

Programme

Time	Session	Venue
9.15 - 9.45 Registration and coffee		
9.45 – 10.00	Chairs' Introduction Mustafa Omar Abdimalik, Susan White, Sarah Wright, CAVUHB	Lecture Theatre 1
10.00– 10.30	Plenary Developing your career in medical education Dr Ian Collings Health Education and Improvement Wales	Lecture Theatre 1
10.30 – 10.45	Recognition of your achievements in medical education AoME	Lecture Theatre 1
10.45 – 11.00 Coffee, poster viewing		
11.00 - 12.00	SESSION 1 - PARALLEL 60-minute WORKSHOPS	
	A novel card game for enhancing collaborative teaching approaches Browne J, Webb K, Cardiff University	Seminar Room A
	The role of medical education on the road to Net Zero Fulchand S, BMJ	Classroom 1
	A wellbeing prescription Stacey M, CAVUHB	Seminar Room B
12:05 – 12.50	SESSION 2 - SHORT PRESENTATIONS (15 min x 3) Chair: Dr Ricky Frazer	Lecture Theatre 1
	Quality Improvement Project: improving FY1 doctor satisfaction with the teaching programme at Tameside hospital through theme-based peer teaching and simulation days, and Lessons Learnt sessions. Antoniou A, Kelly M Tameside Hospital	
	The Pizza Pilot: A Novel Evaluation Tool in Medical Education O'Loughlin E Cardiff University	
	Development of a 'Psychiatry in Film' module to increase medical students' interest in Psychiatry as a future specialty choice Slater A, Forty L Cardiff University/CAVUHB	
12.50– 13.50 Lunch, poster viewing		

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13.50 – 14.50	SESSION 3 – PARALLEL 60-minute WORKSHOPS	
	Simulation when and for who? Abdimalik MO, CAVUHB	Seminar Room A
	Using Liberating Structures to facilitate medical education Brennan P, Cardiff Medical School	Classroom 1
	Enhancing team cohesion and resilience through inter-professional education Evans C, Cardiff Medical School/Cwm Taf Morgannwg UHB	Seminar Room B
14:55 – 15:40	SESSION 4 - SHORT PRESENTATIONS (15 min x 3) Chair: Dr Susan White	Lecture Theatre 1
	Near-Peer Teaching is an Effective Method for Increasing Students' Perceived Preparedness for Medical School Finals Schroeder B, University Hospital Wales	
	The similarities between surgical training and athletic training Clarkson M, Hargest R CAVUHB	
	Evidence-based Medicine Iles Dillon R, CAVUHB	
15:40 – 15.55 - Coffee break		
15:55 - 16.20	Plenary Medical Education: The good, the bad and the ugly Dr Jamie Read, Peninsula Medical School	Lecture Theatre 1
16.25 – 16:30	Closing remarks	Lecture Theatre 1

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 during the times indicated below.

P1	13:15 – 13:20	Exploring the Experience of International Medical Students in Cardiff University Ong C, Sweetland H
P2	13:20 – 13:25	The introduction of an out of hours shadowing scheme for year 5 medical students to improve confidence and reduce anxiety prior to starting the foundation programme Johnson Z, Rae F

P3	13:25 – 13:30	Continuing Professional development and the opportunity for developing practice through modular flexible credit accumulation PGT education at Cardiff University Whitaker A, Karas M, Ryan B, Bold J, Taylor A, Duckworth L
P4	13:30 – 13:35	Qualitative analysis of the development of self-regulated learning skills in first year medical students Ly T, Rutherford S, Browne J
P5	13:35 – 13:40	Understanding Hip Fractures Made Easy: The Kinaesthetic Learning Device-Hip (KLD-H) Lambourn C, D'sa P, Tambe A
P6	13:40-13:45	What is the Impact of Educational Supervisor Feedback on Medical Students? Ray I, Green J, Goodfellow R

* 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

Dr Ian Collings



Dr Ian Collings works as a Consultant Psychiatrist and Associate Postgraduate Dean (interim) in Wales.

He has worked as a Consultant in South Wales since 2012. Dr Collings has worked in acute inpatient psychiatry, home treatment and rehabilitation and recovery.

Dr Collings has always been passionate about the education of all healthcare professionals. Between 2015 and 2017 Dr Collings was the Wales Deanery Head of School/Associate Dean for Psychiatry. As Head of School Dr Collings led in the development of a number of innovative educational initiatives including the MRCPsych exam preparation course and advanced communications skills training.

From 2017 Dr Collings has worked as the Deputy Postgraduate Dean (interim) and Associate Postgraduate Dean/Lead for Trainee Development and Wellbeing (interim) in Health Education & Improvement Wales. In this role he has had the opportunity to lead in a number of portfolio areas including leadership development in postgraduate trainees, single lead employer arrangements, clinical academic training and workforce development governance.

Dr Collings has an interest in the use of technology to deliver education and training and postgraduate trainee wellbeing.

Dr Jamie Read

Dr Jamie Read is a Council member and the Registrar of the Academy of Medical Educators, the professional organisation for those involved in medical education. He is Lead for Clinical Skills at the Peninsula Medical School.

Jamie's career in medical education started at medical school, with several small-scale teaching and research projects. Following this, he completed an Academic Foundation Programme in medical education, before undertaking an NIHR Academic Clinical Fellowship in medical education research.

More recently, Jamie has been completing a PhD at the University of Plymouth, focussing on the impact that failure and remediation have on the professional identities of medical students and the implications that this has for their future practise. Jamie has presented his research internationally, most recently in Australia, [Taiwan](#) and the United States.

Jamie is an education associate with the General Medical Council and undertakes inspection visits to medical schools and local education providers, as well as inspection work as a specialist advisor to the Care Quality Commission. Jamie was involved in the development of the GMC's 'Promoting excellence' standards as part of the Expert Advisory Group, and more recently has been part of the group reviewing the 'Outcomes for Graduates'.

Jamie's clinical role is as an [Associate](#) Specialist in Geriatric Medicine at University Hospitals Plymouth NHS Trust. In his spare time, Jamie enjoys making the most of living on Dartmoor and running.



Directions to Venue

Getting here:

The UHW Education Suite is on the upper ground floor of the Main Building at University Hospital of Wales, Cardiff, CF14 4XW. The closest entry doors are off Academic Avenue, but you can also enter through the main hospital entrance.

By Car

From the East

Leave M4 Motorway at Junction 29 and take A48(M) (Eastern Avenue). Stay on this road for approx 5½ miles. The Hospital will become visible on the right and visitors should leave Eastern Avenue along an exit slip road leading up to the Hospital Site and Multi-Storey Car Park.

From the West/North

Leave M4 at Junction 32 travelling along the Dual Carriageway (Northern Avenue / Manor Way) for a distance of approximately 2 miles. Follow the signs indicating the University Hospital of Wales and enter the site via Rhydheilig Avenue. Alternatively, visitors may proceed to the Gabalfa Interchange following the signs to Newport and M4 East, exiting via the slip-road leading directly onto the Hospital Site.

Parking

NB: car parking rules have recently changed at UHW allowing only 6 hours free parking – please read the following information carefully to avoid parking fines when staying over 6 hours.

If you are arriving by car, please park in the multi-story car park on levels 1-3 only and give your vehicle registration number at the AoME registration desk. We are only able to apply for retrospective day parking passes if you provide your car details on the day. If you park in one of the other visitor car parks on site, please note the name of this car park when giving your registration number.

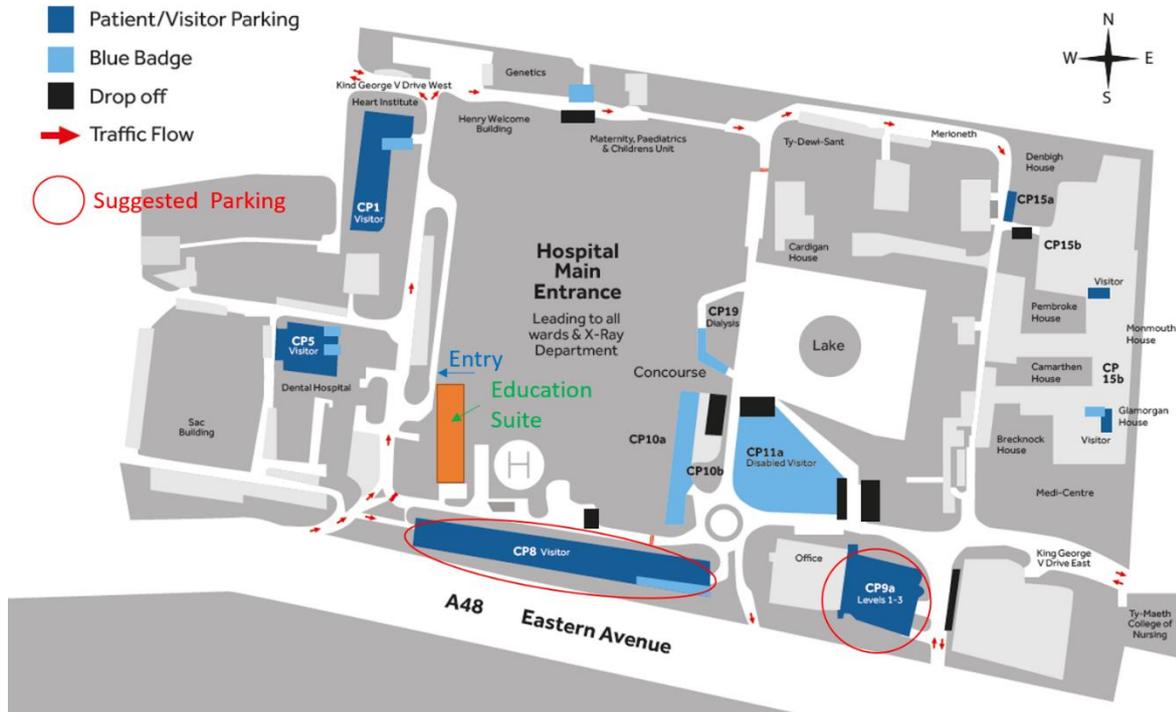
Alternatively, it is free to park at Heath Park Car Park behind the hospital on a Saturday, postcode CF14 4AY.

By Public Transport

If arriving by public transport, please use www.traveline.cymru to help plan your journey.

Visitors travelling by bus or train will arrive at Cardiff Central Station. The distance between the station and the Hospital is approximately 2½ miles. There is a regular Cardiff Bus service – Numbers 8 and 9 (most direct service) and No 51 and 53, Stagecoach Service from Cardiff Queen Street area. The journey should last approximately 20 minutes. A journey from the station by taxi should take approximately 10 minutes.

UHW Patient/Visitor Parking



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CPD Certificates

UK Clinical Teaching Fellows Forum 2019 been approved by the Royal College of Physicians for 6 Category 1 (external) CPD points: ref 130337. Attendees may claim only for the hours they attend. Certificates of attendance will be available during the event. Please note that we cannot replace lost or missing certificates after the event unless the attendance register was signed on the day.

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Abstracts and Presentations

Short Presentations:

Each presentation will be allocated a 15 minute slot. Actual presentations are expected to run for 10 minutes leaving 5 minutes for questions. Timing will be strictly enforced, and presenters should make sure that they do not talk for more than 10 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 make sure you upload your presentation and make sure it works at the registration desk upon arrival.

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 7 March 2020 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.

	PLENARY PRESENTATIONS
Lecture Theatre 1	Developing your career in medical education Dr Ian Collings <i>Health Education and Improvement Wales</i>
Lecture Theatre 1	Medical Education: The good, the bad and the ugly Dr Jamie Read Peninsula Medical School Medical education should underpin everything we do, but at a time of increasing pressure, reducing budgets and political upheaval it's also at risk. This talk will explore the different routes to becoming a medical educator, the benefits and risks of such an approach and consider how things might change over the coming years.

	WORKSHOPS
	AM: 11:00-12:00
Seminar Room A	A novel card game for enhancing collaborative teaching approaches Browne J, Webb K <i>Cardiff University</i> Lesson planning and delivery is still frequently seen as a solitary occupation, but healthcare educators are increasingly working in teams to produce learning opportunities for their students and trainees (1). There are many practical and educational advantages to interactive co-teaching, including: knowledge and content integration, role modelling of professional behaviours, and a more active and engaging format for learners. At the same time, the concept of 'playful learning' is emerging as educators increasingly recognise the value of offering learners 'safe' spaces in which to experiment, work collaboratively and creatively and, crucially, to learn from failure and to manage risk-taking (2). The authors have designed an educational card game, "CARDIPH", in line with playful learning principles. The purpose of the game is to encourage participants to collaborate in teams to plan and design an innovative and interactive teaching and learning intervention. Thanks to its element of chance, resource constraints and risk, "CARDIPH" accurately reproduces the challenges of 'real world' educational design and delivery. Participants will be introduced to the game and its learning and teaching principles. They will also be invited to play "CARDIPH" during the workshop and then to reflect and feedback on the

	potential of playful learning and collaborative educational practice within their own healthcare education settings.
Classroom 1	<p>The role of medical education on the road to Net Zero</p> <p>Fulchand S <i>British Medical Journal</i></p> <p>If healthcare was a country, it would be the fifth largest carbon emitter on the planet (1). The NHS contributes 5.4% of emissions, which is not much lower than emissions from the aviation industry. (2) Climate change is also known to be one of the biggest public health threats of the 21st century - impacts ranging from effects of extreme heat, higher vector borne disease, natural disasters as well as wider social implications of increasing migration. (3) Therefore, medical education needs to equip current and future health professionals with the knowledge and tools to help shape our health systems, that limit greenhouse gas emissions, with the aim of being net zero. The result of such changes will bring a number of co-benefits from cleaner air to higher quality hospital environments, which will be beneficial for both patients and healthcare staff. There are currently a number of initiatives to support students and doctors to participate in 'greening' the health system and this workshop will explore some of these opportunities, as well as facilitating how change can be enacted practically in our respective educational institutions and workplaces.</p> <p>1. https://www.arup.com/perspectives/publications/research/section/healthcares-climate-footprint 2. https://www.theccc.org.uk/publication/reducing-uk-emissions-2019-progress-report-to-parliament/#supporting-charts-and-data 3. https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health</p>
Seminar Room B	<p>A wellbeing prescription</p> <p>Stacey M <i>CAVUHB</i></p> <p>A baker's dozen set of skills to enhance and maximise yourself wellbeing. Attendees will be introduced to a self-prescription and a baker's dozen skills that will enhance and maximise your own wellbeing.</p>

	WORKSHOPS
	PM: 13:50-14:50
Seminar Room A	<p>Simulation when and for who? Abdimalik MO <i>CAVUHB</i></p> <p>The workshop will explain why simulation is great teaching method and will do an exercise to show how engaging it is in comparison to normal teaching sessions. Discuss some pitfalls and give simulation case template to attendees.</p>
Classroom 1	<p>Using Liberating Structures to facilitate medical education Brennan P <i>Centre for Medical Education, Cardiff Medical School</i></p> <p>Various medical education scenarios have moved away from a didactic approach to a more collaborative mode of learning. Tutors are often required to use facilitation skills. During this practical workshop, you will experience five different facilitation techniques inspired by and based on Liberating Structures (http://www.liberatingstructures.com/).</p> <p>Session Plan</p> <p>10 min Mad Tea Party (depending on numbers) Invitation: Various including: what have you learned today? https://trello.com/c/6shG4SKG/162-mad-tea-party Purpose: introductions</p> <p>10 min Spiral Journal What are you proud of in your teaching? What are your deeply selfish reasons for coming today? What steps to improving your teaching can you take? What barriers to improving your teaching do you face? https://docs.google.com/document/d/1DdCLcDCPW4jAGe6wZDI0bpWoeQXoRh hk0FEdiq6P8f4/edit Purpose: Reflection</p> <p>24 min Troika Consulting From a teaching or facilitating point of view, share a challenge you face http://www.liberatingstructures.com/8-troika-consulting/ Purpose: garner ideas and feedback</p> <p>10 min 15% solutions which is done using 1,2,4, All Invitation: evaluate your spiral journal and your consultation session. What can you implement with current resources, time, authority? First alone, then in pair, then share with the group for</p>

	<p>http://www.liberatingstructures.com/7-15-solutions/</p> <p>Purpose: plan action</p> <p>Background: Liberating structures encourages us to enable everybody to participate and learn.</p> <p>In creating a learning opportunity, we consider: Five elements:</p> <ol style="list-style-type: none"> 1. a structuring invitation; 2. how the space is arranged and what materials are needed; 3. how participation is distributed; 4. how groups are configured; and, 5. a sequence of steps and time allocation. <p>http://www.liberatingstructures.com/design-elements/</p>
<p>Seminar Room B</p>	<p>Enhancing team cohesion and resilience through inter-professional education Evans C <i>Cardiff Medical School/ Cwm Taf Morgannwg UHB</i></p> <p>This workshop will offer the opportunity to explore the theory of inter-professional education (IPE) as well as potential benefits, particularly to team functioning and cohesion. The author has experience of setting up inter-professional education programmes in two different health boards. The genesis of the most recent in the Older Persons Mental Health Service in Cwm Taf Morgannwg UHB will be discussed and an evaluation presented (this is currently in process). The workshop will be interactive and offer the opportunity to develop an action plan for piloting or enhancing an existing team-based IPE program.</p>

	<p>SHORT PRESENTATIONS AM</p>
<p>Lecture Theatre 1</p>	<p>Quality Improvement Project: improving FY1 doctor satisfaction with the teaching programme at Tameside hospital through theme-based peer teaching and simulation days, and Lessons Learnt sessions. Antoniou A, Kelly M <i>Tameside Hospital</i></p> <p><u>Background:</u> The foundation teaching programme is a fundamental component of every junior doctor learning, aiding the transition from university to the workplace. The foundation teaching programme at TGH is comprised of weekly teaching on a Tuesday afternoon for three hours and a Grand Round session running for one hour</p>

	<p>on a Wednesday. Last year a peer teaching programme was introduced which proved to be successful. Having reviewed the teaching format and curriculum, we felt that there were changes that could be implemented to improve the peer teaching programme further through theme-based peer teaching days, including simulations.</p> <p><u>Aim:</u> The primary aim of this quality improvement project was to improve the FY1 doctor satisfaction with the teaching programme at TGH compared to the current standard teaching programme by 10%, through 3 peer-led teaching modalities: a) theme-based peer teaching, b) simulations, c) lessons learnt. <u>Methods:</u> We collected the data using a proforma and summary sheets provided by the medical education team from August 2018 until May 2010, filled out by the FY1s who attended the teaching session. We excluded Grand Round teaching. We calculated the mean scores of: relevance/content, facilitation, and global scores awarded to each teaching session and summarised the constructive feedback through verbatim copying. <u>Results:</u> The mean score for all sessions arranged as part of the standard teaching programme was 84% SD \pm 2.42, as opposed to F1, arranged to teach with a mean of 97% SD \pm 0.58. The p-value for the data is 0.000862 proving statistical significance. Therefore, the teaching changes made through F1 arranged teaching did meet the target of improving satisfaction by a mean of 10%. <u>Conclusions:</u> Overall, the data shows a very positive response to the teaching programme changes reviewed in this audit. The audit proves that junior doctor satisfaction is improved with F1 arranged teaching sessions over the standard programme.</p>
	<p>The Pizza Pilot: A Novel Evaluation Tool in Medical Education O'Loughlin E Cardiff University</p> <p><u>Introduction:</u> Medical Education is increasingly dependent on thorough evaluation methods to address the needs of stakeholders, and to identify outcomes to improve educational programmes. This relies on students giving useful responses that can be analysed properly and thus implement change. All too often "Feedback Fatigue" is cited as a reason for students giving poor or meaningless feedback. In addition to this, healthcare is an environment that is often time-pressured with restricted time windows for feedback which further adds to the need to find an alternative option.</p> <p><u>Background:</u> With the newly designed Pizza Evaluation Tool (PET) for Medical Education, it aims to provide a fun, alternative format of evaluation that will be simple to complete and will engage students in a more thought-provoking way. While easy to use for the student, it aims to still provide useful feedback for course organisers to analyse. <u>Methods:</u> Different healthcare professionals of a Community Mental Health Team were asked to evaluate the session using the PET. Subsequently they were asked to comment on the PET as a format of giving feedback. In addition to this, the PET was sent out to Healthcare Professionals in an email format to review their opinions of it as a tool. <u>Conclusion:</u> Results showed that overall the use of PET in Medical Education would be welcomed. To expand the use of PET further, research would need to be conducted into opinions that course providers held of the tool and whether expected and unexpected outcomes could be obtained from its use.</p>

	<p>Development of a ‘Psychiatry in Film’ module to increase medical students’ interest in Psychiatry as a future specialty choice</p> <p>Slater A, Forty L <i>Cardiff University/CAVUHB</i></p> <p>Second year medical students at Cardiff University choose a week-long elective module in an area of their choice. We aimed to develop an engaging and accessible module to increase medical students’ exposure to Psychiatry, and to encourage them to think more about the specialty as a future career choice. A programme of activities was chosen including viewing a series of clips from mainstream and specialist films which portrayed various aspects of mental illness. On subsequent days students watched other films and worked together in groups supported by faculty members to analyse these. The students were encouraged to critique the various portrayals of mental illness and relate these to popular understandings of psychiatric conditions and the stigma experienced by people with mental illness. The module was assessed formatively by means of a group presentation and reflective writing, and anonymised feedback was gathered from the students on the final day of the module consisting of statements scored on a five-point Likert scale. Feedback has been gathered over the three years the module has been available. The SSC was viewed consistently as an enjoyable experience which appeared effective in increasing the consideration given by the students as a future career choice. Further work could focus on following students up to see what specialty training they pursue following graduation and foundation training.</p>
<p>SHORT PRESENTATIONS PM</p>	
	<p>Near-Peer Teaching is an Effective Method for Increasing Students’ Perceived Preparedness for Medical School Finals</p> <p>Schroeder B <i>University Hospital Wales</i></p> <p><u>Background:</u> Near-Peer Teaching (NPT) involves a more senior student or junior doctor teaching students. There is evidence that students find NPT just as effective if not more so than teaching led by senior doctors; it also has the advantage of developing the future’s teachers. This project sought to review the effect of a teaching series on student preparedness. <u>Methods:</u> A final-year student planned, researched and delivered a multi-part plenary series to Finals candidates at Cardiff University. Questionnaires were designed on Microsoft Forms® and responses ranked using a Likert Scale with “Not at all prepared”: 1 – “Extremely prepared”: 5. Data were analysed qualitatively and quantitatively. Paired t-test and confidence intervals were used with $p < 0.05$ significant. <u>Results:</u> 156 responses were recorded for the four initial sessions. There were highly statistically significant mean increases in students’ perceived preparedness when comparing “before” and “after” scores. Reported as: Day, mean change (95% confidence interval), p-value. General Day: + 0.66 (0.38, 0.94), $p = 5.94 \times 10^{-8}$; Speciality Day: + 1.06 (0.74, 1.37), $p = 2.01 \times 10^{-9}$; Acute Day: + 1.12 (0.77, 1.47), $p = 7.23 \times 10^{-8}$; Data Interpretation Day: + 0.85 (0.48, 1.21), $p =$</p>

	<p>1.1x10⁻⁴. Qualitative feedback was very positive with students noting feeling comfortable and relaxed having been taught by someone who had sat the examinations. <u>Conclusions:</u> These data suggest that NPT can be an effective method of improving students' perceived preparedness for Finals. It is conceivable that NPT may help ease anxiety in Medical Students. Further work is in progress to address this.</p>
	<p>The similarities between surgical training and athletic training Clarkson M, Hargest R CAVUHB</p> <p>A career in surgery is synonymous with years of training, and acquisition of practical skills is associated with the hours devoted to the craft (1). Surgical training is analogous to athletic training with regards to the hours of practice required to attain a high level (2). There is a long history of surgeons who achieve sporting success (3). The first author played ice hockey professionally and represented Great Britain before a career in surgery. There are a number of factors which apply to training in both elite sport and surgery -</p> <ul style="list-style-type: none"> • Deliberate repetitive practice breeds confidence when things go well and allow the participant to remain calm when events do not go as planned. • Pregame or preoperative visualisation and preparation allow anticipation of the task ahead. • Elite level performance is not attained through practicing the technical aspects of the sport/speciality alone. • Constant reevaluation of one's ability to recognise weaknesses so these can be targeted. • There will be times when performance dips. It is essential to develop both practical tools and mental resilience to keep negativity out. <ul style="list-style-type: none"> • Debriefings are regularly held after matches in order to evaluate performance. This is to hear from seniors where they are going well and ways to improve. • In a team sport if you do not work hard and do your role, the team suffers. • It is important that what you do remains fun. When it stops being fun, performance drops, mistakes are made, and practice stops becoming deliberate and bad habits are formed.
	<p>Evidence-based Medicine Iles Dillon R CAVUHB</p>

POSTER PRESENTATIONS

<p>P1</p>	<p>Exploring the Experience of International Medical Students in Cardiff University Ong C, Sweetland H <i>Cardiff University</i></p> <p><u>Aims:</u> To explore the experiences of ‘Home’ and ‘International’ medical students in Cardiff University throughout their medical degree; from the challenges faced in year one to clinical placements and examinations. <u>Methods:</u> After ethical approval an online questionnaire was designed using e-Survey Creator tool and distributed via social media platforms. Both ‘Home’ and ‘International’ students from years 1-5, were invited to take part in the survey. Survey data was analysed using SPSS software. <u>Results:</u> 70 students participated; 43 ‘home’, 26 ‘international’ and 1 ‘EU’. All students identified ‘adapting to a different learning approach’, most challenging aspect of starting university. International students identified ‘homesickness’ and ‘integrating socially with peers’ as key areas. During the course some ‘internationals’ said that communication can be a problem; understanding accents and colloquialisms and developing a rapport with patients and staff, due to cultural differences. In questions about case-based learning (CBL), ‘home’ students were more positive and ‘international’ students noted that some found it difficult to engage in group discussions. There was no difference between the groups regarding perception of ‘knowledge assessment’. <u>Conclusions:</u> The main challenges faced by ‘internationals’ are acculturation, communication and social integration. Both student groups provided suggestions to improve the learning environment to meet the needs of the diverse student population. These included: providing more opportunities for social integration and orientation activities in year 1, directed support in communication skills teaching, providing international mentors for international students and more guidance to CBL facilitators about how to engage with students from different educational backgrounds.</p>
<p>P2</p>	<p>The introduction of an out of hours shadowing scheme for year 5 medical students to improve confidence and reduce anxiety prior to starting the foundation programme Johnson Z, Rae F <i>Wrexham Maelor Hospital</i></p> <p>At Wrexham Maelor Hospital, a large DGH teaching hospital in North Wales, an OOH shadowing scheme was started to allow 15 year 5 students on placement in the hospital the opportunity to sign up to optional shadowing of out of hours shifts with FY1 doctors. These shifts, including night shifts, on calls in medicine and surgery, and weekend shifts were offered by FY1 doctors and the students were given access to sign up to shadow these shifts. Before the shadowing scheme, 40% of students ranked themselves as the lowest confidence in knowledge of how an OOH shift and bleep works. 86% of students did not confidently know who to ask for help OOH and 73% said that they would not know when to seek help for an unwell patient OOH. 12</p>

	<p>out of the 15 students asked said they felt an OOH shadowing scheme would alleviate fears surrounding this. Following the scheme 82% of students were very or extremely confident in managing the OOH bleep and 90% were very confident in who to ask for help OOH. 100% of people who took part felt that their overall confidence in managing OOH shifts as an FY1 improved and they all felt it had enhanced their placement in Wrexham. The OOH shadowing scheme is a unique scheme to Wrexham and the results are very pleasing. With both student and FY1 anxiety decreasing, it is hoped that this scheme can be continued for many years to come to create happier and more confident new junior doctors come the august changeover.</p>
P3	<p>Continuing professional development and the opportunity for developing practice through modular flexible credit accumulation PGT education at Cardiff University Whitaker A, Karas M, Ryan B, Bold J, Taylor A, Duckworth L <i>Cardiff University</i></p> <p>To describe principal pedagogical design features of modular, flexible, credit accumulation master’s programmes and modules for practising medics and other healthcare professionals with diverse abilities and educational backgrounds, to achieve advanced learning outcomes above those offered by traditional study routes. Modular, flexible, credit accumulation PGT is currently being developed at Cardiff University, with an initial pilot in MSc in Clinical Optometry. It is hoped that this will be rolled out to wider programmes and professions in 2020 and 2021. The new programmes will allow flexible online study where students can select modules and study at a pace that suits them, combining credits into qualifications such as PgCert, PgDip or MSc without having to re-apply each year. Course design supports student achievement and includes short ‘taster’ CPD courses and small ‘access’ modules of 10 credits to allow students to try PGT study without committing to an entire MSc. Part-time options are available to fit around personal/professional commitments with allowed dormancy periods. Course design also includes targeted use of technology enhanced learning and teaching, interactive online course materials with embedded activities for self-directed e-learning, facilitated group webinars and online discussion boards and individual tutorials.</p> <p>The pilot of flexible credit accumulation in Optometry has so far proved successful and popular with students as it has resulted in an increase of 350 % in student numbers over 10 years and student ‘overall satisfaction’ in PTES consistently around 90%. It is anticipated that other programmes will start offering flexible credit accumulation PGT from October 2020.</p>
P4	<p>Qualitative analysis of the development of self-regulated learning skills in first year medical students Ly T, Rutherford S, Browne J <i>Cardiff University</i></p> <p><u>Introduction:</u> Medical students are typically high achievers and their development of self-regulated learning (SRL) is fundamental as they transition from school to</p>

	<p>university. SRL is the process where a learner is meta-cognitively active in their learning process (1) and SRL appears to encourage social learning approaches. Development of SRL is not only important for students in the short-term, but also in the long-term when they will be providing effective patient care by cooperating with other healthcare professionals in the clinical setting. (2) Aims: To identify what factors impact upon the medical students' development of SRL skills and their approaches to learning at university. Methods: First year medical students at Cardiff University were recruited for one-to-one interviews. Round one of interviews were held in the first semester and explored study approaches at school and their impressions of the course so far. The second round of interviews will be held in the second semester, which aims to focus on changes to their learning styles. Transcripts will be analysed using the Constructivist Grounded Theory approach, which is important as we are finding themes that emerge from the data. Coding of the data will be done by using NVivo coding software. The study has been approved by the School of Medicine Research Ethics Committee (reference number 18/58). Results: 13 students were recruited and interview round one has taken place at the beginning of the academic year. The collection of data is ongoing, and analysis of results will be presented at the academic meeting.</p>
P5	<p>Understanding Hip Fractures Made Easy: The Kinaesthetic Learning Device-Hip (KLD-H) Lambourn C¹, D'sa P², Tambe A¹ ¹ Royal Derby Hospital, ² University Hospital of Wales</p> <p>Introduction: The mainstay of fracture teaching has been by viewing and interpreting radiographic images. We have developed a device to provide a bridge between the 2-dimensional representation of a hip fracture as seen on radiographs to an anatomical 3-dimensional model, which reproduces the deformity and displacement that takes place in a hip fracture in real life situation. Methods: The Kinaesthetic Learning Device-Hip (KLD-H): A hip fracture was simulated on a saw bone. The main fracture fragments were attached using an elastic band and an adjustable toggle through a drill hole in the centre of the femoral head and neck. A variety of fracture configurations along the lines of Garden classification were reproduced. This device also facilitates the understanding and correlation of the hip fracture to the lateral view radiograph of the hip. This device was used during Neck of femur fracture teaching for final year medical students. A questionnaire with 10 scale rating was used to obtain feedback from the students, to assess the impact of the device in improving their knowledge and understanding of hip fracture anatomy, deformity and radiology. Results: Completed feedback questionnaires were received from 38 medical students. Average score for understanding of anatomy & radiology of hip fracture prior to exposure to this device was 4.2 (range 1-7). This score improved with the use of KLD to 9.3 (range 7-10). 90% of the learners rated their understanding of hip fracture anatomy and radiology to have improved to 9 or more on the scale. Conclusions: This simple and inexpensive learning device has allowed us to stimulate the kinaesthetic learning style and improve understanding of hip fracture anatomy</p>

	<p>and correlation to radiographs. This technique could be used to create various fractures on inexpensive saw bone models for medical student teaching including other medical/nursing specialties.</p>
<p>P6</p>	<p>What is the Impact of Educational Supervisor Feedback on Medical Students? Ray I, Green J, Goodfellow R <i>Cardiff University</i></p> <p><u>Background:</u> In the UK, Educational Supervisors (ESs) are senior doctors who are required to provide feedback and oversee their trainee’s learning needs, aiding their progression through training. At Cardiff University, students studying the new “C21 course” are allocated an ES while on their clinical placements. ESs are asked to review the feedback in “Supervised Learning Events” forms that each student has completed and accumulate the feedback in a final “ES report” form. Research has been conducted exploring the role of ESs and their feedback within the postgraduate training world. However, there is limited research on the role they have in undergraduate training. The aim of this study is to discover the impact of ES feedback using ES report forms and whether this should be changed to benefit future cohorts.</p> <p><u>Methods:</u> Our study will undertake a mixed methods approach. We will quantitatively and thematically analyse ES reports. We aim to conduct medical student focus groups and ES interviews which will be transcribed then thematically analysed. <u>Results:</u> We aim to present data analysing past ES reports and themes generated from the thematic analysis of student focus groups and ES interviews. <u>Discussion and conclusion:</u> This study will provide a rich insight into opinions of both students and ESs regarding the feedback medical students receive from ESs. We hope to generate discussion regarding the impact ESs have in undergraduate medical training. This will hopefully enable recommendations to be made to make the ES feedback system more efficient and beneficial for both students and ESs.</p>

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