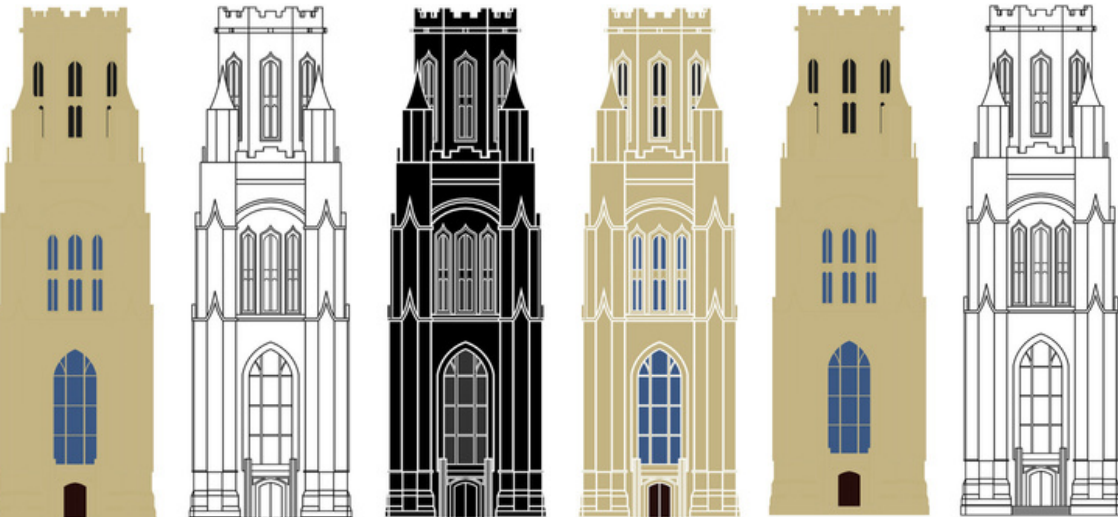
TICC 2025

Booklet and Programme



TICC 2025

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1

Welcome to TICC 2025

We are thrilled to welcome you to this year's conference, now in its second year and newly expanded to a national stage. This is the first conference of its kind dedicated specifically to Clinical Teaching Fellows, providing a unique platform to share ideas, collaborate, and enhance medical education.

The enthusiasm and interest we received have been extraordinary, with an unprecedented number of applications to present. This has enabled us to curate a diverse and engaging programme, featuring thought-provoking talks and interactive workshops tailored to the evolving role of Clinical Teaching Fellows in medical education.
Whether you are here to present, learn, or connect with peers, we hope you find the day inspiring and enriching.

Thank you for being part of this growing community—we look forward to an exciting and insightful conference with you!

2

TICC Aims

01

To see and share the accomplishments of clinical teaching fellows within the field of medical education

02

To develop the research and innovation skills of junior doctors within the field of medical education

03

To give clinical teaching fellows the opportunity to practice presenting medical education-themed work before presenting at large-scale national or international conferences

3

TICC 2025 Sponsors

University of BRISTOL

ASME Association for the Study of Medical Education

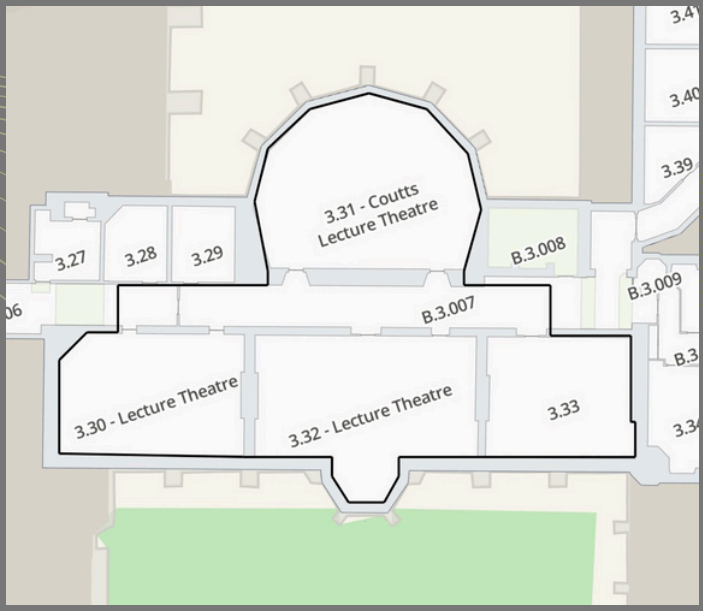
MDU

AoME

ACADEMY OF MEDICAL EDUCATORS

4

Location



Wills Memorial Building - 3rd Floor

Location

Wills Memorial Building, Queens Road, Clifton, Bristol, BS8 1QE

Accessibility

The rooms are wheelchair accessible by taking the elevator from the main entrance to the 3rd floor. There is a platform lift available to the Cotts Lecture theatre.

5 Full Programme

Morning

		Coutts (3.31)	3.30	3.33	3.32
0900-0930		**Registration** Delegates to register At front desk			**Arrival refreshments**
0930-0945		**Welcome to TICC 2025** Dr David Rogers & Dr Sam Chumbley			
0945-1030		**Keynote speaker** **Sustainability in Medical Education** Dr SanYuMay Tun			
1030-1100		**Break**			
1100-1140		**Short Communications** *Themes: Gamification; Technology Assisted Learning and AI* Award Panellist: Dr David Rogers	**Short Communications** *Themes: Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation* Award Panellist: Dr Sally Downing	**Short Communications** *Themes: Learning in the Clinical Environment; Simulation; Clinical Skills* Award Panellist: Dr Robbie McClintock	**Short Communications** *Themes: Learning in the Clinical Environment; Peer Teaching; Pastoral Care* Award Panellist: Dr Sam Chumbley
	11:05	**Differential Bingo! A Clinical Reasoning Activity** Dr Euan Loughrey University of Glasgow	**Bringing Bedside Teaching Back: A Quality Improvement Project to Enhance Delivery and Structure in Undergraduate Medical Education** Dr Clodagh Beattie & Dr Emily Codd Great Western Hospitals NHS Trust	**A Sharp Approach: Low-Cost Models for Effective Ultrasound-Guided Cannulation Training** Dr Arslan Ahmed Manchester University NHS Foundation Trust	**'Teacher of the Week': Excellence Reporting in Undergraduate Surgical Education** Dr Olivia Groom NHS Greater Glasgow and Clyde
	11:15	**The Surgical Escape Room – A useful educational tool or gamification gone too far?** Dr James Martin & Dr George Esworthy University Hospitals of Leicester	**Simulated Long Cases: A More Immersive Approach to Case Based Learning (CBL)** Dr Jonathan Foulkes, Dr Ella Varnish & Dr Anna Cundy University of Bristol	**Doctor to Educator: A course for resident doctors as clinical teachers** Dr Kai Yin Ang & Dr Eve Rushforth Great Ormand Street Hospital for Children	**Enhancing Surgical Outpatient Learning: Implementing Structured Teaching Clinics for Medical Students** Dr Uttara Srinivasan Royal Surrey County Hospital
	11:25	**The Use of Anthropomorphic Mascots to Improve Perceptions of the Educational Climate and Encourage Student Confidence in the Clinical Setting** Dr Abigail Smith & Dr Sidrah Ali Khan The Dudley Group NHS Trust	**Empathy in Action: Communication Skills for Tomorrow's Doctors** Dr Callum Yau & Dr Trisha Dhabalia Royal Surrey County Hospital	**Improving Formulation of Differential Diagnosis in Year 3 Medical Students** Dr Elena Beams, Dr Oghenetega Ugboduma & Dr Megan Freemantle Hull York Medical School	**MedNav: A Mobile App aiming to enhance medical student transition to clinical placement** Dr Muz Ahmad University of Edinburgh
	11:35	**Who Wants To Be A Cardiologist?** Dr Euan Loughrey University of Glasgow	**Red, Yellow, Green: A Structured Approach to Clinical Prioritisation** Dr Kieran Dash, Dr Mary-Beth Patterson & Dr Christina Mamareli NHS Greater Glasgow and Clyde	**From Classroom to Clinical: Enhancing Early Years Medical Students' Confidence and Competence** Dr Phillippa Gray & Dr Sally Li Er Fong Sherwood Forest Hospitals NHS Foundation Trust	**Improving Medical Students' Obstetrics and Gynaecology Education Through Simulation-Based Peer Mentoring** Dr Georgia Mills Hywel Dda Health Board
	11:45	**Exploring Artificial Intelligence Usage and Perceptions in Medical Education: A cross sectional comparative study of Medical Students and Medical Education Faculty** Dr Natasha Knight & Dr Molly Jankowski Maidstone and Tunbridge Wells NHS Trust	**Teaching the Hidden Curriculum - Teaching Series on Medical Careers for Student Doctors** Dr Emma Andrews Torbay and South Devon NHS Foundation Trust, University of Plymouth	**Evaluation of an Undergraduate Palliative Care Teaching Programme in a District General Hospital** Dr Uzayr Mahmood & Dr Jennifer Inglis-Taylor Great Western Hospital NHS Foundation Trust	
	11:55	**Picture this: AI-generated visual mnemonics as new tools for learning in medical school. A pilot study.** Dr Josephine Harrison & Dr Thomas Davies North Bristol NHS Trust, University of Bristol	**Teachers can be neurodivergent too – considering and supporting neurodivergent medical educators** Dr Catherine Ollerhead University of Bristol	**Game On for Final Year Medical Students: How Virtual Reality Simulation Enhances Preparation for Practice** Dr Arslan Ahmed, Dr Niamh Callanan & Dr Sophia Mottaghi-Taromasari Manchester University NHS Foundation Trust	
1200-1245		**Lunch**			

5 Full Programme

Afternoon

		Coutts (3.31)	3.30	3.33	3.32
1200-1245		**Lunch**			
1245-1345		**Workshop** **Beyond the Hype: Practical and Meaningful Use of Generative AI in Medical Education** Dr Aurania Varsou	**Workshop** **10 Top tips for busy clinical educators** Dr David Rogers & Eliza Burdass	**Workshop** **Sustainability in Medical Education** Dr SanYuMay Tun & Dr Theresa Martin	
1345-1445		**Oral Presentations** *Themes: Technology Assisted Learning and AI* Award Panellist: Dr David Rogers	**Oral Presentations** *Themes: Simulation; Peer Teaching* Award Panellist: Dr Sally Dowling	**Oral Presentations** *Theme: Clinical Skills* Award Panellist: Dr Robbie McClintock	**Oral Presentations** *Themes: Equality Diversity and Inclusion; Gamification; Learning in the Clinical Environment* Award Panellist: Dr Hannah Dunne
	13:50	**'I can't remember the last time I read a book since the start of medical school': An exploration of the use of Free Open Access Medical Education resources by medical students** Dr Jacqueline Morgan University of Birmingham	**How to start a Student Simulation Faculty - lessons and challenges from our first year** Ms Rachel Falconer University of Aberdeen	**SUTURE-3D – Suturing Using Traditional Equipment vs 3D-Printed Models for Skill Acquisition, A Cross-Over Trial for Medical Students** Dr Michalis Anestis Patsalides & Dr George Esworthy University of Leicester	**The Phoenix Medical Project – championing and supporting displaced doctors' journey towards working in the UK.** Dr Jonathan Bowley North Bristol NHS, University of Bristol
	14:10	**Assessing the effectiveness of AI-simulated patient interactions for communication skills training in medical education** Dr Alifya Mukadam & Dr Shruti Suresh Great Western Hospital NHS Foundation Trust	**CARSEAT: Supporting the Simulation Journey** Dr Amy Turnbull, Dr Katie Ash & Dr Emma Furzer University of Bristol	**Less Waste, Same Skills: Implementing Sustainable Practices in Clinical Skills Training** Dr Maria Gabriela Bridger Epsom and St Helier University Hospitals	**Derm Detective, Escape Rheum, and NeuroNavigator: Gamification in Specialty-Specific Learning for Undergraduate Medical Education** Dr Mia McDade-Kumar, Dr Ryan Gwilliam & Dr Jason Wong, Queen Elizabeth Hospital Birmingham
	14:30	**AI guidance and regulation: are we letting medical students down?** Dr Matthew Morris & Dr Emma Robinson Chesterfield Royal Hospital	**Bleeping Brilliant: Boosting Confidence in Final-Year Medical Students with Bleep-Based Simulations** Dr Safiyah Khan & Dr Holly Baker Epsom & St Helier University Hospitals Trust	**Introducing Point-of-Care Ultrasound (POCUS) to Third-Year Medical Students: A Quality Improvement Project at Torbay Hospital** Dr Mark Baker & Dr Eleanor Skinner Torbay and South Devon NHS Foundation Trust	**Experiential Learning in Action: Evaluating the Effectiveness of Resus Bleep Days for Medical Students** Dr Rosanna Watts Torbay and South Devon Foundation Trust, University of Plymouth
1445-1500		**Break**			
1500-1600			**Workshop** **Teaching in Low Resource Settings** Dr Julie Thacker & Dr Ian Fussell	**Workshop** **Serious Games for Health Profession Education** Dr Sarah Edwards Cancelled	**Q&A panel - Careers in Medical Education** Panellists: Dr Hannah Dunne, Dr Jonathan Rees, Dr Juliet Brown, Dr Robbie McLintock & Dr Sam Chumbley
1610-1630		**Closing remarks and prizes** Dr Lizzie Tighe & Dr Thomas Shackshaft			

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Workshops

Room 3.30 - 12:45 - 13:45

10 Top tips for busy clinical educators

Dr David Rogers and Eliza Burdass

Biographies

Dr David Rogers



David, Programme Co-Director Bristol Medical School and Clinical GP: David serves as co-lead for the undergraduate medical programme at the University of Bristol. As part of a dedicated team of educators, he endeavours to optimise the student experience while maintaining a strong focus on learning. His extensive clinical background fuels his interest in integrating various educational components to produce competent and compassionate graduates.

David's research projects are diverse and compassionate. They include initiatives to enhance student resilience, increase support for neurodiverse learners in clinical settings, and develop progress markers for clinical learning akin to progress testing in medical programmes. As an international medical graduate, David views medical careers through multiple perspectives and remains keenly interested in advancing medical education.



Eliza Burdass

Eliza, Co-Chair of the Year 5 Medical education committee and final year medical student at University of Bristol:

Eliza has taken on several teaching and student leadership positions during her time at university, including teaching with Sexpression and The Phoenix Project. She has held two positions on the Galenicals committee and has taken on mentorship work within peer mentorship schemes and widening-participation schemes in the medical admissions team.

She is currently co-chair of the year 5 medical education committee and is passionate about student advocacy within medical education. Her Global Health BSc fostered an interest in medical education with minimal resources, work she wishes to continue in the future.

Workshops

Room 3.30 - 12:45 - 13:45

10 Top tips for busy clinical educators

Dr David Rogers and Eliza Burdass

Description of Session

This workshop will be conducted in an informal manner, with participants and presenters collaboratively exploring a variety of strategies designed to save time and enhance education. By integrating educational theory with personal experiences from both student and course organiser perspectives, we will delve into a selection of topics guided by audience participation, aiming to create an informative and interactive session.

Potential topics include evidence-based practice and AI, supporting neurodiverse learners in clinical environments, psychological safety, two-stage assessments, and several others. We warmly invite you to join us for this enriching experience.

Workshops

Coutts 3.31 - 12:45-13:45

Beyond the Hype: Practical and Meaningful Use of Generative AI in Medical Education

Dr Ourania Varsou

Biography

Dr Ourania Varsou is a medically-qualified Senior Lecturer in Anatomy with a PhD in neuroscience/neuroimaging, currently working at the University of Glasgow. She teaches bioscience, medical, and dental students from sub-honours to honours levels, with a specialist focus on the head and neck region and imaging. She also teaches scientific skills, including statistics for biosciences, prompt engineering and delivers bespoke sessions on medical/health humanities at both the University of Glasgow and internationally. Ourania's research includes Scholarship of Teaching and Learning (SoTL), imaging (particularly ultrasound), clinically-applied anatomy, and generative AI in Higher Education. In addition to her teaching and research, she leads the SINAPSE Public Engagement Theme in Glasgow, focusing on connecting researchers with the public to share the benefits of imaging research. Ourania is a strong advocate of medical/health humanities, writing her own poetry, and promotes sustainability and alternative teaching approaches in Higher Education.

Description of Session

This hands-on workshop will explore how Generative AI (GenAI) can be meaningfully integrated into medical education, moving beyond the trend-driven adoption of new technologies. Through real-world case studies, participants will examine genAI's role in teaching, assessment and administrative tasks. A structured prompt engineering activity will allow attendees to experiment with ChatGPT or Microsoft Copilot, refining their ability to craft effective AI-generated outputs. By the end of the session, participants will have developed practical strategies to critically evaluate AI tools, ensuring their use aligns with ILOs rather than technology for technology's sake.

Requirements: Participants are kindly asked to bring a personal device, such as a laptop or tablet, to take part in the hands-on activities. Additionally, if possible, they should ensure they have access to either ChatGPT (free version) or Microsoft Copilot (free version or through their institution's enterprise model) before the session, to fully engage with the AI-based exercises. It would also be beneficial to bring one of the following: a lesson plan, an assessment brief or an administrative task they would like to explore using genAI.

Workshops

Room 3.33 - 12:45-13:45

OSCE writing workshop with Planetary Health and Sustainable Healthcare theme

Dr SanYuMay Tun and Dr Theresa Martin

Biography



Dr SanYuMay Tun has a background in medicine as a former general practitioner, in environmental science and policy, and in medical education as a Principal Fellow of the Higher Education Academy (PFHEA). She chairs MSC – ESHA, the Medical Schools Council's Education for Sustainable Healthcare (ESH) Alliance, having led the development of the first ESH curriculum to be endorsed by any national medical educational bodies – Education for Sustainable Healthcare – A curriculum for the UK.

This curriculum guidance document is included by the GMC as informing its required Outcomes for graduates. SanYuMay has an international presence in bringing Planetary Health and sustainable healthcare into core health professions training. At the University of Oxford she leads Education for Sustainable Healthcare in the School of Medicine and Biomedical Sciences, Medical Sciences Division, and is a Fellow of Green Templeton College. SanYuMay is interested in best practice for implementing education in planetary health and sustainable healthcare – through faculty development, in undergraduate and postgraduate training, and in continuing professional practice.

Description of Session

Drawing on insights from this morning's keynote, we'll write some OSCEs with an Education for Sustainable healthcare theme. As ESH applies to every specialty and clinical encounter, feel free to bring a sample OSCE markscheme from your own institution and any ideas for an interesting scenario in your favourite specialty. Try to avoid mention of inhalers and anaesthetic gases, as these have been extensively discussed elsewhere! A good output of this workshop would be to produce scenarios that can go on to be reviewed, piloted and added to question banks – so we ask you to maintain confidentiality of the material.

Workshops

Room 3.30 - 15:00 - 16:00

Teaching in Low Resource Settings

Dr Julie Thacker and Dr Ian Fussell

Description of Session

Ian and Julie's workshop will focus on effective strategies for teaching medical students in resource-limited settings. The session will focus on thinking about what is essential for good clinical teaching; resourcefulness, adaptability, innovation and (hopefully) fun without the need to rely heavily on technology, access to real patients or specialised facilities.

By the end of the session, attendees will feel empowered to deliver high-quality, impactful teaching despite limited resources. Please come along with a stethoscope, an open mind, enthusiasm to join in and willingness to share ideas

Biographies

Ian Fussell

Ian graduated in Medicine from the University of Nottingham in 1989 before building a dynamic career across clinical practice, healthcare leadership, and medical education. After working in Emergency Medicine in Australia, he settled in Cornwall in 1993 as a General Practitioner.

With the establishment of the Peninsula Medical School in 2003, Ian transitioned into medical education, leading to his role as Associate Pro-Vice Chancellor for Education at the University of Exeter. His leadership has shaped curriculum development, faculty training, and innovation in medical education.

As Deputy Medical Director for Cornwall and Isles of Scilly Primary Care Trust (2009–2012), he oversaw healthcare quality, led investigations into serious untoward events, and managed the GP Performers List. Nationally, he contributed to the National Revalidation Development Team, the Medical Schools Council, and the National University Clinical Aptitude Test Board.

A Principal Fellow of the Higher Education Academy, Ian has been instrumental in shaping medical education policy and practice. Following his retirement in December 2024, he continues as an Emeritus Professor at Exeter.

Beyond academia, Ian enjoys surfing, running, and cycling and expresses his creativity as the bassist for the no-wave art-punk band Venice Treacle.



Workshops

Room 3.30 - 15:00 - 16:00

Teaching in Low Resource Settings

Dr Julie Thacker and Dr Ian Fussell

Julie Thacker

Julie trained at St George's Hospital Medical School (as it was then known) from 1980- 1985. After graduation, she worked in London before moving home to Cornwall where she worked in hospital medicine until retirement from the NHS at the end of 2021. During this time, Julie worked as an Associate Specialist in Nephrology, Cardiology, Neurology, ME and Care of the Elderly. Julie reflects that whilst it sounds a bit unusual to work in so many different specialities, moving between different areas with different requirements enabled her to raise a family at the same time. Julie says, "It's a bit like 'the wand chooses the wizard' for parents 'the childcare availability chooses the clinic rota'".

Alongside this, Julie joined the newly formed Peninsula Medical School in 2005 and says she was lucky enough to find herself working alongside Ian Fussell as Medical School Hospital Subdean for the Truro Locality. After 2012, both Julie and Ian's roles transferred to the University of Exeter Medical School and Julie became the Clinical Director of the Medicine Programme at Exeter. During interim years, Julie worked as an academic tutor, a clinical tutor on the wards, taught in clinical skills, simulation, provided student support and Special Study Units. Julie supervised the Clinical Fellow programme and helped to set up the first National Conference.

Alongside Ian, Julie set up the Ethiopia Project, where they twinned with a new medical school in Ethiopia and visited annually to help with teaching and support. Although Julie officially retired from her MedSchool role at the end of 2021, she still helps with project work or anywhere she can be useful. Julie enjoys retirement and loves growing her own veg, walking the dog on the beach and not having to get up to go to work when it's raining. Julie was thrilled to be asked to come along today and is really looking forward to meeting you all.



Workshops

Room 3.33 - 15:00-16:00

Serious Games for Health Profession Education

CANCELLED



Biography

Dr Sarah Edwards

Dr Sarah Edwards is a Consultant in Adult and Paediatric Emergency Medicine working in the East Midlands. As well as being ASME's Honorary Secretary she works in several other roles. She currently works as a tutor/lecturer for the Medical Education Masters at Sunderland University and is the social media and Senior Editor for the Emergency Medical Journal. She also the Clinical Chair for the Royal College of Emergency Medicine's (RCEM) eLearning committee. She has research interests in technology enhanced learning, gamification in education and qualitative methodology.

Description of Session

This workshop aims to explore the role of tabletop games for the use in HPE. The workshop will explore with the participants how to consider creating tabletop games for HPE with the option to try some games out. This aims to be a fun and interactive workshop for all levels.

We regret to inform you that, due to unforeseen circumstances, we are unable to run this session. We apologise for any inconvenience caused and appreciate your understanding

Q & A Panel

Room 3.32 - 15:00 - 16:00

Panelist's

Sam Chumbley – TICC Director; Lead Clinical Teaching Fellow at University of Bristol; GP trainee.

Robbie McLintock – University of Bristol MBChB year 4 co-lead; Long Medical Education history with Yeovil Academy; Acute Medical Physician

Hannah Dunne – Lecturer in anatomy; specialty doctor in forensic and sexual offences; background in obstetrics and gynaecology; currently completing MSc in Health Professions Education.

Jonathan Rees – Consultant hepatobilliary surgeon; Joint Academy Dean; academic background includes PhD from Cambridge and Masters in Epidemiology; teaches undergraduates and postgraduates.

Juliet Brown – Associate Professor of Medical Education; GP; background in psychology, neuroscience, and clinical communication; Year 1 Co-Lead and Effective Consulting Lead at Bristol Medical School.

Chair

Megan French – TICC Deputy Director; current undergraduate clinical teaching fellow at University of Bristol; previously worked as Severn Simulation Foundation Fellow

Key Note

Sustainability in Medical Education

SanYuMay Tun

Bio



Dr SanYuMay Tun has a background in medicine as a former general practitioner, in environmental science and policy, and in medical education as a Principal Fellow of the Higher Education Academy (PFHEA). She chairs MSC – ESHA, the Medical Schools Council's Education for Sustainable Healthcare (ESH) Alliance, having led the development of the first ESH curriculum to be endorsed by any national medical educational bodies – Education for Sustainable Healthcare – A curriculum for the UK.

This curriculum guidance document is included by the GMC as informing its required Outcomes for graduates. SanYuMay has an international presence in bringing Planetary Health and sustainable healthcare into core health professions training. At the University of Oxford she leads Education for Sustainable Healthcare in the School of Medicine and Biomedical Sciences, Medical Sciences Division, and is a Fellow of Green Templeton College.

SanYuMay is interested in best practice for implementing education in planetary health and sustainable healthcare – through faculty development, in undergraduate and postgraduate training, and in continuing professional practice.

Description of Session

A mandatory new sustainability duty came into effect in January 2024 in Good medical Practice, and medical schools are increasingly turning to the MSC's 'Education for Sustainable Healthcare - a Curriculum for the UK'. What tools and resources do we have, to teach this new paradigm, and how can we dispel the myths around the sustainability of healthcare systems and clinical care? How might we ensure that doctors entering the workforce have the necessary knowledge, skills and experience to incorporate planetary health and ESH concepts into clinical decision-making and help make the entire patient pathway better for the patient, practitioner and planet?

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Meet the Team



Dr Sam Chumbley

Director



Dr Megan French

Deputy Director



Dr Thomas Shackshaft

Deputy Director



Dr Lizzie Tighe

Secretary



Dr Elise Akerman

Treasurer



Dr Jasmine Boitnott

Treasurer

Meet the Team



Dr Amy Turnbull

Events Coordinator



Dr Tedo Lacey

Events Coordinator



Dr Shiras Patel

Events Coordinator



Dr Alifya Mukadam

Publicity Lead



Dr Olivia Crannage

Publicity Lead



Dr Ciara Oliver-Blaney

Content Design Lead

Meet the Team



Dr Caitlin O'Donovan

Faculty Coordinator



Dr Orla McConville

Faculty Coordinator



Dr Grace Fennelly

Faculty Coordinator



Dr Eleanor Renton

ASME Liaison

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Event Information

On Arrival:

Look for us by the TICC banner in the Main Foyer of Wills Memorial Building. We'll just ask for your name and give you your delegate badge and lanyard. Committee members will be on hand to help you find the conference rooms, which are located on the 3rd floor of the building. A map of the conference rooms can be found above.

Toilets:

There are 2 female and 1 male toilet on the floor of the conference by the stairs.
There are 2 female and 1 male toilet on the floor above and a single disabled toilet on the floor below, by the stairs.

The main toilets are to the left on the ground floor. We recommend you use these during breaks or mealtimes as other facilities may become busy.

Water Refill:

Water bottles can be filled outside the toilets on the ground floor.

Event Information

Wi-Fi

There is free Wi-Fi across the entire site via UoB Guest.

Event Catering:

Lunch will be served in Room 3.32 to all delegates. We have already asked for a list of dietary requirements. If there are any changes to what was placed on the registration form or any specific requirements you want to mention, please let us know by email.

Please be kind to other delegates and choose your lunch according to the requirements you advised when you registered.

Event Photography:

We want to share our achievements with all our members, so our event photographer will be on site taking pictures of our presenters, keynote presenters and some informal images across the conference too. Should you not wish to be included in any pictures please speak with a member of the TICC Events Team upon registration or contact us in advance by e-mail.

Event Information

Share @TICCConference:

We are also happy for you to film and take pictures using @TICCConference but please do not film any presentations without presenters' consent or share any confidential data.

Programme for the Day:

Our committee are available for the whole conference and will be wearing identifiable badges on the day. They will be there to assist you to find your next session and help with general enquiries to make the most of your conference experience.

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Transport Information

Car Parking:

There is limited pay-and-display street parking around Wills Memorial Building on nearby University Road and Woodland Road. There is also a long stay NCP car park nearby on Trenchard Street. For further information, please visit: www.bristol.gov.uk/parking/trenchard-street-longstay-car-park. To find your nearest electric car charging facilities, please visit: www.zap-map.com/live/.

Park & Ride:

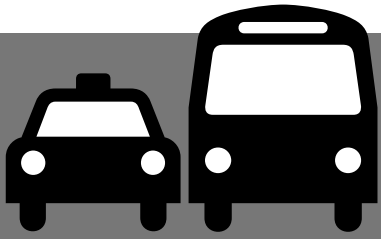
Park and Ride services allow you to park without difficulty on the outskirts of the city. A bus transports you to the city centre. For further information please visit: www.travelwest.info/parkandride.

By Taxi:

V Cars: +44 (0)117 925 2626 www.v-cars.com/locations/bristol

By Train:

Bristol Temple Meads is the closest main train station, 1.2 miles and a 25-minute walk away from the venue. Alternatively, you can use local buses or an e-scooter to transport you to the venue.



Transport Information

By Local Bus:

Several bus services stop a short walk away from the Queens Building: - Services 1, 2, 2a, 8 and 72 all run from Temple Meads train station, services 3 and 4 run from the city centre. Alight at Park Street Top - Service U1 operates term-time only and runs from Stoke Bishop. Alight at Queen's Avenue. Timetables for all these services are available at: www.firstgroup.com/bristol-bath-and-west.

By Bike:

There are racks available for locking up your bike to the right of the gardens by the main entrance. More can be found outside the Merchant Venturers building next door.

By E-scooter:

Tier e-scooters operate in the Bristol area and are a great way to get around the city. The nearest parking spot is outside the Merchant Venturers building. You will need the app on your phone and a driving licence to use them: www.voi.com.

Other Transport:

Please visit the following website for further information on other ways to travel to the university: http://www.bristol.ac.uk/maps/directions/.

Differential Bingo! A Clinical Reasoning Activity

Presenters: Euan Loughrey
Authors: Dr William Manchester and Dr Alisha Toner

Introduction:
Clinical educators are often tasked with teaching clinical reasoning (CR) to medical students. This is well acknowledged as a daunting and difficult skill for medical students due to the inherently high cognitive burden associated with using theoretical knowledge, building conceptual associations, and converting this into clinical diagnoses. This teaching innovation uses a Bingo format whilst mimicking a clerk-in scenario, allowing for an immersive and fun experience that has students build their CR skills within a simulation that focusses on conceptual fidelity.

Approach:
Students complete a bingo-grid with 12 differentials based off a small piece of information, e.g. “18-year-old, dyspnoea”, while the tutor has an example patient history in their mind. They question the tutor in-turn with direct questioning and use this to cross-off differentials. The game stops when one team reaches 2 remaining diagnoses, reasoning must be given as to why they eliminated other possibilities. If a different team if able to successfully counter their reasoning, the game resumes until a team can successfully defend each differential. The game simulates what real-life CR can be: a synthesis of ideas, with application of knowledge to explore and test those ideas towards a conclusion.

Evaluation:
This teaching session has been conducted 4 times with different sets of 4th year medical students. Pre- and post-session feedback was gathered from the final cohort (n=10) using a 7-point Likert scale. This demonstrated an improvement in their understanding of CR, evaluation of differentials, and confidence to clerk-in.

Implications:
This teaching method represents a new and engaging way to teach the notoriously difficult task of CR. This is a low-resource activity that can be shared with the wider clinical educator community. Although more feedback is required to fully evaluate the effectiveness of this method, the author has been met with overwhelmingly positive feedback and classroom engagement.

The Surgical Escape Room – A useful educational tool or gamification gone too far?

Presenters: Dr James Martin, Dr George Esworthy
Authors: Dr James Martin, Dr George Esworthy, Dr Tabassum Patel, Dr Michalis Patsalides, Miss Megan Scotcher, Professor David Bowrey

Introduction

Gamification in medical education has recently gained popularity, demonstrating increased engagement and motivation in students. Escape rooms in particular have been utilised; these are a novel method of translating knowledge from traditional learning sessions into a practical environment. The surgical escape room is an established aspect of the surgical rotation for third year medical students at the University Hospitals of Leicester. However, feedback has never been formalised. Therefore, this project aimed to evaluate the effectiveness of the surgical escape room in undergraduate education using a mixed methods questionnaire.

Approach

The escape room contained five stations, following the journey of a patient from pre-operative assessment to post-operative complications. Pre-escape room and post-escape room mixed methods questionnaires evaluated the knowledge of relevant topic areas and explored its strengths, and areas for improvement. Each group also had an immediate debrief led by a surgical teaching fellow to clarify gaps in knowledge and for additional qualitative feedback. Continuous, quantitative data was analysed using t-tests, with thematic analysis being used to process qualitative data.

Evaluation

Statistically significant improvements ($p < 0.05$) were observed in knowledge of pre-operative management, post-operative complications and general surgical anatomy. Non-statistically significant improvements were seen in knowledge of general surgical conditions and interpreting investigations. Qualitative feedback suggested students enjoyed the escape room, with it identifying gaps in their knowledge. However, students struggled to recall information from the escape room due to the distracting elements and time pressure.

Implications

Whilst statistically significant improvements in certain aspects were observed, the qualitative feedback suggests the surgical escape room may not be beneficial as an educational tool compared to more traditional methods. Further work is warranted, including running focus groups to further explore student opinions of the escape room, helping establish whether students educationally benefitted from it.

The Use of Anthropomorphic Mascots to Improve Perceptions of the Educational Climate and Encourage Student Confidence in the Clinical Setting

Presenters: Dr Abigail Smith, Dr Sidrah Ali Khan
Authors: Dr Abigail Smith, Dr Sidrah Ali Khan

Introduction

Gamification in medical education has recently gained popularity, demonstrating increased engagement and motivation in students. Escape rooms in particular have been utilised; these are a novel method of translating knowledge from traditional learning sessions into a practical environment. The surgical escape room is an established aspect of the surgical rotation for third year medical students at the University Hospitals of Leicester. However, feedback has never been formalised. Therefore, this project aimed to evaluate the effectiveness of the surgical escape room in undergraduate education using a mixed methods questionnaire.

Approach

The escape room contained five stations, following the journey of a patient from pre-operative assessment to post-operative complications. Pre-escape room and post-escape room mixed methods questionnaires evaluated the knowledge of relevant topic areas and explored its strengths, and areas for improvement. Each group also had an immediate debrief led by a surgical teaching fellow to clarify gaps in knowledge and for additional qualitative feedback. Continuous, quantitative data was analysed using t-tests, with thematic analysis being used to process qualitative data.

Evaluation

Statistically significant improvements ($p < 0.05$) were observed in knowledge of pre-operative management, post-operative complications and general surgical anatomy. Non-statistically significant improvements were seen in knowledge of general surgical conditions and interpreting investigations. Qualitative feedback suggested students enjoyed the escape room, with it identifying gaps in their knowledge. However, students struggled to recall information from the escape room due to the distracting elements and time pressure.

Implications

Whilst statistically significant improvements in certain aspects were observed, the qualitative feedback suggests the surgical escape room may not be beneficial as an educational tool compared to more traditional methods. Further work is warranted, including running focus groups to further explore student opinions of the escape room, helping establish whether students educationally benefitted from it.

Who Wants To Be A Cardiologist?

Presenters: Dr Euan Loughry
Authors: Dr Euan Loughry

Introduction

The aim is to encourage medical education innovation through gamification. Gamification is defined as 'the use of game elements, in non-gaming contexts'. There are limited papers studying gamification in medical education. Limitations documented so far are that preparation is often more intensive than traditional approaches. Gamification has different impacts on different learners, influencing both intrinsic and extrinsic motivation differently. This tool was inspired by the paper by Moy and was aimed at facilitating a cardiovascular tutorial.

Methods

The 'Who Wants To Be a Cardiologist?' multiple choice question game was designed for undergraduate medical students divided into competing teams. Teams have four lifelines. The first was 50:50, in which the facilitator removes two incorrect options. The second was 'Phone the Med Reg', in which the contestants can ask for advice. The third was 'Handover' which passes the question. The final was '2222' in which both teams answer the question. If only one team is right, they advance two steps. The questions covered topics from the undergraduate curriculum. A single slide was shown to explain the concept being questioned. Feedback on gamification was obtained through an anonymous online survey.

Evaluation

70% of students commented on how fun or engaging the game was. 20% of students highlighted they felt the competitiveness was also a positive. 20% also commented on the ascending difficulty making a good opportunity to gauge their knowledge level in this tutorial. 30% of students felt that they would have liked more time for the explanation of answers. 30% of students felt the questions were too difficult.

Implications

Gamification is a versatile tool we used to deliver the medical undergraduate curriculum, but the current research base is unable to provide robust evidence based recommendations. Ultimately, we recommend further research in this area of medical education.

Gamification; Technology Assisted Learning and AI

Exploring Artificial Intelligence Usage and Perceptions in Medical Education: A cross sectional comparative study of Medical Students and Medical Education Faculty

Presenters: Dr Natasha Knight, Dr Molly Jankowski
Authors: Dr Natasha Knight, Dr Molly Jankowski

Introduction

Artificial intelligence (AI) is rapidly advancing and poised to transform medical education. This study hypothesizes differences in AI adoption and perceptions between medical students and educators. It aims to provide quantitative and qualitative insights to support the integration of AI into medical curricula.

Approach

A cross-sectional comparative study was conducted with clinical-year medical students and faculty across three medical schools. Using a mixed-methods approach, data was collected through focus groups and online surveys. The study examined AI usage patterns, perceived benefits, and challenges related to AI in medical education and reflective practice. Full statistical and thematic analysis will follow the completion of data collection.

Evaluation

Data collection is ongoing. Preliminary findings from our focus group suggests that students are frequently using AI in their medical education, which we hope to provide quantitative data to demonstrate. We also expect there to be discrepancy between how students and faculty perceive and use AI.

Implications

A notable difference in usage and perception of AI in medical education between student and faculty may indicate a need to re-evaluate the influence of students on curricula. As the primary stakeholders, they should contribute to shaping AI's role in content delivery, reflective practice, and assessments. Further research is essential to explore effective strategies for formally integrating AI into medical education and equipping faculty with up-to-date knowledge in this rapidly evolving field.

Gamification; Technology Assisted Learning and AI

Picture this: AI-generated visual mnemonics as new tools for learning in medical school. A pilot study.

Presenters: Dr Josephine Harrison and Dr Thomas Davies
Authors: Dr Josephine Harrison, Dr Thomas Davies, Dr Laura Sevenoaks, Dr David Hettle

Introduction:
Medical students use visual mnemonics to drive knowledge retention. AI-generated mnemonics have exciting potential to support innovative, personalised learning, but there is little research into their use in medical education. This study aimed to evaluate the effectiveness of, and student perceptions on, AI-generated visual mnemonics for learning.

Approach:
We designed innovative teaching exploring types of leukaemia, utilising three distinct approaches: text-based information alone, and text plus either hand-drawn or AI-generated visual mnemonics.
Pre-session, post-session, and follow-up surveys collected data on students' perceptions of AI and visual mnemonics for learning, and reviewed clinical knowledge through multiple-choice questions (MCQs).

Evaluation:
Responses revealed that while 47% of medical students use visual mnemonics and 65% use AI to aid learning, only 6% had experimented with AI-generated visual mnemonics.
Post-session, all participants agreed that AI was a useful learning tool and 94% found AI-generated visual mnemonics useful. Despite this, only 53% would continue using them. Some felt AI streamlined mnemonic creation, though others found its image generation inconsistent and unreliable.

The proportion of participants whose clinical MCQ performance improved was far greater after receiving teaching using hand-drawn and AI-generated visual mnemonics (88% and 82% respectively) than rote learning (53%).
Notably, 88% of students intend to use visual mnemonics in their future learning, of whom 53% will use AI to generate these.

Implications:
Our findings highlight the educational value of visual mnemonics, but raise important questions about the role of AI role for creating resources. Nonetheless, harnessing AI carries potential in supporting many students' development of effective, personalised learning.

Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation

Bringing Bedside Teaching Back: A Quality Improvement Project to Enhance Delivery and Structure in Undergraduate Medical Education

Presenters: Dr Clodagh Beattie, Dr Emily Codd
Authors: Dr Clodagh Beattie, Dr Emily Codd

Introduction

Bedside teaching is unique in medical education, allowing simultaneous development of clinical assessment, communication, clinical reasoning, empathy and professionalism.1 Despite clear benefits, and evidence that students find value in it, provision of bedside teaching has declined in undergraduate curricula.2,3 An audit of our undergraduate timetable (2023-24) revealed that bedside teaching accounted for only 1% of overall teaching. This quality improvement project (QIP) aimed to enhance the quality and quantity of bedside teaching at our academy, with potential for regional expansion if successful.

Approach

Cycle 1 of this QIP began in August 2024 with a focus group involving past Clinical Teaching Fellows (CTFs) to troubleshoot known challenges in bedside teaching delivery. This led to a 'how-to' guide with practical teaching tips and an agreed 2.5hr teaching slot for structured preparation, delivery, and debriefing time. We worked with lead CTFs to define bedside teaching needs for their cohort, and encouraged them to add unfilled sessions to a master spreadsheet so that other CTFs could fill vacancies.
Following re-audit, Cycle 2 involved sharing findings at a regional meeting with other CTFs; providing our resources as a template for other academies, and gathering insight on shared difficulties across the deanery.

Evaluation

An audit post-cycle 1 showed bedside teaching increased to 177 hours (8%) from August to December 2024, compared to 14 hours (1%) the previous year. Student feedback was positive, particularly regarding dedicated time for a structured debrief. Cycle 2 data is pending.

Implications

Recognising the time needed for quality bedside teaching and adjusting CTF timetabling significantly increased its provision. Outlining a structure, including preparation and debrief, facilitated collaboration between CTFs, administrative teams and academy leads. Future steps include regional collaboration to improve student and teacher experience, informing academic leads, and developing a bespoke induction session for new CTFs.

Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation

Simulated Long Cases: A More Immersive Approach to Case Based Learning (CBL)

Presenters: Dr Jonathan Foulkes, Dr Ella Varnish, Dr Anna Cundy
Authors: Dr Jonathan Foulkes, Dr Ella Varnish, Dr Anna Cundy, Dr Eleanor Renton

Introduction

Simulation is increasingly prevalent in medical education, with it having been shown to aid engagement, reflective and critical practice (Keskitalo et al. 2014), as well as critical assessment and management skills (Steadman et al. 2006). Simulated case series have been used successfully to aid with clinical reasoning (Radomski et al., 2010) and have helped students to 'think', 'talk' and 'perform' like doctors in real settings. However, there is evidence that virtual patients are better suited for those with higher levels of prior knowledge (Kiesewetter et al. 2020). We have therefore designed a novel teaching series that aims to combine the benefits of simulation and virtual cases with the benefits of case-based learning (CBL), by giving time in between aspects of the simulated case to allow students to do their own research to make up for gaps in their knowledge.

Approach

The teaching series involves three sessions per case, incorporating history-taking, examination, investigation, management planning and communication skills. Students will perform roles including: history taking, examination, requesting investigations, interpreting investigations, explaining the diagnosis to the patient and reaching an agreed management plan. There will be breaks between each step of the case allowing time for feedback and facilitated group discussion. The format allows students to research and address knowledge gaps between sessions. Data collection includes pre-, mid-, and post-series questionnaires assessing confidence in clinical skills, reasoning, and professional development.

Evaluation

Quantitative analysis will assess changes in confidence and learning, using paired sample t-tests or Wilcoxon rank tests, depending on data distribution. Qualitative feedback will be analysed thematically to capture student perspectives. Comparison to traditional CBL will evaluate engagement, learning, and clinical relevance.

Implications

This staggered simulation approach introduces a low-cost, high-impact teaching method that could revolutionize early clinical training. The series not only addresses key learning objectives but also promotes professional identity formation. Results will guide curriculum development and provide a framework for implementing similar models across medical institutions.

Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation

Empathy in Action: Communication Skills for Tomorrow's Doctors

Presenters: Dr Callum Yau, Dr Trisha Dhabalia
Authors: Dr Callum Yau, Dr Trisha Dhabalia

Introduction

Communication skills are essential qualities for all doctors, especially when it comes to breaking bad news. Despite this, it is a subject that has only recently gained prominence within medical school curricula. Subsequently, there is a significant variation in the method in which medical schools deliver and evaluate communication skills. Therefore, we have developed a simplistic communication simulation series that can be readily reproduced.

Method

In order to make the experience as interactive as possible, we used the aid of simulation to develop these communication sessions. The mannequin and faculty members were involved in role-playing scenarios. Four students were invited to participate during each session with 30 minutes dedicated to each student. 15 minutes were spent on the scenario and the following 15 minutes were used to debrief. Live View was offered to the viewers in the debrief room to allow for everyone to be involved.

Evaluation

A total of 25 students participated in the simulation. A post activity survey was completed that included both qualitative and quantitative data. 92% of the students improved their confidence levels following the simulation and 100% found the feedback and debriefing very useful. Students emphasised that they have little opportunity to practice their communications skills and valued the sessions greatly. They requested for additional sessions and specific tutorials on a structured approach to breaking bad news.

Implications

The simulation sessions allowed students to practice their communication skills in a safe space. It exposed them to situations which are tough and need to be managed sensitively. As doctors, effective communication is the crux of providing high-quality care. By participating in the simulation sessions, the students were able to develop their own style of good and effective communication.

Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation

Red, Yellow, Green: A Structured Approach to Clinical Prioritisation

Presenters: Dr Kieran Dash, Dr Mary-Beth Patterson, Dr Christina Mamareli
Authors: Dr Kieran Dash, Dr Mary-Beth Patterson, Dr Christina Mamareli, Dr Chinenye Santina Anike-Nweze

Introduction

Clinical Prioritisation (CP) is a vital skill for doctors which many feel underprepared for in practice. Teaching prioritisation can be challenging, especially with increasing numbers of students. Studies show the benefits of teaching prioritisation via simulation; however, this is resource intensive. A clinical prioritisation workshop using a 'traffic light system' was piloted within Glasgow Royal Infirmary (GRI) for fourth year medical students. This aimed to inform the design of workshops within University of Glasgow Medical School, simulating the decision-making process as an FY1 doctor.

Approach

The CP workshop was integrated into the timetable between September and December 2024. Students worked collaboratively to prioritise clinical tasks using a traffic light system: RED for top clinical priority; AMBER for medium clinical priority; GREEN for less urgent jobs. Anonymised qualitative and quantitative feedback was collected using a questionnaire including a combination of Likert scales and free text boxes.

Evaluation

Data was collected from 38 students. Results showed that 86% strongly agreed the task improved their understanding of how to prioritise, 76% strongly agreed the task gave them confidence using the traffic light system and 76% strongly agreed the task increased their awareness of the importance of handover tools. In addition 79% strongly agreed that they would like to undertake a similar task during their fourth year. An example of qualitative data exploring students' learning included : 'Importance of good handover, prioritising sickest patients, more info to prioritise tasks proper'.

Implications

Overall students enjoyed the task and believed it enhances their learning experience, offering valuable insights into the challenges of CP and the importance of an effective handover. This exercise offers a solution for teaching CP to large numbers of students and has aided in the design of future workshops within the University of Glasgow Medical School curriculum.

Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation

Teaching the Hidden Curriculum - Teaching Series on Medical Careers for Student Doctors

Presenters: Dr Emma Andrews
Author: Dr Emma Andrews

Introduction

The hidden curriculum describes skills, attitudes and knowledge learnt through experiential learning. It covers a range of topics including professionalism and one's identity as a doctor. However there is an aspect that is often underappreciated - knowledge and familiarity of medical careers. Students from underrepresented backgrounds often lack social capital that can provide this knowledge with measurable impact. Teaching sessions can attempt to bridge this gap. Widening access work cannot stop on entrance to university, but must continue throughout a degree programme, ensuring the broadest access to careers in medicine.

Approach

Three optional interactive teaching sessions were run. A pre-session survey guided content: students wanted to understand the career structure in the first few years after graduation, career progression, and how to access portfolio opportunities.

Evaluation

Sessions were well attended, varying between 15 - 40 students. In person students expressed enthusiasm for the topics and relief that there was a space to ask perceived 'silly' questions. The post teaching feedback was filled in by only 23% of attendees but showed a significant increase in the understanding of topics, for example those who understood what needed to be in a portfolio went from 38.5% to 77.8%. Free text feedback highlighted the utility of portfolio teaching and opportunities to reflect on career priorities. A session focussing on professionalism and medical organisations was the least well attended. When running these sessions again this session could be removed to focus resources on medical careers and portfolios.

Implication

These sessions were easy to run and had a big impact on students. Students engaged enthusiastically and felt that this teaching series addressed holes in their knowledge. Medical education prepares students to embark on a career as a doctor, and so should prepare them to engage with their entire career pathway.

Abstracts

Equality Diversity and Inclusion; Curricula Change and Improvement; Simulation

Teachers can be neurodivergent too – considering and supporting neurodivergent medical educators

Presenters: Dr Catherine Ollerhead
Authors: Dr Catherine Ollerhead

Introduction

Neurodiversity is the naturally occurring variation in how individuals perceive and interact with their environment^1. Neurodivergent individuals, who differ from the socially deemed 'normal' processing style, represent an estimated 15-20% of the global population^2. However, there are no published statistics on neurodivergence prevalence amongst medical educators. Alongside this, an absence of literature discussing neurodivergent medical educators and their support needs indicates this should be considered a contemporary issue in medical education.

Approach

A comprehensive literature review was performed, encompassing research on neurodivergent healthcare students, school teachers, healthcare professionals, and higher education academics. Drawing from these insights, the historical and socio-cultural frameworks were used as a lens to explore issues neurodivergent medical educators may encounter.

Evaluation

The medical model of disability still dominates the conceptualisation of neurodiversity, often framing neurodivergent individuals as having deficits incompatible with effective teaching and information delivery. However, medical education has shifted from a didactic, teacher-centred model to one where educators act as facilitators and mentors, rather than solely information deliverers. As a result, neurodivergent educators are often judged based on outdated notions of teaching roles, with concerns about their competency linked to their neurodivergent status. This leads to stigmatisation, disempowerment, negative impacts on wellbeing and self-identity, and a failure to recognise the varied skills neurodivergent educators bring to the field.

Implications

Concerted change throughout society is needed to embrace neurodiversity amongst medical educators. Although advocacy from neurodivergent medical educators can initiate change, barriers such as a lack of awareness, stigma, resource constraints and limited institutional buy-in persist. Practical starting points in medical education include remodelling workplace adjustments into a universal design model, and critically examining existing practices - questioning who they serve and why they remain. The way medical education institutions respond will have lasting implications for future neurodivergent educators, healthcare students, and ultimately, patients.

Learning in the Clinical Environment; Simulation; Clinical Skills

A Sharp Approach: Low-Cost Models for Effective Ultrasound-Guided Cannulation Training

Presenters: Dr Arslan Ahmed
Authors: Dr Alice Jones, Dr Arslan Ahmed, Dr Katherine Dowdall, Dr Amy Hardy
Dr Julia Hickton

Introduction

Ultrasound-guidance enhances the success and safety of cannulation, but the lack of cost-effective simulation models poses a barrier to training. 1-3 We advocate for integrating ultrasound-guided cannulation training into the undergraduate medical curriculum and foundation programme induction and have developed affordable, easy to replicate, high-fidelity models required for teaching and practising the skill.

Approach

Various materials were trialled, employing vegan agar-agar containing three simulated vessels. A teaching pilot was conducted for over 100 final-year medical students, comprising an online presentation, tutorial video, and practical 30-minute session where students practised vessel identification on each other and performed cannulation on the models. Pre- and post-session questionnaires were completed. Surveys were also completed by 200 foundation trainees across the North-West.

Evaluation

Our models cost £3 per unit, in stark contrast to the £649 (excluding VAT) cost of commercial alternatives and are easily replicable with the step-by-step guide created. This facilitated successful student training, resulting in heightened confidence, readiness for clinical practice, and overwhelming support for curriculum integration. Foundation trainees expressed significant demand for accessible ultrasound-guided cannulation training, highlighting the frequency of difficult cannulation and its impact on patient care and specialist teams.

Implications

Educational theory supports the simulation of procedural skills, emphasising that repeated practice is essential for effectiveness; however, this relies on accessible training models. 4-5 Our low-cost model-based approach enhances the teaching and acquisition of ultrasound-guided cannulation skills in a way which is accessible to departments with limited funding, as well as to individuals wishing to practice. Ensuring more practitioners are competent and confident in this procedure could improve patient care, reducing the frequency of cannulation attempts and delays in intravenous medication. The findings of this pilot have resulted in a larger scale expansion looking to integrate the skill into the curriculum at The University of Manchester.

Learning in the Clinical Environment; Simulation; Clinical Skills

Doctor to Educator: A course for resident doctors as clinical teachers

Presenters: Dr Kai Yin Ang and Dr Eve Rushforth
Authors: Dr Kai Yin Ang, Dr Eve Rushforth, Dr Joanna O'Sullivan, Dr Pradeepa Venkatesan

Introduction

Teaching in the clinical environment requires a specialised skill set. Although courses such as train the trainer1 exist to introduce key pedagogical frameworks and theories, clinical educators receive minimal formal training in teaching in the clinical environment. The Doctor to Educator (D2E) course was developed for members of the Paediatric Undergraduate Learning and Skills Enhancement (PULSE) programme at Great Ormond Street Hospital for Children (GOSH). This bespoke course is designed to equip resident doctors with the expertise to effectively teach in busy clinical environments.

Approach

D2E is a one-day, in-person course designed for resident doctors acting as clinical educators. The curriculum includes an overview of education theories, designing and delivering teaching in different clinical settings such as bedside teaching, and teaching clinical reasoning. Participants also explore challenges in clinical education, techniques for setting learning objectives, and feedback methods. The course employs a blend of lectures, group discussions, and interactive activities, offering practical examples of teaching designs applicable to clinical practice.

Evaluation

The course will be held on the 11th of February 2025 with 12 resident doctors registered. Participants have been asked to rate their understanding of medical education theory, with 31% indicating limited understanding. As this is a pilot event, post-course evaluations will be collected to assess the effectiveness of the course design to guide future improvements. Additionally, a structured debrief session with the course facilitators will be organised to allow reflection on the programme's strengths and identify areas for development.

Implications

The D2E provides a structured, evidence-based medical education framework to enhance clinical teaching skills. By addressing challenges unique to the clinical environment and prioritising practical application, this course equips educators with tools to improve student learning outcomes. The course offers a practical and feasible model that could be adapted by other institutions seeking to promote excellence in medical education.

Learning in the Clinical Environment; Simulation; Clinical Skills

Improving Formulation of Differential Diagnosis in Year 3 Medical Students

Presenters: Dr Elena Beams, Dr Oghenetega Ugboduma, Dr Megan Freemantle
Authors: Dr Elena Beams, Dr Oghenetega Ugboduma, Dr Megan Freemantle, Mahima Bharadwaj

Introduction

Clinical reasoning is a fundamental aspect of medical education; however, studies1 emphasize the challenges associated with effectively teaching this skill to medical students. This project aims to improve the differential diagnoses formulation abilities of third-year medical students at Hull York Medical School during their clinical placements. At this stage, students are expected to integrate their understanding of pathophysiology, history-taking, and examination findings to formulate diagnoses and consider appropriate investigations and management plans. This task imposes significant cognitive demands2 on students, marking a notable shift from the expectations of their second year in medical school.

Approach

To mitigate these challenges, we developed a prompting tool intended to streamline the differential formulation process. The tool is designed to reduce cognitive load by guiding students in the systematic review of information obtained from the medical history, examination findings, and prior clinical knowledge. A teaching session on clinical reasoning and the use of the tool was conducted as part of the intervention. The tool was then integrated into bedside teaching sessions, where students were tasked with formulating differential diagnoses for patients seen during the session.

Evaluation

The average number of reasonable differentials proposed by each student was calculated. Furthermore, at the conclusion of the 8-week block, students completed a standardized quiz, requiring them to rank differentials by likelihood for three clinical scenarios relevant to their respective specialties.

Implications

Results demonstrated a significant improvement in both the average number of differentials generated per session and performance on the standardized quiz (quality of differential diagnoses). Additionally, the prompting tool encouraged students to consider diagnoses beyond their specialty, which, according to clinical teaching fellows, contributed to an enhancement in their history-taking skills.

Learning in the Clinical Environment; Simulation; Clinical Skills

From Classroom to Clinical: Enhancing Early Years Medical Students' Confidence and Competence

Presenters: Dr Philippa Gray, Dr Sally Li Er Fong
Authors: Dr Philippa Gray, Dr Sally Li Er Fong, Dr Nicola Downer, Dr Jack Cunningham, Dr Joseph Morum

Introduction

Recently, the National Student Survey revealed University of Nottingham (UoN) final year medical students often feel unsupported, unintegrated and lack confidence within clinical settings. This is further ratified with 57% of unaccompanied students finding the wards intimidating. To feel more 'ward smart', UoN students previously suggested implementing a 'formal ward induction process' and 'more learning about multidisciplinary roles'. Hence, it was proposed improving early introduction to the wards, via Early Years Placement (EYP), could improve student's knowledge and confidence.

Approach

EYP includes first and second years spending half-days clinically. One Local Education Provider was studied. Baseline data from those finishing Year 1 EYP identified confidence remained low. A pre and post survey was developed and assessed confidence: identifying staff (Q1), knowing whom best to seek help (Q2), and locating essential ward areas (Q3). Intervention 1 tasked doctors to conduct ward orientation. Intervention 2 is a video introducing hospital staff and their role, played to all. Intervention 3 tested this by Kahoot! quiz.

Evaluation

Comparing survey responses for quantitative confidence changes (Q1, Q2, Q3) assessed intervention effectiveness. Intervention 1 showed slight improvement, but compliance varied. Combined with Intervention 2, confidence increased further in all domains - Q3 showing the greatest increase. Adding Intervention 3 showed increased confidence from baseline, but compared to Intervention 2, the degree of improvement for Q1/Q3 decreased. There are possible attributions, and the need for further refinement when reinforcing role recognition.

Implications

Students must actively engage in placements to maximise valuable ward learning opportunities. Students' learning benefits from feeling involved. Early ward introductions boost integration and confidence quicker; studies show increased exposure corresponds to ease on wards. This confidence could empower students to utilise ward time productively and independently. More broadly, students' ward integration improves patient satisfaction and safety, whilst aiding transition to their postgraduate role.

Learning in the Clinical Environment; Simulation; Clinical Skills

Evaluation of an Undergraduate Palliative Care Teaching Programme in a District General Hospital

Presenters: Dr Uzayr Mahmood, Dr Jennifer Inglis-Taylor
Authors: Dr Uzayr Mahmood, Dr Jennifer Inglis-Taylor

Introduction

The care of terminally ill patients is a responsibility that all clinical doctors bear. There is recognition of the importance of palliative care education for medical students, with the GMC providing recommendations in Tomorrow's Doctors that students should receive teaching on symptom control together with caring for the terminally ill. Yet despite this, there is variability in the provision of palliative teaching at an undergraduate level. Whilst various teaching methods have been shown to improve knowledge, studies did not show one teaching method to be better than others. The need for further research, to understand the impact of palliative care education on clinical practice, was identified.

Approach

At the Great Western Hospital, a new palliative care teaching format was designed in conjunction with a palliative care consultant and implemented in Autumn 2023. The format involved six hospital based palliative care teaching days, spread over three weeks, delivered to each pair of students. Students also experienced community palliative care, with a two-day placement at the local hospice.

Evaluation

The new teaching format was evaluated using qualitative data collected through feedback forms completed anonymously by students. On a 10-point scale, students rated palliative care 8.55/10 overall, with clinical sessions rated 8.82/10 (a score of 5 being average on the scale).

Students appreciated the provision of clear learning objectives from the onset, and the balance between classroom based and ward-based teaching and the variety of patients reviewed. Students appreciated the opportunity to learn by observing palliative clinicians then subsequently apply their learning during supervised learning events.

Implications

There are numerous competing demands of medical students' time. We have provided a format for undergraduate palliative care teaching that is achievable and realistic.

Our intention is to re-survey the students post-graduation, to evaluate the effectiveness of the teaching on their clinical practice.

Learning in the Clinical Environment; Simulation; Clinical Skills

Game On for Final Year Medical Students: How Virtual Reality Simulation Enhances Preparation for Practice

Presenters: Dr Arslan Ahmed, Dr Niamh Callanan, Dr Sophia Mottaghi-Taromsari
Authors: Dr Arslan Ahmed, Dr Niamh Callanan, Dr Sophia Mottaghi-Taromsari, Mr Nick smith

Introduction

Medical simulation is a learner-centred approach that allows students to develop clinical skills in a safe, controlled environment. While face-to-face simulations offer hands-on experience, their resource-intensive nature limits their frequency, with Year 5 medical students at the Manchester Oxford Road Campus receiving only one session. This research explores the potential of virtual reality (VR) simulation as an additional learning resource to enhance medical students' confidence in assessing acutely unwell patients prior to starting foundation training.

Approach

A mixed-methods design was used. 125 Year 5 medical students participated in a one-hour session, in groups of two students to one tutor, each with a VR headset. Students completed a standardised scenario, followed by a second scenario of their choosing. Pre- and post-session questionnaires were offered to students attending the session.

Evaluation

Pre- and post-session questionnaire responses were received from 89 students (71.2%) and 93 students (74.4%) respectively. 85% had no prior experience with VR simulation, and 92% felt they had insufficient exposure to simulation-based learning. Prior to the VR session, 39% of students expressed confidence in their application of clinical reasoning, this increased to 91% following the session. Post-session, 97% supported integrating VR simulation into the curriculum. The effectiveness of VR simulation in preparing for clinical practice received a high rating (4.62/5), with qualitative feedback emphasising that the realism of the scenarios was found to be most beneficial. Students expressed a high likelihood of engaging with VR software independently (4.10/5).

Implications

This study supports the integration of VR simulation into the medical curriculum, highlighting students' interest in repeated exposure to this learning tool. The reduced resource burden of VR facilitates repeated engagement with simulation scenarios, enabling spaced repetition. Further research is needed to explore the value of incorporating spaced repetition into VR-based training and its potential impact on long-term competency.

Learning in the Clinical Environment; Peer Teaching; Pastoral Care

‘Teacher of the Week’: Excellence Reporting in Undergraduate Surgical Education

Presenters: Dr Olivia Groom
Authors: Dr Olivia Groom, Dr Amy McIntosh, Mr Alan Meldrum

Introduction

The GMC’s Good Medical Practice mandates that all doctors have a responsibility to teach students1. This may be difficult to balance amidst clinical pressures and evidencing informal teaching may be challenging, potentially resulting in reduced learning experiences for students, particularly in surgical environments2. The ‘Great-ix’ excellence reporting system has been shown to improve morale and provide written feedback in a clinical setting3. We aimed to apply this to an education context to establish student priorities and assess its impact on clinical teachers.

Approach

We generated a simple free-text feedback form on Microsoft Forms which was completed by Year 4 students during their ‘Senior Surgery’ block at the Queen Elizabeth University Hospital, Glasgow. The students named the clinician who provided teaching and qualifying information as to why this was particularly appreciated. We performed a thematic analysis to characterise which qualities students valued from clinical teachers. We performed an additional secondary thematic analysis on the voluntary email responses from the recipients of ‘Teacher of the Week’.

Evaluation

45 ‘Teacher of the Week’ certificates were given out over 15 weeks of placement. The main themes identified from the nominations were for clinicians being friendly or kind inclusion taking time to teach teaching clinical skills and facilitating completion of mandatory assessments. The majority of these related to informal teaching opportunities.

21 recipients replied with positive feedback following their recognition. The main themes of these responses were appreciation and requesting evidence for their portfolio. We also observed that this process encouraged clinicians to provide further formal teaching.

Implications

Students value kindness and inclusion; this seemingly obvious element should be foundational to clinical teaching. Positive feedback regarding teaching/training raised morale and provided formal evidence. This may be a useful format within clinical departments to improve atmosphere and ensure portfolio requirements are met.

Learning in the Clinical Environment; Peer Teaching; Pastoral Care

Enhancing Surgical Outpatient Learning: Implementing Structured Teaching Clinics for Medical Students

Presenters: Dr. Uttara Srinivasan
Authors: Dr. Uttara Srinivasan, Dr. Adam Reynolds

Introduction

Clinical exposure is essential in medical education, especially outpatient clinics, which offer valuable opportunities to students including dedicated patient interaction. However, traditional clinics often limit this and prioritise service delivery, which can foster passive observation rather than the development of independent clinical practise. This study explores the introduction and effectiveness of structured General Surgery (GS) Teaching Clinics, aiming to improve student confidence and competence in outpatient assessments. This initiative aims to bridge the gap between traditional learning approaches and more hands-on, independent learning experiences.

Approach

Final-year medical students participated in GS teaching clinics focused on common general surgical pathologies, like hernias, gallstones and 2 week-wait referrals. Under Clinical Teaching Fellow supervision, students independently took histories, assessed patients, recorded examination findings, and formulated management plans before presenting the case to the consultant, who conducted a parallel clinic in an adjacent room. The consultant provided feedback, facilitated discussion, and briefly reviewed the patient. Feedback was collected via structured questionnaires assessing the clinic's usefulness, confidence levels pre- and post-clinic, and suggestions for improvement.

Evaluation

Preliminary student feedback (n=5) indicated high satisfaction, with most finding this format more useful than traditional clinics. Confidence in outpatient assessment of patients increased from a median of 6 (range 3–9) to 8 (range 7–9). Students valued the structured guidance, the opportunity to participate actively, and targeted feedback. Areas for improvement included better time management and ensuring an appropriate case selection.

Implications

To the best of our knowledge, this teaching clinic model has not been implemented in GS, making it a potentially significant addition to medical education. As day-case surgeries increase,3 students' ward-based pathology exposure declines, limiting their learning opportunities. Structured teaching clinics can help ensure students develop essential clinical skills and maintain necessary patient interactions for effective learning.

Learning in the Clinical Environment; Peer Teaching; Pastoral Care

MedNav: A Mobile App aiming to enhance medical student transition to clinical placement

Presenters: Dr Muz Ahmad
Authors: Dr Muz Ahmad, Ms Jess Moran, Dr Janet Skinner,

Introduction

Starting a hospital placement is often daunting for medical students, with inconsistent induction resources leaving them feeling underprepared. Feedback from students at the University of Edinburgh highlights a need for a standardised, accessible solution to streamline onboarding and improve readiness. Our objective was to develop a mobile app that centralises essential resources, enhances student confidence, and optimises the placement experience.

Approach

The app was designed collaboratively with input from students, clinical staff, and the university to address common onboarding challenges. Key features include:

1. Interactive Maps for navigating hospital facilities.
2. Essential Contacts for immediate access to support teams and accomodation.
3. Wellness Guidance on food, shops, transport, and things to do locally.

The user-centered design focuses on usability and adaptability for diverse hospital settings.

Evaluation

The app is expected to reduce first-day anxiety and improve students' preparedness by centralising critical information in an easy-to-access format. We anticipate that students will likely report enhanced confidence and focus on clinical learning. Hospitals may observe fewer logistical queries and improved student engagement in induction activities.

Implications

This app aims to bridge critical gaps in placement preparation by offering a consistent, scalable onboarding tool. Its innovative approach has the potential to transform the medical student experience and streamline placement processes. Next steps include plans include testing on Android and iOS, refining based on user feedback, and expanding content to cover GP and rural placements.

Learning in the Clinical Environment; Peer Teaching; Pastoral Care

Improving Medical Students' Obstetrics and Gynaecology Education Through Simulation-Based Peer Mentoring

Presenters: Dr Georgia Mills
Authors: Dr Georgia Mills, Dr Roopam Goel, Dr Anastasiya Unnikrishnan, Dr Fernanda Cantillo Castaneda, Dr Douha Abdalla

Introduction

Simulation-based education (SBE) is recognized as an effective tool for enhancing clinical skills and confidence in emergency scenarios.[1] This quality improvement project aimed to enhance medical students' confidence in managing obstetrics and gynaecological (O&G) emergencies through simulation-based peer mentoring sessions. The project aimed for a 20% increase in confidence across five key domains: leadership, knowledge, diagnostic skills, communication, and preparedness for clinical practice.

Approach

This prospective interventional study utilizing three PDSA (Plan-Do-Study-Act) cycles to drive continuous improvement. In Cycle 1, simulation sessions were integrated into the timetable. Cycle 2 introduced role assignments to promote active engagement. Cycle 3 incorporated pre-reading of clinical guidelines to better prepare students.

Medical students rotating through Glangwili Hospital's O&G department participated in biweekly sessions. Scenarios included postpartum haemorrhage, ruptured ectopic pregnancy, and pre-eclampsia, with sessions designed to test leadership, communication, diagnostic, and management skills. Confidence were assessed pre- and post-session using a 1-10 rating. Each session concluded with structured debriefing, adhering to evidence-based best practices.

Evaluation

The project demonstrated significant improvements in confidence across all domains, exceeding the 20% target. Leadership increased from 40% to 66%, knowledge from 44% to 69%, diagnostic skills from 48% to 69%, communication from 55% to 75%, and managing when becoming a doctor from 33% to 63%. Confidence improvements were seen over the PDSA cycles, with the largest increase (31%) observed in cycle 3.

Qualitative feedback was overwhelmingly positive, with 100% of participants agreeing that the sessions benefitted their learning. Students highlighted the value of peer mentoring, the low-stakes environment, and opportunities to practice practical and teamwork skills.

Implications

This project shows the value of SBE combined with peer mentoring in enhancing confidence and preparedness. These findings align with research supporting SBE as an effective tool for developing clinical and teamwork skills, emphasizing its continued integration into medical education.

Abstracts

Technology Assisted Learning and AI

‘I can’t remember the last time I read a book since the start of medical school’: An exploration of the use of Free Open Access Medical Education resources by medical students

Presenters: Dr Jacqueline Morgan
Authors: Dr Jacqueline Morgan

Introduction

There has been an observed increase in the use of Free Open Access Medical Education (FOAMed) by medical students as part of their university medical education in recent years. Although this phenomenon has been well researched in the literature, especially with regards to postgraduate medical education, there is lacking a thorough exploration through the lens of students of their use of FOAMed resources as part of their lived university medical education experience. This study presents an exploration of clinical medical student use of FOAMed use through a sequential mixed methodology approach.

Approach

Firstly, in-depth group interviews were conducted with final year medical students of their experience of using FOAMed resources as part of their university learning, which were analysed using an Interpretative Phenomenological Approach (IPA). Secondly, a content analysis of popular FOAMed resources, as cited by the students in the group interviews, were analysed and the results from this compared and contrasted with the findings from the interviews. This triangulation of data allowed for a thorough presentation of the researched phenomenon.

Evaluation

The findings suggest that the use of FOAMed resources by students forms a large part of their medical education, often replacing traditional university-approved study methods such as textbooks and lectures. However, there is a lack of integration of these resources by the university into the curriculum, resulting in a sense of student frustration and a disconnect between the recommended university learning and actual student study habits.

Implications

This study therefore recommends for more discussion between faculty and students on learning resources, in order to narrow the gap between university and students.

Abstracts

Technology Assisted Learning and AI

Assessing the effectiveness of AI-simulated patient interactions for communication skills training in medical education

Presenters: Dr Alifya Mukadam, Dr Shruti Suresh
Authors: Dr Alifya Mukadam, Dr Shruti Suresh, Dr Chris Jacobs

Introduction

Effective communication skills are crucial for positive patient interactions and outcomes. In role-plays, patient interactions are usually simulated by educators, peers, or professional actors. OpenAI ChatGPT-4's Advanced Voice Mode (AVM), launched in October 2024, can simulate patients effectively by responding dynamically and displaying emotions.

Approach

Fifteen medical students from Bristol University and King's College London, were recruited through voluntary participation. ChatGPT was used to simulate patient interactions with pre-tested prompts on breaking bad news, and managing angry and anxious patients, developed with consultants. Pre and post-session questionnaires were administered to assess changes in confidence, immersion, and effectiveness. Data collection remains ongoing.

Evaluation

80.97% of students reported an increase in confidence in their communication skills. The majority of students found the session to be both useful and effective. Most students were willing to use Large Language Models (LLMs) for future communication skills practice. The feedback provided by ChatGPT was highly valued, as students appreciated its detailed nature, which helped them identify areas for improvement. ChatGPT demonstrated the ability to generate accurate symptoms and create diverse patient backstories, adapting in real time, despite the use of brief prompts. While most students found the session immersive, a common critique was the absence of physical cues, with some comparing the experience to a telephone consultation.

Implications

LLMs are a valuable tool for medical students to practice and enhance communication skills, offering significant potential, especially in low-resource settings. Ongoing research aims to further explore the potential of AI-simulated patients in medical training.

Abstracts

Technology Assisted Learning and AI

AI guidance and regulation: are we letting medical students down?

Presenters: Dr Matthew Morris, Dr Emma Robinson
Authors: Dr Matthew Morris, Dr Emma Robinson

Introduction

Following an interaction during a case-based discussion (CBD) session with third year medical students, it became apparent that students were actively using AI tools to facilitate their learning, and potentially in place of patient interaction.

Approach

We conducted an anonymous survey of medical students on placement including a variety of free-text answers, Likert scales and Yes/No questions, asking how often they used AI tools, how they used them, and their feelings towards the use of AI in medical education and clinical practice. We also asked how aware students were of regulation of AI use from both their universities and the GMC.

Evaluation

Student use of AI is widespread with 80% of students reporting its use, ranging from topic summaries to completing reflections. Students widely reported finding AI helpful, and felt it had a place in both education and clinical practice, with over 75% of students trusting AI generated information at least a moderate amount. Student awareness of guidance was limited, and less than 15% of students had attended a session from the University on the use of AI.

Implications

Guidance on AI use remains patchy and nonspecific. While these tools provide educational support, their unregulated use, particularly in reflective practice and placement feedback, raises concerns about undermining essential assessment processes. With medical students, particularly final years, straddling education and professional registration, we believe robust guidance is required to protect both students and their future patients. As AI becomes an indispensable tool, the medical field must catch up.

Abstracts
Simulation; Peer Teaching

How to start a Student Simulation Faculty - lessons and challenges from our first year

Presenters: Ms Rachel Falconer
Authors: Ms Rachel Falconer, Dr Craig Brown, Dr Jerry Morse

Introduction

Simulation is widely integrated within undergraduate MBChB curricula. However, from a faculty perspective it is often resource-intensive, creating challenges for sustainable delivery. Near-peer tutors are effective in a range of other settings (such as anatomy and clinical examination) but there is comparatively little published on the development and implementation of near-peer faculty in undergraduate simulation-based education (SBE).

Approach

We established our Student Simulation Faculty (SSF) in May 2024. The aim was to equip students with the necessary skills and knowledge to effectively fulfil various roles associated with the delivery of SBE in our undergraduate simulation curriculum, as well as fostering interest in simulation and medical education more broadly. We developed and delivered a bespoke training programme to address identified learning needs for peer Faculty, created Tutor guides and video resources and piloted an innovative competency-based tool designed specifically for assessment and credentialing of peer Faculty.

Evaluation

To date, 84 students (Years 3-5 MBChB students and local Foundation Year 1 and 2 Doctors) have completed SSF training. 62/84 students provided feedback via an electronic questionnaire. Of these, 100% felt this met their educational needs, 97% felt prepared to deliver a simulation session and 92% felt equipped to facilitate a learning conversation. In the first 4 months, the SSF supported 76 hours of undergraduate teaching. Most SSF have been rated by Faculty as competent to fulfil these roles in practice with minimal or no support. SSF members have also engaged in school outreach, leadership and research scholarship.

Implications

Work is ongoing to evaluate the best approaches to recruitment, training and governance of our SSF, as well as exploring benefits with respect to learners, near-peer tutors and existing Faculty. We believe that student faculty development initiatives provide valuable opportunities for both students and Institutions to enhance SBE curricula.

Abstracts
Simulation; Peer Teaching

CARSEAT: Supporting the Simulation Journey

Presenters: Dr Amy Turnbull, Dr Katie Ash, Dr Emma Furzer
Authors: Dr Amy Turnbull, Dr Lydia Shackshaft, Dr Emma Furzer, Dr Katie Ash, Miss Alexandra Martin

Introduction
Simulation-based teaching is an integral part of medical training, providing the opportunity to apply clinical knowledge in a realistic, yet controlled environment. Increased medical student numbers pose a challenge of providing equal opportunities. The proportion of observers to active participants in simulation is therefore increasing. However, there is minimal research into optimal ways to engage observers. Studies demonstrate observing simulation has a positive educational value and is as beneficial as active participation. Using a structured guide during observation has been found to enhance learning, support debriefing, and improve observer satisfaction(3) amongst healthcare professionals, however this has not been studied in undergraduate medical students.

Approach
We aimed to evaluate the efficacy of a novel observation tool to improve learning and provide a feedback framework during undergraduate medical student simulation. The tool compiles elements to observe using the acronym 'CAR SEAT': Communication, A-E assessment, Rapport, Situational awareness, Escalation, Application of clinical knowledge, and Teamwork. We implemented a simulation series involving acute deteriorating patients. Participants completed pre- and post- series questionnaires. Qualitative data were thematically analysed.

Evaluation
Analysis of pilot study data (N=19) showed that 89% of learners reported observing simulation was more useful with the tool than without. Preliminary themes were 1) The tool provides structure for giving feedback, and 2) The tool supports focus on specific domains of performance. Analysis from the current study of 40 participants will be complete by April 2025.

Implications
We present a novel tool to enhance learning and quality of peer-feedback when observing peers in simulation. Preliminary results demonstrate greater learner engagement and confidence in giving feedback when using the observer tool than without, whilst being simple to implement and widely acceptable to students.

Abstracts
Simulation; Peer Teaching

Bleeping Brilliant: Boosting Confidence in Final-Year Medical Students with Bleep-Based Simulations

Presenters: Dr Safiyah Khan, Dr Holly Baker
Authors: Dr Safiyah Khan, Dr Holly Baker

Introduction

Receiving and responding to bleeps is a daunting prospect for final year medical students. Bleep-based teaching is an emerging focus for medical educators aiming to alleviate 'bleep anxiety' and prepare medical students for their transition to foundation year doctors. With the development of bleep-based simulation courses, our research expands on this by integrating common bleep queries into acute simulation training, replicating high-pressure environments. Our aim is to instill confidence in final year medical students, enabling them to respond to bleeps with assurance, prioritise urgent tasks, and appropriately escalate concerns to senior colleagues. We evaluated the effectiveness of this intervention.

Approach

Two simulation sessions were delivered to four groups of final-year medical students between August 2024 and the present, totaling eight sessions with 28 students so far. Two additional groups are scheduled for future sessions. A range of 'appropriate' and 'inappropriate' bleeps were incorporated into simulated medical emergencies and prescribing tasks. Students decided if the bleep query needed urgent attention, or if it could be resolved later. A subsequent debrief followed on the appropriate course of action for each bleep response. Students completed a post-session online questionnaire using 5-point Likert scales to assess their confidence levels before and after the simulation.

Evaluation

The complete data set is pending. 93% of students (n = 26) have currently responded to the survey. Preliminary data suggests an improvement in confidence holding bleeps, with 13 students feeling 'confident' or 'somewhat confident' after teaching. Confidence in dealing with 'inappropriate' bleeps also improved, with 20 additional students feeling 'confident' or 'somewhat confident'. A thematic analysis of qualitative data identified 4 students desiring more of this teaching, while 10 others commented on its usefulness.

Implications

Bleep-based teaching has been proven to be essential to prepare final year medical students for foundation year training.

Abstracts
Clinical Skills

SUTURE-3D – Suturing Using Traditional Equipment vs 3D-Printed Models for Skill Acquisition, A Cross-Over Trial for Medical Students

Presenters: Dr Michalis Anestis Patsalides, Dr George Esworthy
Authors: Dr Michalis Anestis Patsalides, Dr George Esworthy, Dr. Tabassum Patel, Dr. James Martin, Professor David James Bowrey

Introduction

Recent reviews have highlighted a deterioration in the quality of surgical education following the COVID-19 pandemic. A particular concern expressed among medical students and resident doctors is the reduced opportunity for learning basic surgical skills, such as suturing. 3D printing is an emerging technology that has been used successfully in surgical disciplines, as well as medical education, showing promise in improving fidelity and expanding learning opportunities for students and doctors. Surgical education is uniquely positioned to benefit from cost-effective methods of increased dexterity, which is very important in a resource constrained system. This study aims to evaluate the impact of bespoke 3D printed models on medical student suturing ability compared to standard teaching analogues.

Approach

To enhance medical student suturing skills, we developed 3D-printed models designed to improve manual dexterity and suture practice, drawing on insights from microsurgical training A cross-over trial was designed with two sessions one week apart, with students randomised to either the standard Limbs and Things suturing pad or the new 3D printed models at the first session and crossing-over at the second session. Student suturing skills were assessed at the beginning and end of each session using the marking rubric developed by the Royal College of Surgeons for the Basic Surgical Skills Course.

Evaluation

The trial is currently ongoing with results and statistical analysis planned prior to the conference date. Preliminary results and statistical analysis will be presented at the conference, offering insights into the effectiveness of 3D-printed models in surgical education.

Implications

This project will allow us to evaluate the benefits of 3D printing models in surgical education and assess the impact on the development of medical student surgical skills. Key considerations include dexterity development, sharps safety, suturing effectiveness, and cost efficiency.

Abstracts
Clinical Skills

Less Waste, Same Skills: Implementing Sustainable Practices in Clinical Skills Training

Presenters: Dr Maria Gabriela Bridger
Authors: Dr Maria Gabriela Bridger, Dr Rachel Blyth, Dr Otto Fenske, Dr Harry Pavlou, Dr Kurian George, Dr Sebastian Yeap

Introduction

Sustainability in healthcare is a growing concern, with the NHS committed to achieving carbon net zero. The GMC mandates education on sustainable healthcare, making its integration into medical training essential. Clinical skills teaching generates significant waste due to single-use equipment, however, successful waste-reduction initiatives have been implemented at UK medical schools.

Approach

This project aimed to reduce waste in clinical skills sessions while maintaining teaching quality. Third-year medical students participated in structured sessions covering venepuncture, cannulation, and arterial blood gas (ABG) sampling. A baseline audit quantified equipment usage, followed by an initial quality improvement cycle implementing waste-reduction strategies. Interventions included refilling saline flushes, reusing tourniquets, displaying educational posters and incorporating sustainability briefings into the start of sessions. A subsequent intervention cycle introduced the reuse of ABG syringes and laminated, reusable instruction sheets.

Cost per unit of items was calculated, and student feedback was gathered using a post-session Google Form to evaluate perceptions of implemented changes.

Evaluation

Evaluation showed a 32.5% cost reduction per student per session (£5.35 to £3.61), equating to annual savings of £235. Re-use of tourniquets alone could save carbon emissions equivalent to running a light-bulb for 670 hours. Mann-Whitney U analysis found no significant difference ($p<0.05$) in confidence levels or perception of simulation realism between baseline and final intervention groups.

Implications

These findings demonstrate how sustainable practices can be introduced in clinical skills teaching without compromising educational quality. Future work should explore expansion to other clinical skills while addressing challenges such as equipment cleaning time and re-use limitations.

Abstracts
Clinical Skills

Introducing Point-of-Care Ultrasound (POCUS) to Third-Year Medical Students: A Quality Improvement Project at Torbay Hospital

Presenters: Dr Mark Baker, Dr Eleanor Skinner
Authors: Dr Mark Baker, Dr Eleanor Skinner, Dr George Averill

Introduction

Point-of-Care Ultrasound (POCUS) is increasingly integral to clinical practice within the NHS, yet it remains underrepresented in UK undergraduate medical curricula. This quality improvement project aimed to address this gap by introducing third-year medical students from the University of Plymouth to foundational POCUS skills during their clinical teaching fellow led renal placement at Torbay Hospital.

Approach

Weekly POCUS sessions were conducted for small groups of 2-3 students, focusing on general utility of POCUS and specific indications in renal medicine (kidney and bladder USS). Each session combined hands-on practice with supervised clinical application. Post-session feedback was collected to evaluate the educational impact and student experience.

Evaluation

Preliminary feedback from 50% of participants (n=15) has been overwhelmingly positive. Students reported increased confidence in POCUS technique and a deeper understanding of its clinical utility. Themes from feedback included the value of small-group teaching, the relevance of POCUS to future practice, and the desire for further integration into the curriculum.

Implications

This project highlights the feasibility and benefits of introducing POCUS training early in medical education. As POCUS becomes more widely adopted in the NHS, equipping students with these skills during undergraduate training is essential to prepare them for modern clinical practice. The positive feedback underscores the demand for such training and supports calls for broader curricular integration. We are planning a second cycle of this QI project for fourth year students introducing POCUS Phlebotomy and Ultrasound techniques.

Abstracts

Equality Diversity and Inclusion; Gamification; Learning in the Clinical Environment

The Phoenix Medical Project – championing and supporting displaced doctors' journey towards working in the UK.

Presenters: Dr Jonathan Bowley
Authors: Dr Jonathan Bowley

Introduction

Doctors are expected to be effective educators. The Phoenix Medical Project (TPP) is a charity supporting refugee doctors establish a career in the UK through one-on-one English language teaching sessions delivered by medical students and resident doctors. We aimed to assess how our training programme supports our volunteers' development as educators.

Approach

We developed a programme with four stages: an online seminar covering expectations, common pitfalls, and training structure; observing sessions run by established teachers; running two sessions with established teachers observing and providing feedback; and running sessions independently. Following training, questionnaires were distributed to participants, utilising Likert-style and free-text questions aligned with the Academy of Medical Educators' core values, to explore the programme's utility in supporting their development as educators.

Evaluation

We received ten responses. All respondents felt the training prepared them well for their role, and their role had a positive impact on learners. 90% felt it developed their communication and teaching skills, promoting their ability to teach and facilitate learning, supported by free-text responses. 50% felt it developed their understanding of assessing learning, developed their formative assessment skills and ability to identify learners' needs in real-time. Participants acknowledged the value of the observed sessions they undertook prior to independent delivery. Overall, participants ranked the training as 8.8/10 across all domains.

Implications

Participants found our training programme valuable in supporting their development as educators. Our project provides supportive opportunities for students to act independently as educators, whilst supporting an otherwise underserved group in their learning needs.

Abstracts

Equality Diversity and Inclusion; Gamification; Learning in the Clinical Environment

Derm Detective, Escape Rheum, and NeuroNavigator: Gamification in Specialty-Specific Learning for Undergraduate Medical Education

Presenters: Dr Mia McDade-Kumar , Dr Ryan Gwilliam, Dr Jason Wong
Authors: Dr Mia McDade-Kumar , Dr Ryan Gwilliam, Dr Jason Wong, Mr Zach Evans, Dr Maariyah Vankad, Dr Niamh Galligan

Introduction

Gamification has emerged as a promising pedagogical strategy in medical education, leveraging game-based learning to enhance engagement, motivation, and knowledge retention.[1,2] The practice fosters critical thinking, clinical reasoning, and collaboration through interaction, structured challenges, competition, and real-time feedback.[3,4,5] We developed three novel, gamified, teaching interventions for undergraduate medical education in dematology - 'Derm Detective', rheumatology - 'Escape Rheum' and neurology - 'NeuroNavigator'.

Approach

Fourth-year medical students from the University of Birmingham and Aston University participated in these teaching interventions during placements at the Queen Elizabeth Hospital Birmingham. Each intervention is outlined below.

'Derm Detective': A peer-driven, interactive board game, where students identify skin lesions by asking yes/no questions, integrating risk factor analysis and symptom-based inquiries, to encouraging pattern recognition as well as structured diagnostic reasoning. 'Escape Rheum': Time-pressured, case-based challenges styled on an escape room, requiring students to role-play as the on-call Rheumatology Registrar, take a history, suggest suitable differential diagnoses, interpret investigations and propose management plans. 'NeuroNavigator': A team-based competition to tackle neuroanatomy tasks and 11 clinical cases, reinforcing principles of neurological lesion localisation.

Evaluation

Evaluation of these medical education interventions will be conducted in quasi-experimental, pre-post-test studies. Quantitative methods include Likert-type scales and the Perception of Learning subscale of the Dundee Ready Education Environment Measure (DREEM). Qualitative methods include thematic analysis of free-text feedback. 'Derm Detective' and 'Escape Rheum' have only run pilot sessions so far, with further data pending. 'NeuroNavigator' has collected over 250 responses to date, demonstrating a statistically significant improvement in mean confidence scores, and a high DREEM subscale rating.

Implications

Our findings will support gamification as an effective strategy for undergraduate medical education, particular in cognitively demanding medical specialties to which students have limited exposure and where clinical reasoning relies on anatomy or visual patterns.

Abstracts

Equality Diversity and Inclusion; Gamification; Learning in the Clinical Environment

Experiential Learning in Action: Evaluating the Effectiveness of Resus Bleep Days for Medical Students

Presenters: Dr Rosanna Watts
Authors: Dr Rosanna Watts

Introduction

Newly qualified doctors must be able to recognise and respond to patient deterioration, as outlined in GMC's Outcomes for Graduates. However, final-year students often experience anxiety about managing unwell patients and have limited experience with resuscitation team roles, task allocation, and non-technical skills. Medical education increasingly relies on experiential learning and simulation, yet student exposure to unwell patients is often opportunistic and lacks structured debriefs, potentially leading to moral injury and psychological distress. This project aims to improve student understanding of the roles of the multidisciplinary team (MDT) in resuscitation, task delegation, and provide practical experience in arrests/peri-arrest situations, as well as bleep management.

Approach

Final-year students signed up to hold a resuscitation bleep, initially for two days. They attended the morning resuscitation meeting, met the team and were allocated roles before attending their normal placements. Students were expected to respond to test calls and attend peri-arrests/arrests. After resuscitation calls, students were invited to a 'hot' debrief as well as a 'cold' debrief with a named CTF contact. Student experience was surveyed afterwards.

Evaluation

Ten students signed up in the first term (project ongoing), seven having no prior experience of emergencies. During the bleep days, four students attended calls, with two actively participating (e.g. scribing, observations). Initial feedback indicates improved understanding of team dynamics, MDT roles and bleep management. Students reported feeling more prepared for future responsibilities and felt supported by debriefs.

Implications

This project highlights the value of structured experiential learning in preparing students for high-pressure clinical situations. By focusing on MDT roles and task delegation, it promotes essential non-technical skills, builds confidence, and reduces anxiety among students. The debriefing sessions may also support reflection and emotional resilience, minimising potential moral injury. This model could be used across other teaching hospitals to improve students' transition to clinical practice.

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