Medical Education Research Conference

today’s students…
tomorrow’s specialists?

transitions in the continuum of medical education

Programme and Abstracts

Thursday 5th December 2013, 09:00-5:00pm

BSMS Medical Teaching Building
University of Sussex
Falmer, BN1 9PX

#BSMSMedEd13
# Brighton and Sussex Medical School, Medical Education Research Conference

5th December 2013 9.00-5.00pm  
BSMS, Teaching Building  
University of Sussex  
Falmer, BN1 9PX

## Programme

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<td>09:00</td>
<td>Delegate registration and refreshments</td>
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<tr>
<td>09.30</td>
<td>Welcome/Introduction: Professor Gordon Ferns, Head of Division of Medical Education, BSMS</td>
<td>Chowen Lecture Theatre</td>
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<td>09.35</td>
<td>Introduction to Debate: “This house believes that tomorrow’s doctors should be predominantly trained as specialists”</td>
<td>Chowen Lecture Theatre</td>
<td>Chairman: Dr Jim Price, BSMS</td>
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<td>09.35</td>
<td>Proposing the motion</td>
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<td>Professor Tony Frew, BSUH</td>
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<td>09.45</td>
<td>Opposing the motion</td>
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<td>Professor Abdol Tavabie, HE KSS</td>
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### Academic Session I:

10.25–11.25 Technology Enhanced Learning – **Room 1.12**  
Dr Jim Price, Tim Vincent, BSMS

- Simulation- In-situ simulation: linking simulation to patient safety **Room 1.09**  
Simon Quy, HE KSS
- Assessment – **Room 2.10**  
Dr Inam Haq, BSMS
- Patient Safety & Engagement- **Room 2.08**  
Dr Mike Okorie, BSMS

### Academic Session II

11.40-12.40 Technology Enhanced Learning- **Room 1.12**  
Dr Jim Price, Tim Vincent, BSMS

- Simulation- ward round simulation: aiding transitions in medical practice **Room 1.09**  
Dr Victoria Brook, HE KSS
- Assessment – **Room 2.10**  
Dr Inam Haq, BSMS
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<tr>
<td>12:40-13:20</td>
<td>Plenary address: Professor Tim Dornan- Chowen Lecture Theatre</td>
<td>2.08 Room</td>
<td>Professor Tim Dornan, Maastricht University</td>
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<td></td>
<td>Preparing medial students for the transition into practice</td>
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<td>Buffet Lunch &amp; Poster Viewing at DineCentral at Bramber House 13.20 to 14.40</td>
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<td>14:40-15:40</td>
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<td>Technology Enhanced Learning- Room 1.12</td>
<td>1.12 Room</td>
<td>Dr Jim Price, Tim Vincent, BSMS</td>
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<td>Simulation- simulation potpourri! Room 1.09</td>
<td>1.09 Room</td>
<td>Dr Martin Parry, BSMS</td>
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<td>Assessment – Room 2.10</td>
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<td>Patient Safety &amp; Engagement – Room 2.08</td>
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<td>Jo Lawrence, BSMS</td>
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<td>Coffee break</td>
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<td>16:10</td>
<td>Plenary Address: Professor Trudie Roberts- Chowen Lecture Theatre</td>
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<td>Professor Trudie Roberts, University of Leeds</td>
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<td>Poster Prize Presentation</td>
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<td>Learning responsibility – transitions in medicine, the person or the place</td>
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<td>Professor Trudie Roberts, University of Leeds</td>
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Sessions- Technology Enhanced Learning

Session 1 (10:25-11:25) Room 1.12- Chair: Dr Jim Price & Tim Vincent

- MyVesalius: The development of a pilot multimedia teaching package based upon the kidney 
  (Matthew Woodrow, Samuel Copson, Dr Ricardo Governo, Tim Vincent)
- Acute medical ultrasound for medical students and doctors in training: the future is echogenic
  (Dr Martin Dachsel)
- Medical Education through interactive multimedia - Respiratory Clinical Skills Tutorials
  (Arthur Cotton, Claire Geraghty, Robert Holwell, Philip Keane)
- Using virtual patients to provide experiential skills training for mental health professionals
  (Dr Amanda Redvers, Pamela Frost, David Sandy, Olly Rawding)

Session 2 (11:40-12:40) Room 1.12 -Chair: Dr Jim Price & Tim Vincent

- People's-un: online distance learning public health education to build capacity in low and middle income countries
  (Dr Anna Jones)
- The reality of mobile learning in medicine: Tracking students’ use of a medical mobile app
  (Tim Vincent, Dr Bethany Davies)
- Teaching medical students to generate their own reusable learning objects (quizzes or animations) in Flash: A Student Selected Component
  (Dr Harry Witchel)
- Shoulder Dystocia Virtual Simulator, a Computer serious gaming environment for obstetric emergency training
  (Mr Hany Wisa & Naila Khan)

Session 3 (14:40-15:40) Room 1.12 Chair: Dr Jim Price & Tim Vincent

- The use of humorous/sartrical videos in training
  (Mr Julian Le Saux)
- Using technology to develop practice supervisors in healthcare workplaces
  (Mrs Emma Wright, Gail Fleming, Barbara Lister, Elizabeth Fidler, Alice Conway, Julie Martin, Nicola Arnold)
- Telemedicine video-links for supervised learning events with junior doctors in the clinical environment
  (Dr Susan Calderbank, Dr Lyndsey Forbes, Dr Richard Venn, Dr Chris Smith, Dr Jim Price)
- Is the Cadaver dead? The use of modern cross sectional imaging as a partner to traditional methods of anatomy teaching
  (Dr Malcolm Johnston)

Sessions- Simulation

Session 1 (10:25-11:25) Room 1.09- In-situ Simulation: linking simulation to patient safety

Chair: Mr Symon Quy

- Using simulation to highlight positive human factors training following a serious incident
  (Dr Richard Hawkins, Dr Jo Teare, Dr Suzi Lomax, Mr Wayne McGearey)
• Paediatric Emergencies: Early Experiences of Setting up a Multi-disciplinary In-situ Simulation Teaching Programme
  (Dr Andrew Paul Moran, Dr Trudie Phillips, Dr Nicholas Pocock)
• Simulation assessment for Operational Readiness (SAFOR)
  (Dr Ruth Tighe, Dr Thompsett, Dr Finn, Dr Martin Parry)
• Advanced Team working in Emergency and Acute Medical Situations: Improving Quality and Safety through Design of a Multi-professional, Multidisciplinary Course
  (Dr Robert Galloway, Dr Emma Parker, Dr Simon Finn)
• Reacting to serious untoward incidence-point of care medical simulation in the catheter lab
  (Dr Udesh Naidoo, Ai-shi Lim, Paul Wilder, James Foixlee)

Session 2 (11:40-12:40) Room 1.09 - Ward Round simulation: aiding transitions in medical practice - Chair: Dr Victoria Brook

• Induction and the Simulated Surgical Ward Round
  (Mr Christopher Gee, Ms Natasha Morrissey, Ms Samantha Hook)
• The role of the simulated ward round for teaching medical and nursing students
  (Dr Graeme Dewhurst, Dr Neal Gent, Mrs Bebba Smithers)
• Teaching a good ward round: the simulation way
  (Dr Natalie Powell, Dr Christopher Bruce)

Session 3 (14:40-15:40) Room 1.09- Simulation Potpourri!

Chair: Dr Martin Parry

• Performance of Effective Chest Compressions by Ambulance Staff
  (Matt House)
• Curriculum-Led Simulation and Portraiture: An HEKSS Simulation Network research and development project
  (Symon Quy)
• ‘A Day in the Life of the Junior House Officer…’ Simulation training for professional skills; new methods, new outcomes?
  (Dr Rita Issa, Dr Joel Cunningham, Dr Rhiannon Chapman, Dr Daniel Farrar)
• How can simulation address the diversity in involvement in and exposure to peri-arrest or deteriorating patients as well as helping students learn skills involved in a resuscitation of patients?
  (Ms Donna Lacey, Dr Sam Thenabadu)
• Simulation Debriefing – ‘The elephant in the room’
  (Dr Sam Thenabadu, Dr Amar Mashru, Dr Joseph Lipton, Miss Donna Lacey)
• High Fidelity Simulation- A powerful tool for communication and confidence within a multidisciplinary team.
  (Dr Zubair Sarang, Dr Rebecca Green, Geraldine McVeigh, Dr Martin Carby, Dr Charles Butcher)

Sessions- Assessment

Session 1(10:25-11:25) Room 2.10- Chair: Dr Inam Haq

• Is ARCP outcome at CT2 predicted by CT1 recruitment interview score in anaesthetic trainees?
  (Dr Rebecca Pidgeon, Dr Theo Samuels, Dr Chris Carey)
• How do I approach the paediatric clinical examination? An innovative interactive medical student induction programme
  (Dr Nia Williams, Dr Yiannis Ioannou, Dr Charles Stewart, Dr Suveer Singh)
• Overcoming ‘Neurophobia’: You don’t have to be a Neurologist to teach clinical Neurology
  (Dr Daniel Hammersley)
• Learning through making: The use of anatomical model building in undergraduate anatomy education
  (Dr Conrad Lee, Dr Mya Kalaya, Dr Sophie Rintoul-Hoad, Professor Darrell Evans)
• Jekyll and Hyde? The relationship between learning style, personality and achievement in Medical Students
  (Dr Claire Smith, Dr Ruth Hewitson, Dr Gabrielle Finn, S.Walker)
• Demystifying the lost art of fundoscopy: An innovative tool to be used in teaching and assessment
  (Dr Christopher Schulz)

Session 2 (11:40-12:40) Room 2.10- Chair: Dr Inam Haq
• Re-writing the undergraduate curriculum – splicing surgery back into the heart of all doctors
  (Mrs Scarlett McNally, Dr Eleanor Zimmermann, Professor Gus McGrourther)
• Identifying prescribing weaknesses in foundation doctors
  (Mrs Gail Fleming, Mrs Siobhan Burke-Adams, Marc Terry, Jane Allen)
• Early clinical skills near-peer teaching: an effective learning tool?
  (Nicholas Tollemache, Stefan Kilmach, Dr Inam Haq)
• Annual leadership assessments, service improvement projects and academic modules – teaching clinical leadership across the continuum
  (Dr Lindsay Hadley, Dr Patrick Marshall)

Session 3 (14:40-15:40) Room 2.10- Chair: Dr Inam Haq
• OSCE standard setting: Pitfalls of using specialists for standard setting in Modified Angoffs’ method
  (Dr Lashari Usman)
• Pleural procedures: training today’s trainees
  (Dr Burhan Khan)
• The ‘yellow-sticker scheme’: allowing senior medical students to practice real-time in-hospital prescribing
  (Dr Amy Illsey, Dr Alex Brown)
• Trainee experience of daily consultant ward rounds: educational loss or gain?
  (Dr Bernard Freudenthal, Dr Louise Schofield)
• The spatial ability of first-year medical students: interactions with career aspirations and prior education
  (Dr Deniz Hassan, Dr Chris Schulz, Dr Claire Smith)
• Students experiences of supervision in postgraduate masters courses
  (John Anderson, Dr Jim Price)

Sessions- Patient Safety & Engagement

Session 1 (10:25-11:25) Room 2.08- Chair: Dr Michael Okorie
• Navigating a way to become a teacher
  (Dr Ingrid Kane)
• The influence of interprofessional learning on collaboration in clinical practice
  (Sarah Ofori-Ansah, John Anderson)
• After the Doman EQUIP Report – Reducing “Never Events” in Prescribing Using Patients as Educators
  (Jessica Gulati, Dr Jennifer Taylor, Dr Robert Baker)
Session 2 (11:40-12:40) Room 2.08- Chair: Dr Michael Okorie

- “The fox knows many things” – developing Specialists in Medical Generalism (Prof Abdol Tavabie, Dr Hilary Diack)
- Living with Diabetes; Could you do it (Nicola Robinson, Anna Potts, Dr Anna Crown, Hazel Ainsley)
- NHS Specialty Recruitment: Recruiting Smarter (Michael Dennis)

Session 3 (14:40-15:40) Room 2.08- Chair: Jo Lawrence

- Changing practice following the Francis Report: Stories, comics and practitioner research workshop (Dr Muna Al-Jawad, Dr Rachel Robinson, Dr Clare Penlington)

Posters

Technology Enhanced Learning

- Audit of Weekend Handover at the Conquest Hospital, Hastings (Dr Elena Mucci, Dr Daniel Grace, Dr Ruksha Bhadresha, Dr Neil Bhadresha)
- Does the use of SMS text message reminders increase student attendance to lectures? A quantitative and qualitative pilot study (Dr Nia Williams, Dr Michael Haji-Collm, Dr Pooja Culati, Dr Suveer Singh)
- E-Learning within medical schools: The benefits of students creating their own e-tutorial (Emma Downs)
- Work Based Project to Replace Contraception Paper Information Leaflets with a CD-ROM Information Package (Mrs Janel Wisa)
- Using Telemedicine for consultant input to junior doctors evening handover in an acute NHS foundation trust (Dr Susan Calderbank, Dr Juliana Borla, Mr Muhammad Shafique Sajid, Dr Jim Price)
- Obtaining Informed Consent: Evaluating the performance of Junior Doctors and the impact of an e-learning tool (Mr Howard Cottam, Ms Bijayendra Singh, John Anderson)

Simulation

- Development of simulation-based thoracic anaesthesia training within KSS (Dr Michele Bossy)
- Optimal timing for the introduction of simulation into medical school teaching – the earlier, the better? (Kathryn Jiggens, Dr Sam Thenabadu)
- “Dentist in the Hospital” Confidence of Maxillo-Facial SHOs in managing surgical patients on the ward (Thomas Hampton, David Gray, Michael Monterio, Prodip Das)
- Cognitive strategies used by medical students in simulated consultation (Dr Wesley Scott-Smith)
• Reacting to serious untoward incidence-point of care medical simulation in the catheter lab
  (Dr Udesh Naidoo, Ai-shi Lim, Paul Wilder, James Foixlee)

Assessment

• Does teaching style matter in peer-led teaching? A comparison of small group and lecture-based peer-to-peer teaching in a student population
  (Ime Eka, Suraj Kukadja, Hannah Brooks, Hannah Barrett, Charlotte E. Lees, Alan Salih)
• Vaginal Examination: A structured clinical teaching approach for 4th year medical students using theory-simulation-clinical practice (TSCP) method
  (Dr Samar Geris, Miss Helen Watson)
• Coloproctology Training for surgical trainees in the UK-is focused sub-specialty education being delivered?
  (Miss Kat Schwab, Mr Humphrey Scott)
• Medical student learning opportunities – Being on the other side. ‘A reflection on the learning whilst being an OSCE exam volunteer’
  (Dr Shalini Fernando, Laurice Magdalani, Emma Hardy, Dr Sam Thenabadu)
• Using peer teaching as a method of formative assessment in a Sports and Exercise Medicine Student Selected Component (SSC)
  (Dr Sophie Rintoul-Hoad)
• Achievement of Earned Autonomy by an Acute Trust for Pre and Post registration Pharmacy Trainee Education
  (Alice Conway, Carra Allen, Jatinder Harchowal)
• Evaluation of the pre-registration pharmacist and technician trainees ’ perception of undertaking reflective practice following an internal dispensing error.
  (Alice Conway, Eric (Ka-Chun) Chan)
• How can medical education in clinical areas become sustainable?
  (Ms Donna Lacey)
• Assessments: how do we move from tick box exercises?
  (Dr Jody Taylor, Ms S. Byone)
• Peer Trainee Mentoring Programme
  (Jackie Keith, Angela Fletcher)
• A Medical Journal Club – A Student Led Learning Experience
  (Terry John Evans, Shanika Basnayake, Nipa Haque, Marie Houdmont, Kalliste Oh, Alex Yao)
• Action research around culture change in surgery: Using the “boring bits” of surgery to focus on what each learner needs
  (Mrs Scarlett McNally)
• Unstable Patients – Systematic Targeted assessment Recognition and Treatment (UPSTARTS) – Junior Doctor Led International Teaching Program
  (Dr Daniel Lake, Dr Rebecca Parker, Dr Arosha Dissanyaka, Dr Avindra Jayawardene)
• Near-peer teaching for Medical Speciality PACES? Student and Teacher Satisfaction
  (Charlotte Colley, Graham Hantman, Lakshmi Kuhendran, Dr Nia Williams, Dr Charles Stewart, Dr Yannis Loannou, Dr Suveer Singh)

Patient Safety & Engagement

• Medical students in Accident and Emergency essential for medical education: a cohort study of confidence levels.
  (Dr Rachel King, Dr Rob Galloway)
• Would the NHS be justified in providing specialist healthcare services to support stressed doctors?
  (Miss Chandni Sinha)
- Smoking Cessation: Better Training, Better Care, Better Public Health (Dr Burhan Khan)
- Formal procedural teaching using part trainers increases confidence in CMT trainees: a pilot (Dr Rebecca Green, Dr Zubair Sarang, Dr Charles Butcher, Dr Martin Carby)
- Truro Medics Academy: Pre-University Experience in the Healthcare Profession (Dr Sarah Colpus, Dr Arvind Karthikeyan, Dr Abigail Davies, Dr Owen Miller)
- Flattening the hierarch (Holly Carpenter, Sarah Mallon, Dr Sam Thenabadu)
- A Patient Interactive Guide to the Cervical Screening programme (Dr Naila Khan, Dr Hany Wisa, Dr Stephen Norman)
Medical Education Research Conference
Welcome

It is a great pleasure to welcome you to the first BSMS Medical Education Conference.

This is the 10th anniversary for the Medical School, and we felt it important to mark this occasion with a conference that focused on the pedagogic aspects of what we are doing both in undergraduate and postgraduate medicine.

The title of our conference acknowledges the importance of the continuum in training across the undergraduate-postgraduate interface, and we feel this is now particularly timely given the recent General Medical Council document ‘Shape of Training: securing the future of excellent patient care’.

The four key strands running through the conference programme; Assessment, Technology enhanced learning, Simulation and Patient safety and engagement focus on aspects of medical education that are priority areas within the NHS; and the large number of excellent submissions from contributors in our region and beyond, illustrate the good work that is already in progress.

We hope that you will have an enjoyable and productive day.

Professor Gordon Ferns
Head of Division of Medical Education
Brighton and Sussex Medical School
**Professor Trudie Roberts, Director, Leeds Institute of Medical Education**

**Learning responsibility – transitions in medicine, the person or the place**

Doctors' experience many transitions in their careers. In the view of the UK media and others reporting the issue of increased adverse incidents occurring when new doctors start their F1 year in August the main problem around transitions is the preparedness of doctors for their new role. In this presentation I will explore the idea that every transition involves a critically intense learning period (CILP) in which doctors engage with the specific setting and establish working relationships with others working in that setting. This CILP can only happen in actual practice; therefore doctors can never be fully prepared in advance of a transition. This conflicts with current ideas about ‘preparedness’. The extent to which the specific learning cultures of the clinical workplace recognise transitions as CILPs contributes to or inhibits the performance of new doctors.

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**Professor Tim Dornan, Maastricht University**

**Preparing medical students for the transition into practice**

Preparing medical students for the transition into practice

Tim Dornan worked as an endocrinologist and internist in Manchester until recently. He developed an interest in education mid-career and completed a Masters and PhD in Maastricht University, NL. As Professor of Medical Education, he led a research group in Manchester, UK until 2009, when he joined the Maastricht group. He supervises PhD and Masters students and teaches qualitative methodology and social learning theories. He researches clinical workplace learning.

One of the most important tasks of medical education is to help people progress from undergraduate students to autonomous practitioners. This presentation uses workplace learning theory to cast a fresh light on that familiar and yet perplexing transition.
Professor Antony Frew, Professor of Allergy and Respiratory Medicine

Professor of allergy and respiratory medicine at BSMS and consultant physician to BSUH NHS Trust (2005-present). Read medicine and pathology at Cambridge University, qualifying in 1980.


Since moving to Brighton has redeveloped pulmonary physiology teaching and acts as internal examiner for finals. Training programme director (respiratory medicine) for KSS; former chair, SAC in immunology & allergy.

Professor Abdol Tavabie, Dean of GP Postgraduate Education HE KSS

Professor Abdol Tavabie is the Dean of Postgraduate General Practice Education and Deputy Dean Director for Health Education KSS with responsibility for the Schools of General Practice Education and Post Certification for General Practice.

Abdol has published widely on postgraduate medical education. He is co-author of the following books:


He has presented academic papers in OTTAWA, AMEE, ASME, RCGP and UKCEA conferences. Abdol has particular interests in inter-professional education, and driving quality in primary care to align service with education and population health.
Speaker Abstracts
Technology Enhanced Learning
MyVesalius: The development of a pilot multimedia teaching package based upon the kidney

Matthew Woodrow, Samuel Copson, Dr Ricardo Governo, Tim Vincent, Brighton and Sussex Medical School, Final Year Medical Students, Brighton & Sussex Medical School

There is a growing need for e-learning tools to complement more traditional sources in medical education. Whilst a number of commercial products are available, few, if any, currently tailor to specific medical school syllabi, instead offering material to satisfy an average curriculum. Consequently, product use can be limiting or ineffective since our students’ priority is foremost to concentrate on what is assessed. There is an overwhelming demand for more effective and succinct material being made available, particularly for revision at the latter stages of training or profession, such as screen casts, lecture summaries or quizzes.

We addressed this lacuna by creating and integrating a number of these supportive elements onto a pilot multimedia teaching resource – MyVesalius – comprising the anatomy, physiology, surgery/dissection and clinical complications, using the kidney as an example.

The intent is to add material from each topic in parallel with the timing of delivery and allow students at later stages of the medical degree or even post-graduation to quickly review any aspect about an organ or system of interest thus avoiding extensive navigation for the original, dispersed lecture material. If successful we propose to market this tool to other schools after adjusting the content to suit its syllabus.

Acute medical ultrasound for medical students and doctors in training: the future is echogenic

Dr Martin Dachsel, East Surrey Hospital, Surrey and Sussex NHS Healthcare Trust, Redhill

Introduction

An increasing number of guidelines recommend the use of ultrasound as a near patient test to aid diagnosis and management. While teaching of ultrasonography is common in many universities in continental Europe, in the United Kingdom it is rarely taught at undergraduate level.

Methodology

As part of a KSS Deanery Leadership module, a business case successfully procured a hand held ultrasound device (VScan®) for the AMU to develop basic ultrasound teaching for final year medical students and doctors in training. Surveys before and after the teaching were circulated which included 7 multiple choice picture tests. The teaching programme over 1.5 hours included ultrasound theory, interpretation of ultrasound images and hands-on experience.

Results

Prior to the teaching programme, 96% of medical students and doctors in training were ‘very’ interested in basic ultrasound teaching. They had little prior knowledge of ultrasound theory or practice and none had had any formal training. After four initial sessions, 95% of participants rated the sessions as ‘excellent’ and 61% were encouraged to seek further formal training. A post training survey conducted after 2 to 4 weeks found good recognition of common ultrasound pathologies (87-100% recognition).

Conclusion

The delivery of basic ultrasound training was well received by medical students and trainees with evidence of improved knowledge. With increased reliance on ultrasound technology as a near patient test, wider training at the undergraduate level and within foundation years is likely to enrich the trainee experience and should be considered for curricula development in the United Kingdom.
Medical education through interactive multimedia - Respiratory clinical skills tutorials

Arthur Cotton, Claire Geraghty, Robert Holwell, Philip Keane, 5th Year Medical Students, Brighton and Sussex Medical School

Background

With the proliferation and ease of acquiring portable ‘smart’ devices, multimedia in medical education tool seems an attractive option. As a result of this students are able to personalise their learning by accessing adjunct multimedia following ‘in-class’ taught material. Research shows the availability of multimedia directly after a teaching session, increases understanding. However, due to the ease of creating teaching multimedia, there exists a gap between availability and validity of such educational media.

Aims

- Examine current literature on the relevance and educational potential of medical educational multimedia
- Review current medical educational multimedia noting quality, popularity, accuracy and advantages/disadvantages of their production process
- Understand ideas, wants and needs of medical students in terms of educational multimedia
- Create a unique, highly specific interactive teaching resource

Methods

- Literature review regarding studies on the usefulness of educational media
- A survey of Brighton & Sussex Medical School (BSMS) 3rd, 4th and 5th year cohorts regarding their satisfaction, use, relevance etc. of current media resources.

Results

- A general lack of use of current media due to a lack of complexity and detail.
- Perceived poor x-ray teaching
- Respiratory clinical skills tutorials created
- Overwhelming positive response to new media

Using virtual patients to provide experimental skills training for mental health professionals.

Dr Amanda Redvers, Pamela Frost

Acknowledgments: Mr David Sandy, Surrey and Borders Partnership NHS Foundation Trust, Olly Rawding, University of Surrey

Ensuring high quality communication by mental health professionals is crucial for the patient experience but has been difficult to deliver and monitor. Teaching psychiatry skills to non-speciality doctors can also be difficult. A good experience at FY and GPST levels leads to better outcomes for patients and greater recruitment in psychiatry. This abstract describes a proposal for the use of virtual patient (VP) simulations as a tool to enhance the learning experience using Xenodu (http://www.xenodu.com/).

This model can be adapted according to the training required by scripting then recording scenarios. It can be used by professional disciplines to build specific skills and generic skills (e.g.: conflict resolution; managing ethical dilemmas; interview skills). Also it can be used by non-professional disciplines (e.g.: health-care assistants) to develop communication skills.

The scope is not limited to immediate psychiatric environments as scenarios can include situations in general practice, police cells, social services or with paramedics e.g.: communicating with vulnerable adults or assessing children at risk.

The application could be used in different ways, such as improving the delivery of compassionate care to people with dementia and their families, by improving communication skills of all involved in the care pathway.

A key aspect is that this is experiential learning delivered in a supportive and safe way to encourage self-development through a curiosity driven, experimental and reflective approach.
People's-unि: online distance learning public health education to build capacity in low and middle income countries

Dr Anna Jones, Brighton and Sussex Medical School

Background

Many low and middle-income countries (LMICs) are facing enormous health problems that are impacting upon their economic development. Their capacity to respond is compounded by a grossly inadequate healthcare workforce. Initiatives to build the capacity of these health systems and address these health inequalities have, to date, focused on the clinical workforce. Support to build the public health capacity is also crucial for which a trained public health workforce is needed; however, local universities report being vastly over-subscribed for face-to-face courses and fees for overseas universities, including distance-learning programmes, are prohibitively expensive to the majority.

Aims of the People’s-unि programme

People’s-unि (PU) was established in 2007 and provides online Public Health education for those working in LMICs who would otherwise not be able to access such education. We use a 'social model' of capacity building with more than 110 volunteer academic and support staff. It offers education at the 'train the trainers' level, equivalent to that of a Masters degree, for those with prior educational and occupational experience. Students are given support to create an educational portfolio leading to a Certificate and Diploma in Public Health based on being shown to have met the competences identified in course modules, and an upgrade to the Master of Public Health which is validated by Manchester Metropolitan University.

To date, more than 2,000 students from over 30 countries (mainly within sub-Saharan Africa) have enrolled with PU. Each semester we run around 17 modules covering the foundation sciences of public health and the public health problems facing populations in LMICs. The use of volunteers and open-source educational materials (OER) allows the programme to be delivered at very low cost.

Evaluation

Our first cohort of students graduated with an MPH in 2013. We have undertaken extensive consultation with our students to explore how we can continue to develop the education that is offered and to look at how PU has supported their public health practice. Our aim is to build the community of alumni and we are now recruiting them as tutors to continue with our own capacity building.

This presentation will share our experience of using online discussion fora to deliver post-graduate public health education online and will examine some of the educational theories around the use of online discussion fora.

Teaching medical students to generate their own reusable learning objects (quizzes or animations) in Flash: A student selected component

Dr Harry Witchel, Discipline Leader in Physiology, Brighton and Sussex Medical School

Introduction

E-learning materials produced by one’s students may lead to increases in instructor efficiencies given limited staff time. Among student selected components (SSCs) in a medical school, one popular topic involves empowering the students to teach other students. Interactive reusable learning objects (such as those made using Flash) can improve learning by increasing end-user engagement, adding sound, or demonstrating movements.

Methods

This presentation outlines a short course (7-8 weekly one-hour sessions) run ten times so far, called “Using Flash to make didactic animated movies about (the cardiovascular system / the digestive system)”. The complete teaching materials for instructors to teach this SSC are provided online at www.harrywitchel.com/elearning.

Results

This course develops attitudes among the SSC participants concerning how pedagogy (and memory and attention) work, and teaches students a skill, as well as some physiology. The SSC feedback for “how interesting did you find doing this project” (where 1 = “not at all” and 5 = “extremely interesting”) was $4.16 \pm 0.16$ (mean ± SEM, n = 41). Some student projects are online: movies4medics.com

Implications

As electronic learning materials become more widespread, student-developed e-learning materials may have a role in focusing teaching to what students see as challenging material to learn.
Shoulder Dystocia Virtual Simulator, a Computer serious gaming environment for obstetric emergency training

Mr Hany Wisa, Naila Khan, Medway Maritime Hospital NHS Foundation Trust

Aim

The term serious gaming is used to cover a spectrum of computer-based simulations for training or education in a single- or multi-user environment. Our aim was to create a computer based gaming environment simulating the management of shoulder dystocia for the purpose of obstetric emergency training.

Method

Using computer game engine software, we created a virtual interactive environment to simulate this obstetric emergency. The user learns the management of shoulder dystocia through a series of animated videos, following which they access the interactive environment section to manage a case of shoulder dystocia virtually.

Result

This software displays a demonstration of the steps and manoeuvres required for successful management. It also tests the understanding of the user through its interactive component. It's not intended to be a substitution to skills and drills training simulation on physical models.

Conclusion

Simulated exercises allow individuals to practise the management of rare emergencies within a team setting, and for local teams to analyse and adapt their own performance. Gaming simulation cannot replicate the realism of team dynamics within the emergency room. It allows doctors and midwives to gain confidence by sampling the rhythm of an emergency in privacy, in preparation for full face-to-face rehearsals.

The use of humorous/satirical videos in training

Mr Julian Le Saux, Dr Hairy’s Training Organisation

Aims

To demonstrate that using a humorous/satirical video in a training session generates a relaxed atmosphere, breaks down inhibitions, and makes participants feel entitled to say what they really think about the subject under discussion. This is particularly useful for reflective learning.

Method

Showing one of the Dr Hairy videos or an extract from one of them (see www.drhairy.org), then discussing both the video itself, and the use of this kind of video for training groups of GPs or Registrars – drawing on my own experiences of running courses via Dr Hairy’s Training Organisation.

Results/Conclusions

Hopefully the audience will enjoy the session and will realise that learning doesn't have to be straight-laced or “lecture-style”. Reflective learning, in particular, where the idea is not to convey lots of factual information, but to get course-members to think about attitudes and issues around the practice of medicine.
Using technology to develop practice supervisors in healthcare workplaces

Mrs Emma Wright, Gail Flemming, Barbara Lister, Elizabeth Fidler, Alice Conway, Julie Martin, Mrs Nicola Arnold, Health Education Kent Surrey and Sussex Pharmacy Education

Aim

To create an online course to support and develop workplace educators throughout the KSS and HIOW regions.

Methods

In 2009 pharmacy audits highlighted the lack of educational training for workplace-based practice supervisors. In response to this, a regional working group created a ‘Practice Supervisor’ online course for pharmacists and pharmacy technicians supporting trainees in any specialty. For maximum flexibility, an asynchronous three module course was created using the Moodle platform, including short video lectures, downloadable documents, weekly assignments through discussion forums, and quizzes over the 12 week course. Participants complete the course as a cohort, overseen by an e-moderator. Participant checklists of completed work are linked to weekly formative feedback from the e-moderator through Modules 1&2. Module 3 is summatively marked. In this final module participants undertake practical activities observed in their workplace.

Results

Since launching in 2011, 116 pharmacy practice supervisors have successfully completed the training. Participant feedback is that the course increases their confidence in their educational role.

Conclusions

Utilising technology has enabled delivery of the foundations of educational supervision to support high quality workplace based learning. As an online course, the programme has the scope to be expanded nationally and across other healthcare professions.

Is the cadaver dead? The use of modern cross sectional imaging as a partner to traditional methods of anatomy teaching

Dr Malcolm Johnston, Brighton and Sussex Medical School

Clinical radiology teaching has traditionally been poorly represented on undergraduate curricula, and the use of imaging to support anatomy teaching has been all but absent. With the rapid advance in cross sectional imaging technology, and the increasing dependence of clinical pathways on rapid access to imaging, medical schools need to integrate a familiarity with imaging techniques into their curricula. At BSMS we have one of the first fully integrated 5 year imaging anatomy and clinical radiology curricula in the UK, equating to over 100 hours of direct student teaching.

Aim

To assess the evidence base for improving learning outcomes by including imaging anatomy teaching in parallel with traditional methods.

Methods

At BSMS, imaging teaching is integrated into the modular Phase 1 anatomy curriculum and includes lectures, practical classes and dissection room tutorials. Imaging anatomy is included in all module exams.

Results

Local and international data will be presented that supports the evidence of greater anatomy knowledge retention by inclusion of imaging teaching in parallel to traditional techniques.

Conclusions

Following graduation, the exposure of most doctors to clinically relevant anatomy is through imaging. Familiarity with modern imaging techniques is therefore an important part of medical practice and foundation competency, and an understanding of the advantages and limitations of these techniques can be best understood by introducing imaging early in a curriculum with a modern approach to the teaching of anatomy.
Telemedicine video-links for supervised learning events with junior doctors in the clinical environment

Dr Sarah Calderbank, Anaesthetic Consultant Worthing Hospital, Dr Jim Price, Brighton & Sussex Medical School, Dr Richard Venn, Dr Lyndsey Forbes, Dr Chris Smith, Western Sussex NHS Foundation Trust

Background

Supervised learning events (SLEs) are an important aspect of the curriculum for junior doctors. In the UK, getting the required assessments carried out can be difficult for learners due to accessibility of the assessors, poor planning by the trainees, and frequently delayed and consequently poor quality feedback from the assessor.

Summary of Work

Secure video-conferencing was used as part of the Health Education England national pilot scheme ‘Better Training, Better Care’. The 15 core competencies required by Foundation Year 1 doctors were assessed in 42 SLEs at a distance using the video-link, both in a simulated environment, and subsequently in the real clinical environment, using a variety of hardware.

Summary of Results

All core competencies were deemed assessable in both clinical environments. The technology was generally reliable, and when fully functional, the learning experience was deemed as good or excellent. Patient data were accessible on-line, as was the learner’s eportfolio, which was completed during the SLE. Feedback was given immediately in a timely and interactive way, something highlighted by learners and assessors to be an improvement on the current process.

Conclusion

The use of such a video-link offers a practicable, efficient, convenient and secure method for assessing SLEs. Planning the SLE may be more efficient for both assessors and learners. The quality of the educational interaction is usually as good as a face-to-face encounter, and offers other significant advantages.

Take Home Message

Using a video-link for SLEs in a planned way is efficient and may provide an improved educational interaction for both learner and assessor.

The reality of mobile learning in medicine: Tracking students’ use of a medical mobile app

Dr Bethany Davies and Tim Vincent- Brighton and Sussex Medical School

Background/Aim

The use of personal mobile devices in medical education is growing rapidly and is impacting behaviour in healthcare settings. However, there is little research data on exactly how mobile medical software is being used, partly due to the difficulty in obtaining accurate usage tracking data. Brighton and Sussex Medical School delivers a mobile learning initiative in which medical students are given a suite of high-quality electronic textbooks through an app on their own devices. The aim of our research was to develop reliable and accurate tracking of app use to reveal insight into student behaviour and strengthen the evidence base of this kind of mobile resource.

Methods

Students’ use of the mobile app over one academic year was gathered through a novel tracking system. It was developed in collaboration with the app developers to provide an unprecedented level of reliability and detail through automatic ‘push’ transmission of data. A bespoke reporting tool was also developed to allow dynamic analysis of real-time data by the research group.

Results

The tracking and reporting system provided a rich dataset for analysis across any combination of the parameters being measured: the proportion of active users versus inactive users; the peak levels of activity over the 24 hour period; the most active day of the week; the activity levels across the academic year per cohort; the proportional use of each book resource provided.

Discussion

Our data reveals insights into the detailed patterns of use of the mobile app with a high degree of reliability. Analysis of these patterns impact mobile learning initiatives across a range of domains:

- More accurate insights into actual use of mobile apps
- Robust research methodology
- Building on future research
- Targeting provision of digital learning resources
- Institutional cost-benefit analysis

This session gives the opportunity to explore the tracking system and patterns of use that give insight into student behaviour.
Speakers Abstracts

Simulation
Using simulation to highlight positive human factors training following a serious incident

Dr Richard Hawkins, Dr Jo Teare, Dr Suzi Lomax, Mr Wayne McGeary, Royal Surrey County Hospital NHS Trust

Our hospital was approached by another institution requesting an airway management update. Following a serious incident, morale was low and advanced training was required to update recovery staff and operating department practitioners. NAP4 and a further enquiry recommends multidisciplinary simulation training and knowledge of human factors. We ran a two-day bespoke equipment and simulation course focusing on these areas.

Methods

The course involved a workshop covering equipment available on the institution's difficult airway trolley. Candidates then reattended for simulation training. Scenarios were run, each with a theme familiar to the candidate's area of expertise. Debrief focused on non-technical skills, knowledge of equipment and DAS guidelines.

Results

Feedback showed all eleven candidates agreed their confidence had improved when setting up and using equipment. Simulation feedback demonstrated candidates felt more capable when dealing with an airway emergency. Comments included “Highlighting the importance of teamwork, communication and situational awareness” and “Scenarios were so realistic, it really reinforced how to react in a logical sequence of actions”.

Conclusion

Serious incidents have a significant impact on staff confidence and morale. A custom designed course focussing on emergency equipment and human factors has demonstrated an effective way to boost confidence when dealing with future adverse events.

Paediatric Emergencies: Early Experiences of Setting up a Multi-disciplinary In-situ Simulation Teaching Programme

Dr Andrew Paul Moran, Dr Trudie Phillips, Dr Nicholas Pocock, Maidstone & Tunbridge Wells NHS Trust

Acute paediatric services no longer exist in Maidstone Hospital. However, sick children do still occasionally present to the emergency department. There is concern that staff may become deskillled at dealing with such cases. We are currently developing in-situ simulation training to address this issue.

We aim to deliver an understanding of human factors and crisis resource management in relation to paediatric emergencies for the multi-disciplinary Maidstone paediatric resuscitation team. These scenarios will offer participants the opportunity to refresh technical skills, clinical knowledge and to formulate personal learning objectives.

However in-situ simulation is not without its challenges. These include:

- Transportation and set up of the simulator to the clinical area and the technical challenges this can pose.
- Sourcing of medical supplies and equipment for simulation training and the financing of these.
- Unpredictability of A&E attendance volume leading to simulation events pressurizing already stretched resources or the resultant cancelation of simulation sessions.
- Delay of patient care whilst simulation sessions are being conducted.
- Unavailability of team members owing to clinical commitments.
- Cultural and psychosocial issues relating to performance anxiety.

We aim to discuss these issues and potential solutions during this workshop.
Simulation assessment for Operational Readiness (SAFOR)

Dr Ruth Tighe, Dr Thompsett, Dr Finn, Dr Parry, Brighton and Sussex University Hospitals NHS Trust

At present, new clinical facilities are designated fit for purpose using an un-standardised method. Critical incidents occurring to real patients challenges that assessment (hopefully the facility passes, for that patient’s sake). Simulation Teaching is a proven form of improving clinical performance and we propose to broaden the current scope, using simulations as a method of assessment of a facility to provide all expected necessary care in all predictable patient pathways (‘mobilising’ the SIM mannequin into the new facility).

Method

Prior to opening a Day Surgery Unit (DSU), we completed 3 real-time scenarios with the staff and debriefed / evaluated short comings that should be rectified:

- standard patient pathway through DSU,
- laryngospasm in recovery leading to ‘can’t intubate, can’t ventilate’,
- cardiac arrest intra-operatively (local anaesthetic toxicity).

Results

A list of short-comings led to 24 hours delayed opening of the DSU - all essential criteria were addressed and mended. Pre- and post-simulation staff survey suggested a high level of satisfaction / confidence with the training and facility.

Conclusion

Simulation training testing new facilities before a patient enters, logically makes it safer. We conclude SAFOR may reveal certain lapses in otherwise thorough planning and help reduce morbidity and mortality from critical incidents.

Induction and the Simulated Surgical Ward Round

Mr Christopher Gee, Ms Natasha Morrissey, Ms Samantha Hook, St Richards Hospital, Chichester NHS Trust

Introduction

Induction to a new department for doctors is an important process for continuity of care and patient safety. Historically this is lead by senior doctors within the department and may not cover the topics most necessary.

An audit of induction of our junior doctors highlighted concerns including inadequate training on surgical ward rounds and preparedness for their role. This was causing inefficient ward rounds, affecting patient care and a poor experience for junior doctors during their placement. Consultants also suggested that the quality of ward rounds was poor, causing delays and limiting time for teaching.

Intervention

A new junior lead simulated ward round and induction was introduced together with a new survival guide. This included the use of a simulation suite with interactive mannequin and realistic scenarios.

Results

The overall preparedness of junior doctors improved from 5.6 to 8.75 out of 10. Satisfaction at the end of the placement was also high with all juniors recommending the placement. Consultant feedback was positive with 83% suggesting an improvement in their ward rounds.

Conclusions

A junior lead induction and simulated ward round can improve the preparedness of junior doctors improving ward round efficiency, patient care and a junior doctors learning experience.
Advanced Team working in Emergency and Acute Medical Situations: Improving Quality and Safety through Design of a Multi-professional, Multidisciplinary Course

Dr Robert Galloway, Dr Emma Parker, Dr Simon Finn, Brighton and Sussex University Hospital NHS Trust

Education in the past has been about teaching skills and knowledge. But delivering high quality and safe care needs to be about the application of that knowledge and skills within a multidisciplinary, multi-professional workforce. Understanding ‘human factors’ and non-technical skills are essential for that application.

The last few years has seen that realisation of this with emphasis on safety and simulation but often in the elective setting – for example the WHO surgical checklist. But where the teaching is done for emergency situations, it is often done out of context e.g. teaching people to be the ‘leaders’ of a team as opposed to play their role in critical situations.

The A-teams course is a simple but new concept. It has been developed from feedback about what happens on the ‘shop floor’ in the resuscitation room and what training is needed to improve care. The morning is a series of workshops, videos and team building games explaining why non-technical factors are key. Real case examples are used to emphasise why humans are fallible and why we need to concentrate on aspects of care such as standardised communication tools, checklists, pre-planning etc.

The afternoon is a series of simulations in the teams that you work with in reality e.g. ODP, anaesthetists, Emergency Medicine Doctor and A&E nurse. The series of talks have been spread outside of the course and have been delivered to large numbers of staff as well as the 5th year safety conference. This year it will be delivered to a multi-professional audience of all medical students, nursing students and other MDT students.

Feedback has been excellent – both post course and impact on patient care. The course was a finalist for the inaugural College of Emergency Medicine Safety Prize and was selected by BSUH NHS trust and KSS deanery to be the final presentation to the Chief Executive of NHS Education England on his visit to the deanery. It was well received and requests made for the course content to be incorporated into a national course.

If selected, we would envisage that the presentation would be a 30 minute presentation on why the course was set up, how it was run and the impact and the implication for future medical education.

Please note that if selected, we would deliver a similar presentation to that of the presentation to Health Education England, questioning the old emphasis of teaching knowledge and skills and questioning why non-technical skills has never been a dominant of post-graduation (but also pre-graduation) curriculum.
The role of the simulated ward round for teaching medical and nursing students

Dr Graeme Dewhurst, Dr Neal Gent, St Richards Hospital, Chichester NHS Trust, Mrs Bebba Smithers, Western Sussex NHS Foundation Trust

Aims

Doctors spend much of their time on ward rounds yet medical students receive little formal teaching on how to conduct, lead and get the best from a ward round.

The simulated ward round develops students understanding and insight into the roles of others, including nursing staff, and how teams might best work and learn together.

Methods

We have developed a simulated ward round which allows medical students to lead a ward round as well as play the role of a nurse and student on such a ward round. The round is video-recorded and students receive facilitated feedback from an observer and watch their own performance on the video.

9 students are able to rotate through 3 scenarios with 3 observers in a total period of approximately 80 minutes, including feedback.

Results

Students found this to be an efficient and effective way to improve their understanding and performance on ward rounds. Furthermore this approach lends itself to incorporating student nurses into the simulated ward round.

Conclusions

All medical and nursing students should undergo specific simulated ward round training so that they are better prepared for their future careers and understand how best to work together in a multi-professional way.

Teaching a good ward round: the simulation way

Dr Natalie Powell, Dr Christopher Bruce, Surrey and Sussex Healthcare NHS Trust

Aim

The ‘ward round’ is the core focus of junior doctor work and is educationally valuable yet its’ structure and execution are highly variable. Ward round technique is not currently within the Foundation programme competencies and as such we suggest that junior doctors are not equipped with the skill or confidence to lead and participate in rounds.

Methods

Junior doctors and medical students lack in confidence in ward round technique (21% of 73 doctors and 3% of 37 students were confident) A simulation session was developed and participants can lead, participate and document three ward round scenarios. Patient safety issues were included.

Results

Over 60 students and 30 FY1 doctors have now been trained, 97% rating the session as ‘excellent’. Confidence has been shown to increase (43% and 68 % respectively). 92% felt sessions would be useful prior to foundation training. All students felt that training should be incorporated into medical school curricula.

Conclusion

Ward round simulation training is well received and improves confidence levels in ward round technique. The training is now a formal part of FY1 induction and our BSMS students undertake the training when on placement at our Trust.
Performance of Effective Chest Compressions by Ambulance Staff

Mr Matthew House, North West Ambulance Service

Aims

Guidelines for resuscitation were published in 2010 (Resuscitation Council (UK), (RCUK), 2010). These stress the need for good quality chest compressions (depth 5-6cm. Rate 100-120 min⁻¹). This study aimed to show whether these recommendations were achievable by ambulance staff and whether audio-visual feedback would improve performance.

Methods

This study was an RCT using a sophisticated manikin, which mimicked the properties of the human chest. Software measured rate, depth and recoil of compressions. Two groups performed compressions on the manikin on three occasions: Once to establish a baseline, then one hour later then a week after that. The study group were given feedback on their compressions, on the second occasion.

Results

Both groups performed <30% of compressions to the correct depth during the baseline test. The use of concurrent feedback significantly improved the mean depth of compressions, as well as the percentage of compressions of the correct depth. One week later, without feedback, the study group showed a significant improvement in depth from their baseline test. However, the mean depth was less than the recommended 50-60mm.

Conclusions

Concurrent feedback is a useful tool to improve compressions during CPR, its role in training is limited, as improvements are reduced within a week.

Curriculum-Led Simulation and Portraiture: An HEKSS Simulation Network research and development project

Mr Symon Quy, Assistant Dean of Education HE KSS

This presentation is an account of a pilot project within Kent, Surrey and Sussex that works in collaboration with simulation providers to develop provision and robust educational practice.

Aims

- What is being learned in simulation? (curriculum, hidden curriculum)
- What does robust learning through simulation look like?
- How might we measure learning outcomes in simulation?

Methods

Working within the methodology of ‘portraiture’, the presentation offers insights in to a qualitative approach that combines aspects of case study and action research.

Results

The work has identified ‘Seven stages of learning in medical simulation’ that are key to effective practice.

Conclusions

The presentation of the research will build towards discussion activities on approaches to research and quality in medical simulation.
A Day in the Life of the Junior House Officer…'Simulation training for professional skills; new methods, new outcomes?

Dr Rita Issa, Dr Joel Cunningham, Dr Rhiannon Chapman, Dr Daniel Farrar, University College London/ Watford General Hospital NHS Trust

Aims

The graduating medical student, though prepared as a scientist and practitioner, states low levels of confidence in professional skills. We aim to address this utilising innovative ‘first person’ video simulation.

Methods

We formulated and delivered professional skills training that utilised ‘talking heads’ and ‘peep-show’ videos to simulate scenarios in a peer-led, controlled environment. We used the structure: ‘Preparation, Simulation, Review, Advice, Consolidation’ to target 7 areas identified that current FY1s felt unprepared on starting work, including the ward round, clinical documentation, referring to other specialties and hand-over.

Results

Pre and post-course questionnaires highlight increased levels of preparedness and confidence in all taught areas. Student’s feedback was extremely positive, stating the course was “engaging and innovative”, “full of useful information” and “the videos were great”.

Conclusions

The skills gained feedback directly into foundation roles highlighted by the GMC and foundation schools. The use of video is unique in its format and has proven outcomes. The course material, including videos, booklets for students and facilitators, and presentations, are easily replicable and suitable for expansion.

How can simulation address the diversity in involvement in and exposure to peri-arrest or deteriorating patients as well as helping students learn skills involved in the resuscitation of patients?

Ms Donna Lacey, Dr Sam Thenabadu, Princess Royal University Hospital NHS Trust -Bromley Site

Medical student participation and learning from cardiac arrest/ peri-arrest/ deteriorating patients in clinical areas was diverse; the most common experience being at the back of a crowded room with no guidance or instruction as to algorithms being followed, approaches being used or participation in performing CPR. These are skills expected to be demonstrated for phase 4 MBBS exams.

We set up 2 high-fidelity simulation days at the site, for ATLS and ALS covering algorithms and approaches with students being expected to manage deteriorating physiology related to common pathologies seen in clinical areas and facilitated them to participate, performing CPR, leading arrest scenarios and also learning to debrief and reflect upon their experiences.

We sought feedback from all students for the scenarios, incorporating and developing the programme progressively from their feedback to bring it to an appropriate level for their own learning.

The results were unanimously positive, with students being commended in final exams on their abilities and their abilities being noticeably more confident and competent than that observed in their peers. We are currently looking at how to maintain and continue to deliver these experiences for more students.
Simulation Debriefing – ‘The elephant in the room’

Dr Sam Thenabadu, Miss Donna Lacey, Dr Joseph Lipton, Dr Amar Mashru, Princess Royal University Hospital, Kings NHS Trust

Aims
To explore the current formats of simulation debriefing and to examine the challenges and the common inclusion and exclusion areas in clinical debriefs.

Methods
A review of a qualitative survey by face to face interviews and questionnaires of simulation debriefers undertaken for a MSc dissertation.

Results
Effective debrief is difficult. Excellent clinical knowledge bases from facilitators rarely guarantees excellent debrief. Medical students in particular can benefit significantly from learning through simulation however a methodical and structured format is required to ensure the learner is delivered honest but constructive feedback. This cohort of learner is often sold short on errors made, areas for improvement and detailed examination of non-clinical human factors.

Conclusions
A structured debrief cycle can improve debrief cycles and ensure balanced, robust and constructive feedback especially for the learner early in their clinical careers.

High Fidelity Simulation- A powerful educational tool for enhancing communication and confidence within the multi-disciplinary team

Dr Zubair Sarang, Dr Rebecca Green, Geraldine McVeigh, Dr Charles Butcher Dr Martin Carby, Harefield Hospital, Royal Brompton & Harefield NHS Trust

Introduction
A Pilot from a Cardiology tertiary referral centre patient risk reduction programme.

The multidisciplinary team (MDT) approach to patient management is the standard for achieving quality care. We reviewed the effect of high fidelity simulation on the confidence of MDT members in managing a clinical scenario and communicating their concerns.

Methods
A high fidelity simulation based on heart failure secondary to acute mitral regurgitation was developed. Eight members of the MDT (including health care assistants, nurses and doctors) participated and attended a formal facilitated debrief. Candidate confidence in managing a similar scenario, expressing concerns and calling for help were assessed with pre/post simulation feedback questionnaires. Quantitative (using a Likert scale) and qualitative responses were collected.

Results
Pre-simulation less than a half of the participants felt confident to inform a senior or voice a concern in an emergency. Post-simulation, confidence in taking a lead role if faced with a similar clinical emergency increased 3-fold (n=6) and all felt confident to call for a senior help when appropriate. All participants strongly agreed that the exercise enhanced both their inter-professional relationships and clinical acumen.

Conclusion
High fidelity simulation seems to play a powerful role in improving MDT communication and increasing confidence in managing clinical emergencies. This may have important implications for patient safety.
Reacting to serious untoward incidence – point of care medical simulation in the catheter lab

Dr Udes Maiti, Ai-shi Lim, Paul Wilder, James Foxlee - Frimley Park Hospital NHS Trust

Background

Frimley Park hospital provides primary percutaneous intervention for acute myocardial infarcts within the region.

A serious untoward incident (SUI) in February 2013 led to a root cause analysis. Part of the response to this SUI was to form a joint training session in the catheter lab with the entire multidisciplinary team using a simulated patient.

Method

The training took place during a trust wide governance half day and both anaesthetic and cardiac staff were available for training. The sim man Laerdal manikin was programmed to arrest in exactly the same manner as was described from the medical notes of the SUI. A video of the angiogram was played in the lab and the C arm of the X ray machine was moved to mimick actual angiography. The cardiologist in the room was allowed to ask for equipment to enhance realism and the anaesthetist was called to assist when the patient arrested. The whole exercise was run in real time allowing observers to see how the team functioned in this scenario.

Results

The training was well attended by cardiac and anaesthetic staff. 17 feedback forms were returned with 13/17 rating the exercise as excellent (5/5), 1/17 rating it good (4/5) and 3/17 not stating a rating. Free text comments from the attendees mentioned the usefulness of multidisciplinary training and the awareness of the layout/equipment in an emergency situation.

Discussion

Simulation training in the very areas were patient care is likely to be needed represents the latest trend in simulation training. There is growing evidence that this approach combined with the established benefits of multidisciplinary simulation training helps minimise risk to patients and may even be more cost effective than other methods of training.
Speakers Abstracts

Assessment
Is ARCP outcome at CT2 predicted by CT1 recruitment interview score in anaesthetic trainees?

Dr Rebecca Pidgeon, Dr Theo Samuels, Brighton & Sussex University Hospital NHS Trust, Dr Chris Carey HE KSS

Aim

We sought to evaluate whether the scores obtained at CT1 interview could predict the likelihood of an ARCP outcome 1 at CT2 thus indicating successful completion of basic level training within the two year Core Training programme.

Method

37 candidates were appointed to Core Training rotations in 2010; 35 attended ARCP in 2012. Scores at the three interview stations used in the 2010 recruitment campaign were recorded and the data were separated into those who achieved outcome 1 at ARCP in 2012 and those who did not. The score at each interview station for both groups was compared using the Wilcoxon-signed rank test as data was non-parametric.

Results

23 candidates achieved outcome 1 at CT2 ARCP, 12 did not. There was no statistical difference in the scores in any of the three interview stations or the overall interview scores between the two groups.

Conclusions

In our sample, all candidates were unsuccessful at CT2 ARCP solely due to failure to obtain the Primary FRCA. This raises the question whether there should be an element of a standardised theoretical knowledge tested at interview or the introduction of a ranked ‘exit’ exam at the end of F2, similar to the USA model.

How do I approach the paediatric clinical examination? An innovative interactive medical student induction programme

Dr Nia Williams, Dr Yannis Ioannou, Dr Charles Stewart, Dr Suveer Singh, Chelsea and Westminster Hospital NHS Trust

Background

The duration of undergraduate paediatric attachments has reduced over recent years whilst student numbers have increased. This has led to reduced learning opportunities and has required educators to develop innovative ways to approach clinical paediatric teaching. Appropriate induction into the clinical setting and early patient contact is vital and to this end we introduced an interactive clinical induction programme for 5th year medical students.

Aim

We aimed to introduce students to well children in order to demonstrate how to gain a child’s cooperation during clinical examination and to improve students’ age-appropriate communication skills.

Methods

We piloted an interactive induction session during August 2013. Fourteen students received small group teaching on examination skills using well children with consultant facilitators. Questionnaires were distributed to collect both quantitative and qualitative evaluation data.

Results

100% of students agreed or strongly agreed that the practical session was helpful. 100% of students agreed or strongly agreed that they felt more confident in starting their attachment after the induction.

Conclusion

This creative approach to paediatric induction offers a novel way for students to gain confidence when starting their paediatric placements. We aim to evaluate the effect of this induction programme on the students overall experience at the end of their attachment.
Overcoming ‘Neurophobia’: You don’t have to be a Neurologist to teach Clinical Neurology

Dr Daniel Hammersley, Brighton and Sussex University Hospitals NHS Trust

Introduction and Objectives

‘Neurophobia’ describes the perception amongst medical students of Neurology as the most challenging of clinical disciplines; it is principally related to a lack in teaching quality and quantity. One UK Medical School addressed this by outsourcing some Neurology teaching to GPs, who delivered weekly 3-hour tutorials to 4th year students over four weeks via a ‘Neurology in the Community’ (NIC) course. This study assessed the outcomes of this course.

Methods

Individual tutorials were assessed by questionnaire analysis, with students completing feedback questionnaires after each session. A random selection of students completed a further questionnaire after the course evaluating course outcomes.

Results

98% (50/51) of student session responses rated teaching 10/10 or 9/10 for ‘usefulness’. From course evaluation, 100% (12/12) strongly felt they had gained confidence in Neurological examinations. 100% (12/12) strongly felt the NIC course was at least as useful as hospital-based teaching from Neurologists, with 91% (11/12) finding it more useful. 100% (12/12) strongly felt that using a GP setting allowed more time to explain teaching points.

Conclusions

This study shows that quality student Neurology teaching can be delivered by clinicians who are not Neurologists, outside a hospital setting. We recommend other medical schools adopt similar schemes.

Learning through making: The use of anatomical model building in undergraduate anatomy education.

Dr Conrad Lee, Dr Mya Kalaya, Dr Sophie Rinou-Hoad, Brighton and Sussex University Hospitals NHS Trust, Professor Darrell Evans, Monash University, Australia

Aims

In contrast to learning anatomy through the traditional deconstructive approach in cadaveric dissection, we hypothesised that making low-fidelity models to resemble anatomical structures can supplement, and enhance undergraduate anatomy education.

Method

12 Second Year Medical Students participated in the “Creative Anatomy” SSC at BSMS over 8 weeks from September–October in 2012. 6 different anatomical models were made using craft materials to highlight key concepts taught in the neuroanatomy curriculum. Each student also invented their own anatomical model during the SSC. Data collected through quiz results, questionnaires and focus group interviews were analysed using a grounded theory approach.

Results

In addition to achieving anatomical knowledge, learning via low-fidelity model making offered these principle themes: 1) 3D visualisation and tactile learning, 2) problem solving reinforced knowledge, 3) models as teaching and revision tools, 4) creative outlook and enjoyment.

Conclusion

Low-fidelity anatomical model making is a valuable tool in anatomy education. It involves a hands-on constructive approach, which stimulates creativity, 3D visualisation, and problem solving. These skills are transferrable to other aspects of medical training and future careers. This approach compliments use of modern teaching technologies, and can be conducted in a supported environment or in students own time.
Jekyll and Hyde? The relationship between learning style, personality and achievement in Medical Students

Dr Claire Smith, Brighton and Sussex Medical School, Dr Ruth Hewitson, University of Southampton, Dr Gabrielle Fin, University of Durham, S. Walker, University of Durham

Junior doctors’ knowledge has been deemed unsatisfactory and unsafe for clinical practice. Defining students’ learning styles and personalities and relating this to their academic achievement will help to determine whether they are being delivered material appropriately. This study investigated the trends in learning styles, personality traits and academic achievement in medical students. 111 questionnaire packs containing the 80-item Honey & Mumford Learning Styles questionnaire and the 110-item NEO Personality Inventory were completed by 1st and 2nd year medical students at Southampton University.

Focus groups were conducted to gain a deeper insight into how they felt their learning style and personality affected their achievement. The majority of medical students (over 50%) across both years were reflectors. Students believed personality to be more significant than learning style in predicting achievement.

Students’ approach to work was significantly influenced by the behaviour of their peers. Conscientiousness was significantly correlated with students’ anatomy examinations scores (p=0.031) but no significant correlations were found between learning style and examination, although there was a trend between activists and examination scores.

Encouraging openness and conscientiousness in students, reducing neurotic inclinations and improving students’ confidence in their own capabilities may result in a more robust approach to learning, leaving them less susceptible to the potentially negative influence of their peers’ behaviour.

Demystifying the lost art of fundoscopy: An innovative tool to be used in teaching and assessment

Dr Christopher Schulz, Brighton and Sussex Medical School

Medical students and junior doctors lack confidence in the use of the ophthalmoscope, and have been shown to avoid its use in clinical practice. In an attempt to demystify this ‘lost art’, our aim was to develop a ‘teaching ophthalmoscope’.

The design was modelled using an existing optical principle. A semi-reflective mirror has been incorporated into a traditional handheld ophthalmoscope, and used to split the light coming from the patient’s fundus into two perpendicular pathways. One pathway continues through the viewing hole and is focused on the student’s retina in the conventional manner. The second beam is redirected toward a 7mm video camera built into the ophthalmoscope. The camera is plugged into a nearby computer, allowing a third person to observe a live image of the student’s view of the fundus.

A working prototype has been developed and initial testing is underway. Feedback is very positive from both educators and students, and it is evident that this device might have two distinct roles: 1) It may empower tutors to provide directed, relevant feedback, helping students to grasp this skill more efficiently; 2) It might be used in assessment and help to provide a more accurate evaluation of the student’s competence.
Re-writing the undergraduate curriculum - splicing surgery back into the heart of all doctors

Mrs Scarlett McNally, Eastbourne District General Hospital NHS Trust, Dr Eleanor Zimmermann, Royal Devon & Exeter Hospitals, Professor Gus McGregor, Royal College of Surgeons of England

Introduction

Exposure to surgery has reduced substantially for undergraduates and postgraduates, especially with shorter placements, reduced hours, and super-specialisation.

Aim

The Royal College of Surgeons of England created a target surgical curriculum for undergraduate medical students. The aim was to produce a document of "essential surgical knowledge, skills and behaviours" as grounding for every doctor, regardless of future specialty.

Methods

A diverse working party was established in September 2011 and focus groups met. Documents were analysed: on doctors' roles, foundation and surgical training, 'Tomorrow's doctors', and diversity awareness.

Results

The focus allowed a 'minimum expectations' curriculum to be developed. For each surgical specialty, a finite list of anatomy, physiology and pathology was collated, including common and 'rare but critical' conditions. Core practical skills that the public would expect of any doctor were included.

Conclusions

A curriculum covering the minimum requirements for any doctor complements all future doctors' development: decision making, dealing with uncertainty and risk, understanding complications, and awareness of the patient pathway. It also offers a springboard for informed career choices. By formalising a standard curriculum, it is our hope that the new medical graduate will feel better prepared in caring for the surgical patient.

Identifying prescribing weaknesses in foundation doctors

Mrs Gail Fleming, Siobhan Burke-Adams, HE KSS, Jane Allen, McAll Consultancy, Marc Terry, South Thames Foundation School

Aim

Internal surveys identified marked differences in prescribing training and assessments for foundation doctors in Kent, Surrey and Sussex. A multiprofessional Doctors’ Prescribing Assessment Group (DPAG) was formed and developed a regional prescribing assessment for formative evaluation of doctors’ prescribing skills. The project aimed to identify weak prescribers and target their specific prescribing training needs locally.

Method

The prescribing assessment was undertaken by 422 Year 1 Foundation doctors during their induction period in 10 Trusts in July 2012. EQUIP study findings influenced some key medications chosen for assessment e.g. analgesics, and antibacterials. Feedback was obtained from trainees and prescribing leads.

Result

74% of trainees achieved a mean score of 19/32 or higher. 38% made at least one error judged to have the potential to cause serious harm. The performance of candidates varied when analysed according to trust and past medical school. In addition to generic prescribing knowledge, the regional assessment focuses on the ability to use and write local drug charts taking into account local guidelines. It has been used to highlight areas of further training required for both cohorts and individuals and thereby improve both patient and foundation doctor safety.
Early clinical skills near-peer teaching: an effective learning tool?

Mr Nicholas Tollemache, Mr Stefan Klimach, Brighton and Sussex Medical School, Dr Inam Haq, Brighton & Sussex Medical School

To objectively determine the efficacy of clinical skills near-peer teaching to first-year medical students at a UK medical school.

First-year medical students attended one of seven two-hour near-peer taught revision sessions preceding their Objective Structured Clinical Examination (OSCE). Second-year student near-peer teachers (NPTs) were recruited and attended a training session provided by a senior faculty member.

A teacher:student ratio of between 1:2 and 1:3 was maintained throughout the sessions. First years completed both pre and post-session questionnaires.

Year 1 OSCE results for the study cohort were compared to a historical cohort’s year 1 OSCE results. 83 students and 39 NPTs participated in the study. A 19.2% increase (±0.67, p<0.05) in general confidence about the upcoming examination was reported by the study cohort following each session.

Directly comparable OSCE stations between cohorts demonstrated a significant improvement: "Respiratory Examination" (+10.1%, p<0.05), "Abdominal Examination" (+4.8%, p<0.05), "Peak Expiratory Flow Rate" (+16.8%, p<0.05). Near-peer taught clinical skills revision sessions elicit significant increases in self-reported student confidence. Early near-peer teaching results in an objective increase in clinical skills examination performance.

Annual leadership assessments, service improvement projects and academic modules – teaching clinical leadership across the continuum

Dr Lindsay Hadley, Dr Patrick Marshall, HE KSS

Background

Clinical leadership is considered essential for maintaining and improving patient care and safety and is incorporated into the curriculum for all trainee doctors. HEKSS uses a multifaceted approach to teaching leadership supported by an infrastructure within local education providers.

This workshop looks at how we might extend some of the approaches used with the postgraduate doctors to include medical students with benefits for students and trainees. Trainees and their supervisors have a target of at least one formative assessment of their leadership skills each year. Workshops, training days and on-line resources have been developed in support and the LEADER assessment tool is used widely. All trainees are also encouraged to take the Postgraduate Certificate leadership module which is underpinned by a patient care improvement project. Medical students can take part in these as a special study module.

Intended outcomes

Participants will have an understanding of how they might implement a leadership learning strategy across the continuum.

- be able to identify potential leadership learning opportunities within the daily work of trainees and medical students;
- understand how to use the formative LEADER assessment tool and to support students and trainees to reflect on their leadership skills in the context of a service improvement project.

Structure

Interactive workshop. Short didactic session, small group work. Practical experience with LEADER.

Intended audience

Educators and trainees interested in leadership teaching and learning.
Pleural procedures: training today’s trainees

Dr Burhan Khan, Darent Valley Hospital NHS Trust

Introduction

Pleural effusions are common and often necessitate a pleural intervention. Since the 2008 NPSA report highlighted safety concerns around intercostal chest drains – 780 incidents of patient harm including 12 deaths – there has been heightened awareness and subsequently a concerted push to improve clinical practice and training of pleural procedures including utilising bedside pleural ultrasound.

Aim

To assess the practice and training in pleural procedures of HE KSS core medical trainees (CMTs).

Methodology

CMTs at a HE KSS regional training day were anonymously surveyed using multimedia questionnaire and audience response devices.

Results

Of 151 CMTs, 49 trainees were surveyed with 100% response rate. All 49 had performed a diagnostic/therapeutic pleural aspiration, but only 37% with bedside ultrasound. 97% of them had inserted a chest drain with 37% of them with no ultrasound or image guidance; and less than half of all trainees had inserted more than five chest drains.

Conclusion

Despite increasing awareness and safety concerns surrounding pleural procedures, clinical practice and training remains variable. A more focused approach utilising e-learning, simulation and practical workshops and incorporating structured training opportunities for more hands-on training is undoubtedly needed to improve trainees’ competence and confidence and consequently improve patient care and safety.

The ‘yellow-sticker scheme’: allowing senior medical students to practice real-time in-hospital prescribing

Dr Amy Illsley, Dr Alex Brown, Bradford Teaching Hospitals NHS Foundation Trust

Aims

Pharmacology teaching varies between medical schools and most do not test performance of graduates as prescribers. Most learning is opportunistic during attachments and under 40% of medical students feel confident prescribing. We introduced a ‘yellow-sticker scheme’ to allow senior medical students to prescribe in real-time to improve prescribing confidence.

Methods

Students given stickers for inpatient prescription charts and encouraged to prescribe as part of clerking. Charts checked and sticker countersigned by doctor, then used on the ward. All charts reviewed by pharmacist who collected data on errors made by students and checking doctor.

Results

21 inpatient prescription charts over three consecutive attachments. Average of eleven medications prescribed per chart. Average of three prescribing errors per chart, similar to rates made by checking doctors. Interviews with students demonstrated improved confidence in prescribing safely and valuable experience taking drug histories. Nursing and pharmacy staff felt it was safer than an ad hoc approach as highlighted when students had prescribed so extra checks could be made.

Conclusions

Scheme well received by students and staff. Error rates of student prescribers comparable to those made by checking doctors. Pharmacy team found doctors checking stickers amended more errors on their own prescription charts.
Trainee experience of daily consultant ward rounds: educational loss or gain?

Dr Bernard Freudenthal, Dr Louise Schofield, Barnet & Chase Farm Hospitals NHS Trust

Aims
There are prominent national calls to reinvigorate the consultant ward round (CWR), in part to expedite discharges and increase efficiency. At Barnet & Chase Farm (BCF) Hospitals, in November 2012 many medical teams started to have daily CWRs. There were complaints of consequent worsening of training and care in this year’s GMC training survey.

Methods
An electronic survey was sent to all trainees (FY1–SpR) who had daily CWRs during 2012–13 and had also experienced less frequent CWRs this year or previously.

Results
45 responses were received meeting the above criteria. Trainees were asked to rank their agreement with several statements. Of note, 69% believed daily CWRs provided greater access to senior advice, 73% that discharges were faster, and 64% that they provide greater safety. However, 42% believed they were worse for training vs 33% that they were better for training, and 40% believed their learning experience worsened. Nine respondents commented in free-text that daily CWRs lead to superficial review of patients, and 8 bemoaned their deprivation of hands-on experience. Only 2 respondents submitted positive comments.

Conclusion
Many trainees felt their training was disadvantaged by daily medical CWRs. Invaluable experience from junior-lead ward rounds must not be sacrificed.

The spatial ability of first-year medical students: interactions with career aspirations and prior education

Dr Deniz Hassan, Dr Chris Schulz, Dr Claire Smith, Brighton and Sussex Medical School

Surgeons have been shown to outperform the general population on tests of visuospatial ability. Such tests may also predict the performance of medical students in learning anatomy with some evidence that these skills can be developed. The aim of this study was two-fold: 1) To determine whether first-year medical students interested in surgery scored higher on spatial testing; 2) To see if individual subjects studied at further level were a predictor for visuospatial ability.

A total of 105 first-year medical students provided data on their academic record and career aspirations. They were subsequently tested on a variety of third-tier cognitive factors relating to visuospatial ability.

There was no significant difference in test scores between students with or without an interest in surgery. The mean score on both the mental rotation test (p=0.008), and the overall average visuospatial test score (p=0.022) is significantly higher in students with an A-level (or equivalent) qualification in physics. Studying biology, chemistry or maths, or the award of a previous degree, had no significant bearing on test scores. In the context of previous reports, this relationship could influence anatomy teaching methods and curriculums.
OSCE standard setting: Pitfalls of using specialists for standard setting in Modified Angoffs’ method

Dr Lashari Usman, University of United Arab Emirates

Background

A group of 6-8 experts comprising teaching staff from Internal Medicine, Surgery, OB-Gyn, Psychiatry, Radiology, Family Medicine and Pediatrics was assigned to review all OSCE station. They were all asked to collectively evaluate and weigh item in all station and mark as what a minimally competent student will perform in all 16 stations. This was used to decide a cut score for the OSCE.

Summary of Work

I led the 16 station OSCE for 42 students for the year 6 medical students at the College of Medicine and Health Sciences at the University of UAE. Two papers were standard set which meant 32 OSCE stations. Global scores of Inferior, Poor, Unsatisfactory, Satisfactory, Good and Excellent were used as global view of students’ performance in the OSCE station. The student scores were analyzed to obtain the pass score against the cut score achieved by the Standard setting exercise.

Results

It was found that some of the stations had abnormally high cut scores for passing e.g. some station had a cut score of 90% to pass the station for a minimally competent student. This raised the overall pass score as well. Two out of 16 stations had a cut score of 90% and 7 stations had a cut score of 80% to pass the station. It was soon realized that some of the participating clinicians in the standard setting exercise were an area expert within that discipline and their remarks and suggestions on the standard setting exercise swayed evaluation of the stations by the non-experts and resulted in abnormally high cut score in certain stations. We then organized another standard setting exercise with teachers from the same discipline who were not an area expert which was tested in station. Repeated exercise achieved a much lower cut score for the same stations by the same teaching department. Exact cut scores were not disclosed to the participating physicians to minimize Bias.

Conclusion

Participation of area experts within a discipline for standard setting using Angoffs’ method might lead to abnormally high cut score and more failure rates. Participation of generalist within a specific discipline might provide more accurate cut scores.

Student’s Experiences of supervision in Postgraduate masters courses

John Anderson, Dr Jim Price, Brighton and Sussex Medical School

This study aims to identify the important positive and negative aspects of students’ experiences of supervision during masters’ dissertations in postgraduate medicine.

It has three components:
- A review of published literature;
- An in-depth qualitative study of students’ experiences;
- A quantitative, questionnaire survey of students.

This presentation presents some of the results from the literature review and the outline plan for the empirical study. Discussion around the proposed work is particularly welcomed.
Speaker abstracts

Patient Safety & Engagement
Navigating a way to become a teacher

Dr Ingrid Kane, Consultant in Elderly Medicine & Stroke, Brighton and Sussex University Hospitals NHS Trust

Background

Doctors are expected to teach undergraduates, postgraduates and allied health professionals, but how do they develop their teaching skills? I learnt most of my teaching skills observing and listening to others and by reflecting on the teaching methods of colleagues who taught me. However, until I became a consultant, I had not received any support or advice on teaching such a wide variety of learners in the daily workplace.

Methods

To explore this issue further I gathered a group of higher specialty trainees in Geriatric medicine in a focus group to discuss their experiences of being taught to teach, teaching others and the various teaching courses that they had attended. I moved on to study an innovative development in registrar training i.e. whether a programme of observation, feedback and reflection while teaching in the workplace, similar to QESP (Qualified Educational Supervisor Programme), might help registrars in their development as teachers.

Results

The focus group produced a wealth of information including that none of the trainees had experienced any guidance on how to teach in the busy, unpredictable everyday workplace where they all felt that they had learnt most of the skills that were shaping them into a medical professional. The registrars observed all valued the experience. One said ‘It’s amazing what someone outside the ward round notices’

Conclusions

This work has implications for all consultants, in that they should seize opportunities on ward rounds to observe their registrars taking the lead and teaching as they do their day-to-day job.

The influence of interprofessional learning on collaboration in clinical practice

Mrs Sarah Ofori-Ansah, Brighton and Sussex University Hospitals, John Anderson, Brighton & Sussex Medical School

Introduction

Interprofessional learning is promoted in health and social care education and training to prepare a work force for collaborative practice.

Aims

This study explored the experiences and opinions about interprofessional learning and its influence on collaboration in clinical practice among staff within a kidney unit in England.

Methods

An initial qualitative pilot study was conducted with in-depth interviews of seven staff working within the unit. Emerging themes from the interviews were used to generate a survey questionnaire which was then distributed to all staff in the unit.

Results

Findings from the interviews and survey indicate both positive and negative experiences of interprofessional learning with an overall positive attitude toward collaborative practice. Suggested benefits of joint learning include improved interprofessional relationships, shared clinical knowledge, better interprofessional collaboration and quality of patient care. Challenges centred on availability of time and accessibility to participate in joint learning; hierarchical and bureaucratic attitudes; and lack of respect for other professions.

Conclusions

The study provides a better understanding of the perceptions and attitudes of professionals towards interprofessional learning. Utilizing different learning & teaching strategies and facilitative skills to deliver interprofessional learning could make this more enjoyable and increase participation.
Insulin Safety and Tomorrow’s Doctors

Ms Anna Potts, Ms Nicola Robinson, Brighton & Sussex Medical School, Dr Anna Crown, Brighton & Sussex University Hospital NHS Trust

Aim

Patient safety is often compromised when insulin therapy is used within secondary care. Local audits indicate 40.3% of inpatients experience at least one error related to prescribing or incorrect administration. A contributory factor may be the lack of confidence and need for further training self-reported by qualified doctors.

A diabetes education programme was designed for 3rd year medical students to address these learning needs and to satisfy the standards relating to therapeutic procedures and insulin therapy for undergraduates.

Methodology

Evaluation included anonymous, qualitative comments from students about which element/s of the course they found useful. These were then grouped into nine clinical themes. Likert scores also identified the students’ perception of the overall relevance of the course content.

Results

67 students attended the programme over three years. Enhancing knowledge about diabetes treatment, insulin types and prescribing issues were ranked as the most useful aspects of the course scoring 16-20 responses each. Other themes scored no higher than 3 responses. Likert scores showed 70% thought the overall relevance to practice was excellent and 29% felt it was good.

Conclusions

Third year medical students’ value opportunities to enhance their diabetes knowledge. Increasing understanding about insulin and safe prescribing is perceived to be the most relevant to their future practice.

“The fox knows many things” – developing Specialists in Medical Generalism

Professor Abdol Tavabie, Dr Hilary Diack, HE KSS

Background

The problems facing the NHS have been well described:
- A rise in the number of people with multiple long term conditions predicted to rise from 1.9 to 2.9 million by 2018
- Persisting health inequalities
- Well documented failures in delivering safe compassionate care

At the same time:
- Evidence from professionals, patients and carers has reinforced the importance of a holistic approach and continuity of care
- The shape of training review anticipates a shift in the delivery of care from hospital to the community delivered by multi professional teams and a need for more generalists

How then do we train the medical workforce of the future?

HE KSS is participating in a national pilot, Broad Based Training (BBT) which may offer some solutions. BBT has been developed in collaboration between the Royal Colleges of General Practitioners, Paediatrics and Child Health, Physicians and Psychiatrists.

Presentation Aims

- To explore the role of the medical generalist and the training programmes that could best deliver this?
- To share experience of developing the national BBT pilot in HEKSS
- To explore the opportunities and challenges of the programme
- To share HEKSS's proposed evaluation strategy of the pilot
Living with Diabetes; Could you do it?

Ms Nicola Robinson, Anna Potts, Dr Anna Crown, Brighton & Sussex University Hospital, Hazel Ainsley, Patient, Royal Sussex County Hospital

Objective

Tomorrows Doctors (2011) highlights the importance of patient involvement in undergraduate education, especially within chronic disease. In 2011 we designed a Student Selected Component; an 8 week programme designed to enable students to experience the complexity of diabetes management. A patient with long standing diabetes reviewed and participated throughout.

Methods

The programme incorporated different practical elements of living with diabetes; dietary management, blood glucose monitoring, and medication administration. Students were assessed through a 10 minute presentation.

Result

13 students completed the programme.

All students struggled to maintain a ‘diabetes regimen’ for more than a few days, in particular the dietary aspect of management.

Patient’s comments

Students had a greater appreciation of the impact on the life of the patient – and translated this to the necessary quality of any interaction between doctor and patient. (I thought this would transfer to other health conditions)

• A few were impressively honest about their learning – specifically the impact on every aspect of life.
• It was gratifying to note the increased respect for the patient.

Conclusion

Students demonstrated a significant change in their understanding of the complexities of managing diabetes and a greater appreciation for the role of health care professionals and the patient in diabetes management.

NHS Specialty Recruitment: Recruiting Smarter

Mr Michael Dennis, Deputy Medical Workforce Recruitment Manager HE KSS

Aims

Applying for Specialty Training can seem complex to foundation trainees and medical students looking at how to apply to their specialty of choice. The workshop will answer questions like ‘What should be I be looking to add to my CV/portfolio now, so in the future I am able to make competitive career choices?’

This workshop will provide attendees the opportunity to discuss the complexities and explore how best to use the tools provided by HEKSS to actively take a proactive approach.

Methods

Our workshop will provide advice on how to use the prospectus, understand person specifications, portfolio advice and how to prepare for an interview. This workshop will explore the various tools and how to benefit from their use.

Results

By providing support, prospective trainees will improve the quality of applications in future years. By seeing the full process, the trainees will be guided to make proactive decisions now that will benefit them for future opportunities. This will make the recruitment process easier for the Trusts to employ quality trainees and improve the overall education for students.

Conclusions

The workshop will give a full circle approach to the recruitment process and simplifying each component. This will show the importance of capturing the portfolio, meeting the person specifications and how the interviews are structured – giving the attendees an insight to what works and how.
Changing practice following the Francis Report: Stories, comics and practitioner research

Dr Muna Al-Jawad, Dr Clare Penlington, Dr Rachel Robinson, HE KSS

The Francis Report (Francis, 2013) is lengthy and has provoked responses from the world of clinical education (Hall, 2013; Hughes, 2013; Singh, Roberts, Irving, & Singh, 2013; Steven, Magnusson, Smith, & Pearson, 2013). Despite its reported significance, we believe many medical educators have not read it.

Although undoubtedly well-meaning, the report is unsatisfactory to us as practitioners, we feel Francis fails to go beyond superficial solutions and does not point to positive ways to change practice. Regulation, standards and accountability are foregrounded, supervision and education are hardly mentioned. The report pays little attention to understanding why humane and compassionate care is so difficult to provide consistently within NHS hospitals.

We work in post graduate medical education and believe many of the problems with care across the NHS are due to issues “under the surface”, often difficult to see and hard to address directly. Francis explores the negative culture of the Trust and his belief that changing this will require “determined and inspirational leadership” (p.184). We aim to explore what this means in an age where heroic leadership is recognised as potentially damaging to improving patient care in health organisations (Gawande, April 2010; Martin & Waring, 2013)

This workshop aims to guide medical teachers through a process of discovering the real-life implications of the issues discussed in the Francis report. In particular, we will show how narratives and visual images are potent research tools, which can help practitioners to get under the surface of difficult problems and seek ways of engaging with and leading service improvement.

After the Dornan EQUIP Report - Reducing “Never Events” in Prescribing Using Patients as Educators

Jessica Gulati, Dr Robert Baker, University of Bristol, Dr Jennifer Taylor, Devon Cornwall and Somerset PHE Centre

Introduction

The 2009 Dornan “Equip” report quantified prescribing errors among doctors. It advocated novel instructional designs for medical education. Partnership prescribing meets this remit, allowing patients to become more involved in education and decision-making in prescribing.

Aims

To quantify the educational and communicative gains of using patients as educators in the undergraduate programme.

Methodology

15 medical students completed a questionnaire concerning Methotrexate prescribing pre and post communication with a patient. Domains included benefits, side-effects, interactions and frequency of dosing.

Results

93% of students improved their knowledge in all domains after communicating with patients. A highly significant result was identified in the frequency of dosing domain. Incorrect Methotrexate dosing has been identified by the Department of Health as a “Never Event.” Only one student answered correctly before speaking to patients. Post patient interaction, all students were correctly informed (p=0.0019, McNemar’s test).

Discussion

This study highlighted that utilising the patient as an educator is a successful novel instructional design in undergraduate education. Such initiatives may have an emotional impact highly conducive to sustained knowledge retention – a future study aims to explore the truth in this. It has potential to be extended as a means of preventing other “Never Events” in prescribing.
Poster Abstracts

Technology Enhanced Learning
Audit of Weekend Handover at the Conquest Hospital, Hastings

Dr Elena Mucci, Dr Daniel Grace, & Dr Ruksa Bhadresha, Dr Neil Bhadresha
Conquest Hospital
Hastings NHS Trust

Aim
Our aim was to audit the quality of weekend handover written documentation in the medical directorate at the Conquest Hospital in Hastings.

Methods
Electronic weekend handover lists were retrospectively audited against standards from the Royal College of Physicians’ Out of Hours Handover Toolkit. A survey was also carried out to assess doctors’ opinions of the existing system.

Results
Patient identifiers (100%) and location (91%) were well recorded, however there was a lack of information regarding active medical issues (69%), the action the on-call doctor was expected to take (24%), the level of escalation (0%) or potential for weekend discharge (0%). The staff survey found that the majority of doctors favoured a face-to-face handover and that more information should be available on the handover lists.

Conclusions
Our recommendations were:

- Increased character input space on the electronic system
- Education regarding RCP guidelines
- Bleep-free consultant-led handover on Friday evenings to the on-call team

Re-audit was performed following these changes and overall improvement was noted, particularly the action required (69%) and the level of escalation (17%). On the back of these findings, we recommend further education including visual prompts located on the wards and practical handover training for new junior staff at induction.

Does the use of SMS text message reminders increase student attendance to lectures? A quantitative and qualitative pilot study

Dr Nia Williams, Dr Michael Haji-Coll, Dr Pooja Culati & Dr Suveer Singh, Chelsea & Westminster Hospital NHS Trust

Background
Short message service (SMS) reminders have been successfully used within the health care setting to reduce missed appointments and improve medication adherence.

Aims
This pilot study aimed to assess whether an SMS reminder service for clinical students improved attendance to non-compulsory lectures as compared with email reminders.

Methods
During the first term in 2012/13 students received an email reminder 4 hours prior to each lecture. During the second and third terms an SMS reminder was sent an hour prior to the lecture. Attendance was recorded and compared for both groups. A feedback form was completed by students evaluating their attitudes to the reminder service.

Results
151 students were included in the study over three attachments. Overall attendance was low. The mean percentage of students who attended the lectures was 27.2% (email group) compared with 37.1% (SMS group) (p = 0.16). Fewer students attended in the email group as the term continued, whereas attendance was sustained in the SMS group. 100% of students found the SMS text reminder useful.

Conclusion
The SMS reminders were well received by students and can be used to maintain attendance throughout the course. These interesting results will be further explored through a randomised controlled trial of SMS vs email reminders.
E-learning within medical schools: The benefits of students creating their own e-tutorial.

Miss Emma Downs, University of Bristol

Background

E-learning is an interactive learning experience which has grown in popularity over the last decade and its use within medical education is rising. During my time as a 3rd year medical student, I created my own e-tutorial on the gastrointestinal system. I found this process very beneficial to the development of my clinical skills, as it encouraged independent learning, whilst improving my IT skills and medical knowledge.

Aims

This poster explores three main ideas:
1. Medical students’ opinions on e-tutorials.
2. The benefits of medical students creating their own e-tutorials.
3. How collaboration of e-tutorials could be used in the future of medical education.

Conclusions

In the study, medical students were found to more frequently use online resources than lecture notes when revising for exams, emphasising the popularity of such platforms for learning. This work suggests that students should be encouraged to create their own e-tutorials as the process has numerous benefits. The poster proposes that if medical schools were to collaborate and share e-tutorials online, it would encourage and empower students to exchange information and teach one another. As e-learning continues to advance, further research is required to evaluate the effectiveness of these resources within medical education.

Work Based Project to Replace Contraception Paper Information Leaflets with a CD-ROM Information Package

Mrs Janel Wisa, St Mary’s Hospital, Imperial College Health Care NHS Trust

Aim

To improve the information service within the gynaecology unit by replacing paper leaflets with an Interactive CD-ROM Contraception Information Package. This would reduce the number of patients returning for termination of pregnancy therefore diminishing any adverse physical and psychological health implications, and also reduce financial repercussions within the Trust.

Method

A group of 34 volunteers with average age between 16 and 30 years were recruited. They completed an initial pre-evaluation questionnaire about their knowledge and understanding of reproduction and available contraceptive methods. Then, they viewed the CD-ROM, and completed a Post Evaluation Questionnaire. Finally, a CD-ROM Evaluation questionnaire to analyse the suitability and effectiveness of the CD-ROM was completed.

Result

After watching the CD-ROM, 39% of volunteers believed they were using the appropriate contraceptive for their lifestyle; however 32% indicated they would consider changing their contraception method. 95% felt that the CD-ROM was easy to use, 80% stated they would rather obtain sexual health and contraceptive information on a CD rather than paper leaflets.

Conclusion

In the long term the CD-ROM Package could have a positive effect if, over time, the results are reflected in fewer patients returning for terminations, there will be a reduction of cost implications.
Using Telemedicine for consultant input to junior doctors evening handover in an acute NHS foundation trust.

Dr Susan Calderbank, Dr Juliana Borla, Mr Muhammad Shafique Sajid, Worthing Hospital NHS Trust, Dr Jim Price, Brighton & Sussex Medical School

Aim
To ascertain the utility and acceptability of telemedicine (secure teleconferencing) for consultant input to junior doctors’ evening handover in an acute trust

Method
We observed the process of the evening handover as it currently happens in one Acute Trust on the South Coast in three areas: general surgery, general medicine and ICU. After this initial data collection focusing on documenting the current processes, we used an iPad or Laptop to allow the consultant to contribute from outside the hospital to the junior doctors’ shift handover in the evening. This process was observed by the team of three SpRs in their own area, and in those of the other clinical specialities. The observational process was moderated by another independent senior doctor on the research team. Feedback on the change in process was gleaned through pre/post-line surveys, observational studies and notes, as well as interviews with participants.

Results
In total 19 handover sessions were observed as ‘baseline’ studies, and then the intervention of consultant input via iPad or Laptop from home / distant location was piloted. 13 further handover sessions were observed. The process was found to be practicable and acceptable to the majority of participants although a small minority of consultants refused to take part. The technology failed on a very few occasions (due to WiFi issues within the Trust). Those consultants who took part felt it gave them more flexibility (e.g. child care). Feedback from junior doctors was generally very positive, although some felt that loss of responsibility of junior doctors might become a problem, and the process became more formal, causing some aspects of team dynamics to be affected e.g. humour. All participants felt that this intervention was likely to increase patient safety.

Conclusion
Telemedicine (secure video-conferencing) is a practicable alternative to consultant presence at junior doctor handover, and the majority of consultants and juniors in the study felt it enhanced patient safety and would prefer it to the absence of the consultant at evening handover.

Obtaining Informed Consent: Evaluating the performance of Junior Doctors and the impact of an e-learning tool

Mr Howard Cottam, Bijayendra Singh, Medway Maritime Hospital NHS Trust, John Anderson, BSMS

Introduction
This pilot study evaluated the practice of a cohort of junior doctors through direct observation of their discussion with a patient when obtaining informed consent.

The study then evaluated the effectiveness of a novel e-learning tool, created to improve the quality of consenting practice amongst junior doctors.

Methods
A quasi-experimental approach was applied, using a ‘one-group, pretest-posttest’ design. Junior doctors, working in the Trauma and Orthopaedic department of a Hospital in Kent, were observed whilst obtaining consent from a patient who had sustained a fractured neck of femur. The evaluation of their performance was made against series of elements derived from General Medical Council (GMC) guidance. Following the initial assessment, they participated in an e-learning session, consisting of a general consent module and a procedure-specific (hip fractures) module. They were subsequently reassessed in consenting using the same evaluation tool.

Results
10 junior doctors participated. In the initial evaluation they only performed well in the element relating to explanation of major risks of surgery. Following the completion of the e-learning modules, performance improved significantly in the organisation of delivery of information and the elements relating to the explanation of the diagnosis, prognosis and the procedure itself. Performance did not significantly improve for the elements relating to general communication skills, including the use/avoidance of medical jargon.

Discussion
This pilot study suggests that junior doctors can be trained to take informed consent from patients. The e-learning module appears to be effective in delivering some of that training, and was welcomed by the trainees. The e-learning appears to provide a knowledge base that supports the discussion, yet does not directly address the doctor’s existing communication skills. A Consent: patients and doctors making decisions together. General Medical Council, 2008
Poster Abstracts

Simulation
Development of simulation-based thoracic anaesthesia training within KSS

Dr Michele Bossy, HE KSS

Introduction

There is a UK-wide shortage of thoracic anaesthesia training. The Royal College of Anaesthetists (RCOA) 2010 curriculum encompasses essential skills and knowledge expected of all consultant anaesthetists. KSS trainees are disadvantaged by lack of thoracic surgery within the region; transfer elsewhere is necessary in order to fully meet RCOA curriculum competencies.

Objectives

I aimed to deliver high fidelity, relevant training within KSS to address current skill gaps as identified by a detailed survey of current trainees.

Description

An introductory seminar was followed by a series of workshops, allowing trainees supervised time to refine skills with specialised airway equipment and simulators. Subsequently, each candidate experienced a session in the high fidelity simulation suite. The validated scenarios encompassed varied aspects of perioperative management, with emphasis on non-technical skills and with specialist faculty leading the group debrief. Faculty consisted of senior consultants experienced in both thoracics and simulation-based training.

Discussion

Feedback revealed a mean 4.7 point increase in confidence in specific pre-defined skills. Candidates felt it was relevant and appropriately targeted. They particularly valued the chance to practice in an unpressurized environment with specialist equipment and the simulation-based sessions. KSS now plan to implement this successful course annually for all senior trainees.

Optimal timing for the introduction of simulation into medical school teaching – the earlier, the better?

Miss Kathryn Jiggens & Mr Sam Thenabadu, King's College London

Aims

Identify the current uses of simulation and the timing of their introduction for medical students in the UK. Examine what format simulation has been found most effective (e.g. individuals, teams with peers and/or other health professionals). Examine the evidence for and against the optimal implementation of different types of simulation during medical school teaching.

Methods

Conduct a literature search (including Medline, Pubmed) to assimilate information on uses of simulation in medical school teaching and the optimal timing of implementation. Define search terms and inclusion/exclusion criteria. Review the evidence.

Results

Present a poster presentation.

Conclusions

Simulation has been used in medical school teaching for several decades. Several forms of simulation are commonly used including simulated patients and high-fidelity simulation suites and scenarios. It has been shown to have many advantages such as an early understanding of teamwork and communication skills. Some medical schools introduce forms of simulation in the first year of entry whilst others delay its introduction to the clinical years (typically third year onwards). It can be argued that medical schools that delay the introduction of simulation may significantly disadvantage their students in preparation for clinical placements and careers as they need to ‘catch up’ with their peers.
“Dentists in the Hospital”
Confidence of Maxillo-Facial SHOs in managing surgical patients on the ward

Dr Thomas Hampton, David Gray, Michael Monteiro, Prodip Das, Royal Sussex County Hospital NHS Trust

We gave a questionnaire to new dentistry-trained max fax sho’s from 4 different hospitals in the South East Coast Strategic Health Authority. When asked about their preparedness and understanding of what their new job entailed, 100% of trainees felt unsure or unprepared. When asked about treating patients, only one trainee felt confident to treat ACS and no trainees felt confident they could treat sepsis.

A 2 hour teaching session on management of post-op and medical complications was arranged and attended voluntarily after hours by trainees. The session included simulation of ward-bleep conversations and scenario patients. After the session greater than 80% of trainees in attendance were confident to treat ACS, anaphylaxis, sepsis and P.E. The session was delivered by an ENT surgical trainee to facilitate greater dialogue and cooperation between the head & neck specialties and their respective trainees.

We hope that we can build on this progress and establish formal pre-job medical training and simulation for all incoming dentistry-trained max fax SHOs.

Cognitive strategies used by medical students in a simulated consultation.

Dr Wesley Scott-Smith – Brighton & Sussex Medical School

Simulation is increasingly being used to explore the attributes of decision making in medicine, and this furnishes a way of understanding how the essential skill of diagnostic reasoning is utilised in a simulation consultation, the nearest approximation to real practice. This study provides an insight into what cognitive strategies are employed by novice students engaging with diagnostic reasoning early in their professional development.

Method

A grounded theory method called Dimensional analysis was used to interrogate the data derived from the simulations. Symbolic interactionism was adopted as the theoretical framework. Filmed data was analysed from real time simulated consultations between 3rd year medical students and a trained actor working from a standardised case (dyspepsia). Each participant completed a filmed consultation and a discussion of diagnostic ideas based upon the history alone. Diagnoses were re-evaluated in light of further examination data and the filming watched back with the researcher using a reflexive discussion approach. Nine participants completed the study providing a rich diet of interactive and reflective data from the simulations focussing upon diagnostic ideas.

Findings

Emergent themes point to the central organising theory of intermediary cognitive adaptation during an important transition in the curriculum. This is characterised by the use of learnt cognitive strategies which act as failsafe mechanisms in maintaining process within the simulation e.g. SOCRATES mnemonic. However, there are examples of naive cognition in applying aspects of conditional reasoning and interpreting clinical probability rules e.g. Murtagh’s Law. The diagnostic process is driven by the clinical history with little encapsulation of the physical examination features into cognition.

Discussion

These findings may explain the emergence of cognitive errors during undergraduate training, and link the normative theory of cognitive expertise with diagnostic errors seen in clinical practice, which are often attributed to errant cognitive processes such as faulty data gathering and interpretation. However, reconstruction of clinical skills and diagnostic thought through reflective analysis are evident in the reflexive discussions, illustrating how simulation based activities in the curriculum might provoke a constructive (intrinsic) perspective on cognitive skills which can advance professional development in cognition.
Reacting to serious untoward incidence – point of care medical simulation in the catheter lab

Dr Udesh Naidoo, Ai-shi Lim, Paul Wilder, James Foxlee - Frimley Park Hospital NHS Trust

Background
Frimley Park hospital provides primary percutaneous intervention for acute myocardial infarcts within the region.

A serious untoward incident (SUI) in February 2013 led to a root cause analysis. Part of the response to this SUI was to form a joint training session in the catheter lab with the entire multidisciplinary team using a simulated patient.

Method
The training took place during a trust wide governance half day and both anaesthetic and cardiac staff were available for training. The sim man Laerdal manikin was programmed to arrest in exactly the same manner as was described from the medical notes of the SUI. A video of the angiogram was played in the lab and the C arm of the X ray machine was moved to mimic actual angiography. The cardiologist in the room was allowed to ask for equipment to enhance realism and the anaesthetist was called to assist when the patient arrested. The whole exercise was run in real time allowing observers to see how the team functioned in this scenario.

Results
The training was well attended by cardiac and anaesthetic staff. 17 feedback forms were returned with 13/17 rating the exercise as excellent (5/5), 1/17 rating it good (4/5) and 3/17 not stating a rating.

Free text comments from the attendees mentioned the usefulness of multidisciplinary training and the awareness of the layout/equipment in an emergency situation.

Discussion
Simulation training in the very areas where patient care is likely to be needed represents the latest trend in simulation training. There is growing evidence that this approach combined with the established benefits of multidisciplinary simulation training helps minimise risk to patients and may even be more cost effective than other methods of training.
Poster Abstracts
Assessment
Vaginal Examination: A structured clinical teaching approach for 4th year medical students using theory-simulation-clinical practice (TSCP) method

Dr Samar Geris, Miss Helen Watson, Medway NHS Foundation Trust

Introduction

Vaginal examination is daunting for medical students. Traditionally this has been taught on anaesthetised patients, causing some controversy. Simulation models and Gynaecology Teaching Associates (GTAs) have provided alternative teaching methods.

Aims

To devise a structured approach to vaginal examination in the clinical setting, using a combination of clinical and non-clinical teaching methods, to provide students with the confidence and the opportunity to obtain informed consent and examine patients.

Method

TSCP approach

Group size: 11 GTA trained medical students in 2012-2013
Assessment: Pre and post TSCP questionnaires; confidence levels were scored from 0 (very unconfident) to 4 (very confident)
Theory: presentation and discussion regarding performing vaginal examination and consent-taking.

Simulation

Demonstration and practice on pelvic model.

Clinical practice

One-to-one session with a Doctor to clerk and examine a patient with consent.

Does teaching style matter in peer-led teaching? A comparison of small group and lecture-based peer-to-peer teaching in a student population

Mr Ime Eka, Suraj Kukadja, Hannah Brooks, Hannah Barrett, Charlotte E. Lees, Alan Salih, Imperial College London School of Medicine

Aims

Imperial College Medical Education Society offers peer-led teaching to students in clinical years, although it is not known which teaching style is valued more by students. This study compares feedback of two peer-led teaching courses: a thirteen-session lecture series and a year-long small-group tutoring programme. We aim to evaluate which style students value more highly.

Methods

Both teaching programmes were available to all students in their first clinical year of study at Imperial College School of Medicine over three consecutive years (2011-2013). Following each course, students completed a voluntary, anonymous survey evaluating six domains using a five-point Likert scale. Between 49 and 111 responses for each cohort were collected. All results were analysed using the student’s t-test.

Results

On direct questioning, more students preferred small-group teaching (45%) to lecture-based teaching (22%). Both teaching styles were highly valued; positive responses were 97% and 93% for small group and lecture-based teaching respectively. Overall, students rated small-group teaching as better at improving exam confidence (p<0.0001), more relevant to examinations (p=0.0001) and more interactive (p<0.0001).

Conclusions

This study demonstrates the value of peer-to-peer teaching, and supports small-group over lecture-based teaching. Our findings can be used to shape future peer-led teaching courses.
Coloproctology Training for surgical trainees in the UK – is focused sub-specialty education being delivered?

Ms Kat Schwab, Royal Surrey County Hospital NHS Trust, Mr Humphrey Scott, Ashford & St Peters NHS Trust

Regional Deaneries in the UK coordinate surgical education, with the ACPGBI offering an advisory role on Coloproctology training and curriculum. With increased emphasis on competency rather than experience, is focused sub-specialty training being delivered?

The provision of Coloproctology education in the UK was investigated by contacting ACPGBI Chapter representatives with a questionnaire regarding regional training and ACPGBI involvement in its organisation and provision.

Geographically, the Chapters of the ACPGBI don’t always match individual deanery coverage, reducing loyalty to trainees and training. For many chapters, there is minimal involvement, leaving all education to the respective deaneries. In others, there are close links, allowing organisation of teaching days and educational timetables. Coloproctology fellowships vary by chapter also.

There is great diversity in Coloproctology training in UK. Geographically, chapters and deaneries may not match, and chapters may straddle two plus deaneries. Those regions with close ties between Chapters and Deaneries demonstrate the most proficient educational timetables for trainees. These differences need to be addressed by ACPGBI Education Committee and regional deaneries to improve Coloproctology training.

The enthusiasm and breadth of coloproctology education offered in some UK regions should be the example for others and pave the way for focused improvements in surgical training.

Medical student learning opportunities – Being on the other side. ‘A reflection on the learning whilst being an OSCE exam volunteer’

Dr Shalini Fernando, Miss Laurice Magdalani, Miss Emma Hardy, Kings College Medical School, (PRH), Guy’s & St Thomas’ NHS Trust, Dr Sam Thenabadu, Princess Royal University Hospital

Background

The OSCE examination is a formative assessment of a candidate’s ability to perform a core task that has been taught during years of training. The candidate attempts to deliver a succinct gold standard demonstration that a knowledge base or skill has been assimilated and can be reproduced competently.

Few examination candidates will think of the OSCE experience itself as a learning episode. However acting as a patient, relative or colleague suddenly opens up a new insight into how OSCE stations are structured and choreographed to highlight key competencies.

Reflective Discussion

This poster will highlight two students’ reflections on the learning achieved as volunteers in four stations in an Emergency Medicine post-graduate OSCE exam:

Conclusions

These reflections highlight that being an OSCE volunteer provides a privileged insight into core competencies that medical students will themselves eventually be required to achieve.

Volunteering allows the chance to be pre-briefed and taught the gold standard approach. Volunteers observed how other candidates approached the tasks with their varying strategies and were able to assimilate the strengths witnessed, whilst learning what not to do.

Perhaps one day all OSCEs will have medical student volunteers as a set part of the students’ learning opportunities.
Using peer teaching as a method of formative assessment in a Sports and Exercise Medicine Student Selected Component (SSC).

Dr Sohie Rintoul-Hoad, Royal Sussex County Hospital NHS Trust

Sports and Exercise Medicine (SEM) is a new and growing field of medicine. Its place on the UK undergraduate curriculum is limited. Therefore a SEM SSC was conducted at BSMS but needed a method of formative assessment. Peer teaching is practised often but assessing the teaching that a student has given to their peers is less documented.

Thirteen students engaged in seven sessions that covered SEM principles. Three of these were dedicated to peer teaching; this required delivering presentations of different sports injuries. During each presentation written feedback was generated by the facilitator using a preformed template and then given to students at the end of the SSC.

The presentations of sport injuries were of a high standard; all demonstrated appreciation of SEM principles and excellent teaching performance. The majority stated that peer teaching was a relevant way of learning SEM. Areas of ‘enjoyment’, ‘relevance’ and ‘knowledge’ were rated as ‘excellent’ by the majority of students. Students were unanimous in wanting the inclusion of SEM in the curriculum.

In conclusion, the SEM SSC used a range of techniques to engage student in this field; in particular peer teaching provides a novel means of teaching SEM and assessing students.

Achievement of Earned Autonomy by an Acute Trust for Pre and Post registration Pharmacy Trainee Education

Mrs Alice Conway, Carra Allen, Jatinder Harchowal, Brighton & Sussex University Hospital NHS Trust

Aim

To establish and maintain quality management of pharmacy trainees and satisfy the Health Education Kent Surrey and Sussex Pharmacy requirements for earned autonomy.

Method

Pharmacy Local Faculty Groups (LFGs) were established in line with the Graduate and Assessment Regulations. Action points from the LFGs were incorporated into relevant senior Pharmacy meetings as well as included in the Local Academic Board. The Quality Manual and Annual Audit Review documentation were agreed by LFGs prior to Chief Pharmacist and submitted to HEKSS Pharmacy.

Results

Following the 2012 Centre Review all criteria for Earned Autonomy were achieved enabling this to be granted.

Conclusions

The Centre Review process provided an opportunity for the pharmacy to highlight good practice and critically review any outstanding issues or challenges that the department faces. The formation of LFGs has developed educational governance within the pharmacy and ensured there are transparent systems and processes in place to develop learning programmes and quality assure trainee teaching and assessment. The earned autonomy status has reflected the consistent high quality workplace education and training for pharmacy trainees. Trainees feedback was central to the Centre Review. The LFG model could be applied to other groups.
Evaluation of the pre-registration pharmacist and technician trainees’ perception of undertaking reflective practice following an internal dispensing error

Mrs Alice Conway, Brighton & Sussex University Hospital NHS Trust, Eric (Ka Chun) Chan, Yeovil District Hospital NHS Trust

Aim

To evaluate pre-registration trainees’ and pharmacy technician trainees’ perception to the practice of completing a reflective form following an internal dispensing error, and the discussion of any errors made with the dispensary practice supervisor (PS) and the education supervisor (ES).

Method

Qualitative data were collected from two focus groups, one for pre-registration pharmacist trainees and the other for pharmacy technician trainees. Participants were based within BSUH and had completed a minimum of one dispensary rotation. Questions were formulated from concepts in the literature. The focus groups were recorded and transcribed in full. Analysis was undertaken based on a grounded theory approach.

Results

Five pre-registration pharmacist trainees and three technician trainees were involved in the two groups respectively. Three key themes were identified from each group. Both groups indicated that completing a reflective evidence form following an internal error and receiving feedback from their PS and ES can help them to learn from mistakes and enable participation in continuous professional development, however, feedback provided should be timely.

Conclusions

Overall, the trainees indicated that these practices can all help them to reduce dispensing error rate and they saw reflective learning as being of benefit to their professional development.

How can medical education in clinical areas become more sustainable?

Miss Donna Lacey, PRUH/ Kings College Hospital Trust

With increasing clinical commitments and consultant contracts not reflecting the hours it takes to prepare and deliver good quality educational experiences for medical students; as well as the time that is needed to be committed in the clinical area to facilitate good supervised experience in clinical areas, what is the solution to meeting clinical commitments as well as educational ones in a sustainable fashion?

A new role of clinical skills practitioner was introduced to a local hospital site whose role it was to facilitate student involvement, learning and add educational value to clinical attachments to the A and E department. Qualitative feedback was sought from students completely unaccustomed to the role as to the value of clinical experiences, how involved they became in ordinary activities of the department and how valuable their clinical attachments were.

The role is seen to be of value but has had limited uptake in hospitals as the role functions in addition to the medical and nursing staff resident to the department. Several ideas are put forward as to how to overcome this and also which professions would be best suited to take up the role so as to roll it out to foundation year doctors and medical trainees training and support educational delivery within these units.
Assessments: how do we move from tick box exercises?

Dr Jody Taylor, Ms S. Byone, Darent Valley Hospital NHS Trust

Assessments form a core part of medical training regardless of the speciality. However work based assessments are losing their value. How do we move from tick box exercises to building experience and ensuring that the core requirements are not just minimally met but trainees are pushed beyond minimal standards?

A study done by S Bynoe, 8 trainees in Obstetrics and Gynaecology were interviewed. The consensus was they placed little confidence in assessments and felt that it was just paperwork.

Assessors may need assessments themselves to ensure that they are guiding trainees appropriately and ensuring they get the most out of their experience. Training should act as an integral part of daily hospital running with designated time for assessments. It should not be an ad-lib exercise. We propose a pilot scheme for assessments in O&G, where assessors will have allocated time within their clinics as a 2 part exercise.

Firstly the trainee is assessed through guided reflection and given feedback instantaneously. Secondly discussion areas are highlighted and the trainee is expected to consolidate and reflect on their experience and meet with their assessor within 48 hours. Feedback will be gained from current trainees prior and post the pilot study.

Action research around culture change in surgery: Using the “boring bits” of surgery to focus on what each learner needs

Mrs Scarlett McNally, Eastbourne District General Hospital NHS Trust

Background

Surgical attachments were historically “apprenticeships”. Reduced hours and different expectations of students/trainees mean more focus is needed.

Aims

To enhance the educational experience of students/doctors during surgical attachments.

Subjects and Methods

One D.G.H. Orthopaedic Consultant acted as “Participant-Researcher” in an Action Research project. Five doctors new to the specialty were given “Learning Resource Packages” and a tutorial about learning strategies and opportunities. Consultants were introduced to Reflection and advised about making their “tacit knowledge” explicit to others. The assessment paperwork was clarified. All were asked to use the “boring bits” of operations for the learner to reflect on a recent event with the Consultant. Questionnaires and discussions identified which interventions were valued.

Results

The learners reported excellent opportunities to learn. “Pre-induction” resources scored highly. They valued the learner-directed time especially during surgery and the clarity of surgical decision-making. Their perceived confidence increased considerably during their 17-week post. The Consultants reported satisfaction.

Conclusions

Students/doctors can be encouraged to take control of their surgical learning using a carefully-targeted Educational program. Key elements of surgical thinking for any future medical career can be nurtured. Trainers need skills to adjust to the new generation of trainee.
Near-peer Teaching for Medical Specialty PACES? Student and Teacher Satisfaction

Miss Charlotte Colley, Grahma Hantman, Lakshmi Kuhendran, Imperial College School of Medicine London, Dr Nia Williams, Dr Charles Stewart, Dr Yannis Loannou, Dr Suveer Singh, Chelsea & Westminster Hospital NHS Trust

Introduction

Near-peer teaching is a rapidly expanding area of medical education and has been shown to benefit the student and the development of the teacher. This programme aimed to increase the level of preparedness for undergraduate students undertaking Paediatric and Obstetric and Gynaecology practical examinations using a near-peer teaching programme.

Method

Students at Chelsea and Westminster Hospital were invited to participate in a simulation based on their upcoming examination. A short introductory interactive lecture was delivered followed by small group exam-focused clinical teaching. The session was facilitated by final year medical students with quality assurance provided by consultants. Likert Scale questionnaires (1 = strongly disagree; 5 = strongly agree) were completed by the students.

Results

20 students participated. Students felt concerned about their examinations before the session (mean = 4.1), and were considerably more confident afterwards (mean = 4.55). Students identified that near-peer teaching was an effective method of learning (mean = 4.8) and they felt they would benefit from future sessions (mean = 4.8). Students would like the opportunity to facilitate future near-peer sessions (mean = 4.6).

Conclusions

Near-peer teachers are a resource that are currently underutilised within undergraduate education. This pilot supports near-peer teaching as a model for exam-focused medical speciality teaching.

A Medical Journal Club – A Student Led Learning Experience

Mr Terry John Evans, Shanika Basnayake, Nipa Haque, Marie Houdmont, Kalliste Oh, Alex Yao, Imperial College London

Aim

We established an independent student-led journal club at a London medical school. Our aims were: to offer an opportunity to present research; to provide a supportive environment for discussion; and to teach the principles of evidence-based medicine.

Methods

The journal club was advertised via email and social media to attract students to attend as well as to present articles. The organizing committee selected two articles per week, and distributed these in advance. Sessions consisted of article presentation followed by discussion. Feedback was collected after each session using a questionnaire scored using a 5-point Likert scale and free text.

Results

Attendance ranged from 7 to 23 students per session. 70% of students had Bachelor’s degrees, 17% had Master’s degrees, and 13% had PhDs, and all were in their clinical years. Motivation for attending was most commonly to improve critical appraisal skills. Ratings of the clarity of the presenters, the structure of the journal club, and whether it met students’ objectives were consistently excellent.

Conclusion

Participants agreed that their objectives had been met and valued the opportunity to present. The peer-to-peer journal club model can potentially be used at other medical schools to supplement the core medical curriculum.
Unstable Patients – Systematic Targeted assessment Recognition And Treatment (UPSTART) – Junior Doctor Led International Teaching Program

Dr Daniel Lake, Darent Valley Hospital NHS Trust, Dr Rebecca Parker, Royal Victoria Infirmary, Dr Arosha Dissanyaka, Dr Avindra Jayawardene, Ruhuna University, Galle, Sri Lanka

We report our experiences of developing and delivering a practical skills based acute illness management course in rural Sri Lanka.

Sri Lankan medical education is weighted towards theoretical knowledge and diagnostic skills. There is very little practical training or simulation covering the immediate management of acutely ill patients. Yet, many Sri Lankan medical graduates will be expected to work independently in isolated placements with minimal facilities and limited senior support within 2 years of graduating.

Therefore, a structured approach to acute illness management is an essential skill. We developed a course designed to teach the ABCDE approach to a group of newly graduated doctors using medical simulation. This was a challenging task as we needed to overcome cultural and language barriers, introduce a totally new teaching style and change the view that treatment requires a diagnosis. Our biggest concern was being able to engage the candidates in the programme and overcome the hierarchical structure ingrained into Sri Lankan medical education.

The course took place at Ruhuna University, Galle, Sri Lanka in May 2013. There were 24 candidates in total; each received a course booklet and a certificate of completion. The course was very positively received by the candidates and the Medical School Faculty. Encouraging participation wasn't as difficult as expected and we received excellent feedback with most candidates requesting more simulation practice. Consequently, we plan to develop the programme incorporating an internet based, pre-course knowledge package with a practical session dedicated to clinical skills.
Poster

Patient Safety & Engagement
Medical students in Accident and Emergency essential for medical education: a cohort study of confidence levels

Dr Rachel King, Dorset County Hospital, Rob Galloway, Brighton & Sussex University Hospital NHS Trust

Background

Whilst at medical school tomorrow’s doctors should be fully equipped to deal with common clinical scenarios faced throughout their careers starting the very first day of practice. Theory and practical experience should combine to produce safe and confident doctors. This cohort study evaluates the role a placement in the emergency department can have on the confidence levels of final year students to perform key skills and manage core medical and surgical cases.

Methods

A cohort of twenty students was surveyed before and after a three week attachment to an Accident and Emergency department in a busy teaching hospital. Quantitative and Qualitative data was collected on their confidence levels and preparedness for work as a junior doctor.

Results

There was a universal increase in confidence across all clinical skills, core management and preparedness for the duties of a doctor. The greatest increases were seen in key interventions important for immediate management. For example confidence increased by 55.6% and 48.7% in setting up fluids and giving an intravenous injection respectively. Students were also more confident in formulating management plans and dealing with core medical and surgical conditions; key competencies for safe junior doctors. Participants reported a previous lack of practical experience with many of the skills and remarked at the opportunities offered to them by this placement.

Conclusion

The opportunity to spend time in the clinically rich environment of accident and emergency has significant impact on the confidence levels of junior doctors with core competencies. Whilst staff may be reluctant and medical students intimidated, advantage needs to be taken of this key learning environment to produce safe, competent and confident doctors.

Would the NHS be justified in providing specialist healthcare services to support stressed doctors?

Miss Sinha Chandni, University of Birmingham

Background

High levels of stress are reported by doctors across the UK, but only 13% of 2500 surveyed doctors would seek help for psychological health issues. To encourage health-seeking behaviours, the ‘PHP’ was developed as a bespoke service for doctors in the London Strategic area. In 2012, the Department of Health made recommendations for these services to be extended elsewhere.

Aim

To explore the ethical justifications for claims that the NHS should provide specialist healthcare services to support stressed doctors.

Method

An internet-based literature review was performed. Using philosophical analysis, relevant literature was used to formulate arguments for and against specialist provisions.

Findings

Stressed doctors could be perceived as belonging to a disadvantaged patient-group in healthcare access and outcomes. Rawls encourages resources to be directed to the disadvantaged to equalise health opportunities. Additionally, stress can affect clinical practice, which could have an adverse effect on the wider population. Thus, positive societal outcomes can be yielded from these services.

Conclusion

Using notions of duty, equality and utility, findings of this project show that the NHS would be justified in providing specialist healthcare services to support stressed doctors. These ethical justifications can help advance recommendations to extend these services across the UK.
Smoking Cessation: Better Training, Better Care, Better Public Health

Dr Burhan Khan, Durent Valley Hospital NHS Trust

Introduction

Smoking kills! Everyone who smokes should be advised to quit smoking, and all health care professionals have a responsibility to identify, recommend, and assist smokers to stop smoking. The simplest and most cost-effective intervention is brief opportunistic advice; which has been shown to increase quit rates by ~2%. The 3As: Ask – Advise – Assist; is a validated and effective tool in encouraging smoking cessation successfully.

Aim

To ascertain attitude and clinical practice in promoting smoking cessation amongst HE KSS core medical trainees (CMTs).

Methodology

CMTs at a HE KSS regional training day were anonymously surveyed using multimedia questionnaire and audience response devices.

Results

Of 151 HE KSS CMTs, 49 trainees were surveyed with 100% response rate. All 49 stated that they routinely ‘Ask’ and 77% ‘Advise’ smoking cessation, and but only 8% routinely refer to NHS Stop Smoking Services (SSS). In the preceding month, 17% had referred to SSS, 22% had prescribed nicotine replacement therapy whilst at the same time 92% had prescribed inhalers/bronchodilators.

Conclusion

Overall there is poor implementation and utilisation of the 3As. Identification of smokers needs to be systematic and availed at every health care interaction when health is a major salient concern for the patient.

Formal procedural teaching using part trainers increases confidence in CMT trainees: a pilot

Dr Rebecca Green, Dr Zubair Sarang, Dr Charles Butcher, Dr Martin Carby, Royal Brompton & Harefield Hospital NHS Trust

Background

Core medical trainees (CMTs) must obtain competency in directly observed procedures (DOPS). Teaching techniques are shifting from ‘see one, do one, teach one’, but there is limited formal guidance on alternatives. However, with patient safety incidents involving procedures ranking third, high quality training is imperative. We trialled a formal DOPS course to address this.

Method

Regional CMTs were surveyed on their procedural training and confidence. Locally, senior clinicians provided formal DOPS teaching on part trainers in lumbar puncture, DC cardio version and chest drain, central line and nasogastric tube insertion. Feedback forms and a focus group quantitatively and qualitatively assessed training quality, improvement in procedural confidence and patient safety opinions.

Results

Fifteen CMTs responded to the survey. 87% had performed at least one DOPS on a patient or part trainer, however only 40% rated their confidence at 4 or 5 (5 being very confident). Following local DOPS training, 97% rated an increased confidence by 4 or 5 out of 5. The focus group highlighted the course improved knowledge and built confidence, which may be important for patient safety.

Conclusion

Formal training on part trainers appears to increase CMT’s confidence in procedural competencies. This may have important implications for patient safety.
**Truro Medics Academy: Pre-University Experience in the Healthcare Profession**

Dr Sarah Colpus, Dr Arvind Karthikeyan, Dr Abigail Davies, Dr Owen Miller, Royal Cornwall Hospitals NHS Trust

**Introduction**

Gaining insight and experience into the healthcare profession as an A-Level student can be challenging, resulting in some students starting university with limited healthcare exposure.

Truro Medics Academy was created at Truro Sixth Form College to support students, interested in these professions.

**Aim**

Support students interested in healthcare professions, before making university applications.

**Method**

Throughout the academic year, weekly workshops and personal statement drop-in sessions are provided. The workshops are run by the Head of Medical Applications at Truro College and Foundation Year Doctors from the Royal Cornwall Hospital Trust, with input from guest speakers. Workshops cover a range of topics such as life as a doctor, applications and interviews, case presentations and careers.

**Results**

65 AS students attended the first workshop of the 2013/2014 academic year and 68 the second week. Informal feedback has been positive, with enthusiasm and commitment from students. Formal feedback will occur at the year’s end.

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**Flattening the hierarchy**

Miss Holly Carpenter, Sarah Mallon, Dr Sam Thenabadu, Kings College London

**Aims**

To present a poster highlighting the risk to patient safety that can occur when medical students feel under qualified to challenge the practice of experienced healthcare professionals. To reflect upon our experience of dealing with human factors and challenging hierarchy. To obtain feedback and ideas on how to further research this topic.

**Background**

The case of Elaine Bromiley highlighted that patient safety could be improved if all members of the healthcare team feel they are able to express concerns. Medical students may feel insufficiently skilled to share their opinions about patient care. The lack of training medical students receive could have a direct impact on patient safety. We propose that practical scenarios dealing specifically...
A Patient Interactive Guide to the Cervical Screening Programme

Dr Naila Khan, Hany Wisa, Stephen Norman, Medway Maritime Hospital NHS Trust

Patient education is imperative to increase the uptake of cervical screening for the detection of pre malignant changes, and address the rising incidence of cervical cancer cases seen over the last decade. Cervical cancer can be effectively treated if detected at an early stage and with curative treatment providing an excellent prognosis.

Our aim was to create an effective, well evaluated computer based personal interactive guide for the purpose of patient education. Patient education is an important component of disease management and can be defined as the process of improving knowledge and skills in order to influence attitudes and behaviour required to maintain and improve health.

Using computer graphics, animation, medical images, video and sound editing, we created a CD-ROM package. Through simulation, it alleviates anxiety experienced at attending a colposcopy appointment, and educates about causes, risk factors, symptoms, screening, types and management of cervical cancer.

This software is useful for educating patients on cervical cancer and the importance of screening. The programme tests the understanding of the patient through its interactive component and will ultimately improve adherence to follow up and improve the quality of care we offer our patients.
Maps of campus

- BSMS Teaching building
- Car park 3
- Underpass
- Train station
- A27
- Main entrance from east
- Underpass
- Main entrance from east
Dine Central – Bramber House
Many thanks to our chairs, speakers, presenters and delegates

And our Sponsor Adam Rouilly, Laerdal for their contribution