

**C4ME EDUCATOR DEVELOPMENT DAY:**  
**Improving quality in medical education**

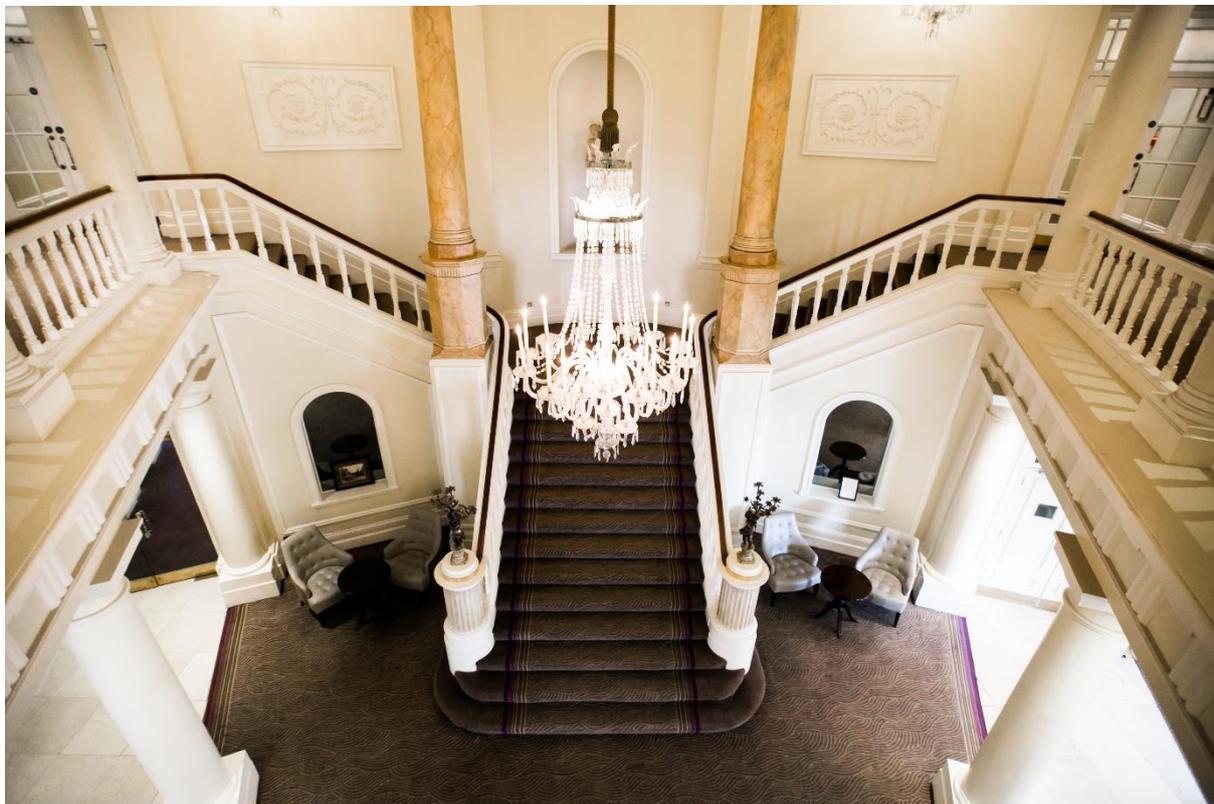


**The Angel Hotel, Castle Street, Cardiff CF10 1SZ**

**8.30am – 4.30 pm Monday 21 May 2018**



School of Medicine  
Ysgol Meddygaeth



# Improving quality in medical education

## Educator Development Day, Cardiff 21 May 2018 - Programme

TIME	PROGRAMME	SPEAKERS	ROOM
8.30-9.15	Registration, workshop sign-up and coffee		
9.15-9.30	Welcome:	Dr Steve Riley	Dragon (g)
9.30-10.15	Keynote: Feedback within the concept of an Educational Alliance approach	Professor Deborah Murdoch-Eaton	Dragon (g)
10.15-10.45	Break and refreshments		
10.45-12.15	Workshops		
	1. Improving Quality through Feedback in Clinical Settings	John Green, Rhian Goodfellow	Dragon (g)
	2. Trainer Recognition	Anton Saayman	Prince of Wales 1 (g)
	3. Aligning Assessment Feedback to Marking Criteria	Sharon Norman	Prince of Wales 2/3 (g)
	4. 'Is there anybody out there?' - Using Learning Technologies to track Medical Education student engagement and improve course retention.	Billy McWilliams, Allan Theophanides	St David's (1)
	5. Evidence based practice in Medical Education	Michal Tombs	Foxhunter (1)
	6. Developing Cultural Competence in Staff and Students	Sam Hibbitts, Paul Brennan, Liz Forty	Glamorgan (2)
12.15-12.30	Address	Professor Gary Baxter	Dragon (g)
12.30-12.45	Address	Professor Siladitya Bhattacharya	Dragon (g)
12.45-13.00	Faculty Development in C4ME	Dr Stephen Greenwood	Dragon (g)
13.00-14.15	Lunch, poster viewing and networking		

<b>TIME</b>	<b>PROGRAMME</b>	<b>SPEAKERS</b>	<b>ROOM</b>
14.15-15.45	<b>Workshops</b>		
	7. <b>Developing confidence in writing: Overcoming 'writer's block'</b>	Julie Browne	Prince of Wales 1 (g)
	8. <b>Improving Quality through Feedback</b>	Sam Holloway, Sharon Norman, Geraldine Latchem- Hastings	Foxhunter (1)
	9. <b>Getting recognition for your teaching</b>	Nick Cooper, Andrew Grant	Prince of Wales 2/3 (g)
	10. <b>Improving Quality through Assessment</b>	Lee Coombes	Glamorgan (2)
	11. <b>The Flipped Classroom: The good, the bad, and the possible.</b>	Stephen Rutherford	Dragon (g)
	12. <b>Role of Students in Quality Improvement- Welsh Language Assessments</b>	Phil Smith, Awen Iorwerth, Saadia Tayyaba, Sara Whittam, Leo Duffy	St David's (1)
15.45-16.30	<b>Wrap up</b>		Dragon (g)

(g) – ground floor; (1) – first floor; (2) – second floor. Lifts available – ask staff for directions

## Plenary Speaker biographies

### Professor Gary Baxter

Professor Gary Baxter was appointed to the role of Pro Vice-Chancellor of the College of Biomedical and Life Sciences in September 2017 after having served as Head of School of Pharmacy for a number of years. Professor Baxter plays a key role in setting the strategy and direction of the College and in promoting the development of learning and teaching and research excellence.



### Professor Siladitya Bhattacharya



Professor Siladitya Bhattacharya (Bhatty) MBBS, MD, FRCOG is Professor and Head of School of Medicine Cardiff University. He is a subspecialist in Reproductive Medicine and his main research interests include reproductive epidemiology and clinical trials in women's health. He has held a number of roles in undergraduate medical education - including a recent stint as external examiner at the University of Southampton, and has initiated a portfolio of online and face to face PGT courses within an Applied Health Sciences Research Institute.

### Dr Stephen Greenwood

Dr Stephen Greenwood is a Senior Lecturer in Medical Education at Cardiff University School of Medicine and a HEA National Teaching Fellow (2015). Stephen was a bioscientist and researcher before qualifying as a teacher and focussing on educational development. He has a broad range of experience including creating, developing, reviewing and validating HE courses, teacher development and recognition, learning technologies, OER, assessment and standard setting, conducting and supporting educational research and scholarship. In 2018 Stephen took on the role of Director of Faculty Development in the Centre for Medical Education.



Professor Deborah Murdoch-Eaton MBBS, MD, MRCP, FRCPCH, DipMedEd, FHEA, FAcadMed, NTF



Deborah Murdoch Eaton is the Dean of Medical Education in Sheffield. Her interests focus around developing students' individuality and potential. This aligns additionally with her passion for effective feedback, and how we can better understand why the message sometimes seem to be unable to get through and alter practice!

Dr Steve Riley

Steve Riley is the Dean of Medical Education and Hon Consultant Nephrologist. He has worked on the C21 Curriculum project and the Postgraduate Taught Review which have helped set the direction for Medical Education within Cardiff University. Current projects involve the creation of a Longitudinal Integrated Clerkship within the Medicine undergraduate programme to address recruitment and retention of doctors in more underserved communities of Wales.



## Abstracts for parallel sessions (sign-up sheets available on the day)

MORNING 10.45 - 12.15

### Workshop 1: Improving Quality through Feedback in Clinical Settings

John Green, Rhian Goodfellow

Supervised learning events (SLE) have been an integral part of the post graduate training programme for many years and were introduced to the Cardiff Undergraduate Medical Curriculum three years ago with the advent of C21. The purpose of the SLE is to provide immediate feedback, highlight achievement and suggest areas for further development and additionally to demonstrate engagement with the educational process. Despite instruction students however still perceive these as a tick box exercise, only document events which have gone well and perform the bare minimum. They are therefore missing out on a wealth of opportunities to receive feedback. Tutors likewise are reluctant to mark anything as less than satisfactory. Anecdotal reasons for this include that 1. The paper portfolio is cumbersome and only have a limited number of pages, 2. The interpretation that SLEs have to be rehearsed, long and time consuming.

To try to improve this we are introducing an electronic portfolio to all years from the academic year 2018/9.

This will be an interactive workshop, where all participants will be encouraged to share their current experiences of giving feedback in the clinical environment, and suggest ways of optimising this for undergraduate students. We will also have a demonstration of the new eportfolio to be used from September 2018 and an opportunity for all to contribute to the design of the different feedback forms

By the end of this session, delegates will be able to

1. Describe the different clinical encounters where students could demonstrate learning and receive immediate feedback
  2. Discuss the barriers for student and faculty engagement in the "SLE" process and suggest ways which this could be improved
  3. Start to navigate through the electronic portfolio to be introduced in 2018/9
  4. Suggest additional learning opportunities and feedback which could be captured through the electronic portfolio
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## Workshop 2: A Single Agreement to Professionalise the Role of the Trainer in Wales

### Anton Saayman

The Wales Deanery is working in conjunction with Cardiff University School of Medicine and Swansea University Medical School to harmonise approaches to trainer recognition in Wales via an Agreement for all medical trainers in secondary care who are subject to formal GMC recognition<sup>1</sup>. The workshop will start by considering how the GMC's 'General Professional Capabilities Framework'<sup>2</sup> and standards for undergraduate education and postgraduate training<sup>3</sup> underpin the training environment and therefore set the context for trainer roles. We will discuss the importance of the attributes of professionalism in training provision in the educational environment with a particular focus on the role of the 'hidden curriculum'<sup>4</sup>. We'll also discuss the benefits of harmonising recognition of undergraduate and postgraduate trainer roles and delivery of education and training in an environment based upon a continuum of learning from undergraduate student to postgraduate trainee. In conclusion, we'll consider the value of bringing trainers together in a single community of practice and mechanisms by which this can be achieved.

1 General Medical Council - 'Recognising and approving trainers: the implementation plan' (August 2012)

2 General Medical Council - 'General professional capabilities framework' (May 2017)

3 General Medical Council - 'Promoting Excellence: standards for medical education and training' (January 2016)

4 Hafferty, J W. (1998). Beyond curriculum reform: confronting medicine's hidden curriculum. *Academic Medicine: Journal of the Association of American Medical Colleges*. 73(4): 403 – 407.

By the end of this session delegates will be able to

1. Appreciate the importance of the educational environment and the role model in underpinning high quality training provision and understand how the attributes of the professional Trainer contribute to this
2. Understand the benefits of a harmonised approach across the undergraduate-postgraduate education and training continuum to the professionalisation of Trainers
3. Provide the mechanisms for supporting an all Wales community of practice for Trainers

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## Workshop 3: Aligning Assessment Feedback to Marking Criteria

### Sharon Norman

This workshop aims to consider if the feedback academics provide is transparent to students and to promote student and academic assessment literacy. Participants will examine commonly used feedback comments to consider their feedback comments in relation to their marking criteria with the aim to enhance and improve understanding of feedback and to encourage equitable, useful, focused, and transparent assessment feedback. Embracing technology enhanced learning, and maximising the potential of tools available in Feedback Studio, the project will examine the alignment of academic feedback comments to a generic

marking criteria. The intention is to share experiences, useful and efficient resources to enhance student feedback which aims to promote understanding and transparency for students, markers and external examiners. Participants are invited to bring their marking criteria and lists of comments to this workshop to allow for direct alignment of their feedback to their preferred marking criteria.

By the end of this session delegates will be able to:

1. Identify common themed assessment feedback comments used by C4ME staff.
2. Examine how the assessment comments feedback to students directly align to their marking criteria: therefore considering usefulness to students.
3. Create and disseminate a bank of feedback comments, aligned to Cardiff University Generic marking criteria, for staff use if desired.

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#### Workshop 4: 'Is there anybody out there?' - Using Learning Technologies to track medical education student engagement and improve course retention.

##### Billy McWilliams and Allan Theophanides

It has been acknowledged for many years that using online Learning Technology tools can help students' understanding of course material. However, it is a lesser known, or exploited, fact that some of these very same tools can also be used to give Academics a detailed overview student engagement in their courses. If used effectively, and over time, the resulting statistics can also allow Academics to build their own user profiles and activity thresholds to highlight engagement issues allowing for remediation sooner rather than later. Eventually it should even be possible to predict learner issues and intervene before a student even thinks about submitting any extenuating circumstances, Academic appeals, interruptions of study or even withdraw from the course entirely. This workshop will demonstrate the key principles of obtaining student user data (using Cardiff University tools in particular) and how to interpret and use that information effectively. Participants will also be given the opportunity to share their current practices and engagement strategies, and possibly what they might like to use in future as a result of the session.

By the end of this session delegates will be able to:

1. View user statistics of your learning and teaching materials
2. Identify level of engagement your students have with your course
3. Demonstrate and discuss the use of several tools to track user activity and engagement
4. Improve student retention through statistics and targeted engagement

## Workshop 5: Evidence based practice in Medical Education

### Michal Tombs

A large body of evidence exists on the efficacy of various teaching methods and approaches; however, the extent to which this informs practice and contributes to quality improvement has been questioned<sup>1</sup>. Defined as *“The implementation by teachers and educational bodies in their practice, of methods and approaches to education, based on the best evidence available”*<sup>2</sup>, calls have been made for medical education to become more evidence based. The purpose of this workshop is to explore the link between research and practice in medical education. The workshop will be of interest to medical educators who would like to reflect on their teaching and consider how teaching is informed by research evidence.

By the end of this session delegates will be able to

1. Reflect on their own teaching and the extent to which it is informed by evidence
2. Critically analyse research articles in Medical Education, focusing on practical application
3. Consider the application of research findings to their own teaching

The workshop will be highly interactive and is designed for maximum audience participation. Participants will be working through reflect on their own teaching, analyse research papers, to discuss, debate, and generate ideas related to evidence based practice in medical education. Participants should be prepared to include examples from their own experience

1. Sharma, N. (2016). Where is evidence based medical training? *BMJ Careers*
2. Haig A, Dozier M. (2003). BEME guide no. 3: systematic searching for evidence in medical education-part 2: constructing searches. *Med Teach*, 25, 463-84

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## Workshop 6: Developing Cultural Competence in Staff and Students

### Sam Hibbitts, Paul Brennan, Liz Forty

Cultural awareness involves understanding how a person’s culture informs their values, behaviour, beliefs and basic assumptions. Cultural awareness recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.

Working with people is a cross cultural process and everything we do exists within a cultural context. Culture itself is a fluid entity. Becoming aware of our own cultural values and beliefs and how these influence our worldview is essential in the continuing process of developing our cultural competency.

During this session, participants will have the opportunity to consider their own cultural values and beliefs and how these influence us at both a conscious and unconscious level. We will also consider how we can develop our cultural sensitivity and competency and how we can support our students to do so too.

Using an experiential model of learning this session will include individual and small group interaction to stimulate participants' engagement and learning.

By the end of this session delegates will be able to

1. Recognise how cultural values and beliefs are shaped
2. Understand how one's worldview, biases and assumptions impact relationships with others (students, colleagues, patients).
3. Discuss strategies for enhancing cultural competence

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## AFTERNOON 14.15 – 15.45

### Workshop 7: Developing confidence in writing: Overcoming 'writer's block'

#### Julie Browne

Writing is an essential part of any medical educator's scholarship portfolio and a professional responsibility for anyone involved in quality improvement in the learning, teaching and assessment of medical education.

So why don't we do it more often? The problem is that writing sometimes feels so daunting. Most of us are extremely busy, and there are plenty of other (less stressful) things we could be doing instead. Some of the excuses we make may be due to a sense of unworthiness or 'impostor syndrome'. In this workshop we'll look at some of the reasons behind this lack of confidence around writing for a public readership, discuss some of the anxieties and myths around academic writing, and consider strategies for developing a more positive and confident outlook on getting our work into print. The session will consist of a presentation, some practical activities and group discussions, and close with some individual reflection to develop a writing strategy.

By the end of this session delegates will be able to

1. discuss the ways in which lack of confidence affects writing strategies and leads to 'writer's block'
2. outline and utilise a number of practical, workable approaches to improving writing confidence
3. Develop a personal strategy for increasing writing productivity

1. Clance, P. R. (1985). *The Impostor Phenomenon: overcoming the fear that haunts your success*. Atlanta, Peachtree Publishers.
2. Henning K, Ey S, et al. (1998). "Perfectionism, the impostor phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students." *Medical Education* 32: 456-464.
3. Legassie, J., E. Zibrowski, et al. (2008). "Measuring Resident Well-Being: Impostorism and Burnout Syndrome in Residency." *Journal of General Internal Medicine* 23(7): 1090-1094.

## Workshop 8: Improving Quality through Feedback

Samantha Holloway, Sharon Norman and Geraldine Latchem-Hastings

This workshop will explore a range of strategies to encourage reflective practice to enable students to use feedback to feed forward. Participants will have an opportunity to discuss the use of rubrics, Quickmarks and audio feedback for summative assessment as part of the Feedback Studio interface with a focus on how these can help to enhance the consistency of feedback provided to students.

Participants will work in small groups to explore strategies to encourage students to embrace the notion of feeding forward. Participants will also have an opportunity to 'try out' audio feedback in Feedback Studio using the training resources developed through the CEI Audio feedback project.

By the end of this session delegates will be able to

1. Discuss the use of action planning as a strategy to encourage reflective practice to empower students to feed forward
2. Aligning feedback comments to marking criteria
3. Use audio feedback as a time efficient and effective method for feedback and feed forward.

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## Workshop 9: Getting recognition for your teaching

Nick Cooper and Andrew Grant

The workshop will begin with a brief introduction to bodies offering recognition for teachers in higher education. There will be an introduction to the standards frameworks provided by the Academy of Medical Educators and the Higher Education Academy. This will include clarification of information that might be required for recognition in relation to research, scholarship, leadership and management.

Participants will then spend time working in small groups looking at which source of recognition would best meet their personal needs. They will examine how their current practice maps to one or both of the standards frameworks.

For those participants who wish they will be helped to develop an action plan that will lead to their achieving recognition of their practice as an educator against the standards framework of the academy of medical educators or the HEA.

By the end of this session delegates will be able to

1. List the domains in which educators' practice is measured by the standards frameworks of the Academy of Medical Educators and the HEA
  2. Describe how their own practice as an educator maps against the standards frameworks
  3. List the actions they need to take to gain recognition of their educational practice.
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## Workshop 10: Improving Quality through Assessment

### Lee Coombes

Assessment drives learning, and can do this in a variety of ways. Sometimes these are obvious and intended outcomes of the assessment, but often they are fuelled by the hidden curriculum where learning is incidental, unintentional, and in some cases inappropriate. Understanding how assessment can do this is key to developing high quality doctors, but also provides an insight into equality and diversity in medical assessments.

Participants will explore how assessments can influence student learning and how this can be directed towards positive outcomes. It will explore inclusivity in assessment and ask whether medical assessment can be delivered in such a way that it is fair for everyone, and look at ways in which assessment inclusivity can be explored and quantified.

By the end of this session delegates will be able to

1. Understand how assessment can be used to influence student learning
2. Understand how assessment can be inclusive, and the common reasons why it may not be
3. Review an assessment's inclusivity

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## Workshop 11: The Flipped Classroom: The good, the bad, and the possible

### Stephen Rutherford

Flipped Learning is growing in popularity in Higher Education. The flipped classroom is where the core material is delivered before the contact time in class, and followed up by reinforcement activities during the contact session. The aim of the flipped classroom is to encourage student-centred and active learning, and to transform the 'lecture' from a didactic experience, which emphasises information delivery, to a collaborative learning experience, where students can investigate ideas and develop their understanding. This workshop will address some of the ways in which flipped learning can be delivered, and will investigate some of the potential challenges. The aim of the workshop is to discuss how this approach to learning can be embedded further within the medical curriculum in Cardiff.

The workshop will involve some discussion and sharing of experiences, as well as peer discussion of how to apply the flipped pedagogy to their own teaching practice.

By the end of this session delegates will be able to

1. Determine ways to adapt their teaching towards a flipped learning model
  2. Identify potential problems and limitations to the flipped learning approach
  3. Deliver effective flipped learning activities
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## Workshop 12: Role of Students in Quality Improvement- Welsh Language Assessments

Phil Smith, Awen Iorwerth, Saadia Tayyaba, Sara Whittam, Leo Duffy

The importance of student input to drive quality improvement (QI) is well documented (QAA). This workshop will discuss the role student engagement in implementing meaningful change, whilst also creating learning opportunities for students to develop core quality improvement skills.

Looking at the project to instigate Welsh language translation of Year 1 and 2 science papers, this workshop will examine how students' drove the evaluation of this QI initiative through an SSC project, learning valuable skills for future QI implementation.

Participants will discuss their own experiences of student input into quality processes and consider how student participation can be used to strengthen procedures.

4. By the end of this session delegates will be able to
5. 1. Consider the benefits of student input into QI
6. 2. Identify the challenges faced by both students and educators when student participation is involved
7. 3. Identify future opportunities to best use student engagement to drive QI

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### Poster programme

Poster authors will be on hand during refreshment breaks to discuss the work described in their posters. Do please take this opportunity to learn more about the exciting scholarship that's taking place in the C4ME!

#### Poster 1: Is there a new kind of doctor? An interview based study of former "Broad-Based Training" trainees and their supervisors

Aneel Parmar, Alison Bullock, Katie Webb  
School of Medicine Cardiff University

**Background** Health needs of patients and demands on health services are changing. More patients are presenting with chronic illnesses and multi-system diseases leading to a significant increase in the complexity of care that doctors manage. (1) The Shape of Training review of postgraduate medical education recommended changes to the training of doctors to satisfy this increasing complexity. (2) One recommendation was to train doctors with more generalist skills. Broad-based training (BBT) was an approach designed to achieve this. (3) BBT is a two-year training programme of four six-month placements in general practice, core medicine, paediatrics and psychiatry, following foundation training. This study considers whether BBT has developed a 'new kind of doctor in practice.' We sought to explore: how BBT impacts on clinical practice; whether trainees adopt a holistic approach to care delivery and whether the effects are long-lasting.

**Methods** Former BBT trainees (n=29) and their current Named Clinical Supervisors (NCS) were approached to participate. To date, we have interviewed 14 BBT trainees and 2 supervisors. Supervisors provide a comparative perspective on BBT relative to other training pathways. This study received ethical approval by amendment (Cardiff University 4/10/2017). Transcriptions are being thematically analysed using Nvivo.

**Results/Discussion** Data collection and analysis is ongoing and will be completed by April 2018. Common themes identified so far include the adoption of a more holistic approach to care, greater integration with other specialities and development of a broader skillset. These will be discussed in relation to whether BBT has developed a new kind of doctor. Primary study limitations relate to supervisor recruitment.

**Conclusion** Given the changing needs of patients, there is widespread agreement that postgraduate training needs to change. BBT represented a different approach and our study explored its impact on practice and identifies important lessons for the future of medical education and training.

#### REFERENCES

1. The 2022 GP: a vision for general practice in the future NHS. Royal College of General Practitioners. 2013. [accessed 26th October 2017]. Available from: <http://www.rcgp.org.uk/policy/rcgp-policy-areas/general-practice-2022.aspx>
2. Greenaway D. Shape of Training: Securing the future of excellent patient care. London: Shape of Training, 2013.
3. Curriculum for a Broad-Based Training programme. Academy of Medical Royal Colleges. 2012. [accessed 4th December 2017]. Available from: [http://www.aomrc.org.uk/wp-content/uploads/2016/05/Cirriculum\\_Broad\\_Based\\_Training\\_1112.pdf](http://www.aomrc.org.uk/wp-content/uploads/2016/05/Cirriculum_Broad_Based_Training_1112.pdf)

## Poster 2: Physician Well-Being: Comparing Doctors in Wales with UK Lawyers

Willardsen N, Bullock A, Russ E, Stacey M

**Background:** Physician burnout is becoming increasingly common amongst doctors (1). As defined by Lafreniere et al, burnout is "a chronic state of emotional exhaustion and depersonalization, and a reduced sense of personal accomplishment." (2). Burnout is also associated with the development of psychiatric morbidities, particularly depression. Furthermore, it has been shown that psychiatric morbidities are more prevalent amongst physicians compared to the UK national average (3). This presents a serious public health concern and poses a risk for attaining high quality patient care.

**Aim:** Very little is known about the overall positive well-being of physicians in Wales or how it compares to other professional groups. In 2014, a survey was undertaken by the Bar Council to look at the impact of the working environment of lawyers on psychological health and to identify risk factors which may impact performance (<https://www.wellbeingatthebar.org.uk/>). The aim of this study is to explore the self-reported well-being of physicians in Wales and compare the outcomes with lawyers and other members of the Bar Council. Given the high pressure environments in medicine, this study will enable us to identify patterns of well-being across careers. **Methods:** We will distribute an online questionnaire containing validated measures of well-being to a sample of staff grade doctors in Wales. The questionnaire will also investigate doctors' perceptions on the impact of physician well-being on performance and patient care. **Results:** We will report the results of the survey and compare outcomes for doctors with those of lawyers as reported by the Bar Council. We will also identify strategies and interventions to be used to maintain physician well-being and prevent burnout and psychiatric morbidities.

#### REFERENCES

- Shanafelt TD, Hasan O, Dyrbye LN, Sinsky C, Satele D, Sloan J, West CP. Changes in Burnout and Satisfaction with Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clinic Proceedings*. 2015 Dec; 90(12):1600-1613.
- Lafreniere JP, Rios R, Packer H, et al. Burned Out at the Bedside: Patient Perceptions of Physician Burnout in an Internal Medicine Resident Continuity Clinic. *J Gen Intern Med* (2016) 31: 203.
- Firth-Cozen J. Doctors, their wellbeing, and their stress: It's time to be proactive about stress—and prevent it. *BMJ*. 2003 Mar 29; 326(7391): 670–671

## Poster 3: Does Broad Based Training (BBT) develop doctors more prepared for changing patient needs?"

Elgood, R (Cardiff University); Webb, K (CUREMeDE, Cardiff University); Bullock, A (CUREMeDE Cardiff University)

**Background:** The NHS faces unprecedented demand on its services. A combination of government underfunding and an increasingly elderly UK population with multiple co-morbidities has created the perfect storm within our healthcare system(1)(2) . These stresses and strains are reflecting on our doctors, with many specialty training positions left vacant and staff morale at an all-time low(3). Changing doctor training could help alleviate this situation. In response to Shape of Training Review, BBT comprises 6-month placements in Psychiatry, Paediatrics, General Practice and Core Medical. BBT was designed to support the development of 'generalist' physicians that could help meet the demands of an elderly population.

**Aim:** To investigate how training prepares doctors for their career specialty, comparing those who experienced BBT with those following traditional pathways.

**Methodology:** An online questionnaire distributed to the BBT cohorts 2013-2015 (n=85) and a sample of core/specialty trainees traditional pathways who had been part of the wider BBT evaluation (n=140). The questionnaire uses open and closed questions and includes validated measures to explore aspects of preparedness: personal factors (burnout and work intensity), interpersonal factors (ability to work effectively in teams) and confidence in providing holistic care. Qualitative data will be thematically analysed; quantitative data will be statistically analysed using SPSS, exploring differences between trainees experiencing BBT and those on conventional training pathways.

**Results:** We are currently collecting data and will present findings at the academic meeting.

**Conclusion:** Conclusions will be produced once data collection and analysis are complete. Hopefully though alterations in medical training, doctors will be better prepared for the frontline of the NHS.

### REFERENCES

The NHS budget and how it has changed [Internet]. The King's Fund. [cited 2017 Nov 22]. Available from:

<https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>

Overview of the UK population [Internet]. Office for National Statistics. [cited 2017 Nov 22]. Available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017>

2017 National Training Surveys Summary Report [Internet]. General Medical Council. [cited 2017 Nov 22]. Available from:

<https://www.gmc->

## Poster 4: Harmonising Recognition: A Medical Trainer Agreement for Wales

Groves C, Webb K, Saayman A G  
Wales Deanery, Cardiff University

**Background** Wales Deanery successfully established the Educational Supervision Agreement from November 2013 supporting the GMC's plan for formal recognition of secondary care trainers. This Agreement between trainer, LEP and Deanery defines roles and responsibilities of the three parties and identifies mechanisms supporting high quality postgraduate medical training provision. Trainers subsequently articulated need for an Agreement for Named Clinical Supervisors providing equivalent role recognition. This was piloted in 2017.

**Summary of Work** Agreements were subject to full evaluation. Findings demonstrated trainers were highly supportive of the Agreements and considered they professionalised and supported the

trainer roles, impacting positively on delivery of roles and quality of supervision, thereby raising standards of postgraduate training and ultimately, quality of patient care.

**Summary of Results** Synthesization of the postgraduate trainer Agreements and extension to the two undergraduate trainer roles subject to GMC recognition in the next Agreement iteration was therefore supported and is endorsed by the BMA. Commitment to a unified approach to trainer recognition via a Trainer Agreement has been secured from the Deans of Wales's Medical Schools.

**Discussion and Conclusion** Development of an Agreement providing harmonisation of postgraduate and undergraduate approaches to recognition and professionalisation of trainers is a first in the UK. It also gives increased consideration to training roles in the multidisciplinary workplace and is responsive to the evolving UK training landscape including combined GMC training standards.

**Take Home Messages** Early stakeholder engagement, supported by needs analysis, provides a strong foundation for development, support, implementation and, ultimately, integration of trainer recognition in Wales.

#### REFERENCES

- Webb K, Bullock AD, Groves C, Saayman AG. (May 2015). Educational Supervision Agreement: Evaluation Study.
- Webb K, Bullock AD, Groves C, Saayman AG. (September 2017). Named Clinical Supervision Agreement: Evaluation of the Pilot. Summary Report – Phase 1.
- Webb K, Bullock AD, Groves C, Saayman AG. (2017). A mixed-methods evaluation of the Educational Supervision Agreement for Wales. *BMJ Open*; 7:e015541

## Poster 5: The role of educational supervisors in medical education

VeszB

Cardiff University

Using two online surveys, with a mixture of qualitative and quantitative questions designed for Educational Supervisors and medical students in year 3 and 4 (or intercalating) of their medical degree, we aimed to understand the functioning of the current Educational Supervisor system at Cardiff University and formulate possible improvements. Altogether, 100 people answered the surveys, 50 of which were students and 50 Educational Supervisors. The results showed, that although the majority of the participants of both groups – both students and Educational Supervisors - thought this role was useful overall, 74% of Educational Supervisors and 82% of students who answered the questionnaire would like to see changes made. Following analysis of the surveys, we concluded that some ways to improve the effectiveness of educational supervision could include providing uniform training to Educational Supervisors, standardising assessment booklets throughout health boards, allocating sufficient time within their job plans for the role and improving communication and report methods between Educational Supervisors and students in order for them to feel that they are working together more closely.

## Poster 6: The Learning Technology Unit - How we can help you!

Theophanides A, Roberts K

C4ME - Learning Technology Unit, Cardiff University

Our poster is designed to raise Medical Educators' awareness of the C4ME Learning Technology Unit (LTU). It will outline exactly who we are, what our individual areas of expertise are, as well as defining the support we can provide. It will specify key learning technologies and University systems that we champion, help develop and maintain. It will also cover examples and case studies of previous projects that we have been involved in. These will clearly illustrate how we can improve the quality of teaching practice and materials, through sound pedagogic principles and thus improving

the quality of medical education. As part of the Centre for Medical Education, we work with both Academic and support staff to develop a wider pedagogical understanding and knowledge of the latest learning technologies. In turn, they can then make appropriate choices when selecting them to enhance their teaching and ultimately their students' learning experience. Our poster aims to illustrate how easy it is for Academic and support staff to make contact with us, by clarifying the team structure, roles and responsibilities. It will also highlight the facilities and equipment that Academic and support staff are welcome to use, in order to enrich their teaching practices.

### Poster 7: Using virtual microscopy to teach histopathology

Potts J, Maurer S

Cardiff University School of Medicine, Learning Technology Unit

Histopathology teaching traditionally requires large numbers of microscopes, which are expensive and require regular maintenance, and large numbers of glass slides, which are fragile, eventually deteriorate and may not all show the relevant details. It is now possible to scan whole microscope slides for interactive viewing on a computer screen. Thus students interact with the image online, without the need for a microscope. All students see the same high quality image.

PathXL, developed by an offshoot of Queens University, Belfast, is a sophisticated, web based Digital Pathology software which allows virtual microscope slides to be viewed online for teaching purposes. It is a robust hosted system incorporating cataloguing and user management, together with on-demand annotations and supporting information. All content is mobile and tablet compatible.

The MSc in Clinical Dermatology uses PathXL to display scanned slides both in teaching activities and to facilitate histopathology exams. Dermatology students have access to an extensive library of annotated digital histopathology slides of skin conditions to support their study. In 2008 the Dental School replaced microscopy classes for Oral Biology and Oral Pathology with virtual slides scanned in house with an Aperio scanner and hosted using Aperio web server software. In 2017 comparative research showed a strong student preference for PathXL and the Oral Disease practical classes were transferred to PathXL, allowing easy integration of clinical photographs and radiographs with associated histopathology slides.

The access to digital pathology improves the students' experience both in terms of the immediate educational advantages and their familiarity with such systems as they move into their future careers.

### Poster 8: Learning Central Analytics for Student Retention

Sonia Maurer

Cardiff University, Learning Technology Unit

The aim of this study was to survey the Learning Analytics tools currently available to us in Learning Central, with a view to formulating some best practice recommendations. This developed into a small case study based on a three-month online CPD programme in Dermoscopy. Some of the techniques identified were used to perform data analysis on the first student cohort of the year (Sept – Nov 2017). The findings lead to the development of targeted interventions with the aim of improving student engagement and retention for the second cohort (March – May 2018). The poster presentation will summarise the methods used and display a clear graphical analysis of the results and findings. We hope that this will lead to measurable improvements in the quality and support of

medical education within this course. The programme in question takes the form of six topics and a final exam. Each topic comprises reading material, interactive learning materials, tutor-lead discussion boards, online lectures and an MCQ test to check understanding. It was decided to investigate the correlation between two factors – marks attained for the MCQ tests, and frequency of website access in each month of the course – and the eventual level of success in completion of the course. The performance of the three students (out of 76) who started the course only to drop out during the second month was of specific interest. It was shown that the students who went on to drop out of the programme altogether were amongst those who scored lowest in the early MCQ tests. The drop-out students also tended to show below average website accesses in the early days of the course. Conversely, students with the highest exam marks attained high marks in the early MCQs. Students with a consistently high level of website access went on to score highest in the final exam.

## Poster 9: An Approach To Facilitating The Hospital Front Door Module

Ellis, DB

BCUHB, Ysbyty Gwynedd

Hospital front door is a clinical attachment undertaken by third year medical students. As part of this module, they are required to undertake seven teaching sessions around acute cases. They begin as small group discussions that evolve into high fidelity simulated cases as they gain more experience and skill. The topics covered are governed by the curriculum set by Cardiff University. The generic format of the session would include: 1. Presentation of the acute case - a brief history and examination findings 2. Discussion of the possible differential diagnoses 3. Further information that they would need to confirm or dismiss a potential differential diagnosis, this includes further history, examination and investigations 4. The management options for the patient are then explored, with risk and benefits of each options discussed Following this thorough discussion of the case, the most likely differential diagnosis is identified by the group. The students are then required to read around this topic prior to the next session and complete a case grid. They are to focus their learning around the key facts of the acute illness, they are to include the epidemiology, pathophysiology, clinical history, examination findings and appropriate management. During the next session, we review the completed grids; this allows an opportunity for questions to be raised and feedback to be provided to the group. We then use this case as a base for a facilitated high fidelity simulated scenario. This allows the students to consolidate their learning, through applying the theoretical knowledge to a practical setting. This format is used to teach the seven mandatory cases. We allocate a day a week for this teaching and two cases are completed per session.

## Poster 10: An Alternative Approach To Facilitating My Practice Sessions?

Ellis, DB

BCUHB, Ysbyty Gwynedd

My practice sessions are incorporated into the Cardiff University 5th year medical student junior student apprenticeship module. My practice sessions have been: “developed to encourage students to reflect on patient interactions and other aspects of work undertaken in the clinical environment. It is designed to allow students to increase their understanding of personal responsibility towards patients and colleagues”. The sessions are designed for groups of 5-10 students, to be an hour in duration and facilitated by a senior doctor. Each student must present a

chosen case and identify 3 specific learning needs: 1. a science learning point 2. a practice learning point 3. a professional learning point. Students are then required to complete a reflection on the session, one self-reflection and five peer-reflection. During my sessions students present cases in a ward round format, as practice in preparation for skills required as a FY1. They are also given the additional challenge of a two minute target, this develops their ability to summarise key points of the clinical case, a skill which will become invaluable in clinical practice. The aim of the two minute presentation is to simulate the expectation of a ward round presentation which is different to a full case discussion. Timing the two minutes allows students to experience time pressures which are seen in the clinical environment in particularly during a ward round. The group then contribute and provide feedback, with the opportunity to share different experiences and reflect on alternate ways of approaching similar experiences in the future. As the facilitator I can provide additional feedback, share clinical experiences and relate this to their current stage of training.

## Poster 11: Gender Balance in Applications to Medical School

Patel K

Cardiff University

Background: Prior to the 19th century women were not admissible to medical school, however today females now account for approximately 55% of UK medical students (GMC 2018). This gender gap is marked at Cardiff Medical School with 32% more females than males averaged over the 5-year course. The objective of the study is to understand why Cardiff Medical School attracts so many female applicants in comparison to the other 32 UK medical schools. Study Design: A mixed methods approach used focus groups and questionnaires. Convenience sampling was used to recruit participants to focus groups from years 1-3 of the medical programme. Focus groups aimed to gain perspectives on application strategies to medical school and explain the gender gap. Based upon themes developed from focus groups, a questionnaire was developed comprising of closed and Likert scale questions made available to students in year 1-3 via a Bristol Online Survey. Results: Data provided by GMC indicates Cardiff Medical School has the greatest gender difference, closely followed by University of Bristol, Birmingham and Leeds (1). Focus group and questionnaire data will be available in April 2018. Focus groups will be thematically analysed based upon the creation of an inductive coding framework. Questionnaires will be quantitatively analysed, giving percentages to support each theme identified from focus groups. Discussion and Conclusion: McManus et al. (2) showed that there are four factors based on the perception of medical schools: reputation, personal contact, location and prospectus. Factors may now need to be extend beyond these and reveal gender discrepancies. Will the multiple mini interview domains need to be adjusted, will there need to be curricular change to address perceptions of the course amongst potential applicants or are the factors unrelated to course design and admission process?

### REFERENCES

1. General Medical Council. Medical School Reports. 2018 [Accessed 16th February 2018]. Available from: <https://www.gmc-uk.org/education/26867.asp>
2. McManus IC, Winder BC, Sproston KA, Styles VA, Richards P. Why do medical school applicants apply to particular schools? Medical Education. 1993;27(2):116-23. doi: 10.1111/j.1365-2923.1993.tb00241.x

## Poster 12: The Reflective Blogger

Pugsley H

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Exploring the formative use of blogs to engage students on an e-learning course in medical education. The e-Certificate course in medical education based at Cardiff University is delivered via Blackboard VLE. The learning and teaching module provides an opportunity to explore educational theories and their relationship to practice. There are a variety of formative tasks to engage learners, 2 of which are via the blogs, the remaining tasks are completed on the discussion forums. The Blogs are private from other students but tutors are able to view their activity and comment if requested, the blogs provide an opportunity to gather thoughts and reflections on the module content in one place. The main aim of this project was to explore engagement with the blogs as a platform to engage in reflective practice. Thematic analyses of the blogs and metrics from the VLE shall be presented.

**Results** Nearly half (49%) of the students used the blog (49 out of 100) with a range of between 1-20 posts. Thematic analyses revealed issues about the course assessment specifically concerns about writing an academic assignment, managing time, personal development plans, complex and challenging teaching events such as managing failing students in their own environment. Of the 2 module tasks, the andragogy blog proved the most successful for stimulating a response (91 posts) compared to the behaviourism task (50 posts). More significantly the personalised reflections blog had 136 posts covering a variety of course and personal experiences.

**Discussion and conclusion** Students who blog are self-directed and record reflections on a variety of issues which include module tasks as well as their real-world experiences(1). Some students have shared many of their blog posts within the discussion forum, supportive of a safe area to explore, draft and reflect before sharing thoughts, demonstrating flexibility of the platform. There are positive implications for the use of blogs to provide a flexible, self-directed supportive area to formatively record ongoing reflection 'on action' (2) on a post graduate medical education course.

### REFERENCES

Grosbeck G (2009) To use or not to use web 2.0 in higher education? *Pocedia Social and behavioural Sciences* (2009) 478-482.

<https://www.sciencedirect.com/science/article/pii/S1877042809000895>

SchÖn D. A (1987) *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. Jossey-Bass higher education series. San Francisco

## Poster 13: Undergraduate medical student perceptions of the purpose of reflective writing

Elangaratnam, D and Salooja N

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**Background & Purpose** Reflection is considered a central component of professional practice in which critical analysis of experience is central. [1,2,3] In this study, we have looked at student perceptions of the purpose of reflective writing with a view to improve our teaching on the subject.

**Methodology** At the start of a session on reflection students responded to 'Why does the GMC want students to reflect?'. An initial pilot of 40 responses indicated that 'to make you a better doctor' was the dominant response. The study was adapted to include a more specific follow-up question: 'Why does reflection make you a better doctor?'. Data to both of these questions was collected from 4 teaching groups. Answers were transcribed, coded by two investigators and discussed to consensus identifying themes.

**Results** Data collected from 93 students included 277 items (Q1:132; Q2:145). 21 codes were identified, most frequent of which were: learning from mistakes (n= 40) and self-development (n=40). 4 major themes identified: 1. tautological responses e.g. 'because we have to' (n=102/277); 2. learning from experience (n=91/277); 3. self-awareness (n=67/277) and 4. development of critical/analytic thinking skills (n=17/277). The second question, was associated with a reduction in tautological responses. Students highlighted learning (n=50/145) as a predominating factor in why reflection makes better doctors. Self-awareness identified as a theme (n=41/145) included responses pertaining to understanding and honesty in relation to limitations and strengths. Notably the word emotion appeared only 6/277 times and the word resilience once.

**Discussion & Conclusions** Students recognise that reflective practice can improve their practice and make them better doctors. Many students did not express a clear concept of how reflection might do this. The most frequent view was that reflection enables one to learn from error. Less frequently, students identified that learning could take place from positive experiences including recognition of their strengths.

#### REFERENCES

Dewey J. *How we think: A restatement of the relation of reflective thinking to the educative process.* New York: D.C. Heath and Company; 1933

Moon J. *Reflection in Learning and Professional Development.* London: Kogan Page; 1999

Schon DA. *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.* Jossey-Bass; 1987

## Poster 14: Modern Slavery: Recognition and Response

Sellous C, Metcalf EP

Cardiff University

**Background & purpose** Working with Welsh Anti-Trafficking Network- Regional Anti-Slavery fora<sup>1</sup>, we developed a training package to equip healthcare students to recognise signs of exploitation or slavery and be able to confidently respond and safeguard that patient. To our knowledge, this is the first integrated undergraduate training and has received excellent student feedback with 93% supporting its compulsory inclusion in teaching. The Modern Slavery Act<sup>2</sup> and GMC<sup>3</sup> place legal and professional duties on healthcare professionals to recognise and respond to situations of modern slavery.

**Methodology** Small group Interactive seminar: introduces modern slavery, the signs and what to do if you suspect a patient is a victim. Communication Skills: a clinical scenario with actors giving the opportunity to communicate with a potential victim in a manner that priorities their safety. We asked students to complete an evaluation form to assess participants' views of how important the subject area is and whether the teaching improved their knowledge and ability to recognise and respond appropriately.

**Results** Evaluation forms were completed by 141 students. 94.3% of students felt the teaching should be compulsory. Qualitative feedback identified students felt the teaching was highly appropriate and timely for final year students. They also felt that the interactive lecture and opportunity to role play in a communication skills workshop setting ideally suited the challenging nature of this field.

**Discussion & Conclusions** Modern slavery is of critical importance given 1 in 5 healthcare professionals will treat a victim of modern slavery<sup>4</sup>. This project demonstrated the effectiveness and suitability of this mode of delivery. It demonstrated medical students can be equipped with the necessary communication skills to recognise victims of exploitation and respond safely and appropriately.

#### REFERENCES

- <http://gov.wales/topics/people-and-communities/communities/safety/anti-slavery/?lang=en>
2. Modern Slavery Act, 2015: <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>
  3. Outcomes for Graduates. General Medical Council 2015: [https://www.gmc-uk.org/Outcomes\\_for\\_graduates\\_Jul\\_15\\_1216.pdf\\_61408029.pdf](https://www.gmc-uk.org/Outcomes_for_graduates_Jul_15_1216.pdf_61408029.pdf)Poster programme

## Poster 15: Intercalated Degrees: Gain vs Pain

Jawad LR, Wilson DJ

Cardiff University School of Medicine

**INTRODUCTION** One-third of UK medical students complete an intercalated degree, however with compulsory intercalated degree places rising, the number of students choosing to intercalate is falling. This study aimed to assess the influences affecting the decisions by medical students to undertake an intercalated degree at Cardiff University, and whether these influences in turn affected their choice of medical school at the time of their UCAS application.

**METHODS** Focus groups were conducted with fourth year medical students who opted not to undertake an intercalated degree and current intercalators. Participants were asked to discuss the reasons behind their decisions. Transcripts were thematically analysed and used to guide the construction an online questionnaire sent to all fourth year medical and intercalating students (n=365).

**RESULTS** Four major themes were identified both for and against doing an intercalated degree. Students chose to intercalate to help their careers, to de-stress, to encourage personal development and because they were cost-effective. Students chose not to intercalate because of financial constraints, loss of social networks, not believing it would benefit their future careers and because of academic concerns. The questionnaire (response rate 57%) revealed that most felt that the intercalated degree was a good opportunity to get a degree in a year (94%), but remained reluctant to do so because they did not want to spend an extra year at university (69.7%). Two-thirds of respondents (62%) considered intercalated degrees at the time of their UCAS application.

**CONCLUSIONS** In the future, medical school applicants should be made aware of the benefits and drawbacks of doing an intercalated degree, both prior to their applications to university and whilst they are still at medical school, allowing individuals to make an informed decision as to whether opting to intercalate is the right decision for them.

## Poster 16: Assessment Translation Process of high-stakes undergraduate SBA examination papers

Duffy L, Whittam S, Tayabba S, Iorwerth A, Smith PE

Cardiff University School of Medicine

**Background:** Cardiff University's School of Medicine offers Welsh translations of undergraduate SBA papers—Year 1 since 2016 and Years 1/2 since 2017—aiming to aid student transition from Welsh-medium high-school education to an English medium medical course. The translated Welsh paper is offered alongside the English version.

**Summary of work:** Following the International Test Commission guidelines, we undertook translation, back-translation, and reconciliation by Welsh-speaking medical personnel. We conducted qualitative narrative interviews of n=8 Years 1 and 2 students who had used translated papers and n=3 Welsh-speaking medical staff undertaking the reconciliation.

**Summary of results:** 3 from 300 Year 1 students used the translation in 2015/16, but 10 in 2016/2017; among Year 2 students, 7 used it in 2016/2017. The translation process required 20 working days in 2015/2016 and 22 days in 2016/2017. Students used the translation in around 50% of questions.

**Discussion:** All academic staff involved in translation and reconciliation were impressed with the simplicity of the process. All interviewed students agreed the translated paper helped their performance, with enhanced confidence and improved understanding of questions relating to both scientific and social aspects of medicine.

**Conclusion:** The reconciliation process identified some issues around the precise conveying of meaning (in 67 of 240 questions in Year 1 2015/16). All students felt the translated paper helped their assessment performance, and all staff interviewed emphasised the importance of high-quality quality translation to achieve this.

**Take home message:** Translation of high-stakes written assessments requires rigor and attention to detail, since subtle wording changes may change the preferred answer. Our experience provides lessons for others embarking upon translation of high-stakes written assessments in medicine.



Twitter hashtag for the meeting is: #C4ME

WIFI is available:



Thanks to the Academy of Medical Educators for their assistance in organising this event.

[www.medicaleducators.org](http://www.medicaleducators.org)

The Academy Office is on the second floor of Neuadd Meirionnydd, Heath Park Campus. Contact: [info@medicaleducators.org](mailto:info@medicaleducators.org) or 02920 687206

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## VENUE DETAILS



Meeting venue: Angel Hotel Cardiff Centre

Address: Castle St, Cardiff CF10 1SZ

Phone: 029 2064 9200

Website: <https://www.thecairncollection.co.uk/hotels/the-angel/>

### Directions

Cardiff Central station is ten minutes' walk away. For further information, public transport advice and an interactive map, please go to:

<https://www.thecairncollection.co.uk/hotels/the-angel/contact/>

Five category 1 (External) CPD points have been awarded by the Royal College of Physicians, reference #118166. Attendance certificates will be available after the event.

#### EXHIBITION STANDS

**Academy of Medical Educators**

**Cardiff University Learning Technology Unit**

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