the health of family and friends, and the ways in which medical schools may better support them.

Results: Four themes were identified: (1) Sources of learning (family, clinical guidance, clinical educators, peers), (2) Notions of health (understanding of illness, health cognition and behaviours), (3) Multiple identities (a lay person and somebody with medical status), (4) Supporting students (discussing health beliefs and reducing the stressors that impact negatively on health). Students may become hypo/hyperaware of illness and made decisions whether to reveal their medical status during clinical consultations. They experienced conflicting emotions around their multiple identities when advising family on health.

Discussion: Becoming a doctor can result in many tensions as students are exposed to increasingly medicalised notions of health. Creating spaces within the curriculum to discuss the privileges and tensions that arise from training to be a doctor, may yield future benefits for the medical profession and patient care.


Keywords: health, wellbeing, identity, beliefs, illness
While definitions of trigger warnings vary, it is generally accepted that they caution about potential reactions arising from exposure to distressing material. Healthcare education requires engagement with potentially-distressing topics. Controversy surrounds use of warnings in education, with concerns noted regarding censorship effects, "coddling", undermining resilience, and enablement of avoidance. Proponents of warnings position them as accommodations for those affected by trauma, enhancing inclusion, and suggest warnings empower choice, enabling informed engagement in learning1.

A recent metaanalysis of warnings' efficacy demonstrated no effect on affective responses nor comprehension. Findings regarding avoidance suggested warnings may increase engagement with material2. Controlled experimental designs don’t reflect the complexity of social learning environments3.

Here, we review theories of healthcare professional learning and how conditions for professional learning are fostered. We consider how warnings may be applied and act within theoretical frameworks including andragogy, self-directed learning and transformative learning. We consider warnings within wider trauma-informed pedagogies.
