Spring Academic Meeting

Well-being in Healthcare Education

4 April 2019

Royal Welsh College of Music and Drama, Cardiff
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About the Academy of Medical Educators

The Academy of Medical Educators (AoME), established in 2006, is a charitable organisation which exists to advance medical education for the benefit of the public.

It is the professional organisation for all those involved in the training and education of medical students, dental students, veterinary students, physician associates, doctors, dentists and veterinary surgeons.

The Academy is the standard setting body for medical educators in the UK. Its Professional Standards define the level of competence that medical educators should achieve at each point in their careers. The Standards provide a recognised framework for professionals to demonstrate expertise in medical education through accreditation as a medical teacher. Recognition by AoME demonstrates skills and competence when applying for revalidation, promotion and approval as a trainer.

The Academy has around 1000 members across the UK and beyond, who benefit from: access to a network of medical educators at every level of career progression; regular newsletters, mailings and updates via the online community; a programme of academic meetings and events, including the annual Calman Lecture and national conferences; special interest groups; AoME awards and prizes, and support in applications for national and local awards.

Equality and Diversity Statement

The Academy of Medical Educators was developed to advance medical education for the benefit of the public through the development of a Professional Standards Framework and qualification systems and the promotion and dissemination of current best practice in medical education. Acting in full accordance of its accountability to the Equality Act of 2010, the Academy celebrates, values and seeks to support its diverse staff, Members and Fellows in its day-to-day work; shaping policy, delivering services and enhancing the overall aims and standing of the Academy.
A Message from the President

Dear Delegate,

Welcome to the Academy of Medical Educators’ spring conference *Well-being in Healthcare Education*. We are delighted you have made the decision to take part in this year’s event. We hope very much that the lovely surroundings of the Royal Welsh College of Music and Drama are conducive to a wonderful teaching, learning and connecting experience. When we chose the theme for this year’s meeting we were thinking about how to develop the ideas and needs identified at last year’s *Fairness and Equity in Medical Education*, and about the prevailing sense that medical, dental and veterinary educators clearly care very much about the learning and teaching environment and understand the impact it has on how they teach and learn.

In 2012 the GMC produced guidelines for supporting medical students with mental health conditions. Since then the well-being of students, trainees and practitioners in all aspects of healthcare education has gained further recognition as contributing directly to retention of staff and quality of care. We know that fear of the consequences of disclosing mental ill-health exerts a massive effect on medical students’, junior doctors’ and other health professionals’ help-seeking behaviour. There is clearly a lot more to be learnt about what constitutes well-being in such an intense learning and working environment and how it can be achieved in over-stretched and under-resourced institutions, and today we bring together and debate established and new thinking around making our environments healthier and more supportive for everyone.

We are proud to see what a fantastic diverse and passionate group of medical educators we’ve attracted to the event. The plenaries, workshops, presentations and posters are of an excellent standard and it is so encouraging for the Academy to see that we are on the same wavelength as so many others, from key influencers, experienced scholars and clinicians, to junior colleagues who know they have a great idea and are looking for the way to share it and shape it. We certainly hope we can help with that.

Parallel to showcasing work around the theme, and of equal importance, is the opportunity our conference gives you to network. Over the last few years we’ve been delighted at the wide range of individuals that come to the spring meeting and that we’re able to offer those at the start of their careers the opportunity to reach very senior individuals – and vice versa; we know that those in elevated positions love to learn what is going on and be refreshed by new thinking.
After the conference today we’d be very happy if you could stay for a chat and a glass of wine or juice. Hopefully this will give you the chance to finish conversations started earlier or finally to catch up with a colleague you’ve been waving to across the room all day. If you are a more junior medical educator, our Early Careers Group, in collaboration with JASME will be holding its own separate reception in the college foyer, where you’ll be able to express and discuss how you feel organisations like ours can help you.

Do please give us feedback on our event. We are already planning next year’s, which will be in Nottingham on the theme of Learning together for Patient Care, and it really does help us to know what works and what doesn’t.

There are thanks and acknowledgements contained in the rest of the programme, but I would like to record special gratitude to Steve Riley and Cardiff University for their enthusiastic response to our holding the event here and as ever for their practical support, and to the Royal Welsh College of Music and Drama for all their help in making the day run smoothly, and to our sponsors, whose details you’ll find on page 17.

If you are not yet a member of the Academy, do consider it. You can speak to me or to any of my colleagues on Council today if you have questions. We are stronger together and joining a community of like-minded educationalists can be a real boost for your career development.

Professor Jacky Hayden CBE,
President AoME
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<tr>
<th>Time</th>
<th>Speaker</th>
<th>Session</th>
<th>Venue</th>
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<tr>
<td>9.15 - 9.45</td>
<td>Registration and coffee (Foyer)</td>
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<tr>
<td>9.45 – 10.00</td>
<td>Professor Jacky Hayden</td>
<td>Welcome and Introduction</td>
<td>Dora Stoutzker Hall</td>
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<td>President AoME</td>
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<tr>
<td>10.00 – 10.20</td>
<td>Vaughan Gething AM</td>
<td>Special Guest Speaker</td>
<td>Dora Stoutzker Hall</td>
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<td></td>
<td>Minister for Health and Social Services</td>
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<tr>
<td>10.20 – 11.00</td>
<td>Professor Andrew Grant</td>
<td>Keynote</td>
<td>Dora Stoutzker Hall</td>
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<tr>
<td></td>
<td>Head of Graduate Entry Medicine, Swansea University</td>
<td>Overcoming barriers: providing accessible support for doctors in training with mental ill-health</td>
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<td>11.05 – 11.25</td>
<td>Coffee and biscuits, poster viewing</td>
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<tr>
<td>SESSION 1 —</td>
<td>Parallel 90 minute workshops</td>
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<tr>
<td>11.30 – 13.00</td>
<td>GMC – “Mental Health and Wellbeing Review”</td>
<td>90 minute workshop</td>
<td>Seligman, 1st floor</td>
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<td>Blohm A</td>
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<td>General Medical Council</td>
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<td>Games for Actors and Non-Actors</td>
<td>90 minute workshop</td>
<td>Rowe Beddoe, 1st floor</td>
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<td>Edmundson H</td>
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<td>Whittington Health</td>
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<td></td>
<td>Creative writing for wellbeing</td>
<td>90 minute workshop</td>
<td>Meeting Room, 1st floor</td>
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<td></td>
<td>Beeharry R</td>
<td>Limited participants – register in advance</td>
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<td>Freelance</td>
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<td>Re-humanising Health and Social Care Education through Values Based</td>
<td>90 minute workshop</td>
<td>Gibson, 2nd Floor</td>
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<td>Reflective Practice (VBRP®)</td>
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<td></td>
<td>Kennedy J\textsuperscript{1}, Gordon D\textsuperscript{2},</td>
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<td>Ahmed F\textsuperscript{1}, Kennedy H\textsuperscript{1}</td>
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<td></td>
<td>\textsuperscript{1} University Of Dundee, School of Medicine,</td>
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<td></td>
<td>\textsuperscript{2} NHS Tayside</td>
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What makes a successful pastoral support programme?
Stevenson K\textsuperscript{1}, Patterson R\textsuperscript{2}, James N\textsuperscript{3}, Gurung R\textsuperscript{4}
\textsuperscript{1} Musgrove Park Hospital, Taunton, \textsuperscript{2} Brighton and Sussex Medical School, \textsuperscript{3} Imperial College School of Medicine, \textsuperscript{4} University of Aberdeen

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<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
<th>Location</th>
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<tbody>
<tr>
<td>A.1</td>
<td>14:20-14:40</td>
<td>Resilience skills training - a baker’s dozen</td>
<td>Stacey M, Kitchen T</td>
<td>Carne, 1st floor</td>
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<tr>
<td>A.2</td>
<td>14:40-15:00</td>
<td>Longitudinal Integrated Foundation Training (LIFT); supporting the well-being of Foundation doctors</td>
<td>Burnett K, Baker P</td>
<td>Foyle, 1st floor</td>
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13.05–14.15 Lunch (Foyer)

13:15 – 14:15 Poster Presentations and Voting Begins – Please submit your vote at the AoME Registration Desk

SESSION 2: PAPERS IN PARALLEL SESSIONS / WORKSHOPS

SESSION A - WELLBEING IN THE CURRICULUM

Chair: Professor Louise Dubras

1. A.1 14:20-14:40 Kitchen TL\textsuperscript{1}, Bhalla NH\textsuperscript{1}, Green J\textsuperscript{2}, Rees S\textsuperscript{2}, Cohen D\textsuperscript{2}

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<th>Session</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td></td>
<td>14:20-14:40</td>
<td>Teaching wellbeing in medical education; what works? Consequences, intentional and unintentional</td>
<td>Seligman, 1st floor</td>
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2. A.2 14:40-15:00 Compton T

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<th>Session</th>
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<th>Speaker(s)</th>
<th>Location</th>
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<tr>
<td></td>
<td>14:40-15:00</td>
<td>Stories fight stigma – lessons from the use of narrative approaches in wellbeing education for medical students</td>
<td>Plymouth University</td>
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</table>
| Session | A.3 | 15:00-15:20 | Bevan R  
University Hospital of Wales College of Medicine | Delivering teaching on religion and spirituality in Medical Education - supporting trainees to support patients |
|---------|-----|-------------|-----------------------------------------------|----------------------------------------------------------------------------------|
| Session | A.4 | 15:20-15:40 | Abdi R\(^1\), Metcalf, E\(^1\), Colgate R\(^2\), Greenwood S\(^3\), Morris L \(^1\)  
\(^1\) Cardiff University, \(^2\)ABM ULHB - Old Age Psychiatry | Impact of undergraduate medical student communication skills training with patients with intellectual disabilities. |

**SESSION B – BURNOUT/STRESS AND WELLBEING MEASURES**

*Chair: Professor Adrian Freeman*

| Session | B.1 | 14:20-14:40 | Biggs A  
St George’s University Hospital | Are we failing in caring for the health of our health care providers? |
|---------|-----|-------------|-----------------------------------------------|----------------------------------------------------------------------------------|
| Session | B.2 | 14:40-15:00 | Parmar K, Bullock A, Samuriwo R, Coventry J  
Cardiff University | General Practitioner wellbeing in Wales: An exploration of burnout, coping abilities and errors |
| Session | B.3 | 15:00-15:20 | Trivedy MY  
Health Education North West | Assessing stress in Core Surgical Trainees |
| Session | B.4 | 15:20-15:40 | Edmundson H, Poulter J, Stephenson N  
Whittington Health | The serious business of fun |

**SESSION C – BURNOUT/MENTAL HEALTH AND WELLBEING**

*Chair: Dr Melvyn Jones*

| Session | C.1 | 14:20-14:40 | Miles S  
King’s College London | Addressing shame in medicine- thoughts for educators |
|---------|-----|-------------|-----------------------------------------------|----------------------------------------------------------------------------------|

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Seligman, 1st floor

Gibson, 2nd floor

Rowe Beddoe
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</table>
| 10. | C.2 | 14:40-15:00 | Moore O, Bullock A, Samuríwo R, Coventry J  
1 Cardiff University,  
2 Foundation Training Wales  
Exploring medical student well-being: burnout triggers and coping strategies  
Rowe Bedloe, 1st floor |
| 11. | C.3 | 15:00-15:20 | Bunting M  
University of East Anglia  
Academic advising within the context of the student with mental health concerns  
SESSION D – PUBLISHING / E-LEARNING  
Chair: Professor Andrew Grant  
Bassey, 1st floor |
Cardiff University  
Supporting doctors and medical students to disclose their mental ill-health: intervention development of the ‘Arbour’ app  
SESSION E – MORALE  
Chair: Professor Stephen Riley  
Came, 1st floor |

|   |   |   |   |
| 13. | D.1 | 14:20-14:40 | Fulchand S, Kilgour J  
British Student Doctor Journal  
The British Student Doctor Journal  |
| 14. | D.2 | 14:40-15:00 | Ham B, Webb K, Riley S  
Cardiff University  
Does C21 better prepare medical students for doctoring in Foundation? A mixed methods study.  |
| 15. | D.3 | 15:00-15:20 | Parker EM  
Cardiff University  
Supporting Student Studying Abroad Learning Through E-Learning Space  |
| 16. | D.4 | 15:20-15:40 | Murphy D  
University College London  
Personal Tuition and Pastoral Support in the Digital Learning Environment: Challenges in Programme Development  |
| 17. | E.1 | 14:20-14:40 | Darbyshire D  
Lancaster University Medical School  
Retention of Doctors is Emergency Medicine: What does the literature tell us?  |
Feedback from students to academic and clinical staff on the support they are provided with  |
<table>
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<tr>
<th></th>
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<th>Warwick Medical School</th>
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<tbody>
<tr>
<td>19.</td>
<td>E.3</td>
<td>15:00-15:20</td>
<td>Kirtley J, Singh R, Carr S University Hospitals of Leicester</td>
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### SESSION F – STUDENT WELLBEING

**Chair: Dr Ricky Frazer**

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<tr>
<td>21.</td>
<td>F.1</td>
<td>14:20-14:40</td>
<td>Rees, S, Cohen, D Cardiff University</td>
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| 22. | F.2 | 14:40-15:00 | A) Guilford, J., Metcalf, E., Greenwood, S, Johnston, A  
B) Lowe A, Metcalf E, Greenwood S, Johnston A Cardiff University | The Year 4 ISCE:  
A) Medical student wellbeing  
B) Medical students utilisation of feedback |

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<tr>
<td>23.</td>
<td>F.3</td>
<td>15:00-15:20</td>
<td>Grother T W, Wilson D Cardiff University</td>
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### SESSION G: 80 MINUTE WORKSHOP

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| 25 | G | 14:20-15:40 | Vance G, Burford B Newcastle University | WORKSHOP  
What’s next for TRAINER RECOGNITION? |
SESSION H: 80 MINUTE WORKSHOP

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<th>No</th>
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<td>26</td>
<td>H</td>
<td>14:20–15:40</td>
<td>Cooper, N AoME</td>
<td>WORKSHOP Masterclass in Assessment for AoME</td>
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15:40 – 16:00 Coffee and biscuits

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<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>16.05–16.45</td>
<td>Professor Karen Mattick</td>
<td>Keynote Care Under Pressure: a realist review of interventions to tackle doctors’ mental ill-health</td>
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<td></td>
<td>Professor of Medical Education, University of Exeter</td>
<td>Dora Stoutzker Hall</td>
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<tr>
<td>16.45–17:00</td>
<td>Professor Jacky Hayden</td>
<td>Poster prizes, certificate presentation and closing remarks</td>
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<td></td>
<td>President AoME</td>
<td>Dora Stoutzker Hall</td>
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<tr>
<td>17.00–17:15</td>
<td>Professor Jacky Hayden</td>
<td>AoME Annual General Meeting</td>
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<td></td>
<td>President AoME</td>
<td>Dora Stoutzker Hall</td>
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17:15 – 18:15 Early Career Educators Networking Reception Foyer

Posters

Posters will be on display in the entrance hall during all refreshment breaks. Authors will be on hand to present and discuss their posters from 13:15 – 14:15. Please vote for the poster you consider to be the best using the voting slip in your delegate pack. The voting box will be on the AoME exhibition stand.

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<thead>
<tr>
<th>No</th>
<th>Authors</th>
<th>Title</th>
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<tbody>
<tr>
<td>P1</td>
<td>Sellathurai J, Bloomfield J, Chilton A</td>
<td>Experiences of an inter-professional collaboration in producing material on professionalism dilemmas</td>
</tr>
<tr>
<td>P2</td>
<td>Allsop S, Rutherford S, Browne J</td>
<td>The analysis of the development of self-regulated learning skills in first year medical students</td>
</tr>
<tr>
<td>P4</td>
<td>Perry R</td>
<td>Developing a teaching program to help trust grade doctors adapt to the NHS</td>
</tr>
<tr>
<td>Page</td>
<td>Authors</td>
<td>Title</td>
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<tr>
<td>P5</td>
<td>Rudin J, Robertson Z, Fisher J</td>
<td>The Effectiveness of Peer to Peer Learning and finding of best practice to manage Fatigue in the workplace</td>
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<tr>
<td>P6</td>
<td>Stowell A, Tayyaba S</td>
<td>Burnout Matters: A prospective longitudinal study of burnout in Cardiff Medical School</td>
</tr>
<tr>
<td>P7</td>
<td>Rigby SP, Collins D, Purkis J, Chilton AM, Coe A, Woods M</td>
<td>‘Drop-in’ sessions - making student support more accessible</td>
</tr>
<tr>
<td>P9</td>
<td>Rogerson F, Singh A, Fong C, Manickavasagar T, Gillard A, Bhosle J</td>
<td>Establishing a Clinical Supervision Programme for Junior Doctors working in a Tertiary Oncology Centre – a Quality Improvement Project</td>
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<tr>
<td>P10</td>
<td>Skutela D, Chilton AM, Moss J</td>
<td>The WHOA! Model</td>
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<tr>
<td>P12</td>
<td>Ashley L</td>
<td>A review of system-wide strategies in hospitals and healthcare settings to enhance junior doctor wellbeing</td>
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<td>P15</td>
<td>Bharkhada A., Steadman D</td>
<td>A practice survey to understand the role of a daily Clinical Decisions Meeting (CDM)</td>
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<td>P16</td>
<td>Baverstock AC</td>
<td>Supporting Junior Doctors Trust wide</td>
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<tr>
<td>P17</td>
<td>Kwak SY, Tayyaba S</td>
<td>The need for accurate representation of protected characteristics in the curriculum for the well-being of Tomorrow’s Doctors.</td>
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<tr>
<td>P18</td>
<td>Harris D, Suffolk D</td>
<td>Electronic versus paper student evaluations of face to face teaching: does it make a difference to the quality or quantity of feedback received?</td>
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<tr>
<td>P19</td>
<td>Metcalf E, Goodfellow R, Ensaff S</td>
<td>A holistic student support programme- strategies for supporting students preparing for clinical assessments</td>
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<tr>
<td>P20</td>
<td>Flynn R, Wright J, McNeill S</td>
<td>Widening access to medical school: Looking at the impact medical student-run interview courses have on confidence and breaking down barriers</td>
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<tr>
<td>P21</td>
<td>Stacey M</td>
<td>Learn or die</td>
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<td>P22</td>
<td>Ishan F, Martin WM, Chilton A-M</td>
<td>Does a cup of tea make a difference to student wellbeing?</td>
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<td>P23</td>
<td>Rengasamy ER, Stewart S</td>
<td>Prevalence of pressures affecting medical students: A campaign to raise awareness</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 Andrew Grant, FAcadMed

Head of Graduate Entry Medicine at Swansea University Medical School

Andrew Grant is Head of Graduate Entry Medicine at Swansea University. He is involved in postgraduate education through the delivery of the MA in Health Professions Education and is deputy programme director for the professional doctorate programme in health professions education. He is a member of the council of the Academy of Medical Educators.

Andrew led a team of researchers who carried out a GMC-commissioned research study looking at the provision of support for medical students with mental health problems and, more recently led a study investigating support for doctors in training with mental illness.

Andrew studied medicine at Charing Cross in London and practiced as a GP for 32 years. He did a master’s degree in health professions education in Maastricht and subsequently completed a PhD investigating reflective learning among medical students at Cardiff.

Professor Karen Mattick

Professor of Medical Education at the University of Exeter

Karen is Professor of Medical Education at the University of Exeter. Her two main areas of responsibility at the University of Exeter are as Director of Postgraduate Education (PGT & CPD) for the College of Medicine & Health, involving education leadership of the portfolio of Masters programmes and short courses, and Co-Lead for the Centre for Research in Professional Learning, involving research leadership of projects involving healthcare education. She is committed to supporting healthcare practitioners to engage in scholarship, and much of her work life is spent supporting postgraduate students and healthcare professionals to undertake research, scholarship or evaluation projects. Her work has been recognised through various awards, such as Principal Fellow of the Higher Education Academy and National Teaching Fellow.
Mr Vaughan Gething AM

Minister for Health and Social Services

Vaughan was born in Zambia and brought up in Dorset. He was educated at Aberystwyth and Cardiff universities and is married to Michelle. Vaughan is a largely retired cricketer and a fan of both rugby and football.

Vaughan was a solicitor and former partner at Thompsons. He is a member of the GMB, UNISON and Unite unions, and was the youngest ever President of the Wales TUC. He has previously served as a county councillor and school governor. He has also been a community service volunteer – supporting and caring for a student with cerebral palsy and is former president of NUS Wales.

Between 1999 and 2001, Vaughan worked as a researcher to former AMs Val Feld and Lorraine Barrett. Between 2001 and 2003, Vaughan was the chair of Right to Vote – a cross-party project to encourage greater participation from black minority ethnic communities in Welsh public life.

Vaughan is a member of the Co-operative Party.

In June 2013 Vaughan Gething was appointed Deputy Minister for Tackling Poverty. In September 2014, Vaughan was appointed Deputy Minister for Health. In May 2016 he was appointed Cabinet Secretary for Health, Well-being and Sport. Vaughan was appointed Cabinet Secretary for Health and Social Services on 3 November 2017. On 13 December 2018 Vaughan was appointed Minister for Health and Social Services.

Session Chairs

Professor Louise Dubras, FAcadMed, Ulster University
Professor Adrian Freeman, FAcadMed, University of Exeter
Dr Melvyn Jones, FAcadMed, University College London
Professor Andy Grant, FAcadMed, Swansea University
Professor Stephen Riley, FAcadMed, Cardiff University
Dr Ricky Frazer, MAcadMed, University Hospital Wales
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Royal Welsh College of Music and Drama, North Road, Cardiff

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Further parking is available throughout the civic centre, opposite the college’s main entrance on the other side of North Road. There are also a number of multi-storey car parks in the city centre, 5-10 minutes’ walk from the college.
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The internet can be accessed via Eduroam or The Cloud. We recommend that delegates create an account with The Cloud and get online a few minutes before going into the main hall.

Please visit the registration desk for further details.

Prayer room

A prayer room is available, please visit the registration desk for details.

CPD Certificates

*Well-being in Healthcare Education* has been approved by the Royal College of Physicians for 6 Category 1 (external) CPD points: ref 122031. Attendees may claim only for the hours they attend. Certificates of attendance will be available during the event from the registration desk. Please note that we cannot replace lost or missing certificates after the event unless the attendance register was signed on the day.

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Sponsor Organisations

The Academy of Medical Educators gratefully acknowledges the support of:

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- They decide which doctors are qualified to work here, and oversee UK medical education and train.
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- They take action when it is believed a doctor may be putting the safety of patients, or the public’s confidence in doctors, at risk.

Every patient should receive a high standard of care. The role of the GMC is to help achieve this by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified. Visit the GMC’s exhibition stand to find out more.
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Thank you for taking part in the Academy of Medical Educators’ spring conference *Well-being in Healthcare Education*

We hope you gain new knowledge, contacts and experiences from the day.

Are you in training, taking a break or starting to get involved with clinical education? We’d love to meet you and talk about how the Academy and JASME can support your development as an educator. The AoME Early Careers Group and the Junior Association for the Study of Medical Education (JASME) aim to support those still in the early stages of their careers.

We’re delighted to be able to invite you to a networking reception immediately following today’s conference, in the foyer of the Royal Welsh College of Music and Drama, at 5.15pm.

Refreshments will be provided. Please just bring yourself and your ideas about how we can help!
UK Clinical Teaching Fellows Forum

In partnership with the Academy of Medical Educators

Saturday 8 June, 09:15—16:45
The Postgraduate Education Centre, Frimley Park Hospital, Portsmouth Road, Frimley, Camberley, GU16 7UJ

Keynote Speaker: Professor Robert Di Napoli, Professor of Higher Education Scholarship and Practice, St. George’s University of London
‘Teaching with Active Learning in Mind’

Welcome: Neil Dardis, Chief Executive of Frimley Health Foundation Trust
‘Engaging the Board’

Aimed at teaching fellows, medical education fellows, clinical teaching fellows and those seeking to begin or further their involvement in medical education, the meeting will allow delegates to share ideas and consider how we can work collaboratively.

- Roundtable sessions to discuss the creation of a UK Clinical Teaching Fellows Network
- Educational ideas and advice on how to get the most out of your teaching sessions
- Workshops on how to pursue a career in medical education, leadership and more
- The opportunity to present your work and hear the latest research from others

Visit our website for more information and to book your place
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Abstracts and Presentations in Parallel Sessions

**Papers in parallel sessions:**

Each presentation will be allocated a 20 minute slot. Actual presentations are expected to run for 15 minutes leaving 5 minutes for questions. Timing will be strictly enforced and presenters should make sure that they do not talk for more than 15 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 to minimize setup time. Please ensure you upload your presentation at the registration desk upon arrival. Staff will be available to help. Arrive early for the session and identify yourself to the session chair.

We suggest bringing a copy of your file on more than one medium to ensure that you have a backup.

**Poster format**

Posters may not exceed 84 cm high x 60 cm wide. 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 4 April 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. Posters will be judged during the day and the winner announced during the final session.

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.
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<th>KEYNOTE PRESENTATIONS</th>
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| **Dora Stoutzker Hall** | Vaughan Gething AM  
Minister for Health and Social Services |
| **Dora Stoutzker Hall** | Professor Andrew Grant  
Head of Graduate Entry Medicine, Swansea University |
| **Overcoming barriers: providing accessible support for doctors in training with mental ill-health** |
| **Dora Stoutzker Hall** | Professor Karen Mattick  
Professor of Medical Education, University of Exeter |
| **Care Under Pressure: a realist review of interventions to tackle doctors’ mental ill-health**  
Mental ill-health is prevalent across all groups of healthcare professionals and its high incidence is of great concern in the UK and elsewhere. Doctors-in-training are affected both directly (e.g. by becoming ill themselves), and indirectly, by this problem (e.g. through colleagues becoming ill). Our National Institute of Health Research-funded project, which finishes in April 2019, aims to improve our understanding of how, why and in what contexts mental health services and support interventions can be designed, to minimise the negative impacts of providing care on doctors’ mental ill-health. This research is a realist review of interventions to tackle doctors’ mental ill-health and its impacts on the clinical workforce and patient care, drawing on diverse literature sources. Although there is a large literature on interventions that offer support, advice and/or treatment to medical students and doctors, the evidence has not been synthesised in this way before. Stakeholder perspectives (e.g. doctors who have experienced mental ill-health, medical educators, representatives of patients and public, policy makers, charities) were incorporated through a stakeholder group. In the talk, I will present our findings that explore why doctors develop mental ill-health and why some strategies to reduce mental ill-health are more effective than others. I will also draw out the implications for medical educators. |
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<tr>
<th>Room</th>
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<tr>
<td>Seligman</td>
<td>GMC – “Mental Health and Wellbeing Review”</td>
<td>Blohm A</td>
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<td>Rowe Beddoe</td>
<td>Games for Actors and Non-Actors</td>
<td>Edmundson H</td>
<td>Whittington Health</td>
<td>An introduction to the work of Augusto Boal and the use of Forum Theatre to explore problems and facilitate change.</td>
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<td>Meeting Room</td>
<td>Creative writing for wellbeing</td>
<td>Beeharry R</td>
<td>Freelance</td>
<td>Reflective writing in the form of essays and portfolio entries, is now mandatory in UK undergraduate and postgraduate curricula. However, although this type of writing encourages learners to examine the impact of key experiences in their training, it may not traditionally allow learners the freedom to explore the reciprocal impact of these experiences on their changing sense of self, as they cross the ‘threshold’ from a relatively familiar life, to the sometimes unpredictable path of a medical career. Creative writing activities in healthcare professionals at all stages of training, have been shown to contribute to reflection and identity formation, but also crucially, practitioner wellbeing, maintaining empathy in patient care and communication skills. After a short overview of how creative writing can be used as a means of reflective practice by health care providers and academics and students, I will use carefully designed and selected creative writing tasks, this workshop will use a well-established writing workshop format as a small group learning environment, to facilitate delegates exploration of their sense of self and sense of wellbeing related to work and/or studies in healthcare. Ground rules will be generated as a group and timed writing exercises and opportunity to share writing for those who feel comfortable to share.</td>
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<tr>
<td>Gibson</td>
<td>Re-humanising Health and Social Care Education through Values Based Reflective Practice (VBRP®)</td>
<td>Kennedy J¹, Gordon D², Ahmed F³, Kennedy H¹</td>
<td>University Of Dundee, School of Medicine, NHS Tayside</td>
<td>Training healthcare professionals to meet the demands of working in 21st century health and social care is challenging. Ensuring and supporting student and staff wellbeing as well as developing student and staff members’ capacity</td>
</tr>
</tbody>
</table>

3. Sampson, F (Editor) Creative Writing in Health and Social Care (2004), Jessica Kingsley Publishers
Values Based Reflective Practice (VBRP®) offers a structured method designed to support students and staff working across health and social care to reconnect with their core values and the motivation underpinning their work. It enables students and staff to step out of their daily routine in order to take stock of what really matters in their work, to reflect on their practice and to learn from the wisdom of their peers. It is about the re-humanising of health and social care through the recovery of, and dialogue between, personal and organisational vocation. Evaluation of the impact of VBRP® suggests it promotes better communication and relationships with colleagues, an enhanced sense of wellbeing and fulfilment at work and enhanced person-centred practice.

Led by a trained VBRP® facilitators, this workshop will introduce you to VBRP® and its portable tools which can enhance your everyday practice in whichever area of healthcare education in which you practice. We will also introduce you to work we have done in training medical students as facilitators of VBRP® and in the research we have carried out in this area.

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**What makes a successful pastoral support programme?**

Stevenson K¹, Patterson R², James N³, Gurung R⁴

¹ Musgrove Park Hospital, Taunton, ² Brighton and Sussex Medical School, ³ Imperial College School of Medicine, ⁴ University of Aberdeen

It is known that medical students are vulnerable to mental health issues due to the intensity of Medicine, coupled with the fact that many students move away from home and lack direct access to key support networks.

1. Even after university, it is commonplace for foundation doctors to experience anxiety related to their additional responsibilities
2. Since 2012 the GMC has sought to bring medical students’ well-being to the forefront of medical education by encouraging universities to take responsibility for the promotion of good mental health and support students with mental health conditions
3. This guidance also highlights the necessity of successful institutional pastoral support programmes. Despite this, medical students and foundation doctors often struggle to access good support. This suggests that many medical schools and teaching hospitals are lacking quality pastoral care to ensure student and trainee well-being.

The proposed workshop will be an interactive, discussion-based session considering the question ‘What makes a successful pastoral support programme?’ The workshop will be run by committee members from the Junior Association for the Study of Medical Education, and will be aimed at individuals who are interested in creating and improving pastoral support systems within their institution. The workshop will encourage attendees to reflect upon various current pastoral support programmes, the challenges and benefits each programme presents, and to design their own successful pastoral support programme. The aim is to inspire individuals to get involved in the practical development of pastoral support within their own organisation in order to support student and trainee well-being.
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<th>Room</th>
<th>Resilience skills training-a baker’s dozen</th>
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<tr>
<td>Carne</td>
<td>Stacey M., Kitchen T</td>
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<td><em>Cardiff and Vale NHS Trust</em></td>
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“Medicine has become a battlefield”. **Introduction:** Doctors are under increasing pressure to perform without making mistakes in an environment that expects perfection. There is increasing medicolegal pressure combined with complex medical problems and unrealistic public expectations. This is occurring on a background of increasing workload and decreasing resources. Doctors have always been expected to be resilient or mentally tough without necessarily having the appropriate skill set. The consequences of performance failure for both patients and staff can be significant. Additionally the transition from medical student to doctor with increasing seniority and responsibility can be a very harrowing time for a variety of reasons. Doctors have to learn to perform as well as they can in acute stressful scenarios, and also deal with the long-term consequences of chronic stress. Mental toughness skills, used appropriately, will enhance performance. **Method:** This will be a 90 minute interactive workshop that describes a baker’s dozen suite of skills that can be easily learnt, implemented and taught to others. The workshop organizer is an experienced anaesthetist with expertise in practical management of the ‘difficult airway’, a clinical environment requiring optimal performance in an often adverse environment with extreme time pressures, to minimize clinical harm.

Introduction (10 minutes) - the rationale behind the importance of teaching and learning mental toughness skills.

Content (70 minutes)-This will be highly interactive looking at solutions to real clinical scenarios. Skills such as decision-making, human factors and performance, developing an optimistic outlook, active stress management and meditation will be demonstrated. Many of these skills have been field tested by elite sports persons and the armed services, both in the immediate and long term arenas of performance.

Summary and conclusions (10 minutes)-Those attending will commit to introducing three of the skills they have learnt over the next six months, to improve their clinical performance and those they support.

<table>
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<tr>
<th>Room</th>
<th>Longitudinal Integrated Foundation Training (LIFT); supporting the well-being of Foundation doctors</th>
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<td>Foyle</td>
<td>Burnett K, Baker P</td>
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<td><em>Health Education England North West Office</em></td>
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The UK National Health Service (NHS) is in crisis with an increase in demand for healthcare service, compounded by a diminishing workforce; as such clinicians’ morale is affected. (1) Such low morale contributes to intense psychological stress that can affect a Foundation doctor’s ability to work safely and can increase overall dissatisfaction with their job (2); this in turn causing them to experience burnout. We assess the domains of and degree of burnout experienced by trainees during the Foundation training programme; comparing trainees in traditional training tracks to those in the Longitudinal Integrated Foundation Training (LIFT) programme using the Maslach Burnout Inventory Human Services Survey (MBI HSS)(3). In addition we review the impact this has on sickness rates and adverse clinical incident reporting for these trainees. In conclusion we show LIFT appears to be more protective of the health and well-being of trainees in comparison to traditional training as assessed by the MBI HSS; LIFT trainees show less decline in emotional exhaustion, depersonalisation. In addition LIFT trainees have a better sense of personal accomplishment. In reflection LIFT trainees appear to need less Time Out of Programme (TOOT) than traditional trainees and appear to have a better patient safety record in comparison to their traditional Foundation training counterparts.


SESSION 2 : SHORT PRESENTATIONS IN PARALLEL

Room Seligman

SESSION A: Well-being in the Curriculum
Chair: Professor Louise Dubras

A.1 Teaching wellbeing in medical education; what works? Consequences, intentional and unintentional
Kitchen TL1, Bhalla NH1, Green J2, Rees S2, Cohen D2
1 Health Education and Improvement Wales, 2 School of Medicine Cardiff University

Background: The GMC has published guidance for undergraduate and postgraduate education about teaching wellbeing, but how do we teach it? Internationally there is a call to make wellness a competency. The unintended consequences of this are; increased isolation, reduced disclosure and corridor conversations. In contrast, understanding values, positive emotions, vulnerability has a clear evidence base for supporting wellbeing and positive organisational cultures. This is the basis for an evolving training programme in Cardiff called ‘being a doctor and being a person’, as described below. Method: Interactive workshops (2x2hrs) before and after an 8-week placement explore personal values, positive emotions and Emotional Intelligence. Between the workshops students undertake guided, individual observation and Reflection-in-Action tasks to support experiential learning, transforming the workplace into a continual learning environment. These reflections are used to bring high
face validity supporting emotional awareness based on individual learning and its effect on themselves and peers. **Results:** The programme has been delivered to 900 year-3 students over 3 years. The programme continues to evolve responding to the positive feedback from students who report clear themes around understanding and recognising emotions and their impact on the quality of interactions with patients and colleagues. We will present the thematic analysis of the feedback. **Conclusion:** The training has shown that it is possible to facilitate learning about wellness, strengthen emotion and self-efficacy, bringing awareness to the complex nature of working in healthcare outside of the context of professionalism or resilience. The programme is being rolled-out to foundation year doctors in 2019.

### A.2

**Stories fight stigma – lessons from the use of narrative approaches in wellbeing education for medical students**

Compton T  
*Peninsula Schools of Medicine and Dentistry*

Using personal stories of struggle and experience of sharing these stories with students, educators and healthcare professionals, we will explore how stigma represents a significant barrier to help seeking in healthcare professionals and how this barrier can be overcome. We will discuss how interventions in student support at medical school can best prepare students for the challenges of medical practice and support the wellbeing of our future doctors. We will explore the hidden insights that narratives can offer us into the phenomenon of burnout, and what this means for the culture of medicine. We will consider not only the benefits, but also the disadvantages and dangers of story sharing for the wounded storyteller.


### A.3

**Delivering teaching on religion and spirituality in Medical Education – supporting trainees to support patients**

Bevan R  
*University Hospital of Wales College of Medicine*

There has been an increasing appreciation of assessing a patient’s religious and spiritual needs as part of adopting holistic approach to patient care. This has been reflected in an increase in the published literature on the importance of respecting patients’ wider biopsychosocial-spiritual needs. However, uniformity of teaching religion and spirituality and its role in a holistic approach in UK medical schools is currently unknown. Sparsity of teaching on the topic poses challenges for students, trainees and practitioners. Firstly, it potentiates a gap in patient-centred practice but additionally it fails to provide a platform for students to reflect on their own beliefs. It has been suggested that medical students’ own approach to religion and spirituality fluctuates during their training1. Students who viewed themselves as religious or spiritual report struggling with personal identity and self-doubt in relation to the role as a medical student, however they also described having a less work-life imbalance and less emotional stress arising from patient suffering1. Teaching and guidance on religion and spirituality may influence coping strategies and provide a context for medical students to explore their own motivations for doctoring2. But the majority of the current medical education literature in
relation to religion and spirituality has been conducted in the US. The majority of their schools deliver teaching, respecting patients' wider biopsychosocial-spiritual needs, in addition to supporting a student or trainee's own wellbeing. Currently there is little consensus on how spirituality is taught in UK medical schools, representing a need for further research and evaluation into its provision and its potential to support the well-being of trainees in the intense learning and working environment.

3 Harbinson M, Bell D. How should teaching on whole person medicine, including spiritual issues, be delivered in the undergraduate medical curriculum in the United Kingdom? BMC Medical Education. 2015; 15(1):96.

A.4 Impact of undergraduate medical student communication skills training with patients with intellectual disabilities.
Abdi R, Metcalf, E, Colgate, R, Greenwood S, Morris, L
Cardiff University, ABM ULHB - Old Age Psychiatry

Purpose: To determine whether an inclusive communication skills teaching session improves undergraduate medical student’s attitudes towards individuals with intellectual disabilities. Background: Patients with intellectual disabilities have complex health needs and are a vulnerable population of society. They have a greater risk of physical and mental health problems, yet face countless barriers to accessing healthcare. Research has shown widespread lack of training amongst doctors and inadequate exposure at undergraduate level. Students have reported high levels of anxiety about communicating with patients with disabilities, as well as improvements in confidence and competence after direct clinical exposure to patients.2 Cardiff University has developed a pioneering partnership with Hijinx theatre academy to fill a critical gap in training by allowing 4th year medical students the opportunity to role play clinical scenarios with Hijinx’s intellectually disabled actors. Methods: 100 year 4 students at Cardiff University to complete the Attitudes Towards Disabled People scale (ATDP-B) before and after a communication skills session on intellectual disabilities.3 Before and after scores will be collated and compared using a paired t-test analysis. Common perceptions will be identified using anonymised ATDP results to conduct semi-structured focus groups with 12-20 year 4 students who attended the session. These perceptions will be further explored. Findings: This study will aim to show by the time of the conference if there is a statistically significant difference in attitudes of medical students after an inclusive teaching session. It will aim to theorise what about the teaching session works well in educating medical students.

| Room Gibson | SESSION B: Burnout/Stress and Wellbeing Measures  
Chair: Professor Adrian Freeman |
|---|---|
| B.1 | Are we failing in caring for the health of our health care providers?  
Biggs A  
*St George’s University Hospital* |

**Background:** Awareness of mental health among healthcare professionals is growing, however there remains barriers which need to be overcome. Areas of focus include the stigma associated with mental health and a means of successfully identifying individuals who are struggling. The aim of this study is therefore to find a means of overcoming these barriers still facing doctors.  
**Method:** Voluntary participation by means of a questionnaire sent to final and penultimate year medical students at a London University Hospital. The questionnaire involved questions relating to depression, impact on personal life and help seeking behaviour.  
**Results:** 56 medical students responded to the survey. 17.9% of students feel depressed either daily or most days. 33.9% feel on most days that work impacts their personal life. Regarding help seeking behaviour – 21% of students were uncertain where to find support with a further 16% knowing where to find support but would not access it.  
**Conclusion:** This survey demonstrates that a simple tool such as a screening questionnaire can highlight individuals who are feeling depressed. Furthermore, some individuals struggling do not know how to access support. Doctors have annual screening by occupational health for a variety of conditions. Considering the body of evidence demonstrating the extent and significant impact of mental health among doctors, I propose incorporating annual screening of depression for doctors. Such screening will identify individuals and the opportunity to provide the support needed. Furthermore, widespread screening may help to ‘normalise’ mental health and start the process of changing the associated stigma.

| B.2 | General Practitioner wellbeing in Wales: An exploration of burnout, coping abilities and errors  
Parmar K, Bullock A, Samuriwo R, Coventry J  
*Cardiff University* |

**Background:** Ability to overcome challenges enhances wellbeing and avoids burnout. However, burnout is becoming increasingly common in doctors [1]. This is concerning because a low wellbeing status can detrimentally affect the quality of care doctors give patients [2]. It is therefore important to find out more about the incidence of burnout and its consequences, and the mechanisms doctors employ to maintain wellbeing. Such knowledge can inform appropriate medical education strategies and interventions designed to support doctors.  
**Aims:** The primary aims of this study are to report on perceived levels of wellbeing amongst General Practitioners (GPs) in Wales, and to consider how levels of wellbeing impact on clinical performance.  
**Methods:** We will use three validated instruments to measure levels of wellbeing and
performance amongst GP in Wales: the Maslach Burnout Inventory, the General Self-Efficacy Scale, and the Professional Fulfilment Index. These will be combined into an anonymous online survey, which will be distributed via the GP section of the Wales Deanery. **Results, discussion, conclusion:** This study is on-going. We will present the levels of burnout, the coping abilities and the frequency of self-reported medical errors reported by the sample. Results will be compared to data collected earlier on Speciality and Associate Specialist doctors in Wales and a study of GPs in Essex [3].


### B.3 Assessing stress in Core Surgical Trainees
Trivedy MY  
*Health Education North West*

It is well appreciated that Surgery is a demanding and rigorous field of study, with surgical trainees classically experiencing high levels of stress throughout a lengthy training programme, as shown by Dimou FM et al [1]. The effect of the training programme and examinations upon trainees is examined by use of a multi-question survey. The results are collated against existing literature on the phenomenon of burnout amongst surgeons, and the potential causes. Areas investigated in the survey include the working environment, the hierarchal team structure and the examinations, without which it is not possible to progress. In addition, trainees are asked how they would like to improve their working lives with the view to protecting their mental health and wellbeing going forward.


### B.4 The serious business of fun
Edmundson H, Poulter J, Stephenson N  
*Whittington Health*

**Background:** Wellness is a dynamic interplay of physical, psychological and social factors(1) Stress and stress related illnesses affects individuals and the team.(2,3)  
**Method:** Nine “Wellness Days” were held in February 2018 for our Emergency Department (ED) staff. These involved playing games and fun creative tasks. 110 multidisciplinary staff attended, aged 21-60, including nursing, medical and admin. Staff completed a survey based on the Warwick-Edinburgh Mental Wellbeing Scale: a validated scale covering aspects of positive mental health. **Results:** The days were popular with 95% answering ‘they really enjoyed the day’ and 94% wanting more. 81% felt that their wellness was important to ED. Based on the Warwick-Edinburgh Mental Wellbeing scale, over 75% of staff scored themselves 8 out of 10 or above across seven domains (see graph to right). 70% of staff also provided
comments. All 135 comments were positive and covered 7 different themes including building connectivity and feelings of appreciation. Comparing sickness rates in April 2017 and 2018 – nursing staff sickness had reduced by over 30% and staff turnover had reduced by more than half in the year.

**Discussion and Conclusions:** Wellness days appear to be associated with immediate feelings of positivity. There were reported improvements in connections and relationships amongst the team. Dedicating time to wellness led to feelings of being valued. We suggest that fun and creativity are beneficial to staff wellness and team working, and help to create a positive culture in the ED. Investing in scheduled time for staff wellness could be of great benefit.

1 Hewitt S, Hassan T, Hubert D, Dasan, Nicol M. Maintaining Wellbeing in Emergency Medicine. Royal College of Emergency Medicine
2 Braganza S, Young J, Sweeney A, Brazil V. Embedding a mindfulness-based wellness program into an emergency department. EMA(2018)

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**SESSION C: Burnout / Mental Health and Well-being**
Chair: Dr Melvyn Jones

**C.1 Addressing shame in Medicine - thoughts for educators**
Miles S
*King's College, London*

“Perfectionism causes a cluster of anxiety, but the real feeder is shame” (1). This quote from Richard Jones, the clinical director of the Practitioners Health Programme, highlights the growing number of medical trainees - mainly women under 30 - that are being seen in their clinic suffering with pathological anxiety. Currently there is little discussion of emotion in medical training which heightens the effects of shame and leads to further damaging perfectionism. Shame is an “ugly emotion” (2) - little discussed and painful to acknowledge in the self and others, and yet it is the moral emotion crucial to the professional identity formation of young doctors. The fear of shame resulting from clinical errors, failure to follow guidelines and achieve set competences results in severe distress. It can cause anxiety, withdrawal, unquestioning deference, anger and narcissism. For educators it is essential to recognise shame and address trainee’s drive to perfectionism. They need to explain to trainees the inevitability of error, which they often know intellectually to be true but nevertheless feel that they ought to be perfect. We are all vulnerable to shame as it is a core part of the human experience, but its negative effects on trainees can be neutralised by assisting them to acknowledge this vulnerability and exposing it to the empathy of others as it is “difficult to metabolise and address without help” (3). In order to achieve this we first need to talk about shame.

1. Miles S. Addressing shame in medicine: What role does it play in the formation of a modern medical professional identity? [MSc]. King's College, London

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C.2 Exploring medical student well-being: burnout triggers and coping strategies
Moore O¹, Bullock A², Samuriwo R¹, Coventry J²
¹ Cardiff University, ² Foundation Training Wales

Background: A recent systematic review reported that “little is known about the overall positive well-being of medical students”.(1) Others found over half of UK medical students were self-reporting high levels of emotional exhaustion.(2) Poor sense of well-being and ‘burnout’ is an important issue associated with cardiovascular disease. To provide appropriate student support systems, we first need to know more about the state of medical student well-being, burnout triggers and coping strategies. Aims: To use a validated instrument to measure levels of burnout(3) across three groups of medical students (years 3, 4 and intercalating) and explore triggers and coping strategies. Methods: I will distribute an online questionnaire to students comprising the Maslach Burnout Inventory – Student Survey (MBI-SS) plus free-text questions to gather information on stress triggers and coping strategies. Numeric data will be analysed in SPSS. Open comments data will be thematically analysed using NVivo. Results: This study is ongoing. Data collection and analysis will be completed by March 2019. The results will show levels of burnout by the three year groups, which will be tested for significant difference and compared with findings reported in the wider literature. We anticipate that triggers will vary by student group and might reflect challenges related to specific years, arising from increased patient contact (Y3), final examinations (Y4) or managing multiple modules (intercalating). The analysis of coping strategies will provide information that could be disseminated to help others. Conclusions: My results could inform the development of more tailored and dynamic support systems.


C.3 Academic advising within the context of the student with mental health concerns
Bunting M
University of East Anglia

Adviser’s can find themselves in a complex situation when supporting a student with mental health concerns, who is struggling with the course. This presentation will explore learning-centred advising that offers an approach to proactively identifying students who may be vulnerable. The main focus of the presentation is around how to frame an adviser/advisee consultation. The research-based student meeting consultation framework that will be presented offers flexibility to be applied to a student on any course. The consultation
framework is not a checklist, rather a framework that supports advisers to get an understanding of their student, in a timely manner, in order to allow their own expertise to focus on using an advising approach that is appropriate to the given situation. Dr Bunting, along with Dr Ellis, has developed a framework for a student/adviser consultation. This framework is research-led. Research, undertaken at the University of East Anglia by Hubble (2016), identified themes that affect resilience amongst medical students. The data from this research has been developed and translated into practice.

C.4 Supporting doctors and medical students to disclose their mental ill-health: intervention development of the ‘Arbour’ app
Rees S, Cohen D
Cardiff University

Background: Disclosure of mental ill-health is complex and often difficult for healthcare professionals. For doctors and medical students, late disclosure has implications for their own wellbeing and for patient safety. Existing efforts to address this have focussed primarily on obstacles to disclosure, not enablers, with many assumptions made. This final stage of a four year programme of work about disclosure is the development of a novel intervention to help enable earlier disclosure. Aim: To develop a simple tool informed by principles of motivational interviewing to support doctors and medical students in their decision-making about disclosing their mental ill health. Methods: MRC guidelines for the development of complex interventions were followed. The evidence-base included qualitative interviews, a literature review, and stakeholder focus group. A web-based tool was developed and evaluated with key stakeholders, including potential users. Results: 40 participants reviewed the web-based tool. 73% recommended the tool. Concerns included the time and effort required to use the tool. These issues were addressed in further development; an educational IT company turned the web-based tool into an ‘app’ for mobile devices. The app is being disseminated widely by partners across the UK. Conclusion: Responses to the web-based tool were positive. Requests for disseminating and using the app are growing across other user groups e.g. vets and student populations. This suggests the need to improve earlier disclosure is important and widespread. Evaluation of the app is ongoing.

students from Cardiff University to establish The British Student Doctor Journal (The BSDJ). The BSDJ is a novel, peer-reviewed, diamond open-access, medical journal targeted at a medical student readership, established in 2016, with the vision to support medical students gain experience in practising evidence-based medicine. The journal has been carefully designed to ensure that it is user-friendly through the use of engaging online platforms and social media. To date, The BSDJ has published 5 issues and recruited an international editorial board, provided peer review training to over 400 students, doctors and other healthcare professionals, as well as recently obtaining membership of the Committee of Publication Ethics.

In this session, we hope to:
- Give an overview of the journal
- Run through the process of publication and critical appraisal
- Provide tips on publishing into peer-reviewed journals.
- Share advice on how to launch a new idea or initiative


D.2 Does C21 better prepare medical students for doctoring in Foundation? A mixed methods study
Ham B, Webb K, Riley S
Cardiff University

Background: Demand in the NHS is greater than ever before, with jobs on the frontline becoming increasingly difficult and more pressurised, as reflected in findings from the National Training Surveys (1). Through growing national concern regarding a lack of preparedness to practice, it has been recognised that graduates require a curriculum which will ensure a smooth transition into practice. In response, in 2013 Cardiff Medical School implemented a new curriculum ‘C21’. This aims to produce skill-full doctors who ensure high quality of care, who can appreciate the patient and their environment, in accordance with the Outcomes for Graduates Report (2); achieved through a spiral curriculum centred around small group case-based learning and early patient contact.

Aims: This study aims to explore whether C21 better prepares graduates for transition and doctoring in foundation.

Methods: Using mixed-methods both qualitative and quantitative data will be collected from the first cohort to exit C21 in 2018 (n~300). Online surveys containing open and closed questions will assess perceived level of preparedness for foundation doctoring, evaluating clinical knowledge and practical skills, interpersonal factors such as well-being and stress, and expectations of the Foundation role. Telephone interviews will gather personal accounts regarding preparedness. Interviews with workplace supervisors will gather perspectives on how well C21 prepared them for foundation compared to graduates of other traditional curriculums. Quantitative data will be analysed using SPSS. Qualitative data will undergo both thematic and narrative analysis.

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

D.3 Supporting Student Studying Abroad Learning Through E-Learning Space
Parker E-M
Cardiff University Centre for Medical Education

In 2017/18 26 students from Cardiff university took the opportunity to attend an ERASMUS placement. Each spent a 9-week module in either Spain, France, Portugal, Germany or Italy. On their return, they were invited to participate in a focus group to evaluate their experience and obtain suggestions to how their experiences could have been improved. There were several common themes that included students feeling anxious or isolated. When these were further explored, these anxieties arose from “anxieties of missing out on facilitated case based learning sessions”, “anxious about missing out on any learning that students in Wales are having”, “Feeling isolated from Cardiff University”, “Anxious about missed knowledge needed for the exams”. Kolb (2017) suggests a university has a challenge to recognise the students’ hopes and fears and to enable a learning space that supports and empowers them. With placements at a distance the University has little influence on the physical learning spaces available to the students. Hence a ‘cyber learning space’ was developed to reduce the feelings of isolation from Cardiff University. By developing a social network aided students to converse across Europe and develop a study group to enhance peer support. The use of a named lecturer available within the network offered facilitation of study and was available to answer questions and offer direction within the learning outcomes. In September 2018 the subsequent cohort of students commenced their ERASMUS placement. On return from placement an evaluation the use of the e learning space study group.


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D.4 Personal Tuition and Pastoral Support in the Digital Learning Environment: Challenges in Programme Development
Murphy D
University College London

Digital education is increasingly used as a cost-effective, pedagogically robust method of delivering distance and flipped learning in postgraduate education (Luckin et al., 2012). The personal challenges posed by the learning material and learners’ circumstances remain the same with reduced or absent face-to-face contact between students and personal tutors. This presents the challenge of ensuring sufficient pastoral support in the digital learning environment. The UCL MSc in Pain Management launched in 2018 following two years of development. The programme is delivered entirely online with an optional on-campus workshop each term. Personal tuition is offered via online video conferencing, telephone, and face-to-face. Learning and wellbeing support is provided by the university and signposting students to this in the digital learning environment requires a different approach. Student feedback about their engagement with the personal tutor service is collected at 1, 5 and 9 months. It is apparent that delivering effective pastoral support in the digital learning environment requires a different skill set than face-to-face support
Developing these skills alongside ensuring robust support and wellbeing processes for students has required simple but innovative adjustments to our programme design that we would like to share with the wide medical education community and develop alongside colleagues from other institutions.


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<tr>
<th>Room</th>
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<td>Chair:</td>
<td>Professor Stephen Riley</td>
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<td>E.1</td>
<td>Retention of Doctors is Emergency Medicine: What does the literature tell us?</td>
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<td>Background:</td>
<td>Retention of doctors in emergency medicine is a problem in the NHS and a James Lindt Alliance research priority. This is part of a complicated picture in which recruitment and retention of emergency medicine doctors is related to broader staffing issues in emergency care, departmental pressures, and stress and burnout at an individual level. Previous initiatives have shown limited success, perhaps because there is little understanding of what keeps people in practice in emergency medicine. <strong>Methods:</strong> As part of a broader project to understand retention of emergency medicine doctors we conducted a scoping review. These are used “to map rapidly the key concepts underpinning a research area and the main sources and types of evidence available”(1) and are particularly useful when the literature is disparate and has not been mapped. The scoping review itself provides useful background, context and inspiration for those interested in what keeps emergency physicians at work. <strong>Results:</strong> Relevant studies come from many disciplines: medical education, human resources, occupational psychology to name a few. Headline results will be presented including: Trainee surveys have suggested that nearly a third of trainees do not plan on working as a NHS consultant on completing training, with trainees perceiving the consultant work-life balance negatively, something that a recent study of EM consultants in Wales contradicted. Positive job culture, characterised by friendliness and a feeling of family amongst colleagues positively impacted quality of work life. Financial incentives alone are not enough to motivate healthcare workers but recognition does influence worker motivation.</td>
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<td>E.2</td>
<td>Feedback from students to academic and clinical staff on the support they are provided with</td>
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<td>Purkis J, Collins D, Chilton AM, Coe A, Woods M, Rigby S</td>
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<td><em>Warwick Medical School</em></td>
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Meaningful student support is a fundamental aspect of student wellbeing, performance and enjoyment at medical school. However the ‘meaningful’ aspect rests heavily on the relationship formed and the student perspective. At Warwick Medical School all students are allocated in groups of 8 or 9 to an individual personal tutor in year one, usually an onsite academic and subsequently a clinical personal tutor in later years, usually NHS hospital based consultants. We introduced an evaluation of support for students to feedback to their nominated support person rating accessibility and availability of their tutor and quality of advice/ support given. At specific points throughout the course each group rates their support person on these aspects and add qualitative comments should they wish. This is fed back individually to academic and clinical tutors. It allows the senior support team to identify and reward areas of gold standard practice and equally to identify and support where there may be under performance. Staff can also then use this for their own reflection and learning and for review or revalidation purposes as they wish.

E.3 Embracing the gap: identifying factors, related to generational distinctions, that affect junior doctor morale
Kirtley J, Singh R, Carr S,
University Hospitals of Leicester

Background: An NHS Employers' report 'Mind the Gap' recommends that employers should proactively address the generational distinctions in the workforce to improve recruitment and retention. Whilst the report focuses on nursing staff, we describe the relevance of these distinctions in promoting a culture of positive morale for doctors in training. Summary of work: In November 2017, 402 (42.6%) junior doctors in a large UK teaching hospital responded to a structured survey exploring junior doctor morale. From a list of 20 factors, junior doctors selected the top 5 factors that positively affected their morale. The authors stratified the grades of junior doctors into three distinct generations: junior, middle, higher. Summary of results: Regardless of their level, doctors ranked 'feeling like part of a team' and 'being recognised for good practice' as their top two factors. For all other factors, there was variance in ranking order for the different generations. Discussion and conclusion: Maintaining high morale levels in junior doctors is a challenge for the UK healthcare system. Supporting the findings of the NHS Employers' report, the survey demonstrated that priorities vary across generations. Whilst other elements might contribute to these variances, acknowledging generational distinctions when planning interventions is a potentially valuable approach in improving workplace morale for all levels of doctors. Take home message: At all stages of their career, junior doctors want to feel part of a team and receive recognition for good work. Employers shouldn't assume that 'one size fits all' when planning other interventions to improve morale.

E.4 An exploration of the career thinking states of Foundation doctors in Wales
McVeigh J, Bullock A, Blake S, Coventry J
Cardiff University
Satisfaction with career pathway impacts on wellbeing. It is expected that in two years of foundation training, trainees will have chosen a specialty to pursue for the rest of their careers (1). For the undecided, this can lead to stress and the incidence of career breaks following F2 is increasing. The UK Foundation Programme’s 2017 Career Destinations Report (2) showed: the proportion of F2s progressing directly into specialty training had reduced from 71.3% in 2011 to 42.6% in 2017; and that 13.8% of trainees took a career break following F2. More research is needed to understand the reasons behind these figures. On the basis of an analysis of questionnaire returns by trainers, the Wales Deanery developed a classification of the career thinking states of trainees seeking careers support: the decided, explorers and rethinkers (3). Explorers and rethinkers may feel lost in their career paths and require tailored support. Being “undecided” can negatively affect sense of wellbeing. Those not wishing to take a career break may feel rushed into making a career decision, leading to a lack of confidence and unhappiness in their job. With the goal of better tailoring careers support, this study aims to understand the career thinking state of foundation trainees in Wales. Online surveys (containing closed and open questions) will be distributed through liaison with the Wales Deanery. We are currently collecting data. At the meeting we will report on the decided-explorer-rethinker classification and associations between specialty intentions and thinking state.

3 Bullock A, Blake S, Mort R. Enabling medical educators to provide medical careers support: Analysis of Survey Results. 2017

Room Foyle
SESSION F: Student Well-being
Chair: Dr Ricky Frazer

F.1 Recruiting students to the ‘How are you?’ cohort study: challenges and key learning points
Rees, S, Cohen, D
Cardiff University

Background: In the last decade the number of students disclosing a mental health condition to their institution has increased fivefold (1). More data - particularly for certain student demographics (e.g. postgraduate research students, LGBT students) - is needed to inform evidence-based support provision. The National Centre for Mental Health (NCMH) has been commissioned by the Student Support and Wellbeing Division at Cardiff University (CU) to recruit a student cohort to their ongoing general-population cohort-study. Aim: CU wishes to better support the mental wellbeing of its students. This pilot study seeks to determine the nature of mental health concerns among CU students, establish how these may change over time and identify risk and protective factors for student mental health. This will help target interventions for future development and make comparisons to general
population mental health. **Methods:** A mixed-method study using questionnaire and focus groups. Multiple strategies were used to recruit undergraduate and postgraduate students in the 2018/2019 academic year. An online 15-minute baseline questionnaire collected data on mental and physical health history, and used PHQ8, WEMWBS, GAD-7 measures. **Results:** Data will be collected over the whole academic year. 340 students have been recruited. Recruitment to both parts of the study is ongoing. Efficacy of various recruitment methods is continually evaluated and fed back into the evolving recruitment strategy. **Conclusion:** Data collected will be described. Recruitment is complex and requires multiple levels of engagement from both students and the university. To date face-to-face strategies have been more effective than online strategies.

1 Thorley C. Not by degrees: improving student mental health in the UK’s universities. IPPR, 2017 September 2017.

### The Year 4 ISCE:

**A) Medical student wellbeing**

Guilford, J., Metcalf, E., Greenwood, S, Johnston, A

*Cardiff University*

**Background:** This research project aims to identify factors affecting student wellbeing, and how to address them, in relation to a high-stakes examination. It will also examine the preparation offered by the medical school in relation to the exam. As part of the Cardiff University Medicine MBBCh programme, students must pass an Integrated Structured Clinical Examination (ISCE) at the end of their second and fourth year. The ISCE is an adapted version of the OSCE (Objective Structured Clinical Examination). These examinations are used to assess medical students across a variety of domains, including proficiency and professional capability. Students at Cardiff Medical School have evaluated their ISCE experience as stressful, reporting heightened nervousness. They report that they find it a more difficult assessment for these reasons, and other studies have had similar findings (1) (2). **Methods:** We will invite ~310 students who passed the Year 4 ISCE at Cardiff University to participate in a questionnaire and focus groups. They will answer a combination of questions addressing wellbeing and preparation using Likert scales and free-text boxes. Themes derived from the literature and anonymised questionnaire data will be discussed in focus groups held with two sets of students; those who took the exam in May 2018, and those due to take the exam in May 2019. Thematic analysis (3) will then be used to analyse the focus group data. **Results and Discussion:** We are currently collecting the data as part of an intercalated BSc research project, and will present findings at the academic meeting.

B) Medical students utilisation of feedback
Lowe A, Metcalf E, Greenwood S, Johnston A
Cardiff University

Introduction: Examination feedback is vital in helping students improve their clinical practice. Feedback has been shown to promote higher levels of expertise and accelerate skill development (1). Poorly constructed feedback may lead to frustration, defensiveness and a lack of confidence, potentially impacting wellbeing negatively (2). Structured clinical examinations have been used for many years to assess clinical competency in healthcare education. Cardiff University has adapted the Objective Structured Clinical Examination (OSCE) into an Integrated Structured Clinical Examination (ISCE). This examination consists of stations covering multiple domains; including history taking, clinical examination, data interpretation, clinical procedures and management. This project aims to explore feedback quality, utilisation and usefulness for future practice, with a secondary aim of improving future ISCE feedback.

Methods: This mixed methods study will collect quantitative and qualitative data. Eligible students are those who passed the Year 4 ISCE at Cardiff University in 2018. A questionnaire concerning the Year 4 ISCE will be sent to ~310 eligible students and will contain both Likert scales and free-text boxes. Following this, focus groups will explore themes derived from the literature and questionnaire responses, with the data being analysed using Thematic Analysis (3).

Results and Discussion: Expected outputs include descriptive data on students’ feedback utilisation, usefulness and clarity, ideas and concerns regarding assessment literacy, representativeness and quality. We are currently collecting the data as part of an intercalated BSc research project and will present findings at the academic meeting, particularly in relation to student wellbeing.


F.3 Altruism in Medical Students
Grother T W, Wilson D
Cardiff University School of Medicine

Objectives: There is little discussion in the literature regarding altruism in medical students. This project aimed to see if altruistic activities of medical students changed after entry into medical school, and if so, how? It also sought to provide recommendations to faculty to foster altruistic attitudes in medical students.

Methods and Results: A mixed-methods approach was used. Three focus group discussions (n=15) with Year One students revealed they felt engagement in altruistic activities was ‘a compulsory requirement’ to be successful in their application to medical school. Students highlighted the positive outcomes for society and the personal skills gained whilst involved in...
altruistic activities. Reasons given for the limited activities that students were able to engage in during medical school included a heavy workload, stress of independent living, and spending time meeting new peers. Questionnaire data (n=109 responses), suggested that the majority of students had opportunities to engage in altruistic activities in medical school. Students gave similar reasons to those in the focus groups for a lack of engagement. Volunteering in healthcare settings was seen as the most important type of altruistic activity to engage in. Most students indicated that they would re-engage in altruistic activities. They felt that the most important reasons for being altruistic centred on helping others in society, compared to egoistic reasons. **Conclusion:** This study helps medical educators gain an insight into student perceptions of altruistic activities. Faculty could support altruistic activities in students in a number of ways, including providing protected time in the curriculum.

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**F.4 Burnout in Undergraduate Medical Students: What is it? Is it prevalent? What can we do?**

Bowyer B1, Webb K1, Collings I2

1 Cardiff University School of Medicine, 2 HEIW

**Background:** Burnout is a syndrome without a fixed definition (1). A recent report by the GMC defined burnout as “a state of prolonged physical and psychological exhaustion” (2, 3). Among medical students’ burnout has been associated with poorer self-rated health, while the factors influencing its development remain unclear (1). In recent years, widespread understanding of prevalence and awareness of issues relating to mental health and mental well-being has increased, such that the GMC and BMA have made understanding prevalence and impact a key priority including topic specific questions for the first in their 2018 trainee survey (2). In Wales, Health Improvement and Education Wales is currently conducting work exploring burnout, impact, prevention and management in foundation training. Similarly, medical schools and universities are becoming increasingly concerned with the prevalence of burnout and mental health issues amongst those studying undergraduate degrees. **Aims:** To explore perceptions, prevalence, and management strategies of burnout amongst medical students. **Methods:** Using a qualitative approach, we aim to recruit 15-20 year five medical students, considering representativeness accounting for gender and ethnicity. Individual face-to-face or telephone interviews will be conducted, exploring students’ perceptions and experience of burnout, as well as suggestions for prevention and management strategies. Using a narrative approach to data collection and analysis we will explore participants’ talk. Findings will be considered alongside those generated from the partner study with foundation doctors. **Results:** We are currently collecting data and will present finding at the academic meeting.

**Room**  
**SESSION G: 80 MINUTE WORKSHOP**

**Dora Stoutzker Hall**

**What’s next for TRAINER RECOGNITION?**

**Vance G, Burford B**  
**Newcastle University**

**Background:** The GMC introduced a system for the formal recognition of medical trainers in 2012. This sought to improve not only the quality of training received by trainees, but also the support available to trainers, and to increase the perceived value of training roles. Currently four groups fall within the scope of the framework. In postgraduate training, only the specific groups of named educational and clinical supervisors are included, meaning others who may have management or delivery roles are not included. In undergraduate settings, definitions are broader, referring to those with oversight of student progression, and coordination of placements. However, many clinical teachers will fall outside of these groups. The GMC framework is based on standards published by the Academy of Medical Educators. The document also specifies responsibilities of Education Organisers (EOs) and Local Education Providers (LEPs), but local organisations have flexibility in how processes are implemented.

The GMC has commissioned Newcastle University to carry out a qualitative evaluation of the trainer recognition framework. The study aims to examine current perceptions of the recognition process, including interpretation, implementation and impact and identify how trainers (in recognised and non-recognised groups), and learners, think it may be improved. *(Ethical approval by Faculty of Medical Sciences, Newcastle University ref: 1639/8816)*.

**Workshop aim:** The aim of this workshop is to update attendees on the GMC’s Trainer Recognition framework and work being undertaken to examine impact of the framework on trainers’ educational practice, or on the quality of medical education and training. Attendees in this workshop will be able to contribute to the evaluation research by sharing their perceptions of the recognition process and how trainers (in recognised and non-recognised groups) think it may be developed in future. Outputs from the session will feed into a final report to be delivered to the GMC in May 2019. This will inform the GMC’s consideration of how the recognition framework may be developed.

**Learning outcomes:**
- Improved understanding of the trainer recognition framework
- Reflection on the impact of trainer recognition as currently implemented
- Identification of how recognition may be developed in the future

**Room**  
**SESSION H: 80 MINUTE WORKSHOP**

**Meeting Room**

**Masterclass in Assessment for AoME**

**Cooper N**  
**Chair Membership Committee AoME**
This workshop is open to assessors of applications for membership/fellowship of The Academy and any interested in joining this group.

We will explore the challenges and complexities of ‘portfolio’ and ‘reflective writing’ assessment in light of applicants demonstrating they achieve the necessary standards in the different domains.

**POSTERS**

**Foyer**

**P.1**

**Experiences of an interprofessional collaboration in producing material on professionalism dilemmas**

Sellathurai J, Bloomfield J, Chilton A  
*Warwick Medical School*

**Background:** The Warwick International Health Education Academy (WIHEA) is an interprofessional project to produce interactive educational materials on professionalism conflicts. Participants in the project completed a post project evaluation survey to highlight their experiences through the project. **Aims:** To collect feedback responses from university staff, student teachers, and medical students on their experience of the WIHEA project to better facilitate and recruit members for future collaborative projects. **Methodology:** An anonymous online questionnaire was sent to members involved in the project. Questions included initial motivation for involvement in the project, what they enjoyed and did not enjoy. Further descriptive information was collected on practical aspects of organisation. Responses were analysed thematically. **Results:** From the variety of responses, what was commonly enjoyed amongst the participants was the nurturing environment to work with others, but the participants felt like the time frame for the project was too limited. Despite this, they felt teaching resources were completed and beneficial to users. Suggestions about recruiting external video editors to not only increase productivity, but to also add value to the educational resources were made. **Discussion:** Overall, the WIHEA initiative is an example of interprofessional collaboration between students and staff. The findings of this study show that the project was well received by participants and provided opportunities for members to develop their professionalism learning whilst developing new relationships working in novel teams. The WIHEA educational resources were produced by students for students. This hopefully increases engagement amongst users resulting in more impactful, positive learning experience.

**P.2**

**The analysis of the development of self-regulated learning skills in first year medical students**

Allsop S\(^1\), Rutherford S\(^2\), Browne J\(^1\)  
\(^1\)Cardiff Medical School, \(^2\)Cardiff School of Biosciences
Background: According to Bjork, R.A et al, 2013 “knowing how to manage one’s own learning has become in short, an important survival tool.” Students are continually redeveloping their learning, and a new learning environment such as starting university has the potential to disrupt this secure learner identity (1). Self-regulated learning is the managing of one’s own learning (2), and becomes more important in the university years as the needs to learn outside the classroom increase. Aims: To analyse the development of self-regulated learning in first year medical students. To what extent they develop these skills in their first year, and what factors affect this development. Methods: Using a qualitative approach, we have recruited 15 volunteers in their first year of medical school. Individual face-to-face interviews have been conducted throughout October exploring previous and current study methods, and thoughts about studying at university so far. The data will be analysed before Christmas using a constructivist Grounded Theory approach (3). A second set of face-to-face interviews will be carried out in February when the structure of the course has changed to a case-based group approach. The data will be analysed again using the same method as before, as well as Situational Analysis. Results: The study is ongoing and we will present findings at the academic meeting.


Measuring Burnout and Supporting the Wellbeing of Junior Doctors in the Emergency Department of a London Hospital
Kent Bramer J,1 Taheri L, MacAuslan F, Unsworth R, Orhan O, Emerson C
Chelsea and Westminster Hospital

Background: In the first three years of training 70% of doctors experience burnout. (1) The General Medical Council has acknowledged a need for emotional resilience training. (2) Increased sickness amongst junior doctors (JD) in the Emergency Department (ED) led us to investigate if the ED rotation is increasing risk of burnout whilst providing a resilience support session. Methods: During induction JD attended a self-care session. A pre and post-placement modified Oldenburg Burnout Inventory (OBI) questionnaire, as suggested by BMA, (3) was completed. An ODI score of 37 or greater was deemed high-risk. (3) Results: Pre-Placement ODI was 38.2, and post-placement ODI was 38.8. 13/20 (65%) and 11/20 (55%) of JD were at high risk of burnout pre-placement and post-placement respectively. Three doctors moved from high to low risk and two from low to high risk. The number of sick days per full-time equivalent SHO was evaluated. Pre-intervention there were 71 days of JD sickness, with 17 days post-intervention. Discussion: Before starting the ED placement, 65% JD scored high-risk for burnout, consistent with published data. (1) Although there was no significant change overall in ODI, there was a marked reduction in number of sick days. This reduction in JD days lost to sickness post-intervention may not be causal. As a result of our work we optimised the rota to make it more palatable. We look for a National debate about the impact on staff wellbeing of the high proportion of unsociable working hours required by acute unscheduled medical care.

P.4 Developing a teaching program to help trust grade doctors adapt to the NHS
Perry R
Frimley Park Hospital, Surrey

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. Using this information we have developed a teaching program that aims 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. In doing this we also hope to help them feel more supported in what can often be a stressful first few months. Of the 11 doctors that responded to our survey only 2 said they felt well prepared for their first job. 8/11 felt the induction they had wasn’t adequate with particular areas of concern including prescribing skills and dealing with medical emergencies. All surveyed had worked overseas previously with the majority (8/11) having worked for less than two years. Using this information we have arranged teaching sessions on prescribing, medical emergencies, communication and practical skills. We have also developed an induction pack aimed specifically at new trust grade doctors and are increasingly involving trust grade doctors from other speciality areas. We will re-survey in the coming months to demonstrate the benefit that our program has had.

P.5 Burnout Matters: A prospective longitudinal study of burnout in Cardiff Medical School
Stowell, A, Tayyaba, S
Institute of Medical Education, Cardiff University

Background: Burnout in medical education is a concern. The GMC’s has recognised the need to investigate factors that affect mental health and well-being of medical professionals (1). The limited evidence on burnout prevalence among medical professionals indicates the need for a study on burnout among medical students. Research has found that medical students are under more stress than the general population (2). Increased stress could affect academic performance as well as physical and mental health of students who have constant patient contact and need to ensure patients’ safety. Aims: a. Investigate how burnout is perceived and identify areas during student’s training that might lead to burnout b. Investigate the factors that lead to burnout c. Investigate the impact of these factors on students’ performance d. Identify remediation strategies. Methods: Using Cardiff online survey, second year medical students will be administered the Oldenburg Burnout Inventory (OLBI) which is a validated burnout assessment. Based on OLBI scores, the most and least burnt-out groups will be identified (by the supervisor) and given a semi-
structured questionnaire. The burnout responses will be linked with academic performance data (by the supervisor) to see if there is an impact. Students who meet the burnout criteria, will be given a pictorial quality of life questionnaire to gain information on another aspect of burnout.

**Results:** We are currently collecting data. Findings will be presented at the meeting. **Conclusion:** This study is expected to identify areas of burnout in the course and inform the medical school about students’ experience and associated risk factors.


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P.6

**‘Drop-in’ sessions - making student support more accessible**

Rigby SP, Collins D, Purkis J, Chilton AM, Coe A, Woods M  
*Warwick Medical School*

Providing medical students with accessible and responsive student support can be a challenge, especially when students are scattered over different clinical sites. At Warwick Medical School (WMS), we set up a program of regular ‘drop-in’ student sessions, timetabled to fit in with days when students are on site at the Medical School. The sessions were widely advertised and open to all students, no appointment required. We have monitored the use of these sessions and noticed a marked increase in attendees in the run up to exams. Another unintentional outcome of these sessions is that WMS staff has also used the sessions to drop in and get advice related to student support for particular students. The drop-in sessions are staffed by experienced members of the student support team (senior tutor and deputy senior tutors). Evaluation of the sessions by students who have used the service has been positive.


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P.7

**The Effectiveness of Peer to Peer Learning and finding of best practice to manage Fatigue in the workplace.**

Rudin J, Robertson Z, Fisher J  
*Northumbria Healthcare NHS Trust*

**Background and Purpose:** The issue of Fatigue is becoming an increasingly key topic for the medical profession. In a recent publication by the Royal College of Anaesthetic (RCoA) “A Report on the welfare morale and experience of anaesthetises in training: the need to listen.”[1] Their main recommendations were on how trainees look after themselves, especially fatigue in the workplace. Therefore understand fatigue, its potential impact on performance and strategies to manage it, is crucial for final year medical students as they will soon be practising as fulltime clinicians, working shift patterns that are likely to contribute to fatigue. The aim of this research is to assess how effective peer to peer teaching from foundation/trainee doctors to final year medical students on
the topic fatigue and from their experience and suggested recommendation develop strategies to managing fatigue during on call shifts. Then using these skills from the peer to peer experiences and royal college recommendations will improve the transition of final year medical students in working life as a foundation doctor. **Methodology:** A pre-session questionnaire was completed prior to the peer to peer workshop to understand the surface level of insight into fatigue from the final year students and also the foundation doctors. The information was used to tailor the introduction presentation that was given at the start of the peer to peer workshop, given to both final year medical students and foundation doctors. The two workshops consisted of 20 final year medical students and 4 trainee doctors, F2 to fellow grade. After the introduction presentation, the fish bowl technique was used with the trainee doctors placed in the inner circle and the outer circle consisted of the final year students. During this session the trainee doctors discussed their current management of fatigue prior, during and after an on call shift. The final year medical students listened and documented any key statements, if they wished to ask more details they joined the inner circle and then returned to the outer circle. The group's then feedback to the each other their findings and we can conclude the session by giving a presentation regarding the key recommendations from the royal college findings. After the workshop a number of focus groups were carried out with volunteered final year medical student who attended the fatigue workshop to analysis and discuss the effectiveness of the peer to peer session with the management and awareness of fatigue in the workplace. **Results:** Pre-session questionnaire highlighted key points that final year medical students were aware of their entitled breaks, facilities and how long it takes to recover from night/on-call shifts. The foundation doctor questionnaire main finding that 92% believe on-call/nights shifts is impacting their physical and mental health. Post session questionnaire the medical students highlights that the students felt the session to be beneficial and provided good insight into the topic fatigue. From the focus groups with the medical students the main results highlighted that peer to peer learning is an effective tool for discussion and management of fatigue in the workplace for final year medical students. **Discussion:** It can be concluded from the results that peer to peer learning is an extremely effective method when using medical professionals to discuss with final year medical students the effect of fatigue in the workplace and suggest recommendations in managing fatigue for the medical students future professional working. Further work will use the evaluated results to structure and improve future ‘Fatigue Workshops’ with the medical students, aiming to run across the Newcastle University.

1 Royal College of Anaesthetics (2017) A report on the welfare, morale and experiences of anaesthetists in training: the need to listen.
Cardiff University School of Medicine (CUSoM) has undergraduate Erasmus+ partnerships with 11 other European medical schools. We believe this to be one of the largest such programmes in the UK, with around 30 year 4 Cardiff students (10% of the year) undertaking a 9 week placement in Paediatrics & Obstetrics & Gynaecology, instead of the Women, Children & Family module in the Cardiff course. 30-40 students from the partner institutions come to Cardiff each year for periods varying between 2 months and a whole year. Support for these incoming students includes an induction meeting with the administrative (EB) and academic (ARF) leads for Erasmus and assignment of an academic mentor, as well as access to the full range of CU support services. Outgoing CU students are encouraged to improve their language skills in advance; CU offers free ‘Languages for All’ classes. Pre-departure briefing meetings are arranged by the CU International Office. EB keeps in regular email contact with the students on placement and with the Erasmus leads in the partner medical schools, to check on their progress and well-being. The students attend pre- and post-placement catch-up sessions for the two specialties. They also have access to a dedicated Child Health (CH) student website developed by the CH teaching lead (JF), as well as assessment forms translated into the relevant language for completion on placement. Lastly, CUSoM International staff undertake a regular cycle of visits to the partner medical schools, at times when our students are on placement there.

Establishing a Clinical Supervision Programme for Junior Doctors working in a Tertiary Oncology Centre – a Quality Improvement Project

Rogerson F*, Singh A*, Fong C, Manickavasagar T, Gillard A Bhosle J

Royal Marsden NHS Foundation Trust

Background: Approximately 70% of European oncologists aged ≤40 years old demonstrate evidence of burnout, which is associated with lack of access to support services (1). The Royal Marsden Hospital offers all employees individual psychological support sessions, but awareness and uptake of this service is low amongst junior doctors (JDs). Aim: To provide JDs working within Clinical and Medical Oncology with access to psychological support by establishing a regular Clinical Supervision (CS) programme facilitated by a qualified counsellor. Methods: We organised two pilot sessions for Core Medical Trainees (CMTs) and Specialty Registrars (SpRs) between April and July 2018. JDs were asked to complete anonymous pre- and post-session questionnaires recording their views on the utility of CS. Responses were rated from 1 to 5, where 1 indicated strong disagreement and 5 indicated strong agreement. From September 2018, protected monthly sessions were established for CMTs. Pre- and post-session questionnaires were repeated with this group following two sessions. Results: Pre-session responses showed that 70% (14/20) would attend CS sessions if provided. Twelve CMTs and three SpRs attended the pilot sessions: 77% found the sessions useful and 100% would attend future sessions. Workload was cited as the most common barrier to attendance. Responses from 12 CMTs in the second cohort showed that of those who attended, 83% found them useful and 100% would attend future sessions. Summary: Although the concept of CS was well-received, workload is the main barrier for attendance. On-going engagement from local training directors is being sought to establish a sustainable programme.
The WHOA! Model
Skutela D, Chilton AM, Moss J
Warwick Medical School

**Background:** 90% of medical students encounter a professional dilemma during their clinical placements (1). Despite this, medical students are less likely to report issues compared with nursing students1 and may experience considerable distress if they witness something troubling but feel unable to act (2). The ‘WHOA!’ model was created by medical students and staff to develop the professional reasoning skills of students and increase their confidence to act professionally. The model provides a simple, easy to remember and structured approach to thinking through professional dilemmas: each time a student encounters a professionalism issue that concerns them, they can apply the ‘WHOA!’ model to structure their thinking in real time and work out the best way to take appropriate action. **Aims:** To evaluate whether the ‘WHOA!’ model helps students think through professional dilemmas effectively and builds confidence to take action. **Methodology:** The model will be evaluated as part of a dedicated teaching session on professionalism. Current medical students will be asked to apply the model to authentic scenarios which past students have faced. A questionnaire will be used to rate how likely they are to use the model in future, and whether applying the model increases their confidence to address professionalism scenarios in real life. **Discussion:** In initial piloting, the ‘WHOA!’ model has succeeded in helping students think through professional scenarios to formulate appropriate plans of action. Building confidence and competence in this way may have positive effects on students’ satisfaction with training and wellbeing (3).

1 Monrouxe, L., Rees, C., Dennis, I. & Wells, S. 2015 Professionalism dilemmas, moral distress and the healthcare student: insights from two online UK-wide questionnaire studies BMJ Open Volume 5 Issue 5
2 Zammuner, VL., Lotto, L. & Galli, C. 2008 Regulation of emotional in helping professionals: nature, antecedents & consequences Mental Health Volume 2 pp 43 – 45
3 Mason, S., O’Keeffe, C., Carter, A., Stride, C. A longitudinal study of well-being, confidence and competence in junior doctors and the impact of emergency medicine placements. Emergency Medicine Journal http://dx.doi.org/10.1136/emermed-2014-204514 retrieved from the world wide web on 29/10/2018

**What’s up Doc? A survey of wellbeing in SAS doctors across Wales**
Bullock A, Russ E, Bartlett S
CUREMeDE, Cardiff University

**Background:** Burnout is increasingly common amongst doctors (1). Defined as "a chronic state of emotional exhaustion and depersonalisation, and a reduced sense of personal accomplishment"(2), burnout is also associated with psychiatric morbidities, particularly depression. Furthermore, psychiatric morbidities are more prevalent amongst physicians compared to UK national average (3). This presents a serious public health concern and a risk for patient care. **Aim:** Given the high-pressure working environments in medicine and the Wales Deanery’s (now part of Health Education and Improvement Wales -HEIW) commitment to support physicians, this study sought to identify patterns of
well-being across Wales and provide a snapshot of the state of mind of specialty and associate specialist (SAS) doctors. **Methods:** An online questionnaire containing validated measures of well-being was emailed to SAS doctors Wales via the Wales Deanery. The questionnaire also gathered data on doctors’ perceptions on: impact of physician well-being on performance and patient care; bullying. **Results:** Responses (n=68) were received from across health boards and specialties. Although the majority (69%) indicated that they enjoyed their work, fewer than half (46%) were happy with the overall quality of their working life and fewer still (44%) felt able to achieve a healthy work/life balance. About a third (34%) indicated experience of moderate or extreme bullying, harassment or victimisation in the past 12-months and 15% indicated that they may leave in the next 12-months. **Conclusions:** Although based on a small sample, these initial findings are worrying and suggest a need to better support this group of doctors. Analysis is on-going.


**A review of system-wide strategies in hospitals and healthcare settings to enhance junior doctor wellbeing**

Ashley L

*University of Bristol*

Junior doctors, constituting 58% of the doctor workforce, are facing ever-increasing work pressures. As a result, wellbeing is challenged. This impacts on; productivity and efficiency at work, increased medical errors and poorer patient care. Furthermore, an increased number of doctors are suffering burnout, requiring sick leave or leaving the profession altogether. To determine the evidence for system-wide strategies in enhancing the wellbeing of junior doctors, a literature search of PUBMED, Cochrane, Google Scholar was conducted and 30 papers analysed. Research identifies healthy doctors lead to healthier patients hence, to improve junior doctor wellbeing there are several key aspects in need of addressing, including; communication, provision of health care services for staff, IT, management, pastoral care, self-care, training and, work-hours and staffing. At present, there is limited evidence of efficacy and generalisability of wellbeing interventions. Further research across multiple-centres with larger sample sizes and control groups are required to combat this.

**Mentoring matters: improving Foundation Doctor support through a new mentoring scheme.**

Fisher J, Hendon-John L

*Frimley Park Hospital*

**Background:** The wellbeing of junior doctors and low morale within the NHS is a hot topic, with numerous suggestions as to how we can improve morale and support. Frimley Park Hospital has roughly 40 new Foundation Year One doctors starting each August, but no formal mentoring scheme. Feedback from previous
FY1 years has found that a third of Foundation doctors reported a lack of support. **Aims:** To consider whether the introduction of a mentoring programme can improve perceived levels of support and satisfaction during their first months as doctors. **Methodology:** We developed a pilot mentoring programme, where we recruited current FY1 doctors who were soon to become FY2s and SHOs to become mentors. These doctors then completed an online module in Medical Mentoring through the e-learning for healthcare website. The incoming FY1 doctors were assigned a mentor whom they could meet and support through their first month in the NHS. Meetings were not made mandatory, and individual groups met over the first month. Results were collected through short written questionnaires and structured interview and feedback from the FY1s. **Results:** Full results awaited. Preliminary results have shown that the mentoring program has improved the level of support for the FY1 doctors. **Conclusion:** This mentoring programme pilot has improved perceived levels of support, and should be considered to be implemented and adapted for the future cohort of Foundation Doctors.

**Dealing with Death on Placement: Evaluation of a Student-Led Wellbeing Initiative**
Potter L, Lee M, Forty L
Cardiff University School of Medicine

**Background:** Wellbeing is known to have a major impact on health and performance amongst medical students internationally. Studies have highlighted how the transition into the ‘clinical’ years of medical training brings about many new challenges that are known to impact on health and wellbeing. As part of their ethical and professional responsibilities, newly qualified doctors must demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate passionate self-care into their personal and professional life (GMC 2018).

This student led initiative aimed to support students in their transition into year 3 clinical placements, with a focus on their physical and mental wellbeing and factors that may impact on this. **Method:** Two 4th year students (LP and ML) designed and delivered an interactive seminar to current year 3 students (N=300) at the start of the academic year focused on wellbeing during clinical placements. An anonymous online evaluation survey was sent to all year 3 students during the middle of the third year to obtain student feedback about the session. **Results:** 49 students (16%) responded to the online survey. 100% of students said that they felt the session was useful in helping them to prepare for their year 3 placements. Of the 33 (67%) students who reported having a ‘distressing experience’ during their year 3 placement, 24 students (73%) said that the session helped them with their experience. Eight students (24%) said there were unsure whether it helped, and one student (3%) said that it did not help. Further quantitative and qualitative data will also be presented. **Discussion:** This evaluation provided support for this student led initiative in aiding with the transition for third year students into full time clinical placement. Providing more opportunities for peer-to-peer learning and reflection in the area of health and wellbeing may improve medical student health and wellbeing.
A practice survey to understand the role of a daily Clinical Decisions Meeting (CDM)

Bharkhada A., Steadman D
Jubilee Medical Practice

Aims/ Objective: To appreciate if the development of a daily CDM supports healthcare professionals (HCPs) in managing patients, but also a way of facilitating learning.

Content of presentation: HCPs completed a survey concerning the clinical and operational aspects of the CDM. Every professional completed seven questions, by marking a cross on a 10cm visual analogue scale ranging from a response of never to always. A global question regarding the value of CDM was asked too and was scored from 1-5 (not valuable-extremely valuable). Responses were analysed.

Relevance/ Impact: An evaluation of HCPs perceptions around the CDM will help the practice understand whether it should remain an existing part of current daily activity.

Outcomes: 10 HCPs (6 males and 4 females) completed the survey (6 GP partners, 2 GP Registrars, 1 FY2, 1 Nurse Practitioner). The responses to all questions scored highly. Key areas highlighted were the CDM allowed a positive way to share knowledge (µ=9.21 ± 0.705 SD) and address clinical problems (µ=8.84 ± 0.811 SD). It was also reported as an effective way of addressing safeguarding issues with a score of µ=8.38 ± 0.937. When asked about how valuable the CDM is when it comes to working in General Practice all respondents scored 5 (extremely valuable).

Discussion: The CDM provides a forum for discussion of cases that helps in keeping patients safe. The daily nature of them means that decisions are made in a timely effective way. It also facilitates learning in the organisation, through a supportive structured way. This survey provides valuable insight into the aspects of a CDM that are beneficial.

Supporting Junior Doctors Trust wide

Baverstock AC
Taunton & Somerset Trust

Since August 2016 I have been Associate DME (Director of Medical Education) with a remit for junior doctor (JD) support. I have been working hard over the last 2 years to improve and better coordinate the support available for trainee doctors. This is within the hospital but also linking to the Professional Support Unit at Severn and Peninsula Deanery. I have created posters and resources clarifying the support available for JD both locally and wider. I have added a wellbeing session to induction and run regular teaching for JD on Wellbeing. I have created a web resource for Trainee Wellbeing and Support, and developed the idea for a Trust wide Wellbeing Month which was run successfully in March 2018. My role involves making sure each JD at induction knows about the resources and people that are there to support them. My role is also a little independent from clinical and educational supervisor so that can be an advantage. We all have times when being a doctor is challenging. Often, we chat things through with friends and family but knowing that support is available within the hospital can be really important too. This is especially important when you are starting out in your medical career. So, for foundation trainees in F1 and F2 we also have a Pastoral Tutor who meets with each new F1 and F2 in small groups to introduce her role and make contact. We know that in order to continue to provide Compassionate Care that is safe and of High
Quality Staff Wellbeing is paramount. We cannot expect to be able to look after others if we don’t look after ourselves and our teams. Each JD was given a support booklet full of resources and advice including a recent blog I wrote https://www.yougotthiswellness.com/single-post/2018/04/15/Wellbeing-Chargers-and-Drainers.

Baeverstock AC, Finlay F Maintaining compassion and preventing compassion fatigue: a practical guide Archives of Disease in Childhood - Education and Practice 2016;101:170-174

The need for accurate representation of protected characteristics in the curriculum for the well-being of Tomorrow’s Doctors.

Kwak SY, Tayyaba S
Cardiff University

Background and Aim: Well-being of our medical students, junior doctors and healthcare professionals are determined by experiences within the work environment. The formation of stereotypes from peers may cause specific explicit or implicit attitudes towards those with protected characteristics, of which age, sex and ethnicity are of high importance. The curriculum may be considered a causation for a stem for stereotypes as the unequal representation of protected characteristics could cause the formation of a ‘hidden curriculum’. The aim of the project is to investigate the representation of protected characteristics in the medical school curriculum and respond to any imbalances with the awareness of the need for fair representations. Further it is important to identify what impact this has, especially on medical students not only with regards to their current experiences but also what implications this may have on their future practice.

Methods: A protocol will be developed in order to assess course content in Cardiff medical school including case scenarios and virtual cases. Student perspectives on representation of protected characteristics will also be explored with the use of PeerWise: an online platform which enables students to formulate their own question styles which can be used by other peers. Additionally, formation of a semi-structured online questionnaire will continue to explore the perspectives that students may have with regards to accurate representation of protected characteristics in medical school curriculum. Data analysis of the qualitative element will be carried out using content analysis procedure, SPSS v.25 will be used for quantitative analysis including descriptive and analysis of variance (ANOVA) tests.

Results: We are currently in the process of collecting the data and will present the findings at the next academic meeting.

Electronic versus paper student evaluations of face to face teaching: does it make a difference to the quality or quantity of feedback received?

Harris D, Suffolk D
1Cardiff University, 2Staffordshire University

Introduction: Collecting learner feedback following face to face teaching is an important mechanism to promote and monitor well-being of learners relating to their evaluation of the quality of their teaching. Existing literature gives evidence based principles on design of evaluation questionnaires (e.g. balance of Likert scale versus free text questions; overall length; using reminders). However, the mode of delivery of questionnaires is seldom mentioned (i.e.
whether paper or online). Does the mode of delivery of evaluation questionnaires make a difference to the quality or quantity of feedback received? **Method:** A systematic approach was used to search for studies comparing paper and online student evaluations of teaching. 1191 articles/abstracts were screened, of which 38 included in the final literature review. **Results:** The 38 included studies were of variable quality. Of the studies with grade 4 or 5 BEME (Best Evidence Medical Education) quality: four showed no difference between response rate between paper or online, five showed a greater response rate for paper. However, there was a greater length of response to free text questions in online questionnaires (versus paper) in all but one study. Online has other advantages e.g. lower cost, automated analysis. **Conclusion:** Online student evaluations of teaching may result in a lower response rate than paper ones. However, the length of responses to free text questions is significantly greater in online questionnaires. The latter is relevant when looking for rich qualitative feedback on aspects of learning not easily captured in quantitative questions (relevant when exploring aspects of learner wellbeing).


**P.19**

**A holistic student support programme- strategies for supporting students preparing for clinical assessments**

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*Cardiff University*

A holistic programme of support for students encompasses the accurate and timely assessment of the biopsychosocial and academic challenges impacting upon a student. Formulation and delivery of a comprehensive individualised programme of support may be informed by this holistic approach to the assessment of student needs. Additional approaches to support student wellbeing in their preparations for clinical assessments can be applied programmatically. We have developed the following strategies to support our medical students include: • Formative clinical assessments- incorporating peer and self-assessment to improve assessment literacy • Improved individualised feedback from both formative and summative clinical assessments to ensure assessment for learning rather than simply assessment of learning • Development of a College wide strategy for reasonable adjustments to ensure assessments are appropriately inclusive • Targeted individual remediation plans- encompassing academic, study and clinical skills, Health and wellbeing and professionalism.

**P.20**

**Widening access to medical school: Looking at the impact medical student-run interview courses have on confidence and breaking down barriers**

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¹ Queen’s University, Belfast, ² Western Health and Social Care Trust

**Background:** swotUP is a student society founded by medical students which aims to widen access to medicine by running interview courses for
school/graduate applicants. This study focuses on how the courses affect students’ knowledge of the application process and confidence in their interview technique as well as looking at difficulties/stresses faced when applying to medical school. **Methods:** This study included school students aged 16-18 (n=96) who attended a swotUP interview course. Attendees filled in a questionnaire before the course began, addressing their understanding of the application process and confidence dealing with ethical dilemmas, multiple mini interviews (MMIs) and traditional interviews as well as exploring any difficulties or disadvantages the students had faced so far in the process. After taking part in MMI, traditional interview and ethical workshops led by medical students, attendees completed another questionnaire, seeing how the course had affected their confidence/perceptions. **Results:** The course increased average awareness levels of the application process and confidence of medical school acceptance as well as increasing confidence in MMIs, traditional interviews and ethics. The majority of students surveyed said they found the application process stressful and they felt they were under additional stress compared to their peers applying to other degrees. **Conclusion:** The study showed the courses were helpful at increasing students’ confidence levels however some still felt at a disadvantage due to financial/social barriers. In addition to running further courses, we have launched a blog to help address these issues.

**P.21**

**Learn or die**
Mark Stacey
*Cardiff and Vale NHS Trust*

This presentation addresses maximising the cognitive aspects of learning in order for us to both learn better and manage our patients better (if we learn our patients hopefully do not die)

**P.22**

**Does a cup of tea make a difference to student wellbeing?**
Ishan F, Martin WM, Chilton A-M
*Warwick Medical School*

It is recognised that there is a high prevalence of poor mental health in UK medical students (1). Warwick Medical School (WMS), UK’s largest graduate-entry medical program, offers a range of services aimed at improving student mental health and wellbeing. These services, provided by the institution, include student support services, traditional pastoral support (personal tutor schemes), lectures and workshops on personal development and facilitator led mindfulness sessions. Research suggests that students often turn first to friends when in trouble, rather than to ‘official’ support (2) (3). Thus we believe student-led initiatives for peer support would enable students to take direct control of their welfare through collective programs. This bottom-up philosophy involves students organising, preparing and managing wellbeing activities themselves for fellow students; promoting a sense of unity amongst students when tackling welfare issues. The WMS Tea and Empathy Society was set up with this ambition in mind. Regular sessions offer free refreshments and cake, with additional wellbeing support, in a welcoming and comfortable environment away from their studies. This should provide a much needed opportunity to give and receive advice, encouragement and company. In addition, by bringing students together, we aim to improve cohort cohesion.
The aim of our initiative is to understand students’ thoughts and responses to the Tea and Empathy Society and whether they believe it has improved their wellbeing. To do this, we will be collecting student opinion through questionnaires and semi-structured interviews. We are hoping the data collected can aid further efforts at improving welfare in medical schools.

2 Rickwood DJ, Deane FP, Wilson CJ. When and how do young people seek professional help for mental health problems? The Medical journal of Australia. 2007;187(7 Suppl):S35-9
3 Brimstone R, Thistlethwaite JE, Quirk F. Behaviour of medical students in seeking mental and physical health care: exploration and comparison with psychology students. Medical Education. 2007;41(1):74-83

**Prevalence of pressures affecting medical students: A campaign to raise awareness**

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¹ Cardiff University, ² Royal Medical Benevolent Fund

**Aim:** Medical students face a range of pressures from various sources which can affect the ability to complete their course and their wellbeing. We sought to investigate the prevalence, factors, and various support services currently available. **Method:** A wide scale survey was disseminated to medical students across the UK to gather to investigate these aims. A campaign was also commenced to raise awareness of sources of current support available. **Results:** Preliminary results suggest a range of difficulties and pressures that current students face. A significant proportion of students were concerned about mental health and wellbeing. It was also found that there were several factors which affected whether students sought help such as confidentiality of disclosing, threatening their career or appearing different. We also noted the effects of seeking support sooner rather than later. **Conclusions:** There were a wide range of pressures and stresses affecting medical students from financial to mental health. An insight into barriers to gaining support is crucial.