UK Clinical Teaching Fellows Forum 2019

In partnership with The Academy of Medical Educators

CTFF 2019

Saturday 8 June 2019

Postgraduate Education Centre,

Frimley Park Hospital, Surrey

IMPROVING CARE THROUGH TEACHING EXCELLENCE

Academy of Medical Educators, Neuadd Meirionnydd, Heath Park, Cardiff CF14 4YS
Email: info@medicaleducators.org Telephone: 02920 687206
Charity no: 1128988  Company no: 5965178  www.medicaleducators.org
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<tr>
<td>9.15 - 9.45</td>
<td>Registration and coffee (Entrance hall)</td>
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<td>9.45 – 10.00</td>
<td>Dr James Fisher &amp; Dr Lewis Hendon-John Frimley Health NHS Foundation Trust</td>
<td>Introduction</td>
<td>Lecture Theatre</td>
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<td>10.00– 10.15</td>
<td>Neil Dardis Chief Executive, Frimley Health NHS Foundation Trust</td>
<td>Welcome Talk - Engaging the board</td>
<td>Lecture Theatre</td>
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<td>10.15 - 10.35</td>
<td>Professor Jacky Hayden President Academy of Medical Educators</td>
<td>The Current State of Medical Education</td>
<td>Lecture Theatre</td>
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<td></td>
<td></td>
<td>Implementing wilderness medicine training for undergraduate medical education: a success story Schulz J, Warrington J, Maguire C, Georgi T, Hearn R, King’s College London</td>
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<td>Immersive Confusional Experience of Delirium (ICED): The use of an interactive, web-based game to teach undergraduates about delirium Webb L, van’t Hoff C, Jacobs C, Finnegan D, Ipe A, Jones K, Great Western Hospital</td>
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<td>11.05 – 11.15</td>
<td>Rapid Poster Summary Session (plenary)</td>
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<td>11.15 – 11.45</td>
<td>Coffee and biscuits, poster viewing 1 (Entrance Hall)</td>
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<td>11.45 - 12.15</td>
<td>SESSION 1 PARALLEL WORKSHOPS (choose 1 of 3)</td>
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<td>Building a network, what should it look like?</td>
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<td>Dr Paula Hunt Southampton University</td>
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<td>12:20 – 12:50</td>
<td>Session 2</td>
<td>PARALLEL WORKSHOPS (choose 1 of 3)</td>
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<td>Carrie Hamilton</td>
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<td>Leadership in Education</td>
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<td>Dr Jamie Read</td>
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<td>Plymouth University</td>
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<td>12:50– 13:50</td>
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<td>Lunch, poster viewing 2 (Entrance Hall)</td>
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<td>13:55 – 14:30</td>
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<td>Short Presentations (plenary)</td>
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<td>Medical Students’ Views on A Peer-Observed Objective Structured Practical Skills Examination</td>
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<td>Dubus M, Sanwo O, East Kent Hospitals University Foundation Trust</td>
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<td>The Oxford Emerging Leaders Programme: Evaluating higher-level outcomes of a new leadership development programme.</td>
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<td>Lyons O, Kotze J, Nandra K, Canter R, Oxford University</td>
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<td>The SANTA course: Students and Non-Technical Abilities. Application and Evaluation within Simulation Training for Final Year Medical Students.</td>
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<td>Desai A, Devnani A, Davies J, Gregg V, Shah N, Hettle D, North Bristol Academy</td>
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<td>14:35 – 15:05</td>
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<td>SESSION 3   PARALLEL SHORT PRESENTATIONS &amp; WORKSHOPS (choose 1 of 3)</td>
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<td>Developing as a medical educator: after the fellowship?</td>
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| Alan Gopal  
Hull University Teaching Hospitals NHS Trust / Early Careers Group, AoME |  |
|---|---|
| **Short Presentations**  
How does participation in an optional prize exam affect medical students’ interest and knowledge in ENT, ophthalmology, dermatology and plastic surgery?  
Nour R, Newcastle upon Tyne Hospitals NHS Trust  
Encounters with other medical students on clinical placements: impact on learning experiences  
Hess G, Miles S, Bowker L, Norwich Medical School, UEA  
A study exploring students perceptions of Student Online Evaluation Tool (SOLE) and the factors that contribute to a low response rate  
Elangaratnam D, Cardiff University | Lecture Theatre |

**15:05 – 15.20 - Coffee break, poster viewing 3 (Entrance Hall)**

**15:25 – 15:55 SESSION 4 PARALLEL SHORT PRESENTATIONS & WORKSHOPS (choose 1 of 3)**

| Workshop | AoME Recognising Teaching Excellence  
Julie Browne  
Academy of Medical Educators | Conference Room |
|---|---|
| Workshop | Setting up a Journal and how to get published  
Dr Shivali Fulchand  
The British Student Doctor Journal | Seminar Room 1 & 2 |
| Short Presentations | Exploring the use of retrospective pre-post self-assessments in a leadership development programme  
Lyons O, Nandra K, Oxford University  
Redesigning a faculty-lead introductory day for medical students starting their first hospital placement  
Wynn-Lawrence L, Elangaratnam D, Muir E, Morrell M, Salmasi AM, Imperial College  
Quality of Teaching Fellow Programme at Newcastle-Upon-Tyne hospitals  
Goyal A, Newcastle University | Lecture Theatre |

**16:00 - 16.45 KEYNOTE: Professor Roberto Di Napoli, St George’s University of London**

Teaching with active learning in mind

**16.45 – 17:00 Closing remarks**

Dr James Fisher & Dr Lewis Hendon-John

Lecture Theatre
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<td>Fisher J, Hendon-John L</td>
<td>Hunt P</td>
<td>Clews G, Leader J, Frimley Health Foundation Trust, Mid-Cheshire Hospital Foundation Trust</td>
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<td>Fisher J, Hendon-John L</td>
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<td>Gopal A Hull University Teaching Hospitals NHS Trust / Early Careers Group AoME</td>
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<th>SESSION 4</th>
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<th>AoME Recognising Teaching Excellence</th>
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<td>Browne J</td>
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<td><em>Academy of Medical Educators</em></td>
<td><em>The British Student Doctor Journal</em></td>
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Posters

Posters will be on display in the entrance hall. Authors will be on hand to present and discuss their posters during refreshment breaks.

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<td>Iossifidis E, Obiri-Darko E, Younis J, Abdel-Aziz T</td>
<td>Do Medical Students understand their learning outcomes in the operating theatre?</td>
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<td>P2</td>
<td>Maduanusi C, Ganesh H</td>
<td>Simulated Obstetrics and Gynaecology Sessions (SOnGS) – Enhancing O&amp;G Teaching for Medical Students</td>
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<td>Maduanusi C</td>
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<td>Khan M, Longodjo M,</td>
<td>Near-peer radiology teaching: A junior doctor led teaching programme for undergraduate medical students</td>
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<td>P5</td>
<td>Bevis M</td>
<td>Nasogastric tube training in medical school – are we doing enough?</td>
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<td>P6</td>
<td>Rahman S, Robinson Z, Sein E, Kong WM, Murtagh G</td>
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<td>P7</td>
<td>Fazal F</td>
<td>The UCL Medical School Education Consultancy (MSEC) Ningbo Exchange Programme</td>
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<td>P8</td>
<td>Webb LA, Miles S, Bassi H, Lindquist S, Bowker L</td>
<td>Medical students views about Interprofessional Clinical Skills sessions for delivering Interprofessional Education</td>
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<td>P9</td>
<td>Budd G, Fitchie A</td>
<td>A Preparation for F1 - Near-Peer Teaching on On-call Task Management and the Importance of Handover</td>
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<td>P10</td>
<td>Biggs A</td>
<td>The challenges of creating a teaching programme</td>
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<td>P12</td>
<td>Kennedy C, O’Brien M</td>
<td>Improving the quality of information available for prospective fellowship applicants, a collaborative project between current fellows and the Trust’s communications team</td>
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<td>P13</td>
<td>Perry R, Jonathan D</td>
<td>Developing a teaching program for trust grade doctors</td>
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<td>P15</td>
<td>Drayer Turner L</td>
<td>Ophthalmology; a forgotten art?</td>
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<td>P16</td>
<td>Savage N, Woolley J, Chan K</td>
<td>What is simulation all about? Ideas Concerns and Expectations of Third Year Medical Students at Birmingham University</td>
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<td>P17</td>
<td>Osborne CED, Bhatt A, Main D, Hearn R</td>
<td>Pan-London Undergraduate Search and Rescue Event</td>
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<td>P19</td>
<td>Bacon M, Rochester A</td>
<td>Not Your Average Sim On-Call</td>
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<td>P20</td>
<td>Garg A, Misquite L, Millar-West K, Millar L</td>
<td>Drug chart dread: How can we tackle it at medical schools?</td>
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<td>P21</td>
<td>Garg A, Millar-West K</td>
<td>How the bleep do you answer bleeps?</td>
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* This programme and its contents were correct at the time of publication. Please note that this programme may be subject to change without notice.
Speaker Biographies

Professor Roberto Di Napoli

Roberto is Head of CIDE (Centre for Innovation and Development in Education) at St George’s and Professor of Higher Education Scholarship and Practice. He completed his doctoral thesis on academic identities at the Institute of Education in London.

His scholarly work focuses on themes ranging from academic identities to time and space in academic life, and the role of values in professional life. Roberto has held various academic and managerial positions at higher education institutions across the UK and Ireland and collaborated in a teaching and consultancy role at institutions worldwide, including in Spain, France, Italy, Ukraine, Uzbekistan and Vietnam.

He has been Educator in Residence and Fellow at the National University of Singapore and he is a Principal Fellow of Advance HE. Roberto has played a pivotal role in the planning and delivery of the world-renowned MEd in Surgical Education spearheaded by Professor Roger Kneebone at Imperial College London.

Neil Dardis

Chief Executive, Frimley Health NHS Foundation Trust

Neil joined Frimley Health in March 2018 after more than 20 years in the NHS, including extensive board and managerial experience.

At his previous post as CEO at Buckinghamshire Healthcare NHS Trust he led a rapid transformation of the quality of care, staff engagement and the development of sustainable service strategies.

He also led the way in developing system-wide change across Buckinghamshire, working in partnership with other health and care organisations and leading to the system being one of the vanguard Integrated Care Systems.

Before joining BHT, Neil was director of operations at East and North Hertfordshire NHS Trust leading their operational turnaround and acute reconfiguration of services. He held a number of service management roles at the Royal Free London NHS Trust and Hammersmith Hospitals NHS Trust.

Neil has a degree in history from Durham University and has studied at the London Business School and Cambridge University Judge Business School. He was a member of the NHS Top Leaders Programme and worked with the Kings Fund on system leadership.
Professor Jacky Hayden, CBE, DSc (Hon) FRCP FRCGP FRCPE FRCPsych (Hon) HonFAcadMed FSFFMLM

Professor Jacky Hayden is President of the Academy of Medical Educators and North Regional Lead for the Faculty of Medical Leadership and Management. She is a Non-Executive Board Member at Plymouth Hospital NHS Trust, where she is also the Senior Independent Director, a member of the MPTS Committee, and she has established postgraduate medical training for the graduates of the University of Nicosia in Cyprus.

Jacky has a keen interest in quality assurance of medical education, she has been a lead visitor for the GMC and predecessor organisations for over 30 years. Her clinical background is in General Practice and in 1996 she was the first General Practitioner in England to be appointed to the position of postgraduate dean. She was the Postgraduate Dean in Health Education North West until October 2016 and led the integration of the former North Western and Mersey Deaneries.

She holds honorary professorial appointments at Lancaster and Manchester Universities and was awarded honorary doctorates at St George’s University in 2013, Lancaster University in 2017 and Edge Hill University in 2018. She was awarded Honorary Fellowship of the Academy of Medical Educators in 2012 and Honorary Fellowship of the Royal College of Psychiatrists in 2018. Jacky chaired the Committee of English Deans from 2008-12, was an inaugural member of Medical Education England and vice-chair of COPMED. She has also taken an active role in the Royal College of General Practitioners, serving for twenty-seven years on the Council and contributing to the development of standards for general practice. Jacky was awarded the CBE in 2013 for her services to medical education.
Directions to the Venue

By Train

The nearest railway station is Frimley, although you may find it more convenient to use Farnborough Main and to complete your journey by bus or taxi. You can find out the times of train services from Network Rail or by calling 08457 484950.

South Western Railway services from London Waterloo to Guildford via Ascot serve Frimley station. From there you can take the short walk to the hospital or use bus routes 2 and 71.

More details of services can be found at www.traveline.org.uk or www.nationalrail.co.uk or calling Traveline on 0871 200 2233.

Walking from Frimley railway station (0.7 miles)
Head right out of the station approach road and continue for the length of the High Street. Go off to the left of the White Hart pub near Waitrose supermarket. Head in the same direction, taking you up the Portsmouth Road (A325). Up here you will see the hospital on the left hand side, opposite a grassy open area. Cross the road by the pedestrian lights.

By Bus

The hospital is served by local bus operators. Timetable information is available from Surrey County Council. Contact details for local bus operators. Plan your journey through the traveline website.

Bus services travel to/from a number of destinations in the local area, including Aldershot, Ash Vale, Blackwater, Camberley, Cove, Egham, Farnborough, Frimley, Heatherside, Mytchett, Staines, Sunningdale, Yateley.

By Car

Exit the M3 at junction 4 and follow signs for Frimley / Camberley.
From Guildford / Farnham take the A331 and follow signs for Frimley / Camberley.
From Woking take the A320 heading for Chobham and follow signs for Frimley / Camberley.
For sat nav use post code GU16 7UJ.

Parking at Frimley Park Hospital:

Parking facilities are available at the front of the hospital.

Payment machines are located at the front of the car park opposite the main entrance. Payment can be made in cash or by card.
The Postgraduate Education Centre is on the ground floor of the hospital.
Photography disclaimer

Please note that a photographer may be present during the event. Any photographs taken at the meeting may therefore be used in future CTFF/AoME publications, on the AoME website, or in other CTFF/AoME materials. Your attendance at the meeting constitutes an agreement for us to use and distribute your image or voice in photographs, videotapes, audiotapes, or other electronic media. If you do not wish your photograph to be taken, please ensure that you inform the photographer. You should note, however, that although we will do our best, we cannot guarantee that your image will not be captured or used by CTFF/AoME.

Wi-Fi is available

Please visit the registration desk for details.

CPD Certificates

UK Clinical Teaching Fellows Forum 2019 been approved by the Royal College of Physicians for 6 Category 1 (external) CPD points: ref 124853. Attendees may claim only for the hours they attend. Certificates of attendance will be available during the event. Please note that we cannot replace lost or missing certificates after the event unless the attendance register was signed on the day.

Send us your feedback on this conference!

An online evaluation form is available at: https://www.surveymonkey.co.uk/r/WBM2FFT

or

Scan the QR code
Abstracts and Presentations in Parallel Sessions

**Papers in parallel sessions:**
Each presentation will be allocated a 10 minute slot. Actual presentations are expected to run for 7 minutes leaving 3 minutes for questions. Timing will be strictly enforced and presenters should make sure that they do not talk for more than 7 minutes.

**Presentation Format**
The preferred formats are PowerPoint and Adobe Acrobat. Computer systems with Windows XP and MS Office will be available and presenters are expected to use the conference system and not their own laptop. Presentations will be run off NHS Windows PCs with no guarantee that Apple Mac converters will be compatible with the projection hardware. Please do ensure your presentation is in a format that will be Windows compatible. We also ask that you send your presentation to us in advance if possible to minimize setup time, and suggest bringing a copy of your file on more than one medium to ensure you have a backup.

**Poster format**
Posters may not exceed 84 cm high x 60 cm wide (A1). Posters which exceed these dimensions may be rejected if they obscure others’ work.

Please bring your poster to the registration area on the morning of 8 June 2019 ready for hanging where indicated. You will be responsible for your poster throughout the event and must remove it at the end of the day; we regret we cannot accept responsibility for any loss or damage. Poster viewing will take place during refreshment breaks.

Disclaimer: Please note that all information in this booklet may be subject to change without notice. While we have made every effort to ensure that information was correct at the time of publishing, we regret we cannot take responsibility for errors or omissions.
# KEYNOTE PRESENTATION

| Lecture Theatre | **Teaching with Active Learning in Mind**  
Professor Roberto Di Napoli  
*St. George's University of London* |
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<td>This keynote, whilst not addressing Medical Education directly, is intended to</td>
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<td>help participants to think about their teaching from the point of view of the</td>
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<td>Active Learning paradigm. A short set of key concepts (including relevance,</td>
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<td>meaning and integration) will be explored on the basis of pedagogical scholarship</td>
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<td>and research for participants to reflect, after the talk, on the relevance of</td>
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<td>these concepts for their own teaching context and practice.</td>
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# WORKSHOPS

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<th><strong>Building a network, what should it look like? - Roundtable sessions to discuss the creation of a UK Clinical Teaching Fellows Network</strong></th>
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|                 | Fisher J, Hendon-John L  
*Clinical Teaching Fellows at Frimley Park hospital, Honorary Lecturers as St George’s University, London and regional representatives of TASME.* |
|                 | The role of the teaching fellow is becoming increasingly popular up and down the country with more and more Trusts beginning to recognise the value of having clinicians with dedicated time for teaching. This has sparked some fantastic innovations from creative and enthusiastic educators throughout the UK, but sadly many of us spend much of our time working in isolation. |
|                 | This means that some of the valuable lessons learnt in one Trust aren’t readily available at another and the same mistakes are replicated and the same resources independently re-created. |
|                 | This is where the development of a national network comes in. We have envisioned a platform where those involved in medical education across the UK can share and review each other’s ideas and resources, find collaborators for research projects, advertise opportunities for professional development and provide peer support - but this is where we need your help. |
|                 | As a person interested in medical education you are a potential user of this network and we would like your input in designing it from the ground up. |
Please reflect upon the following questions and come prepared for a discussion about how we can move forward along a more united path in the future.

- What would be the main benefits of this network to you?
- How would you like to access this network?
- Are the any barriers you envisage which would limit your engagement?
- How would you ensure the longevity of the network?

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<tr>
<td></td>
<td>Dr Paula Hunt, BSc (Hons), BM (Hons), MRCS, MRCGP, MA Ed (Hons)</td>
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<td>BM Finals Clinical Assessment Coordinator and Principal Clinical Teaching Fellow in Communication Skills; part-time GP</td>
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<td>Following a surgical career and gaining MRCS in 2005, Dr Hunt changed to General Practice in 2007 around the time of MMC. She completed Specialty Training in GP using the eportfolio and passed MRCGP in 2009. She has worked as a part-time GP based in Southampton since and enjoys the combination of clinical work and medical education. Her interest in education developed whilst a surgical SHO when she started to help on several local courses including the Wessex Deanery (as was) course Tomorrow's Teachers, which she went on to co-direct from 2008 to 2012. She completed her Masters in Education at the University of Winchester, graduating with honours in 2012.</td>
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<td>Dr Hunt enjoys a range of educational activities and roles in both undergraduate and postgraduate medical education. In undergraduate education, she has been involved with teaching Communication Skills to medical students from the University of Southampton since 2009 and helped to set up a Peer Teaching Study Unit. She has also given workshops on feedback and resilience to doctors and students. She has been an examiner for Third Year and Final Year OSCEs since 2006 and was appointed as BM Finals Clinical Assessment Coordinator in March 2016 which entails writing clinical assessments such as OSCE stations and Clinical Competence assessments (ACCs) for Final year students. Along with the Director for Assessments, she has been heavily involved in creating a new written exam for Final year students, namely the Clinical Summary Exam (CSE) which is focused on enabling new doctors to become better prepared for Foundation Training. In General Practice, she works on the edge of Southampton, and supervises Foundation year 2 doctors for their GP attachments in Primary Care. She also coordinates bimonthly TARGET education meetings for primary care.</td>
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<td>This workshop will be both exploratory and biographical with the aim of helping you to find your way in medical education and raise awareness of teaching opportunities in undergraduate and postgraduate medical education.</td>
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<td>Seminar Room 1&amp;2</td>
<td><strong>Virtual On-Call: virtually the same?</strong></td>
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<td></td>
<td>Clews G, Leader J</td>
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<td>Frimley Health NHS Trust</td>
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The provision of virtual on-call programmes is becoming increasingly common as these sessions provide valuable opportunities for students to apply their knowledge and learn important non-technical skills. However, establishing a bespoke programme is very time-intensive, with work being unnecessarily replicated independently up and down the country.

In this session you will hear from the creators of virtual on-call programmes about the successes and challenges they have faced in their local trust, as well as participating in a discussion about the possibility of collaborative working to allow replication of the educational benefits, not the workload.

Frimley Park Hospital - Creators: George Clews & Joely Leeder, Foundation Year 2 Doctors at Frimley Park Hospital. Designed their Virtual On-Call programme in 2018 for Southampton and St George's University final year medical students.

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<tr>
<th>Seminar Room 1&amp;2</th>
<th><strong>Leadership in Education</strong></th>
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<tr>
<td></td>
<td>Jamie Read</td>
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<td><em>Plymouth University</em></td>
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Developing a career as a leader in medical education can be a confusing journey, without a clear pathway or measures of success. However, many junior doctors interested in medical education would like education leadership and management to feature as part of their careers. Whilst there are formal pathways into medical education research, those into leadership are often less well defined.

This workshop will consider the routes that are available into medical education leadership, the organisations that can provide support and some hints and tips from those who are on the journey.

Participants will be encouraged to bring an Academic CV with them for review during the session and are asked to think about times they have taken on an educational leadership role in the past. There will also be the opportunity to take part in some Academy projects designed to boost experience and to network with like-minded individuals.
**Seminar Room 1&2**

**Developing as a medical educator: after the fellowship?**

**Gopal A**  
*Hull University Teaching Hospitals NHS Trust; Early Careers Group, AoME*

**Description:** How do we continue with our development as educators following fellowship posts? How do we ensure education becomes a permanent part of our work in the future? If you're interested in finding answers to these questions and a toolkit to help you develop, please feel free to attend! We will be discussing the various pathways and opportunities possible, forward planning and professional standards for educators.

**Lecture Theatre**

**Beyond the manikin**

**Carrie Hamilton RGN, BSc, MSc.**  
*SimComm Academy*

The Francis report (2013) identifies concerns around the quality of healthcare professionals’ ability to communicate in a compassionate and empathic manner with patients and relatives. The use of manikins is increasingly common in undergraduate and postgraduate education; there are strong drivers for their use; financial, legal and technological (Dean et al., 2016) and there is the perceived high status lure of technology. Manikins can support learning in a controlled clinical environment, however, it is impossible, with mankin technology, to authentically practice communication skills.

Simulated patients (SPs) are individuals trained to portray a real patient (Lopreiato et al., 2016); in their role of patient advocate, their needs, circumstances and preferences can be explored. SPs, as a proxy for real patients offer significant advantages (Cleland et al 2009, May et al 2009, Wallace 2007). Rather than 'voice behind the screen manikins', SPs have the potential to be the highest fidelity 'simulator' (Cleland et al 2009, May et al 2009) presenting with a physical or mental illness/injury or as a relative.

This presentation looks ‘beyond the manikin’; it considers the practical and ethical implications of working with SPs and encourages the audience to explore the broad scope of SP engagement.

**References**

Hamilton, CJ. (2016) Ethical and practical implications of engaging with children as simulated patients. Case study template. Manchester Metropolitan University in association with HEE(NW)


Seminar Room 1&2

Setting up a Journal and how to get published
Fulchand S
The British Student Doctor Journal

The British Student Doctor Journal (The BSDJ) was founded in 2016 for the purpose of increasing medical student engagement with evidence-based medicine, peer review and publishing. Starting as a local initiative, The BSDJ has gathered national interest and has trained over 450 peer reviewers. This session will share an overview and journey to establishing The BSDJ, as well as essential tips to help students get published.

Dr Shivali Fulchand - Shivali is a member of the Cardiff University Class of 2017 and previously graduated with a first class honours in Medical Genetics iBSc. Whilst at medical school, she co-founded The British Student Doctor Journal. Shivali is currently an Academic Foundation Year 2 Doctor at the University Hospitals of Leicester, an Honorary Tutor at Cardiff University and a member of The Academy of Medical Educators. She has been selected for the National Medical Director’s Clinical Fellowship 19-20 and will be working for the BMJ from September 2019.

SHORT PRESENTATIONS

Lecture Theatre

The Great Escape: Exploring the Impact of Escape Rooms in Medical Education
Webster R, Durkan N, Leylabi R, Smethurst K
Royal Victoria Infirmary, Newcastle

Background: There is increasing interest in gamified and playful approaches to higher education. For instance, within many medical curricula role-play, simulation-training and digital educational games are being increasingly utilised. A relatively new, less well explored aspect of medical gamified education is that of escape rooms. We believe that escape rooms may offer the opportunity to develop important skills such as team-work, effective communication, prescribing and data-interpretation within a time pressured, but fun environment. Aim: To examine the impact of an escape-room session in promoting engagement and team working to complete clinical tasks in a time-sensitive environment. Method: A pilot one hour escape-room session was designed for final year students. This included a brief introductory group conversation, a timed 30-minute escape-room
with scenario-based questions, and a focused debrief regarding the students’ performance. Written feedback forms, derived from adapted critical event analysis, were utilised to gather students’ opinions on the session. **Results:** Data from 2 sessions (8 learners in total) showed 100% of the students found the session either useful or very useful (37.5% and 62.5% respectively). Feedback showed that 100% of the students felt engaged during the session with 50% reporting increasing engagement as the session progressed. Free-text comments highlighted that students enjoyed working in teams and appreciated the opportunity to rehearse this under timed conditions. **Conclusions:** This escape-room provided an opportunity to manage realistic scenarios, with the help of a team and hindrance of a time pressure, within a reproducible, low-cost and fun environment.

(This paper was previously presented at the TASME spring conference on 13/04/19)

### Implementing wilderness medicine training for undergraduate medical education: a success story.

Schulz J, Warrington J, Maguire C, Georgi T, Hearn R  
**Faculty of Life Sciences & Medicine, King’s College London**

**Introduction:** The General Medical Councils’ approved curricula shares only three domains with the Wilderness Medical Society curriculum, suggesting an underrepresentation of wilderness medicine (WM) in medical education. We developed a 5-month WM course to run in parallel with the conventional curriculum, comprised of lectures, workshops and practical exercises in the field.  

**Objectives:** To evaluate the effectiveness of an extended extracurricular WM course for undergraduates and assess at which point in undergraduate training it is most effective.  

**Methods:** The course was undertaken by 18 medicine and healthcare undergraduates (clinical years, n=11; non-clinical years, n=7). Semi-quantitative analysis of the course was undertaken by participants’ self-reported WM knowledge and interest before and after the course using a Likert scale. The participants were objectively assessed with a seven station WM-modified objective structured clinical examination (WM-OSCE) at the end.  

**Results:** Only students who completed the course (attendance 80%) were included (n=11). Before the course, students had a low understanding of WM (2.82/5.00) and were not confident in pre-hospital medicine (2.55/5.00). After the course, perceived knowledge and confidence were seen to increase in all domains (P<0.05), with a mean gain of +1.38/5.00. Students demonstrated competence in a range of WM domains by completing the WM-OSCE, with a pass rate of 82%. The highest marks were gained by clinical-year students.  

**Conclusions:** Providing students with a wide-ranging WM course is effective in introducing key components and inspiring future engagement in the field. We have developed a framework for successful implementation of extracurricular WM teaching, and shown that the course is most effective when delivered to students in their clinical years.
**Immersive Confusional Experience of Delirium (ICED): The Use of an Interactive, Web-Based Game to Teach Undergraduates about Delirium**
Webb L, van’t Hoff C, Jacobs C, Finnegan D, Ipe A, Jones K
*Great Western Hospital, University of Bristol*

**Introduction:** It is well known that prevention and early detection of delirium, along with appropriate management, leads to better outcomes and medical education therefore needs to address it comprehensively (1). A web-based serious game was identified that provides the opportunity to make medical decisions before experiencing the effects as the patient. We explored how the interactive teaching tool impacts on delirium knowledge.

**Methods:** Students studying geriatric medicine at Great Western Hospital were invited to participate in the pilot study during the year and were allowed 60 minutes to complete the game. Pilot data was gathered in the form of written surveys using free-text boxes and 5-point Likert-type scales to allow self-rating.

**Results:** Likert scale analysis demonstrated statistically significant results self-rating of enjoyment, empathy, and improved knowledge about the management of delirium (p<0.024). Thematic analysis of free text boxes established acknowledgement of the distress associated with delirium and improved knowledge of its presentation and management. Students additionally referenced sympathy and empathy separately from the Likert scales. Analysis of TEL-related answers demonstrated the engaging and immersive nature of the teaching tool, specifically regarding the patient’s experience.

**Discussion and Conclusion:** Results from the pilot study demonstrated improved understanding of delirium and its management for from the use of The Delirium Experience, reflective of improved knowledge at Kirkpatrick’s Level 2. Of note is the greater insight into the experience of the condition, implying attitudinal change. Future expansion of the project might include semi-structured interview to identify the source of change.

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**Medical Students' Views on A Peer-Observed Objective Structured Practical Skills Examination**
Dubus M, Sanwo O
*East Kent Hospitals University Foundation Trust*

Mock OSCEs are a common method of exam preparation. These are time consuming and difficult to organise, needing many healthcare professionals as faculty. Peer-assisted learning is recognised in published literature as a useful educational tool. Data about near-peer organised OSCEs have found them beneficial for both tutors and tutees [1]. We aimed to evaluate students' views on a peer-observed mock-OSCE concentrating on clinical skills.

**Method:** Fourth year medical students were invited to a peer-observed objective structured practical skills examination (POOPSE). This was run by two faculty members. The POOPSE consisted of six clinical skills stations, around which students would rotate in pairs, taking turns in assessing each other using mark schemes provided. Faculty were available to offer guidance. Students were given a questionnaire to fill out at the
Results: 54 students took part across 7 sessions. Over 80% had not attended a peer-observed OSCE before. 83% felt less anxious attending a POOPSE than a mock-OSCE. Confidence in performing all clinical skills increased when measured on a likert scale. Thematic analysis of comments was performed; the mains themes elicited included the relaxed environment, having peers observe and the benefit of faculty oversight. Conclusion: Students both enjoyed the POOPSE as well as gaining confidence in the clinical skills practiced. A limitation to this is that students need to be competent in the skills prior to attending, and with limited faculty oversight some errors may go unnoticed. The need for fewer faculty members makes this easily organised and sustainable.


The Oxford Emerging Leaders Programme: Evaluating higher-level outcomes of a new leadership development programme

Lyons O, Kotze J, Nandra K, Canter R
Oxford University

Background: Several studies have reported positive learner reactions to leadership development programmes in healthcare. Few studies have evaluated higher-level outcomes. Aim To evaluate a new leadership programme at Oxford University Hospitals (OUH) and to assess the viability of measuring higher level outcomes. Methods: We used Kirkpatrick’s framework to design the course evaluation. To measure individual learning, participants (n=14) completed pre-post programme self-assessments over Pendleton and Furnham’s six domains of leadership and five tasks of leadership (rated 1-10) Participants completed a post-programme questionnaire regarding impact outside the course and changes to their confidence, motivation, job satisfaction, and resilience. As a measure of the system and clinical outcomes from the programme, participants were asked to present outcomes from team quality improvement projects. Results: Participants showed statistically significant increases in Pendleton and Furnham’s domains and tasks. Increases were greatest in Strategic Direction (3.5, 95% CI 2.2-4.8), Creating Alignment (2.1, 95%CI 1.1-3.1) and Relationships with Managers (1.9, 95%CI 0.6-3.2). A significant majority of participants reported increases in confidence (85%), motivation (85%), job satisfaction (85%) and resilience (62%). 50% of projects achieved intended system outcomes with 25% making significant progress. Participants reported improvement of attitudes towards management, and towards their own potential for leadership. Participants also reported application of skills learnt on the course into their daily work. Conclusions: This programme succeeded in demonstrating outcomes at all major Kirkpatrick levels. By designing evaluation into a leadership development programme, it is possible to measure behavioural and system level outcomes.
The SANTA course: Students and Non-Technical Abilities. Application and Evaluation within Simulation Training for Final Year Medical Students.
Desai A, Devnani A, Davies J, Gregg V, Shah N, Hettle D
North Bristol Academy

Background: The GMC provides guidance emphasising the importance of doctors in training to apply non-technical skills. These behaviours encompass interpersonal and cognitive skills which are key factors in clinical effectiveness and medical error. We aimed to provide formal teaching of these skills to medical undergraduates. Methodology: We developed the Students and Non-Technical Abilities (SANTA) course for final year medical undergraduates. The course incorporated task management, resource allocation, team working and situational awareness. The students initially engaged in a non-medical practical task which required use of non-technical skills followed by a simulation scenario employing the application of these skills. The session was concluded with a facilitator led group discussion, highlighting the non-technical skills applied in relation to both non-medical and clinical tasks. Students (n=27) were required to self-score their non-technical skills across the four domains on pre-course and post-course questionnaires. Results: Amongst the cohort (n=27), 67% of students had had no prior non-technical training. The quantitative results are shown below:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Task Management</th>
<th>Resource Allocation</th>
<th>Team Working</th>
<th>Situational Awareness</th>
</tr>
</thead>
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<tr>
<td>Average Difference Between Pre and Post Session Score</td>
<td>+20.6%</td>
<td>+26.0%</td>
<td>+16.6%</td>
<td>+24.0%</td>
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Qualitative open questions featured feedback including:
- Opportunity to practice communication under pressure and human factors
- Good opportunity to reflect on challenging situations
- Good mix of activities, useful feedback

Conclusion: The students particularly enjoyed the incorporation of the non-medical tasks prior to the medical simulations. These results add to information demonstrating the value of teaching students non-technical skills in the context of simulation.


How does participation in an optional prize exam affect medical students’ interest and knowledge in ENT, ophthalmology, dermatology and plastic surgery?

Nour R
Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Trust

Otolaryngology (ENT), plastic surgery, ophthalmology and dermatology are specialties which tend to receive less coverage in UK medical school curricula compared to larger specialties of a more generalist nature. As a result, there are fewer opportunities for medical students to cultivate an interest in these subjects.
Furthermore, approximately half of medical graduates pursue a career in General Practice and they will regularly treat patients with medical conditions from these specialties. A pilot project was created in an attempt to increase final year medical students’ knowledge and interest in these specialties. This pilot project involved inviting 112 final year medical students attached to a Base Unit affiliated with Newcastle University to take part in a voluntary two-part (written and practical) exam, in which generous prizes could be won. This exam consisted of a single best answer (SBA) multiple choice written examination and subsequently, the highest scoring students entered a practical exam in which they were faced with real patients with conditions from the specialties involved. To understand whether this intervention achieved the intended aim, data was collected regarding the students’ baseline interest and knowledge in these specialties before and after the prize exam. Information was also obtained about the students’ motivation for entering the prize exam. I hope to present our findings and the potential implications on student learning and career choice.

Encounters with other medical students on clinical placements: impact on learning experiences
Hess G, Miles S, Bowker L
Norwich Medical School, University of East Anglia

Background: The UK government allocated 1500 new places from 2018/19 onwards to new and existing medical schools.[1] With static numbers of hospitals and GP surgeries, medical students will increasingly share learning opportunities while on clinical placements. However, the impact of encounters with other students on the learning experience of clinical placements has not been explored.

Methods: Information on these encounters was collected retrospectively at Norwich Medical School, University of East Anglia during the academic year 2017/18. Students were asked in the mandatory online annual course evaluation whether their learning opportunities had ever been positively or negatively affected due to the presence of other students. Results: 746 of 814 MBBS students (92%) consented for their responses to be used. A sizeable number of students reported both positive and negative experiences on placement due to other students. Medical students from the same year, different years, and different universities, as well as allied health care and physician associate students had affected their learning. Positive experiences included learning from each other, gaining perspectives from other courses, as well as students in earlier years receiving guidance from senior students. Negative experiences included overcrowding of ward rounds, clinics, and procedure lists with some students being turned away, and fewer opportunities to see patients and practice skills.

Conclusions: The intersection of students on clinical placements provides opportunities for and challenges to the quality of learning experiences. Optimising this balance will be key to maintain high quality clinical education for increased numbers of medical students.

A study exploring students' perceptions of Student Online Evaluation Tool (SOLE) and the factors that contribute to a low response rate

Elangaratnam D
Cardiff University

Background: Student evaluation of teaching is a key aspect of educational programs. In an effort to continuously improve their course, universities regularly release teaching evaluation surveys. Increasingly, these surveys are presented via online evaluation platforms but unfortunately student response rates to teaching evaluations are low. Research has shown that for evaluation data to be of value it needs to be representative of the student cohort with high response rates.

Summary of Work: The aim of this project was to explore students' perceptions of evaluation and an online evaluation tool used to deliver surveys. As part of this, the study examined students' perception of factors contributing to poor response rates to online evaluation and collated their suggestions on how to improve response rates. Data was collected through a series of year specific focus groups with four to six medical students. Discussions were recorded, transcribed and analysed to identify common themes and concepts.

Summary of Results: The dissertation highlighted that students value the importance of evaluations, however providing evaluation through an online platform is not their primary choice describing it as an impersonal, outdated tool with a poor reputation. Students have not witnessed changes to their course in response to surveys and expressed that they do not feel that their opinions are valued. They presented a range of ideas to help improve response rates which can be categorised into three main themes: 1. Improve the Student Online Evaluation Tool (SOLE) platform to make it more user friendly and accessible 2. Make students active partners in the evaluation process 3. Changing the negative culture with regards to SOLE

Discussion and Conclusions: This dissertation provides insight into students' perceptions. It provides useful material that will enable universities to improve response rates to online evaluation studies and consequently make reliable changes to their course to suit student needs.

Take Home Messages: Students value the importance of SET and acknowledge its potential benefits in medical education. However, they express that they do not feel that their opinions are valued or witnessed changes following SOLE surveys. Three main themes emerged for ways to help improve response rates.
Exploring the use of retrospective pre-post self-assessments in a leadership development programme
Lyons O 1, Nandra K 2
1 Nuffield Department of Surgical Sciences, Oxford University, 2 Oxford University Hospitals

Background: Self-assessment is a common tool for measuring learning from educational programmes. Traditional pre-post course assessment risks response-shift bias. This occurs when participants gain understanding of the dimensions they self-rate themselves on during the course, and therefore change their self-rating based on this, confounding evaluation. Past research has demonstrated that retrospective pre-post course self-assessment can reduce response-shift bias in faculty development courses. Aim: To explore the use of retrospective pre-post self-assessment to control for response-shift bias in a medical leadership programme evaluation. Methods: 19 health professionals (13 doctors, 2 nurses, 2 midwives, 2 physiotherapists; Male=3, Female=16) completed a traditional pre-course self-assessment before a 7-month leadership development programme. When the course finishes in early May 2019, participants will complete a retrospective pre-course self-assessment in addition to a traditional post-course self-assessment. The self-assessment tool includes Pendleton and Furnham’s (P&F) leadership domains and tasks and an adapted version of the Medical Leadership Competency Framework (MLCF) self-assessment tool. P&F scores are rated on a scale from very poor to excellent (1-10). MLCF scores are rated on a scale from strongly disagree to strongly agree (1-7). Traditional pre-post self-assessments will be compared with retrospective pre-post self-assessments using paired-sample t-test and Wilcoxon signed-rank test with alpha=0.05. Programme outcomes at Kirkpatrick levels 1-4 will also be correlated with self-assessments. Practical Implications: Self-assessment is a commonly used method of evaluation of medical leadership development programmes. Evaluations may frequently be confounded by response-shift bias.

Redesigning a faculty-led introductory day for medical students starting their first hospital placement
Wynn-Lawrence L, Elangaratnam D, Muir E, Morrell M, Salmasi A-M
Imperial College

Background: Medical students approaching their first hospital attachment may find the prospect daunting and appreciate a good theoretical, as well as practical, introduction to their placement (1). As such, the faculty at our institution designed a centralised lecture-based introductory one day course, ‘Foundations for Care’. However, due to students previously struggling to engage with the course, we were tasked with making the session more interactive and pragmatic. Methods: We re-designed an introductory day for second year medical students. This involved maintaining most of the same content, but changing the format from didactic lecture-based to a mixture of small group and carefully designed large group sessions. The course was evaluated at the end of the day using an online
feedback platform. Students were asked a series of quantitative questions on how they perceived the day overall, as well as individual sessions. They were then asked a number of qualitative questions on the aspects they 'particularly enjoyed' and what could be improved. **Results:** With a reasonable response rate of 237/302, students commented that they liked the 'interactive' and 'fast-paced' nature of the day with one student suggesting that they "[were] able to stay focused the whole time" and "they wish[ed] all lectures were like today". **Conclusion:** We successfully implemented an interactive and varied one-day course for medical students. Whilst it required more rooms and facilitators, it delivered the same content within the original time-constraints and budget of the initial course.

1. Understanding students’ experiences of undergraduate medical clinical placements in London: A more detailed and nuanced exploration of London students’ perspectives on education in placements developed through interviews. 2017;(June).

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**Quality of Teaching Fellow Programme at Newcastle-Upon-Tyne Hospitals**

Goyal A  
*Newcastle University*

**Background:**  • Teaching fellow programme at the Newcastle Hospitals has run for 3 years and employed 32 doctors in 2017/18.  • Traditionally teaching fellows achieve high levels of student satisfaction (1).  **Aim:**  • Audit the quality of the teaching fellow programme against standards adapted from Academy of Medical Educators (2) to fit with local teaching fellow curriculum.  **Methods:**  • Self-reporting questionnaire was designed with 8 multiple choice questions.  • Answer descriptors corresponded to AoME levels of achievement across five domains.  • The survey included questions regarding which educational experiences or support facilitate achievement in each domain.  **Results:**  • Response rate = 62.5%, resulting in n = 20.  • Meeting the standard was defined as achieving level 2 or 3.  • 75% achieved level 2 or above across most of the domains.  • Across the domains Teaching & Facilitating Learning was the strongest (78.9% meeting standard) and Management & Leadership was the weakest (41.2% meeting standard).  • Medical Education Certificate/Diploma and experiential learning was considered most useful in facilitating achievement overall.  **Conclusions:**  • The overall quality of the teaching fellow programme is high, particularly in teaching planning and delivery.  • Management & Leadership was a key area of weakness, which is likely to be due to the lack of support offered.  • Further resources should be devoted to improving fellows’ skills in managing educational projects and providing quality assurance. This could be delivered within the induction and the ongoing Trust Support Package.

### POSTER PRESENTATIONS

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<th>1</th>
<th>Do medical students understand their learning outcomes in the operating theatre?</th>
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<tr>
<td></td>
<td>Iossifidis E, Obiri-Darko E, Younis J, Abdel-Aziz T</td>
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<td><strong>UCL Medical School</strong></td>
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<tr>
<td><strong>Aim:</strong></td>
<td>The operating theatre is a valuable but challenging undergraduate teaching environment [1,2]. Our aim was to establish what UK medical students believe their intended learning outcomes (ILOs) are from attending the operating theatre. <strong>Methods:</strong> A questionnaire was devised and distributed to UK medical students who had attended the operating theatre during a general surgical placement. Questions asked why they attended, what they learnt as well as asking whether senior colleagues went through ILOs. <strong>Results:</strong> 40 medical students participated. 92.5% stated that senior colleagues did not go through ILOs (p&lt;0.05). 37% attended due to an interest in a surgical career; 26% attended because they were timetabled to do so; 33% stated that consolidating their clinical anatomy was the single most valuable outcome and 33% felt they learnt about teamwork. <strong>Conclusions:</strong> A statistically significant number of medical students did not have an opportunity to go through ILOs with a senior colleague, and most had a limited view of what they learnt. A wide range of learning opportunities exist in the operating theatre encompassing professionalism, communication skills, patient safety, surgical and anaesthetic principles [3,4,]. Clear ILOs within the general surgical curriculum can assist students in harnessing the full educational value [5].</td>
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2 Lyon PMA, “Making the most of learning in the operating theatre: student strategies and curricular initiatives,” Medical Education, vol. 37, no. 8, 4 August 2003.  

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<th>2</th>
<th>Simulated Obstetrics and Gynaecology Sessions (SOnGS) – Enhancing O&amp;G Teaching for Medical Students</th>
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<td>Maduanusi C, Ganesh H</td>
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<td><strong>Royal Surrey County Hospital</strong></td>
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<td><strong>Background:</strong></td>
<td>Medical student involvement in Obstetrics and Gynaecology (O&amp;G) emergencies is limited. High-fidelity simulation offers medical students the opportunity to utilise theoretical knowledge, clinical practise and non-technical skills in a safe learning environment. <strong>Method:</strong> Delivered high-fidelity simulation sessions to all (circa.40) penultimate year medical students undertaking their</td>
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O&G placement at Royal Surrey County Hospital. Students acted as junior doctors and independently managed an acutely unwell patient, while observed from a separate room; followed by a debrief. Scenarios included Sepsis, Pulmonary Embolism and Ectopic Pregnancy. Simulated Obstetrics and Gynaecology Sessions (SOnGS) focuses on the RCOG undergraduate and Foundation Programme curriculum. Quantitative and qualitative data was collected from the students through pre- and post-simulation questionnaires. 

**Results:** 100% felt their clinical practise would improve as a result of the simulation session and 96.8% felt better equipped to recognise and manage an acutely unwell patient. 96.8% of students asked for more simulation sessions. There were significant increases in confidence of communication skills, calling for appropriate help and understanding of human factors. 

**Conclusion:** The benefits of simulation have become increasingly recognised; however, given the amount of resources necessary – it is imperative that we optimise its usefulness. SOnGS is an excellent teaching tool which can facilitate an improvement in knowledge and confidence of O&G emergencies; consolidating what students have learnt thus far. We have developed a well-received O&G simulation curriculum which incorporates key O&G emergency presentations that junior doctors may face and reinforces the A–E approach of assessing and managing an acutely unwell patient.

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3

**Addressing Confidence - A New Prescribing Course For Final Year Medical Students**
Maduanusi C
East Surrey Hospital

**Background:** Safe, appropriate, effective prescribing is a key competency for doctors. Low medical student confidence in their prescribing has been well documented; this was reflected in our cohort of medical students and highlighted the need for additional effective teaching. The course aimed to ease the transition from classroom to clinical practise, by advancing up Bloom’s Taxonomy levels, in a safe learning environment. The teaching involved actively prescribing and focused on topics students reported finding most challenging (e.g. insulin, FP10s, renal failure), using the BNF and every section of the Prescribing Safety Assessment (PSA). 

**Method:** The course consisted of 2-4 small group seminars to 4-16 final year medical students from three medical schools, at East Surrey Hospital. 110 responses consisting of qualitative and quantitative data were collected and analysed. 

**Results:** 98.2% of students reported an increase in confidence in their prescribing. 100% of respondents agreed or strongly agreed that the course was useful, at an appropriate level, relevant to their current training and of excellent quality. 

**Conclusion:** The prescribing course was well-received by medical students and resulted an increase in confidence in their prescribing. A number of students formally reported to their medical school that the prescribing course was the best element of their placement at our hospital. Moving forward, areas for development could include objectively assessing prescribing before and after the course and seeking MDT input from the pharmacy team. More data is required to fully assess the impact of small group prescribing teaching; but initial results are promising.
Near-peer radiology teaching: A junior doctor led teaching programme for undergraduate medical students
Khan M, Longodjo M
University Hospital Lewisham

Introduction: Radiology is one of the least taught specialties throughout most medical schools, but the ability to interpret common images is an invaluable skill most foundation trainees are expected to possess. A three part radiology course was designed for fourth and final year medical students at University Hospital Lewisham which involved separate teaching sessions for chest radiographs (CXR), abdominal radiographs (AXR) and CT heads. The aim of the course was to prepare students for their foundation years. Method: A survey was conducted at the start which enquired about attendees’ current knowledge and their expectations of the course. Weekly sessions were delivered over a month and written feedback obtained for each one. At the end of the course a final survey determined whether the teaching had fulfilled the students’ needs, how confident they now felt interpreting the image modalities covered and possible improvements for future sessions. Results: The initial survey demonstrated that 98% of students had never had any scheduled radiology teaching despite having allocated radiology blocks in their timetable and 0% were confident in interpreting CXR/AXR/CT head adequately. The final survey highlighted a 100% positive response; all students found the course material applicable and felt better prepared for the foundation years ahead. Conclusion: There is a definite need for radiology teaching in medical schools and due to the intricacy of the specialty, delivery of the sessions is most effective in small group tutorials. Current course material was deemed relevant and useful. Further advancements could include a series on musculoskeletal radiographs.

Nasogastric tube training in medical school – are we doing enough?
Bevis M
Royal Shrewsbury Hospital

Background: Nasogastric tube (NGT) training for medical students often focuses on the practical aspect with little teaching on confirming safe placement of an NGT on a chest x-ray (CXR). However, this is an important task for a foundation year one doctor as the misinterpretation of an NGT can have fatal consequences. This has been highlighted by the National Patient Safety Agency [1]. Aim: To evaluate the effectiveness of NGT training in final year medical students. Methods: Small groups of final year medical students attended timetabled NGT training sessions between September 2018 and March 2019. These sessions were taught by a clinical teaching fellow and incorporated a recap of the practical aspects and then formal training on confirming NGT position on a CXR. The students were taught the four criteria and then individually assessed. A further test was undertaken at the end of March 2019 checking students’ retention of knowledge and assessment of their CXR interpretation skills.
### Results:
A total of 53 students attended the NGT training session. All the students found the session very useful. Forty-five students undertook the second assessment. In this test 22% recalled the four criteria correctly and 49% correctly interpreted the position of an NGT on five different CXRs. **Conclusion:** It is crucial that medical students get formalised NGT training, particularly on CXR interpretation. Despite teaching, students still make errors which in clinical practice would have significant consequences. More needs to be done if we are to avoid never events.


### Ethics and communication in Obstetrics & Gynaecology: Teaching medical students through Forum Theatre

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*Imperial College London*

**Background:** Good clinical communication can be seen as ethics in practice. However, both are typically taught separately creating a learning gap in relation to the reality of clinical practice. We have designed an innovative teaching model using Forum Theatre and small group work to explore and reflect on ethical issues and communication challenges within Obstetrics and gynaecology. The forum theatre: Our year 5 session consists of 2 interactive scenarios (antenatal screening and working in a pressurised environment) performed by professional actors each followed by a structured tutorial. The lead actor takes time out during each scenario inviting students to comment on what could be improved in 'real time', thereby allowing them to practice different communication techniques and experience the impact on the patient. The tutorials explore: how respecting autonomy translates into the language and behaviour of health professionals and policy makers; the impact of implicit societal norms; virtue and moral identity. **Conclusion:** As students progress through their training they need to develop the skills and confidence to translate their analysis of ethical issues into actions and behaviours. Forum Theatre provides authenticity and a safe environment for students to collaboratively improve their communication skills. The choice of scenario and linked tutorials allow exploration of complex and sensitive ethical issues and their relation to good clinical communication as well as reflection on the development of moral and professional identity.
The UCL Medical School Education Consultancy (MSEC) Ningbo Exchange Programme
Fazal F
UCL Medical School Education Consultancy

Throughout my post graduate training; I thoroughly enjoyed being involved in teaching opportunities. Having achieved my completion of training in General Practice, I joined the UCL Medical School Education Consultancy to further my desire to contribute to medical education globally, and at the same time continue with my clinical career as a NHS GP. UCL, one of the top Medical Universities in the world has educated doctors, including myself, in London since 1834 and has now been working on the global stage in assisting worldwide medical institutions in developing their own curriculums through MSEC (the Medical School Education Consultancy). The aim of this poster is to provide exposure to one of our major projects. In May 2019, we have our ninth cohort of specialty doctors attending from Ningbo University, China who teach on the MBBS course, primarily in English. They are coming to learn about medical education, improve their own language skills and further their understanding of the UK health care system. The project occurs over 12 weeks; and involves the specialty doctors shadowing at University College London Hospital for the 3 months, learning through observation. The programme has evolved to include numerous seminars to allow the doctors from Ningbo to appreciate different aspects of medical education and the UCL curriculum. The success of this programme, into its 9th cycle, has demonstrated how exchanges in medical education can help broaden horizons, develop transferable skills as well as provide culturally rich experiences.

Medical students views about Interprofessional Clinical Skills sessions for delivering Interprofessional Education
Webb LA1, Miles S2, Bassi H2, Lindquist S2, Bowker L1, 2
1 Norfolk and Norwich University Hospital, 2 Norwich Medical School, University of East Anglia

Background: The evidence base for delivering effective and innovative interprofessional education (IPE) is still being developed. Champions of IPE are encouraged to evaluate their initiatives and share their findings to guide future implementation. Norwich Medical School has developed a form of IPE focused on clinical skills which involves medical students working in partnership with a student from another healthcare profession. This paper will briefly describe the sessions and then present an evaluation of student feedback. Methods: Data from a mandatory qualitative and quantitative end-of-year survey completed by 1030 medical students between 2013-2017 to evaluate medical students’ views of engaging in interprofessional clinical skills sessions (ICS) with students from either pharmacy, nursing or paramedic science was analysed. Results: Students, irrespective of gender or age, found ICS to be highly satisfying. It was an effective
way of learning about their role and responsibilities and that of other healthcare professions, how healthcare professions complement each other and developing their interprofessional teamworking skills. **Conclusion:** Medical students found ICS to be a highly effective and satisfying form of IPE. They commented on the format being engaging and useful; with clinically authentic OSCE-style simulations being relevant for both upcoming clinical exams and future clinical practice.

**Conclusions:**

- Medical students found ICS to be a highly effective and satisfying form of IPE.
- They commented on the format being engaging and useful; with clinically authentic OSCE-style simulations being relevant for both upcoming clinical exams and future clinical practice.

**9**  
**A Preparation for F1 - Near-Peer Teaching on On-call Task Management and the Importance of Handover**  
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**Background:** According to the GMC training survey 2018, 32% of new doctors felt inadequately prepared for their first F1 post [1]. There has been an increased emphasis on transition to work modules for final year students. We concentrated on techniques to help manage a large task load, including how to actively engage in receiving on-call handovers and how to best integrate with the established multi disciplinary team. **Methods:** A half day course was held in 2018 for 22 final year students. They were asked to prioritise five on-call tasks within small groups followed by rotation around stations corresponding to the tasks. They received information via a simulated handover with the opportunity to clarify the task with the requesting colleague. They then worked through the scenarios with two junior doctor facilitators. This was followed by group discussion focusing on their task management, both personally and within the extended on-call team including ward staff. After completing the stations, they were asked to re-prioritise the scenarios taking the discussion into account. **Results:** Students provided overwhelmingly positive feedback, strongly agreeing that the content was pitched at an appropriate level (90%) and relevant to training and transition (92%). **Conclusion:** Medical school provides foundation doctors with a grounding in basic medical knowledge, however, the reality of managing a large task load during F1 remains daunting. Near-peer teaching from junior doctors who have recently made the same transition can help to prepare students for F1 by sharing task management strategies.


**10**  
**The challenges of creating a teaching programme**  
Biggs A  
St George's University Hospital

**Background:** The NHS is stretched with ever-increasing demands on its limited resources, there is therefore a strong movement towards multidisciplinary care and strong pressures to ensure adequate staffing. The role of Physician
Associates (PA) was therefore developed and has been introduced across England and Scotland. The expectation is that PA's will reduce workforce and workload pressures and are expected to support and work under direct supervision of doctors. Their introduction has been met with various barriers with concerns raised regarding the lack of professional regulation and governance; the impact on doctors' training; no clear identification of who is supervising their work on the wards. **Aim:** Due to the lack of regulation and further development of PAs once working, I developed a programme to provide regular simulation-based teaching for PAs on common surgical and medical emergencies. **Outcome:** Very positive feedback from the PAs attending, however there have been challenges. The attitudes of both the PAs and doctor colleagues towards the necessity of the programme has been mixed. Due to the lack of clarity and distinction of a PAs role, developing an appropriately pitched programme is challenging. When attendance is down to personal motivation, there will always be difficulty reaching the entire group of PAs. **Conclusion:** PAs are playing a growing role in healthcare, for their professional development they deserve to receive regular teaching. Clearer regulation and governance is necessary for patient safety, PAs should therefore be equipped with mechanisms of keeping basic skills and management of patients up to date.

**Journey of a Journal: the use of a student-run peer reviewed journal as a learning tool**


*National Student Association of Medical Research (NSAMR)*

**Background:** Publication of peer-reviewed research is the cornerstone of the scientific process, and the General Medical Council 'Outcomes for Graduates' suggests research skills should be gained at medical school. However, only 14% of medical students publish while at medical school, demonstrating that current methods for fostering the skills needed to publish research are inadequate. **Methods:** The Journal of the National Student Association of Medical Research (JSAMR) was set up in 2017 to provide a platform through which students can learn about and gain experience of the publication process. JSAMR provides several strands to teach students about publication: Education - Educational resources on skills needed to publish research, such as writing and peer review Authorship - A free open access platform to publish research Peer review - Teaching and support to complete peer reviews of the research of others Editorial board - Experience acting as Editors who oversee the Journal’s publication process **Results:** JSAMR has published two open access issues as of February 2019, available online at journal.nsamr.ac.uk. In these issues there are 30 pieces from a total of 52 authors. JSAMR has used peer reviews from its pool of 229 student reviewers and is managed by a core of 14 editorial staff. **Conclusion:** JSAMR infrastructure and policy have proven effective as a model for successfully producing a student run research journal. Further scope for
qualitative research into JSAMR’s effectiveness as a learning tool will investigate the value of publishing in JSAMR on students’ professional development.

12 Improving the quality of information available for prospective fellowship applicants, a collaborative project between current fellows and the Trust’s communications team
Kennedy C, O’Brien M
Imperial College Healthcare NHS Trust

The aim of this project was to improve the quality of information available for prospective fellowship applicants by creating a web page that acts as a single source of information at the Trust. Before this project, information about fellowships was only available when they were open to applications. Adverts were posted across a variety of websites. By collating all of the relevant information and creating a record of established positions we believe there will be a positive impact for both prospective employees and employers. This will allow potential applicants to plan well in advance and arrange time out of programme where necessary. In turn, we anticipate this will allow a greater number of individuals to apply which will likely improve the quality of applicants.

A group of current fellows collaborated with the communications team at the Trust and agreed the plan for content. Information about positions was then gathered from departments. Current fellows were contacted and interviewed so that profiles for each role could be created. The communications team then used this information to develop an area on the Trust’s external internet.

Throughout the project we have been mindful of how these improvements can be sustained. Contact details in each department have been sought and an annual review of content will be implemented by the communications team. We believe this work has wider applicability at other Trusts and at a national level as there are a huge number of established fellowships but very few consistent sources of information.

13 Developing a teaching program for trust grade doctors
Perry R, Jonathan D
Frimley Park Hospital

Trust grade doctors make up an increasing proportion of the NHS workforce. Many have trained overseas and find their first few months working in the NHS both challenging and stressful. In addition to this many receive little more than a basic trust induction prior to starting work. We surveyed trust grade doctors, working mainly in general medicine, at Frimley Park Hospital, a large DGH in Surrey that has a high number of trust grade posts, many of which are filled by international medical graduates. We found that 86% of the doctors had trained overseas with most having never worked in the NHS previously. 79% said they did not feel well prepared for their first job. Reasons given for this included a lack of confidence in managing acute medical emergencies, lack of prescribing skills
as well as a more general unfamiliarity with how the NHS system works. Using this information we developed a teaching program and induction pack that aimed to help trust grade doctors with the skills they need in their first months of working in the NHS, as well as with their ongoing career development. The teaching program included sessions on managing acute medical scenarios, prescribing skills and communication skills. In a repeat survey 15/16 trust grade doctors said the organised sessions were either 'useful' or 'extremely useful' and we have therefore continued to develop and improve our program to help trust grade doctors feel better supported during their first few months.

14

**Time to break the ice: Improving simulation debriefing in undergraduate medicine.**
Gregg V, Davies J, Desai A, Devnani A, Hettle D, Shah N
North Bristol Academy, Southmead Hospital

**Background:** Debriefing after simulation is important for effective learning (1). Establishing an environment of safety prior to simulation is essential for an effective debrief (2). Icebreakers facilitate this by increasing student empowerment and sense of belonging. We investigated whether an icebreaker affected the quality of the debrief process amongst undergraduate students.

**Methodology:** The study comprised 15 3rd year medical students with limited simulation experience. Students were allocated to 2 groups; the intervention group participated in an ice-breaker prior to their simulation and the control group did not. The time students spent talking during the debrief was recorded. Pre- and post-simulation questionnaires using a 10 point Likert-type scale were used to assess student confidence levels.

**Results:** Average student talk-time during the debrief was 25% in the control group and 36% in the intervention group. Mean student confidence levels for 'discussing the case during the debrief', were 4.8 and 7.53 for the pre- and post-simulation questionnaires respectively. On the post-simulation questionnaire, students rated their confidence levels on the debrief session as 8 in the control group and 7.68 in the intervention group.

**Discussion:** The study identified a positive correlation between ice-breaker activities and student engagement in the debrief process during simulation, with an increased student talk time. This is significant if we consider student talk time as a surrogate for effective learning. Both groups felt confident discussing the case during the debrief yet the ice-breaker appeared to engage students more in talking, emphasising how student empowerment through an ice-breaker can facilitate learning.

| 15 | **Ophthalmology; a forgotten art?**  
Drayer Turner L  
Frimley Health NHS Trust  

**The Educational problem addressed:** Undergraduate medical training no longer requires students to undertake a clinical placement in ophthalmology, with focus moving towards core medical and surgical topics. However, a general understanding of key ophthalmic presentations and the ability to perform a basic ophthalmic assessment is necessary to provide good medical care to patients in many general clinical settings. It was noted that junior doctors working in the Emergency Department (ED) lacked confidence in assessing and managing patients with ophthalmic-related complaints. This may reflect an inadequate level of teaching of these conditions during undergraduate education. The induction for new doctors starting work in the ED at our Trust consists of 3 days of lectures, which had not previously included any Ophthalmology.  

**The solution implemented:** At our Trust the Foundation Year 2 (FY2) doctors undertaking their Ophthalmology training rotation designed a teaching programme to be incorporated into the induction for ED junior doctors. This consisted of two sessions - a lecture on common presentations to the ED, and a practical session on assessment with the slit-lamp delivered by the FY2 doctors and Ophthalmologists.  

**The lessons learnt:** The sessions were straightforward to create and implement, delivering a basic grounding in Ophthalmology to junior doctors in time and resource constrained settings. The ED doctors found this teaching informative and improved their confidence in assessment and management of ophthalmic complaints. A similar session could easily be adapted and incorporated into the undergraduate teaching curriculum. |

| 16 | **What is simulation all about? Ideas Concerns and Expectations of Third Year Medical Students at Birmingham University**  
Savage N, Woolley J, Chan K  
Wye Valley NHS Trust & Birmingham University  

**Background:** Simulation based on clinical scenarios with an emphasis on human factors is now a well-recognised component of post-graduate medical education. In recent years simulation training has also become an increasingly prominent part of undergraduate medical education. Birmingham Medical School currently introduces simulation to students in their third year of undergraduate training.  

**Aims:** The primary aim of the study was to understand student perceptions of early simulation stage simulation training.  

**Methods:** We created a questionnaire for students to rank a list of technical and non-technical skills in order of importance. Students were given the same questionnaire before and then after their first and second simulation sessions.  

**Results:** We found students were keen to have more simulation and most of all the students valued a ‘safe’ environment for practice. Interestingly, the students ranked technical
clinical skills as more important learning aims than non-technical factors. After two sessions perceptions of simulation student perceptions were positive and they continued to rate the importance of technical skills in acute illness management as greater than that of non-technical or 'human' factors.

Conclusions: This survey shows in their early stages of training are more focussed on clinical as opposed to non-technical aspects of learning and teachers should be aware of this expectation when running simulation scenarios.

Pan-London Undergraduate Search and Rescue Event
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¹King's College London, ²University College London

Background: Search and Rescue (SAR) and pre-hospital training is well received by students as an addendum to the conventional medical curriculum [1]. However, there is a paucity of high-fidelity undergraduate events [2], particularly in urbanised areas. Method: In February 2019, a SAR simulation was conducted on Hampstead Heath as a training exercise for the University College London 'Expedition and Wilderness Medicine' module. It was expanded to involve medical students from each London medical school. This Pan-London inter-institutional event attracted 35 participants from various academic years with 13 volunteer casualties. The simulation portrayed a small aircraft accident. Participants were briefed in a separate location from the simulation and provided with maps, radios and relevant medical equipment. They area searched a pre-specified region and managed any patients found. On completion, participants were given feedback by the co-ordinators. The event was evaluated using questionnaires featuring qualitative and quantitative Likert scale questions.

Results: A total of 25 people completed the questionnaire. The satisfaction for the event was high (average: 4.24/5, range: 3-5). Specific quality evaluation was performed in four areas: organisation prior to event, introductory talks, the moulage activity and simulated casualties. Specific results on the impact of the level of training of students; inter-institutional working and teamwork will be presented. Conclusion: The event was well received in the four major areas and was effective at improving teamwork, SAR and acute medical skills in students. However issues regarding mixed ability, casualty fidelity and debriefing could be improved for future inter-institutional SAR events.

| 18 | Creating a truly multidisciplinary learning experience with MDT Student Simulation  
Frimley Park Hospital  

**Background:** Undergraduate education attempts to instil the values of MDT learning in teaching sessions but often without specific aims/learning outcomes that cater for all participants. At Frimley Health a 5-week rolling programme of simulation runs for the medical and nursing students. Senior clinical educators worked with the teaching fellows to ensure both medical and nursing students can achieve joint outcomes.  

**Aims:** 1) To create a simulation programme that truly encourages multidisciplinary learning 2) To evaluate the educational value of the new programme.  

**Method:** Issues existing within the current teaching programme were along the themes of: Language used - Learning outcomes - Discrepancies between nursing and medical curricula - Wide variety of students' clinical experience. These were addressed by careful adaptation of teaching materials, creating bespoke learning outcomes, advanced selection of participants and provision of pre-course material. Sessions encouraged group work, peer-teaching and involved a co-lead debrief with medical and nursing faculty. Evaluation questionnaires were completed by all students before and after the session.  

**Result:** To date 12 students have taken part (6 Nursing, 6 Medical). All students agreed or strongly agreed that the sessions were enjoyable, appropriate to their training and that the pre-course material was useful. Every student reported improved confidence both in assessing an acutely unwell patient and in working in a team which included other disciplines.  

**Conclusion:** Initial results from this new approach have been overwhelmingly positive and suggest that the adaptations made have been beneficial to the learning experience of all students.  

| 19 | Not Your Average Sim On-Call  
Bacon M, Rochester A  
East Surrey Hospital  

Simulation (Sim) is on the rise in undergraduate education. One example that we run at East Surrey is the Simulated On-Call at SASH (SOS) course. Though not the first of its kind, it does provide a unique combination of approaches including erasable drug charts, use of real bleeps, opportunity to chase jobs on real wards, an on-call handover, assigned facilitators for personal feedback, an acute ABCDE-style scenario and two entirely different sessions, so that students and facilitators can observe any improvements. Our hope is that this project emphasises, not only the course's popularity with 100% of students saying they would recommend the course to others, but also the great potential of undergraduate Sim teaching, as 100% of the students felt that this course should be part of the curriculum. By getting students to do two separate sessions, we are gathering data to evidence the improvement students demonstrate both
from their perspective but also from the opinions of facilitators. We hope that medical schools in the UK recognise the importance of these forms of teaching, as currently there is very little in university curricula that deals directly with this aspect of becoming a junior doctor. We are in the process of making a transferable course pack for use at other trusts. However, support from medical schools is necessary to make this sort of teaching as ubiquitous as perhaps it should be.

| 20 | **Drug chart dread: How can we tackle it at medical schools?**  
Garg A\(^1\), Misquita L\(^2\), Millar K \(^1\), Millar L\(^2\)  
\(^1\) West Middlesex University Hospital, Chelsea and Westminster Hospital NHS Foundation Trust, \(^2\) Chelsea and Westminster Hospital, Chelsea and Westminster Hospital NHS Foundation Trust  

**Background:** Prescribing is a fundamental skill for foundation doctors; however research suggests graduates find this skill the most challenging and feel underprepared due to limited medical school experience. We created a course to improve the confidence and ability of final year Imperial College London medical students to prescribe safely. **Aims:** - To evaluate whether our course improves students’ confidence and ability to prescribe safely. - To explore how and why this course achieves the above outcomes. **Methods:** The course consisted of four sessions of independent practice using clinical scenarios and relevant tools, followed by discussion of model answers. We evaluated students’ confidence and prescribing capabilities using pre- and post-course questionnaires and assessments, and conducted focus groups for process analysis. **Results:** Before starting, students described feeling fearful and unprepared regarding prescribing due to limited experience. A major concern was making dangerous prescribing errors, especially when under pressure. Following the course, students felt significantly more confident in writing and reviewing inpatient and outpatient prescriptions, using the BNF and relevant guidelines (p<0.01). There was significant improvement in their ability to write safe, legal prescriptions and review prescriptions (p<0.01). The students reported the course was more useful than previous teaching due to the varied, clinically relevant scenarios. Process analysis results from focus groups with students are pending. **Conclusions:** This course is beneficial in preparing students for the foundation programme. We are exploring expanding and integrating the programme into students’ apprenticeship placements.  

| 21 | **How the bleep do you answer bleeps?**  
Garg A, Millar K  
West Middlesex University Hospital, Chelsea and Westminster Hospital NHS Foundation Trust  

**Background:** Foundation Year 1 (FY1) doctors are required to carry bleeps on graduation from medical school, yet many report little or no training for this skill.
Simulation training and role play have been effective in various aspects of medical education. Its’ role in teaching students telephone communication and bleep prioritisation skills remains to be explored. **Aims:** - To evaluate whether simulated bleep scenarios improve confidence and competence amongst students. - To perform methods evaluation on different debriefing processes. **Methods:** Final year Imperial medical students carried simulated bleeps during their clinical placements. Students were bleeped with commonly faced FY1 scenarios, requiring role-played telephone communication. Their responses were assessed in multiple domains including ascertainment of clinical details and overall communication skills. Students attended midpoint debrief sessions, followed by further bleeps as above. These debriefs were conducted in various styles including verbal group and self-reflection, written reflection and role-play. To assess confidence levels and perform methods evaluation, pre and post-course questionnaires and focus groups were used. **Results:** Results showed a significant improvement (p<0.05) in objective student performance after attending debriefs. Furthermore, there was a significant improvement (p<0.05) in students’ confidence levels after the exercise. Focus group results are currently pending. **Conclusions:** Our study has highlighted the need for further training in telephone communication and bleep prioritisation skills for medical students. We believe there is a role to incorporate these skills into the communication skills curriculum that is already widely taught across medical schools in the UK.
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