Bristol Medical School Successes at ASME's ASM 2023 - Developing a Diverse Workforce

12th to 14th July, Birmingham

Abstract Booklet

Breakdown of Abstracts

Pre-Conference Sessions – 1 Workshop

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Perspectives on Professionalism: A collaborative exploration of what professionalism is and means in a contemporary and diverse healthcare settings

Session Lead: Dr Joseph Hartland
Additional Presenters: Dr Duncan Shrewsbury, Dr Viktoria Goddard
Twitter: @HartlandJoseph

The concept of professionalism dominates healthcare education and the lives of healthcare students and practitioners across the world; yet there remains no single universally agreed definition nor framework (Goddard and Brockbank 2022). The challenges caused by this lack of consensus are reflected in debates about what constitutes "unprofessional behaviour", taking place between healthcare professionals across social media and increasingly in academic output that recognises that current definitions of professionalism are both outdated and arguably no longer fit for purpose. Many such conversations surround the dichotomy that exists when socially marginalised students and staff have their identities perceived as being in conflict with traditional models of professionalism.

The workshop discussion will explore a number of themes linked to debates on professionalism, its codification and the nurturing of it in medical students – including application of dress codes, social media use and more broadly notions of "expected behaviours". Participants will be invited to discuss challenges experienced within their own contexts of both teaching about, and applying the definitions of, professionalism to their students.

This workshop is part of a collaborative UK action-learning scholarship project, aiming to shape new academic discourse and explore in-depth perspectives on professionalism with participants. We propose to identify moments of consensus while discussing perspectives on professionalism from different contexts, by repeating the workshop across various national and international meetings.

Participants are asked to consider the following questions before the workshop:
- What challenges does the term professionalism pose for different student and staff groups in your context, and why?
- How do you use the guidance on professionalism available to you? (This might be from your national regulator, from local healthcare settings or even locally produced guidance within your own School)
- How might a consensus on professionalism that is inclusive/welcoming of the diversity of the workforce be reached?

Educational Methods:
Participants should come to the workshop prepared to share their own experiences of working with the concept of professionalism in both education and healthcare settings.

The workshop will begin with a short presentation by the facilitators, framing the current literature debating inconsistent and problematic definitions of professionalism. Participants will then use their prepared reflections to partake in discussions framed around a World Café format, with facilitators encouraging respectful and fluid participant-led debates. The intention is to stimulate social learning and reflection, with multiple modalities available for participants to record their thinking. Consent will be taken to use the both IT (padlet style discussion boards) and low tech records (table cloth notations) to inform research for the action-learning scholarship project and feedback to participants who attend to supplement their post-workshop reflections.

Objectives & Outcomes:

Participants will:

- Develop knowledge of the current debates about how professionalism is defined in healthcare.
- Begin to critically reflect and interrogate the dominant definitions of professionalism that they work with
- Consider the challenges these pose within their own teaching and working contexts

The Paradigm Games

Session Lead: Dr Sarah Allsop
Additional Presenters: Dr Sarah Mclaughlin, Dr Steve Jennings

Have you ever considered the philosophical standpoint under which you undertake your work as an academic? How do your beliefs and experiences influence and affect your teaching or research practices? This 90-minute session will reflect our experiential journeys into the language and philosophy of qualitative research and share how gaining a better understanding of the research paradigm can improve the quality of pedagogy both teaching and research. The session will explore concepts of aims, axiology, ontology, epistemology, rhetoric, and methodology and get participants to explore their own views and values in the context of the scholarship of learning and teaching. The session will acknowledge that the concept of the research paradigm can be challenging, and will be useful particularly to early career researchers, and those newly working in a previously unexperienced research field.

Educational Methods:
The session will use interactive techniques throughout the session, including gamification, quiz-questioning and haptic tasks as well as overview presentations. Participants will be encouraged to think reflectively about their own practice and to engage in discussion in groups. Participants will be offered the opportunity to move around the room to work with others with similar projects/ideas or to engage in conversations with those working in different areas to visualise and learn from those differences. Links to additional resources and references on paradigm will be shared electronically via a padlet. Questions will be encouraged throughout the session and can be submitted through the padlet.

Objectives & Outcomes:
Participants are recommended to attend the session with a specific research project/idea in mind to use and explore during the session.

During this session participants will:
- Unpack the nature of a research paradigm.
- Explore the philosophical concepts used in qualitative research.
- Consider the component parts of research philosophy in the context of their own ongoing projects/ scholarship.
- Participantswillbeprovidedwithaninteractiveworksheetduringthesessionandwouldbewelcometobringa laptop or pen and paper to make additional notes as well as being encouraged to use a padlet online tool.

Oral Presentations

A qualitative framework analysis of medical students' attitudes of incivility in undergraduate medical education

Presenter(s): Dr Daniel Francis and Miss Bethan Thomas
Author(s): Dr Daniel Francis, Royal Cornwall Hospital; Dr Alice Maidwell Smith, Winchester Hospital; Miss Bethan Thomas, University of Bristol; Dr Oliver George, Great Western Hospital; Miss Lucia Macmillan; Mr Jonah Duggan, University of Bristol
Twitter: @Drdanfrancisco

Introduction: Toxic behaviour annually costs the NHS £2 billion, with 98% of staff reporting incivility at work.(1) A review of incivility towards doctors in English hospitals showed it potentiates job dissatisfaction, accidents, mental strain, and burnout.(2) However, there is a paucity of research regarding incivility within medical education.

This qualitative study explores attitudes of medical students regarding incivility in undergraduate medical education.

Methods: Nine third-year medical students watched videos of a teaching interaction which covered the same learning objectives, but Group A observed uncivil teaching and Group B observed civil behaviour.

Participants then underwent semi-structured interviews to explore their attitudes, these were audio-recorded and transcribed verbatim. Framework analysis was employed using NVivo to derive themes.(3) Independent open coding was performed on a subset of transcripts to assess inter-coder agreement and agree a final coding framework.

Results: Medical students recounted their lived experiences of incivility; including feelings of burden, self-blame, reduced self-confidence, reduced enjoyment, and lower motivation to learn. Teacher approachability, body language, language use and discourse affected perceptions of civility. Learning quality and knowledge retention were negatively impacted by incivility. Environmental workplace pressures may contribute to uncivil behaviour, and peers and teachers were identified as sources of support. Institutional normalisation of incivility and perceived hierarchy of power may inhibit students reporting uncivil behaviour.

Discussion: This study demonstrates that incivility exists within contemporary undergraduate clinical education and highlights the negative effects on students' learning. Local and institutional changes are required to overcome incivility in medical education, including clearer policies and training.

Reference(s):
(1) Kline, R, Lewis, D. The price of fear: Estimating the financial cost of bullying and harassment to the NHS in England. Public Money & Management. (2019);39(3):166-174.
(2) Averbuch, T, Eliya, Y, Van Spall, H. Systematic review of academic bullying in medical settings: dynamics and consequences. BMJ Open. 2021;11(043256).
(3) Ritchie, J. and Spencer, L. (2002) Qualitative data analysis for applied policy research. The Qualitative Researcher's Companion, 573 (2002), pp. 305-329.

Keywords: Incivility, Video

A Word of Warding: Enhancing early-years' students clinical experiences through a 'Ten Top Tips' prompt card and patient encounters

Presenter(s): Dr Tirion Swart, Dr Antony Pile
Author(s): Dr Tirion Swart, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust and University of Bristol

Introduction: Through early clinical contact with patients, junior medical students may improve clinical knowledge and confidence (1). At the University of Bristol, second-year students complete a 3-week placement, including a "My Patient Journey" exercise, gaining insight by following a patient's experience and perspective throughout their hospital stay. We aimed to gauge the impact of these experiences, and support learning by equipping students through a "Ten Top Tips" prompt, guiding them on ward-based learning opportunities.

Methods: Students were offered a "Ten Top Tips" prompt card, developed by teaching fellows, suggesting learning opportunities, particularly in relation to patients, for the duration of their placement. Pre- and post-placement questionnaires evaluated their confidence in ward-based learning and patient interaction, along with how useful students found the prompts for recognising and grasping learning opportunities.

Results: Fifty students completed questionnaires, revealing this placement improved their confidence talking to patients, and knowing what is expected on wards. In particular, 'My Patient Journey' helped 94% of students develop their understanding of patients' experience.

Our prompts card was used by 68% of students, with 94% finding it supported learning, and 24% felt this alone improved their confidence. Participants felt this innovation could be developed with more practical ward-based guidance, and matching ward-based activities to recent tutorials.

Conclusion: Through investigating students' perspectives in this study, it is clear that innovations in supporting early-years clinical learning such as patient interviews and prompts can enhance the learning experience. Further research is needed to assess the optimal structure and guidance for early clinical placements.

Reference(s):
(1) Dornan T, Littlewood S, Margolis SA, Scherpbier A, Spencer J, Ypinazar V. How can experience in clinical and community settings contribute to early medical education? A BEME systematic review. Medical Teacher. 2006;28(1):3-18. DOI: 10.1080/01421590500410971

'Ctrl-Alt-Dermscape': Shifting medical students' perceptions through a dermatology-based escape room

Presenter(s): Dr Amy Prideaux
Author(s): Dr Amy Prideaux, University of Bristol; Dr Daniel Keith, North Bristol NHS Trust; Dr David Hettle, North Bristol Academy
Twitter: @amyprid

Background: Medical students' exposure to dermatology is variable, taught mainly using didactic or observational methods, potentially contributing to low confidence or prejudices towards dermatology (1). Moving to more student focussed approaches, especially using gamification, can consolidate learning after didactic sessions (2). Yet whether new concepts can be taught through such methods is not known. To explore this, we created an escape room, 'Dermscape', investigating its potential for teaching new concepts and promoting dermatology as a specialty.

Methods: Two groups of third-year undergraduates participated in 'Dermscape', which included knowledge-based and practical tasks exploring a variety of dermatological conditions. Pre- and post-session questionnaires were used to elicit students' views.

Results: 100% of students felt 'Dermscape' provided them with a strong overview of dermatological conditions and concepts, with 57% rating their experience of learning new concepts through Dermscape as "very good" or "excellent". Additionally, 86% felt more likely to pursue dermatology as a career following the escape room. Freetext responses revealed that pre-escape room perceptions were broadly positive, however participation in Dermscape greatly increased enthusiasm and developed participants' interest in dermatology. Further, students were clear on how enjoyable, interactive and fun the escape room was as a learning method.

Conclusion: Dermscape explored the potential for learning new skills and concepts within dermatology, from which students both improved their confidence and hugely enjoyed. Along with offering an innovative route to learning new concepts in an interactive manner, grounded in educational theory, escape rooms like this may help to promote and improve accessibility to future careers

Reference(s):
    (1) Hussain W, Hafiji J, Stanley AG, and Khan KM (2008). Dermatology and junior doctors: an evaluation of education, perceptions and self-assessed competencies. British Journal of Dermatology, 159: 505-506.
         https://academic.oup.com/bjd/article/159/2/505/6641211
    (2) Guckian J., Sridhar, A. and Meggitt, S.J. (2020), Exploring the perspectives of dermatology undergraduates with an escape room game. Clin Exp Dermatol, 45: 153-158. https://onlinelibrary.wiley.com/doi/abs/10.1111/ced.14039

Keywords: dermatology, undergraduate, education, curriculum, gamification

Do junior doctors see themselves as medical educators? A literature review

Presenter(s): Dr David Hettle
Author(s): Dr David Hettle, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Ms Annie Noble-Denny, University of Bristol
Twitter: @dave_hettle

Introduction: Despite the expectation that all doctors should teach, emphasised by the GMC (1) and UKFPO (2), there is a dearth of research investigating junior doctors' (JDs) perspectives on their role as medical educators. While professional standards for educators exist (3), there is little reference to how the educator role should be, promoted, developed or assessed.

Methods: A literature review was conducted following a systematic search, interrogating ERIC, MEDLINE and PubMed databases for studies exploring UK-based JDs' perspectives on being educators. 1143 citations were screened, with thirteen studies identified for narrative analysis.

Results: JDs regularly teach, more than senior clinicians realise, and often do so informally, which leaves teaching opportunities vulnerable to the time pressures implicit in workplace practice. JDs may not realise all the roles that learners perceive of them, such as being a role model, yet involvement in educating medical students can enhance JDs' awareness of these, expanding their educational impact. Whilst some JDs see being educators as implicit to their role as clinicians, others describe tension between the two, indeed sometimes educator roles can be viewed as an inferior, secondary identities to clinical work.

Conclusion: With studies largely investigating General Practice trainees' perspectives, a specialty with some support for educator development alongside a clinical role through innovative training posts, only five studies explored the perspectives of hospital-based JDs. This leaves huge gaps in the understanding of JDs' perspectives on their role as educators, their development as such, and research must explore this further, to enable appropriate support for developing educators.

Reference(s):
(1) Developing teachers and trainers in undergraduate medical education. General Medical Council, 2011; 1-26. Accessed January 3, 2023. https://www.gmc-uk.org//media/documents/Developing_teachers_and_trainers_in_undergraduate_medical_education___guidance_0815.pdf_56440721.pdf
(2) UK Foundation Programme Curriculum. UK Foundation Programme Office, 2021; 1-110. Accessed January 3, 2023.https://healtheducationengland.sharepoint.com/sites/UKFPOT/Education%20and%20Support/Forms/AllItems.aspx?id=%2Fsites%2FUKFPOT%2FEducation%20and%20Support%2FCurriculum%2FFP%202021%2FFPC2021%20Roll%2Dout%2FWebsite%20documents%2FFP%5FCurr%5FMay21%5FFINAL%2Epdf&parent=%2Fsites%2FUKFPOT%2FEducation%20and%20Support%2FCurriculum%2FFP%202021%2FFPC2021%20Roll% 2Dout%2FWebsite%20documents&p=true&ga=1
(3) 3. Professional Standards, for medical, dental and veterinary educators, 4th edition. Academy of Medical Educators, 2021; 1-18. https://www.medicaleducators.org/write/MediaManager/Documents/AoME_Professional_Standards_4th_edition_1.0_(web_full_single_page_spre ads).pdf

Keywords: Medical education, Junior doctor, Career, Faculty development

Learning to care together: a novel interprofessional end-of-life care simulation model for undergraduates

Presenter(s): Dr Margherita Faulkner, Mr Louis Goff
Author(s): Dr Jodie Servante, South Bristol Academy, University Hospitals Bristol and Weston Trust; Dr Margherita Faulkner, South Bristol Academy, University Hospitals Bristol and Weston Trust; Ms Natalie Michael, University of West England; Mr Louis Goff, University of Bristol; Dr Judith Fox, University of Bristol
Twitter: @j_servante

Background: Healthcare professionals are expected to be compassionate in end-of-life care through effective communication and teamwork (1). Managing end-of-life patients involves a range of clinical, empathic, and strategic skills and has been identified as an area that undergraduates do not feel adequately trained in (2). Upon literature review, simulated interprofessional end-of-life teaching sessions have been shown to improve preparedness within postgraduates (3). However, this learning methodology has been poorly explored within undergraduates. Our pilot study investigates whether interprofessional learning in simulated end-of-life-care scenarios would be a useful learning method to enhance undergraduates' confidence, communication skills around death and dying, including discussion of cultural, religious and spiritual diversity significance.

Method: We designed three interprofessional high-fidelity simulation sessions paired with small group teaching, for final year nursing and medical students, focused on common challenges that are encountered in the end-of-life care setting. These include treatment escalation discussions, challenging colleagues' decisions and breaking bad news. Simulations and extended debrief with peer-to-peer reflection will enable students to practice their compassionate communication and teamworking. Pre and post session feedback will be collected using short answers and 4-point Likert scales questionnaires, with statistical and thematic analysis performed. Deferred semi structured small group interviews will be conducted, with thematic analysis, to provide an in-depth review of this innovative teaching model and to explore its longer-term impact on students' preparedness and confidence in end-of-life care.

Results: Results are pending: the teaching sessions will run between January and May, and the data analysis will be completed by June 2023.

Reference(s):
(1) General Medical Council. Outcomes for graduates 2018. Published online 2018. Accessed January 6, 2023. https://www.gmcuk.org/-/media/documents/outcomes-for-graduates-2020_pdf-84622587.pdf?la=en&hash=35E569DEB208E71D666BA91CE58E5337CD569945
(2) Bharmal A, Morgan T, Barclay S. 48 Junior doctors and end of life care: a systematic review and narrative synthesis. BMJ Support Palliat Care. 2018;8(3):378. doi:10.1136/bmjspcare-2018-mariecurie.48
(3) Randall D, Garbutt D, Barnard M. Using simulation as a learning experience in clinical teams to learn about palliative and end-of-life care: A literature review. Death Stud. 2018;42(3):172-183. doi:10.1080/07481187.2017.1334006

Keywords: Undergraduate, End-of-life care, EDI, Simulation, Interprofessional Learning

Low-Tech, High-Yield; the utility of virtual patients using simple presentation software

Presenter(s): Dr Alice Middleton
Author(s): Dr Alice Middleton, Gloucestershire Hospitals NHS Trust, University of Bristol; Dr Carys Gilbert, Gloucestershire Hospitals NHS Trust; Dr Philippa Dodd, Gloucestershire Hospitals NHS Trust; Dr Isabel Rimmer, Gloucestershire Hospitals NHS Trust

Virtual patients are known to be valuable for teaching clinical reasoning, capitalising on accessibility, patient safety, and freedom to control case scenarios (1). Specialist software licences and training however, can be a barrier to their initiation and ongoing use (2).

We explore the impact of teaching with hyperlinked Microsoft PowerPoint presentations as virtual patients. This study investigates perceptions by both teachers and students, with attention paid to whether this tool can develop clinical reasoning skills.

Methods: This is a phenomenological qualitative study which seeks to gain a rich understanding of perceptions of this teaching method. Teaching fellows and students were familiarised with the tool, before participating in a teaching session, then taking part in follow-up focus group discussions. Undergraduate medical students and clinical teaching fellows were recruited to the study using non-probability, exploratory sampling.

This study was preceded by quantitative, quasi trials, using post-teaching questionnaires. These demonstrated promising utility and popularity of the tool.

Results: Analysis of data from the first phase of the study have revealed themes which will be further explored in a second phase. Its use has been acknowledged as a legitimate and safe way to develop clinical knowledge, reasoning skills, and decision making, in line with existing literature regarding virtual patients3. The simplicity of the software has not been a barrier to the face validity of the tool and there is demand for ongoing use.

This format can overcome potential barriers to use of virtual patients, and expand access to their use in medical education.

Reference(s):
(1) Plackett R, Kassianos AP, Mylan S, Kambouri M, Raine R, Sheringham J. The effectiveness of using virtual patient educational tools to improve medical students' clinical reasoning skills: a systematic review. BMC medical education. 2022;22(1):1-8
(2) Posel N, Fleiszer D, Shore BM. 12 Tips: Guidelines for authoring virtual patient cases. Medical teacher. 2009;31(8):701-8 |3. Posel N, Mcgee JB, Fleiszer DM. Twelve tips to support the development of clinical reasoning skills using virtual patient cases. Medical teacher. 2015;37(9):813-8.

Keywords: Virtual patients, Medical education, Clinical reasoning, TEL

Motivations behind medical educators: Exploring why junior doctors become clinical teaching fellows

Presenter(s): Dr Harriet Bothwell
Author(s): Dr Harriet Bothwell, Great Western Hospital NHS Foundation Trust

Background: Professional guidance dictates all doctors should contribute to education and this correlates with the pervasive presence teaching has in assessment and selection throughout medical careers. Furthermore, evidence suggests that doctors consider education an integral part of their professional role and identity (1). However, involvement with education constitutes a spectrum, with some doctors seeking out leading roles in education such as clinical teaching fellowships.

Methods: Using a case study methodology, underpinned by an interpretivist approach with incorporation of sociocognitive career theory and professional identity development theory this study used semi-structured interviews to explore the motivations of five junior doctors undertaking clinical teaching fellowships at a single institution. Data were analysed using thematic analysis.

Results: The key themes from the data were career development and navigating choices following completion of the foundation programme. Within the theme of career development, developing the separate but overlapping identities of clinician and teacher resonated with professional identity development theory and social cognitive career theory. Participants, exercising professional autonomy, chose these roles to develop career aspirations relating to clinical and non-clinical domains.

Discussion: This study highlights the challenges of early career development for clinicians interested in teaching; participants reported a desire to improve their teaching skills and gain a teaching qualification to support both their aspirations for a career involving teaching and future training applications. Flexibility in clinical specialty enabled exploration of potential careers facilitating decision-making processes for selecting higher training programmes. Participants reported intense work pressures within foundation training as a significant obstacle to career development.

Reference(s):
(1) Steinert Y, MacDonald M. Why physicians teach: giving back by paying it forward. Medical Education 2015: 49: 773– 782 doi: 10.1111/medu.12782

Keywords: Junior doctors, teaching, motivation

Outside the Box: An initiative to enhance the well-roundedness of final year medical students during a longitudinal primary care placement

Presenter(s): Professor Trevor Thompson, Dr Lizzie Grove
Author(s): Dr Lizzie Grove, University of Bristol, Centre for Academic Primary Care; Professor Trevor Thompson, University of Bristol, Centre for Academic Primary Care; Dr Veronica Boon, University of Bristol, Centre for Academic Primary Care

Introduction: The abilities of the well-rounded practitioner extend beyond standard clinical competencies toward attributes like emotional intelligence and self-care. At the university of Bristol our final year students have a 9-week primary care placement. Here we sought to help students develop fresh approaches to their personal and professional development.

Methods: A video introduced three potential topic areas: lifestyle challenge, creative practice, and medical literature review. Students picked a topic that was new to them, required regular engagement and relevant to their future practice. At the end of the clerkship the students presented their topic exploration to student colleagues. Students and tutors completed questionnaires on the process.

Results: Contrary to initial scepticism, 100% of the tutors were positive about the project. 67% of students rated the opportunity as 'good or excellent'.

Most students choose lifestyle challenges such as regular sleep hygiene, outdoor swimming, and meditation practice. "These activities have left me happier, healthier and better placed to manage the stresses of medicine!".

Creative projects included learning music production and writing a song about a mental health, art work and a crocheted heart. A student described "profound learning" by reading With The End in Mind by Kathryn Mannix'. Students valued hearing their colleagues projects "lots of areas …to think about going forward for my own health and my future patient's".

Discussion and Conclusion: We have shown that programmed self-development opportunities are well rated by students, and potentially useful in terms of preparing them as well-rounded practitioners in their future professional practice.

Keywords: General practice, self-care, lifestyle, creative practice

Significant Event Analysis for Education (SEAFE) and its role in undergraduate medical education

Presenter(s): Dr Ciaran Conway
Author(s): Dr Ciaran Conway, University of Bristol; Professor Trevor Thompson, University of Bristol

Background: Significant event analysis is a concept familiar to clinicians and has been used in primary care for decades (1). Our primary care teaching team, at the University of Bristol Medical School, recognised that often significant educational events are not afforded the same formal evaluation and reflection. We therefore developed a yearlong pilot study looking at the use of significant event analysis in education (2). We termed our novel approach "Significant Event Analysis for Education (SEAFE)" (say, 'see-fee').

Method: We designed a proforma for the recording of events and held triannual SEAFE meetings to discuss the events and their outcomes as a team. After 12 months we surveyed our team members to evaluate if the use of this process had improved practice.

Results: During our 12 month pilot, we raised and discussed 19 SEAFEs covering a wide range of clinical and administrative issues3. A survey of our team concluded that users found the SEAFE easy to use and 78% reported that it improved their educational practice.

Conclusion: We demonstrated that the use of this model was able to facilitate systematic learning and improve practice. We have continued to use this model within our team since the end of the trial and continue to raise and discuss SEAFEs regularly. We feel there is scope for this tool to be used in a diverse range of medical education settings.

Reference(s):
(1) Pringle M, Bradley CP, Carmichael CM, et al. Significant event auditing. A study of the feasibility and potential of case-based auditing in primary medical care. Occas Pap R Coll Gen Pract. 1995;70:i
(2) Conway C, Thompson T. The good, the bad and the unusual–the use of significant event analysis in primary care education. Educ Primary Care. 2020;31(4):260
(3) Conway, C. and Thompson, T., 2022. SEA change–the use of significant event analysis in primary care teaching. Education for Primary Care, 33(6), pp.327-330

Keywords: Significant Events, Primary Care, General Practice

The experience of junior clinicians undertaking undergraduate paediatric bedside teaching

Presenter(s): Dr Abhishek Oswal
Author(s): Dr Abhishek Oswal, University of Bristol

Background: Bedside teaching has been used throughout medical education as a tool through which students can undertake clinical encounters with patients. Medical schools are employing clinical teaching fellows (CTFs): junior doctors to teach undergraduates, including bedside teaching in paediatrics. Previous literature has focussed on the value of bedside teaching to students in adult medicine. This study was designed to capture the perceptions of junior teachers undertaking paediatric bedside teaching (pBST). Specifically, the aims were to understand their descriptions of how they undertook pBST, what value they found in pBST, and how they would recommend pBST to their colleagues.

Methods: The study recruited paediatric CTFs who undertook pBST for medical students at University of Bristol. It had a two-part qualitative methodology with semi-structured interviews and a focus group, which were thematically analysed based on an original conceptual framework.

Results: Participants described two major forms of pBST: structured and ad-hoc sessions. The main value they described was to their knowledge, clinical practice, and enjoyment. The main challenges were the time required for pBST. They recommended pBST to their colleagues because of the benefits they found. They suggest solutions including guidance on how to undertake pBST, and increased emphasis on teaching in undergraduate and postgraduate curricula to encourage colleagues into pBST.

Conclusion: The perceptions of CTFs of the ways they undertake pBST and the value of pBST relate directly to their recommendations to their colleagues. These may provide evidence to encourage other junior clinicians into pBST and facilitating this by updating curricula.

Keywords: Paediatrics, Bedside teaching, Clinical Teaching Fellow (CTF)

The power of positive feedback: Researching the implementation of a Learning from Excellence scheme in undergraduate medical education

Presenter(s): Dr Pippa Dodd (she/her)
Author(s): Dr Pippa Dodd (she/her), Gloucestershire Academy, University of Bristol; Dr Justin Leathes (he/him) Gloucestershire Academy, University of Bristol; Dr Carys Gilbert (she/her) Gloucestershire Academy, University of Bristol; Dr Natalie Eraifej (she/her) Gloucestershire Academy, University of Bristol; Dr Alice Middleton (she/her) Gloucestershire Academy, University of Bristol; Dr Isabel Rimmer (she/her) Gloucestershire Academy, University of Bristol; Dr Abigail Samuels (she/her) Gloucestershire NHS Foundation Trust

Too often in healthcare, deficit-focussed approaches have been used to reflect on practice via systems such as 'Datix'. Focus is drawn towards mistakes in the hope of eradicating them [1].

The 'Learning from Excellence' (LFE) scheme has provided a parallel, appreciative-focussed approach and has been successful in improving sense of community at work [2].

This project aimed to investigate the impact of extending this positive feedback framework to undergraduate medical students at Gloucestershire NHS Foundation Trust.

Students and staff were encouraged to nominate individuals and submit feedback on instances of excellence. Nominees were provided with details of their nomination, alongside a certificate, and were encouraged to reflect on the event.

Between August and December 2022, 119 individuals were nominated, 76% of whom were students. Anonymous questionnaires were used to gather data pre- and post-application of the LFE scheme. Six parameters relating to learning, feedback and sense of community were assessed using 5-point Likert scales and white space questions.

32 students responded. The percentage of students who agreed or strongly agreed that they felt recognised at placement increased from 32% to 87.5%. Furthermore, the percentage who agreed or strongly agreed that they felt a sense of community at placement increased from 77.5% to 84.3%. Interestingly, there was no significant change in the perceived ratio of negative to positive feedback, which we are exploring further.

Further research is being conducted in additional student groups to investigate how this increased sense of recognition and community can improve student experience on clinical placement.

Reference(s):
(1) Smith AF, Plunkett E. People, systems and safety: Resilience and excellence in healthcare practice. Anaesthesia. 2018;74(4):508- 517. doi:10.1111/anae.14519 |2. Skinner E, Scally N, Forshaw J, Kafil-Hussain N. 1340 learning from excellence: Sharing success, a Quality Improvement Project. Abstracts. 2021. doi:10.1136/archdischild-2021-rcpch.569

Keywords: Learning from Excellence, Positive Feedback, Reflection, Recognition

The world beyond 'Breaking Bad News' tutorials: Uncovering the real-life communication scenarios junior doctors face

Presenter(s): Dr Jacqueline Roy
Author(s): Dr Jacqueline Roy, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Background: One in six patient interactions are perceived as challenging by clinicians (1). Despite communication training being widespread in medical school, junior doctors often feel unprepared for the communication required of them2. Furthermore, exactly which scenarios junior doctors actually face are not clear, particularly with the recent increase in the use of tele-communication. Therefore, we aimed to gain understanding of the communication scenarios that junior doctors currently face, identifying gaps in undergraduate training which could be addressed.

Methodology: An web-based survey was distributed to FY2 and FY3 doctors in North Bristol NHS Trust, exploring challenging communication scenarios doctors have experienced in their early post-graduate years, regarding both in- and out-of-hours working, in order to inform potential future innovations for final-year students.

Results: Eighteen doctors responded, with most feeling some confidence in their communication skills, but with scope for improvement. 66% felt that they would have benefited from additional training in communication skills, identifying certain important scenarios which they felt had never been addressed during training. These included: interacting with non-verbal communicators, how to respond to patients who wished to discharge against medical advice and discussing patients' conditions with families during telephone conversations, particularly breaking bad news.

Discussion: Though communication and communication training is well known to be important for developing medics, the nature of these scenarios change regularly. This study outlines recent challenges, including those related to junior doctors need to be expert tele-communicators, which need to be addressed to ensure high-quality communication training is up-to-date for current clinical challenges.

Reference(s):
(1) Jackson JL, Kroenke K. Difficult patient encounters in the ambulatory clinic: clinical predictors and outcomes. Archives of Internal Medicine. 1999;159(10):1069. doi:10.1001/archinte.159.10.1069 |2. Monrouxe LV, Bullock A, Gormley G, et al. New graduate doctors' preparedness for practice: a multistakeholder, multicentre narrative study. BMJ Open 2018;8:e023146. DOI: 10.1136/bmjopen-2018-023146

Keywords: Communication, Junior doctors, Tele-communication, Breaking bad news

Understanding the person behind the patient: Promoting reflection to explore patients' perspectives on their hospital stays

Presenter(s): Dr Tirion Swart, Dr Antony Pile
Author(s): Dr Tirion Swart, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust and University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust and University of Bristol

Introduction: Patient contact during the early years of medical school has increased markedly over the last few years, benefitting both patients and students (1, 2). Underpinned by socio-cultural learning theory, authentic clinical experience promotes professionalism and students' understanding of practice3. At the University of Bristol, second-year students undertake a 3-week hospital placement introducing them to the clinical environment. We aimed to gain insight into the impact of this placement on students' perceptions of patient experience.

Method: Through questionnaires pre- and post-placement we challenged students to consider patients' experience from various perspectives, including how informed patients are kept on their condition, and the emotional impact of their stay. Further evaluation was undertaken via Wordclouds.

Results: Feedback was obtained from the majority of students (57/60). Major changes in perceptions included:
- Appreciation of patient loneliness and frustration
- More emphasis on patient wishes, regarding communication on treatment and discharge
- Consideration of the financial and social impacts of hospital admission on families
- Greater understanding of the impact of challenges in social care on delayed hospital discharge

At the outset of the placement the investigative Wordcloud was dominated by words such as "scary" and "confusing", progressing by the end to recognition of loneliness and boredom in patients.

Conclusion: This study, investigating early-year students' perspectives, re-emphasises the role early clinical contact plays in developing a holistic understanding of patients' experiences. It also recognises new factors, such as greater appreciation of the social and economic impacts of hospital admission on patients and their families, which have not previously been described.

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Keywords: Patient experience, Patient perspective, Socio-economic factors, Early-years, Holistic

Updating the British Geriatrics Society Recommended Undergraduate Curriculum in Geriatric Medicine: A curriculum mapping and nominal group technique study

Presenter(s): Dr Grace Pearson
Author(s): Dr Grace Pearson, University of Bristol; Dr Rebecca Winter, Brighton & Sussex Medical School; Dr Adrian Blundell, University of Nottingham; Professor Tahir Masud, University of Nottingham; Professor Adam Gordon, University of Nottingham; A/Professor Emily Henderson, University of Bristol
Twitter: @GraceInvaders

Background: The ageing population necessitates that doctors are equipped with the knowledge and skills required to care for older people with complex health and social care needs. Undergraduate teaching in geriatric medicine has a critical role to play in preparing doctors of the future.

The British Geriatrics Society (BGS) recommended undergraduate curriculum was last revised in 2013 and there have been numerous advances in the field in the interim. The purpose of this update is to ensure that the recommendations meet the standards required by the General Medical Council in Outcomes for Graduates and the Medical Licensing Assessment (MLA), and to bring UK guidance in-line with the European recommended undergraduate curriculum.

Methods: A multi-stage consensus method involving key stakeholders was used to update this curriculum. The current BGS recommended curriculum was mapped to the European curriculum and MLA content map to identify gaps and inform discussions in a virtual Nominal Group Technique.

Results: In this update, the recommended curriculum is restructured around 7 core areas of geriatric medicine, with clearly defined learning objectives that encourage active participation of students in the clinical environment. Consensus agreement was that these reflect the minimum level of knowledge, skills, and attitudes required for the optimal care of older people, which medical students must be able to demonstrate by graduation.

Conclusion: This updated curriculum presents a model for teaching and learning in Geriatric Medicine, which is timely as UK medical schools are preparing their curricula for the MLA.

Keywords: Geriatric Medicine, Ageing, Curriculum, Undergraduate, Medical Education

Action is needed to secure a future for Medical Educators

Lead Presenter: Dr Sarah Allsop, University of Bristol
Co-Presenter: Professor Robert K McKinley, University of Keele
Additional Contributors: Professor Colin Macdougall, University of Warwick; Professor Lindsey Pope, University of Glasgow; Professor Christine Douglass, Heriot-Watt University, Edinburgh
Twitter: @sarah_a_bristol

Problem: Medical Educators are undervalued.

Outcome: We need a system and culture that recognises that education and training are integral to healthcare delivery and essential in training a diverse workforce that is representative, inclusive and accountable to the populations it serves (1)

Issues: Educator numbers stagnating and facing ever greater demands, e.g. increasing medical student numbers, decreased time to deliver education and training, and increased levels of burnout (2).

Need: Two fundamental policy changes are needed to revitalise our workforce.

Task: We urge all medical educators to lobby stakeholders to:
- invest, support and mentor healthcare workers from all backgrounds to feel secure, confident and supported in their work as medical educators
- place education as an investment not a cost to the continuing provision of safe and effective care clinical care, valuing educators with the same parity of esteem as clinical service and research

Reference(s):
(1) Allsop, S., McKinley, R. K., Douglass, C., Pope, L., & Macdougall, C. (2023). Every doctor an educator?. Medical teacher, 1–6. Advance online publication. https://doi.org/10.1080/0142159X.2022.2158069
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Addressing professionalism concerns with a reporting system; were we so wrong to be that transparent?

Presenter(s): Dr Alice Middleton
Author(s): Dr Alice Middleton, University of Bristol

A presentation on our experience and lessons learnt from establishing a reporting system to address falling standards of professionalism amongst undergraduate medical students on clinical placement.

What we did: Instances of unacceptable standards of professionalism or inappropriate behaviour by students were highlighted and discussed in person, then followed up with an email to them, their tutor and their year lead. This was labelled a 'yellow card'. Exemplar behaviour and good examples of a professional attitude to placement also resulted in both verbal and email acknowledgement, labelled a 'green card'.

We introduced this system with an interactive presentation at induction, including examples from experience.

The outcome: We noted improved professionalism in a number of areas, but received complaints about the introductory presentation and about the system. We and are no longer using yellow and green cards!

We would like to share our reflections and the challenges of teaching professionalism.

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(1) Mohamed Mostafa Al-Eraky. Twelve Tips for teaching medical professionalism at all levels of medical education. Medical Teacher. 2015; 37(11), pp. 1018-1025 |Kirk LM. Professionalism in medicine: definitions and considerations for teaching. Baylor University Medical Center Proceedings. 2007; 20(1), pp. 13-16
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Keywords: Professionalism, Medical education, Hidden curriculum, Medical students

Are you not engaged? The risk of aiming high with teaching innovations for undergraduate medical students

Presenter(s): Dr Alice Middleton
Author(s): Dr Alice Middleton, Gloucestershire Hospitals NHS Trust; Dr Natalie Eraifej, Gloucestershire Hospitals NHS Trust

Over the last few years we have implemented a number of teaching innovations and changes for undergraduate medical students on clinical placement. A number of these call for active engagement from students, and have highlighted a mismatch between our intention and reality; not all learners taking part gain meaningful educational benefit from these sessions.

In reviewing these methods, we have found that engaged adult learners with well developed skills in self-regulated learning often thrive. Other learners struggle with different or increased demands of the sessions.

Should we be accounting for this? How early and how often should we set an expectation for the lifelong learning skills they will require as doctors? When can we accept that some students miss out?

We will use examples to explore the balance between 'aiming high', with aspirational, inspirational methods, and 'sticking to low risk', using methods with more easily-accessible educational benefits for our learners.

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Keywords: Learning, Self-regulated learning, Adult learners, Self-directed learning

'Classical' cases and 'Typical' presentations. Are they really representative of today's clinical practice?

Presenter(s): Dr Ed Luff
Author(s): Dr Ed Luff, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Many healthcare professionals are taught the classical presentation of a condition, typical features of a diagnosis, or a textbook definition; acute myocardial infarction is an archetypal example. But in today's practice, typical may not be representative of the population we see. How far should we go in educating tomorrow's doctors about the nuance and variety of clinical presentations as described by patients? Should we move away from terms such as classical, typical, and atypical, focussed on our traditional view of a 70kg white male patient, and consider the experiences of all patients? In chest pain, recent literature suggests moving to use the terms 'cardiac', 'possible cardiac', and 'non-cardiac' instead of typical and atypical (1). However, NICE still use these terms to describe angina (2). This 'What's your point?' will explore how we, as educators, should move forward in navigating this minefield, as we know that our patients don't usually read the textbooks.

Reference(s):

(1) Gulati M, Levy PD, Mukherjee D, et al. 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2021-11-30 2021;144(22)doi:10.1161/cir.0000000000001029 2. NICE. Angina Health topics A to Z CKS NICE. NICE. Accessed 23/01/2023, 2023. https://cks.nice.org.uk/topics/angina/

Learning from each other: Promoting excellent interprofessional education

Presenter(s): Dr David Hettle
Author(s): Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr Edward Luff, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol
Twitter: @dave_hettle

In the world of interdisciplinary working, keeping medical students' learning siloed from nursing, pharmacy, and other healthcare professional students' education seems unwise and unrepresentative of future practice. Such separation leads to viewing healthcare through their own professions' worldview (1), leaving graduates with a limited understanding of theirs and others' professional roles (2). The adoption of medical doctor apprenticeship training routes in the UK will offer more on-the-job education for future doctors, increasing the potential for in-situ learning, but how can interprofessional training experiences be promoted for all? Fostering opportunities are crucial (1). How though can this be done? Classroom, simulation or clinical-based sessions, before and during placements, have all been considered positive experiences in past studies (3). This 'What's Your Point?' considers how educators can structure learning to drive "intellectual interaction" between students, driving deep knowledge, and promote problem-solving of authentic clinical scenarios (3), to create learning reflective of how interprofessional working happens in practice.

Reference(s):
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Keywords: Interprofessional education, Multi-disciplinary, Professionalism, Undergraduate Collaboration

A novel simulation to experience the 'Unteachables': Learning communication skills junior doctors face in day-to-day practice

Presenter(s): Dr Jacqueline Roy
Author(s): Dr Jacqueline Roy, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Background: Simulation-based training aims to provide a controlled, psychologically safe environment from which students' can learn from errors, improving outcomes (1). Communication skills training is used during medical school, however can often seem formulaic, leaving junior doctors feeling under-prepared for the challenges faced in clinical practice (2). Therefore, using local survey data collected on communication challenges junior doctors actually face, we aimed to assess the value of a novel simulation in addressing these.

Methodology: A novel simulation session was created, including breaking bad news by telephone, and responding to patients discharging against medical advice. Pilot sessions have been conducted with two groups of 8 students, working in pairs, before debriefing led by facilitating teaching fellows. Evaluation was undertaken through post-session surveys.

Results: Post-session evaluation was strongly positive, with all students finding the simulation useful in practicing their communication skills. Over 90% of participants found the scenarios challenging, and realistic representations of scenarios they may face, finding this reworking of communication skills training more helpful than previous sessions in supporting their preparedness. All students felt it would be beneficial to include this in the formal curriculum.

Discussion: Argued as the most influential factor in team provision of healthcare, communication affects all aspects of care from the professional performance of skills to patient safety (3). This simulation enabled students to experience authentic, practically challenging scenarios, under-represented in traditional curricula. Students valued this novel approach and feel there is huge potential for this dynamic junior doctor-driven model of communication skills to supplement current learning.

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(1) Hagerty RG, Butow PN, Ellis PM, et al. Communicating with realism and hope: Incurable cancer patients' views on the disclosure of Prognosis. Journal of Clinical Oncology. 2005;23(6):1278-1288. doi:10.1200/jco.2005.11.138
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Keywords: Communication skills, Breaking bad news, Junior doctors, Simulation

Been there, done that, got the T-shirt: A near-peer mentorship programme for final year medical students

Presenter(s): Dr Natalie Eraifej
Author(s): Dr Natalie Eraifej, University of Bristol; Carys Gilbert, University of Bristol; Phil Davies, University of Bristol; Abigail Samuels, University of Bristol

Clinical mentorship programmes for final year medical students have shown to increase student confidence, academic support, and overall enjoyment (1,2). However, previous research has not focussed on near-peer mentoring. We created a mentorship program between final year students and Foundation Year 1 (F1) doctors. The aims of this study were to assess the effectiveness of a near-peer mentor and determine areas for future improvements.

Final year students (n=30) at Gloucestershire NHS Hospital Trust were allocated an F1 mentor at the start of their 7 month assistantship. Mentors attended an online induction session. A mixed-methods questionnaire was delivered to students two months into the scheme which 19 students completed. A mix of qualitative analyses and descriptive statistical analyses on quantitative data were performed.

Pastoral support was the key benefit identified. All mentees agreed the scheme increased their enjoyment of the assistantship. 95% of students agreed that the scheme improved their confidence about starting F1 and increased their sense of belonging within the clinical environment. The mentor's recent experience of final year was highlighted as especially useful. Possible improvements include scheduling or providing a structure for meetings between mentor and mentee.

Overall, near-peer mentoring was well received and felt to better address the 'hidden curriculum' within the transition from student to doctor. This is especially important when we consider the turbulent healthcare climate tomorrow's doctors will graduate into. The scheme is ongoing and will continue to be evaluated. We recommend near-peer mentorship schemes for final-year students at all medical schools.

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(2) Danielle Nimmons, Shaista Giny & Joe Rosenthal. (2019). Medical student mentoring programs: current insights. Advances in Medical Education and Practice, 10, pp. 113-123.

Keywords: Mentorship, near-peer, medical students

Breaking the barrier: A novel teaching series for final year medical students on transgender and non-binary inclusive healthcare

Presenter(s): Dr Pippa Dodd (she/her)
Author(s): Dr Pippa Dodd, Gloucestershire Academy, University of Bristol; Dr Jodie Servante (she/her), South Bristol Academy, University Hospitals Bristol and Western Trust; Dr Jo Hartland (they/them), University of Bristol; Dr Abigail Samuels (she/her), Gloucestershire Academy

Transgender and non-binary patients (TNBP) experience significant health inequalities, ranging from discrimination from staff to negative health outcomes (1). It has been suggested that to reduce these, we need to improve undergraduate medical education (2).

We designed a teaching series, informed by LGBTQ+ University of Bristol ambassadors, for final year medical students (FYMS). Our aim is to evaluate the effect of implementing these sessions on confidence and knowledge of FYMS in supporting TNBP.

Two 90-minute interactive, small group teaching sessions were conducted across two undergraduate academies and 20 students. These covered consultation and bystander skills, non-medical, medical and surgical support for TNBP.

We collected anonymised feedback before and after each session using 4-point Likert scales and white space questions. Domains based on the learning objectives included, recognition of healthcare barriers, awareness of medical support, use of bystander skills, confidence supporting TNBP and overall impression of the sessions.

Preliminary data showed that following the teaching, the percentage of students reporting they felt confident or very confident in providing support to TNBP increased from 50% to 89.5%.

Furthermore, the percentage reporting they felt confident or very confident applying bystander skills when faced with situations of discrimination against TNBP increased from 22% to 100%.

Further sessions will be adapted and delivered across the two academies. Data will be collected with particular focus on where students feel these sessions fit best in their medical curriculum.

We propose further research on the wider application of this teaching series across different student groups.

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(2) Hana T, Butler K, Young LT, Zamora G, Lam JSH. Transgender health in medical education. Bull World Health Organ. 2021;99(4):296-303. doi:10.2471/BLT.19.249086

Keywords: Transgender, Non-binary, Inclusivity, Undergraduate, Teaching, Evaluation

Combining virtual reality and 3D anatomical models in a simulated neurosurgical skills course – A pilot study

Presenter(s): Dr Jen Wae Ho
Author(s): Dr Jen Wae Ho, North Bristol Academy, North Bristol NHS Trust; Dr David Hettle, North Bristol NHS Trust; Mr Mario Teo, North Bristol NHS Trust
Twitter: @DrJenWae

Introduction: Early exposure to neurosurgery, utilizing virtual reality (VR) and 3D anatomical models has been shown to improve neurosurgical education and technical skills (1,2). When VR is used alongside 3D printed models, elements of realism and tactile feedback enables trainees to develop skills in a safe yet realistic environment (3). The Bristol Clinical Neurosciences collaborative designed a simulation course utilising VR and 3D-printed models, exploring five important neurosurgical procedures.

Methods: Medical students and neurosurgical trainees were invited to participate. Qualitative and quantitative feedback was obtained via a questionnaire. Likert-type style questions investigated overall impressions (1 = poor, 5= excellent). Descriptive analysis was used for quantitative data, and participants' confidence in cranial approaches and instrument handling. Thematic analysis was utilised to explore qualitative feedback highlighting strengths and weaknesses of the course.

Results: Twenty-one participants undertook the simulation with overall impression of the course hugely positive (mean rating 4.85 [range=4.7-4.9]). All grades enjoyed the VR components of the course. Paired t-test demonstrated a statistically significant improvement in participants' confidence level in cranial approaches (precourse mean = 3.4; post-course mean = 4.3;[p <0.05]).

Three key themes were identified from qualitative responses: time/opportunity to practice, models and equipment, and method of delivery of teaching.

Conclusion: This innovative VR and 3D models approach to neurosurgical simulation demonstrates excellent learner satisfaction, and self-perceived improvements in techniques. Feedback received will help further develop the course on this innovative model, improving access to neurosurgical training and opportunities.

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Keywords: Virtual Reality, 3D printed models, Neurosurgery, Technical skills

Developing an end-of-life inter-professional learning day for nursing and medical students: a guide

Presenter(s): Dr Andrea Ling
Author(s): Dr Andrea Ling, Great Western Hospital; Dr Natasha Wiggins, Great Western Hospital
Twitter: @linga90

Introduction: Prior to qualifying, it is unusual for nursing and medical students to interact. Inter-professional learning (IPL) enables learning that emulates professional working. Within end-of-life care (EOLC), a mutually- respectful, competent and cohesive multi-disciplinary approach is invaluable. Nursing and medical students attended a speciality-led IPL day, underpinned by educational theory. The day followed a fictional person's journey through their last days of life and care after death. We introduce this method as a novel and reproducible way to deliver EOLC education.

Process: Unmet need and the relevant stakeholders were identified. Those within the undergraduate academies and specialist palliative care team with simulation, communication skills and/or clinical experience agreed to facilitate. Learning outcomes (LOs) were created using curriculum guidance. Centring the day around a patient maintained the humanity behind the LOs. Costs were negotiated between undergraduate departments. Thirty students for each day were allocated, split equally between professions. To maximise interactivity and to encourage psychological safety, students were allocated into mixed groups of four-to-six students. Multiple teaching methods were used to deliver sessions; small group tutorials, clinical observation, simulations and peer- to-peer teaching. The timetable was constructed to enable students and facilitators to rotate around 'stations' keeping the delivery of sessions fresh. One facilitator remained with each group, to provide continuity, ensure equal participation and identify student distress.

Conclusion: The EOLC IPL is an innovative and reproducible teaching day, encompassing knowledge, reflection and professional skills traversing nursing and medical LOs. Despite inevitable logistical challenges, it provides an invaluable and lasting experience for students.

Keywords: End-of-life, palliative, interdisciplinary, inter-professional, communication

Developing greater confidence in interprofessional communication via undergraduate healthcare MDT simulation.

Presenter(s): Dr Rhian Bevan and Dr Gavan Melody
Author(s): Dr Rhian Bevan, Royal United Hospitals Bath; Dr Gavan Melody; Dr Keerthi Morgan- Shelbourne

Background: Application of a multi-disciplinary team (MDT) approach within the healthcare setting is recognised as a key component in the provision of comprehensive patient care (1). However, there is a scarcity of practical undergraduate training in this regard. Providing undergraduate students with opportunities to experience working as part of a MDT has been challenging due to curricular and logistical issues, despite the perceived interprofessional benefits (2).

Methods: A series of simulation scenarios was created to incorporate the attendance of undergraduate medical, nursing and physiotherapy students, each at an appropriately comparable stage of their education. Questionnaire data was obtained from each student before and after the series of simulations (four sessions). Such information provided a means to assess overall confidence in terms of interprofessional communication of the individual student and their respective cohort, while working as part of a MDT in the care of an acutely unwell simulated patient.

Results: Participants comprised 16 undergraduate medical students. Self-rated questionnaire data analysis is currently undergoing collection. Limited early analysis from the first cohort of students suggests that MDT simulation improves confidence in interprofessional communication skills which correlates to feedback obtained from the undergraduate nursing and physiotherapy students.

Conclusions: The study demonstrates that confidence in communicating as part of a MDT is improved through exposure to other professional disciplines. Simulation is an effective means of delivering this within the undergraduate healthcare curriculum, as it provides high fidelity in a safe learning environment.

Reference(s):
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Keywords: multi-disciplinary team, communication, undergraduate

'Geri-Pods': Using podcasts to broaden learning on the MDT's role in practice for medical students

Presenter(s): Dr Jacqueline Roy, Dr Tirion Swart and Dr Antony Pile
Author(s): Dr Jacqueline Roy, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr Tirion Swart, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust, University of Bristol; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust, University of Bristol

Background: The multidisciplinary team (MDT) is an integral part of clinical medicine, especially in a world of multi-morbidities. MDT meetings have been the "engine room" of geriatrics for years (1), however, learning about the MDT as medical students can be challenging and calls for further integration of the MDT into clinical learning are growing (2). Podcasts have shown huge promise in medical education, offering asynchronous, accessible learning for a more digital generation of learner (3).

Aims: Through a podcast, we aim to shed light on the integral nature of the MDT for medical students and the specific roles of MDT professionals, using this novel technique to enhance student learning in an area more complex than pure attendance at meetings.

Methodology: We have developed a podcast, 'GeriPods', aimed initially at students undertaking their Complex Medicine of Older People rotation, hosted via Spotify. Several episodes are planned, of 20 minutes' length, interviewing various MDT members involved in clinical cases, linked to the case-based learning scenarios currently in the curriculum.

Interviewees include several allied healthcare professionals, including speech and language therapists, physician associates, pharmacists, and specialist nurses. Using questions related to the clinical case in question, interviewees will outline their approach to the patient, what their role is and how they impact patient care.

Evaluation will be two-fold, using digital metrics to assess number of listeners and likes, alongside surveys directed to students and interviewed professionals, on their perception of this novel approach to MDT learning.

Results will be presented at the academic meeting.

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Keywords: Podcast, Allied Health Professionals, Multidisciplinary team, Medical students, Interview

How do doctors and medical students view providing out-of-hospital emergency care, and do they think it requires formal training?

Presenter(s): Dr Isabel Rimmer
Author(s): Dr Isabel Rimmer, University of Bristol; Dr Iwan Roberts, University of Bristol

Introduction: Doctors are expected to provide assistance for out-of-hospital emergencies, with the GMC stating they must offer help (1). Past studies have touched on medical students' views on out-of-hospital care and inconsistencies in its coverage by medical schools (2). However, little is known about doctors' perceptions, despite 88% doctors reporting having offered such aid (3).

Aim: The main objective is to explore and compare how clinicians and medical students perceive out-of-hospital emergency incidents. This includes how confident they feel managing such scenarios, whether having formal training would be beneficial, and the most efficacious manner to deliver teaching on out-of-hospital events.

Methods: An online, anonymous questionnaire will be sent to clinical staff and medical students within the University of Bristol Medical School. Questions include how many out-of-hospital emergencies participants have experienced, their confidence in managing various scenarios and whether they received formal training in managing such events.

Results: Pending at time of abstract submission. Results and analysis expected to be complete by April 2022.

Discussion: We anticipate our results will indicate a diverse range of responses with differences between medical students' and doctors' perceptions. The intention is to use the results to provide an evidence base for the value of formally teaching out-of-hospital emergency care at medical school and the best way to deliver this. This is likely to inform further research into designing such teaching, most likely in the form of bespoke simulation programmes.

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Keywords: Out-of-hospital, Emergencies, Training, Preparedness, Awareness

"How to make an NHS". Does teaching medical students about the NHS change their attitude towards leadership?

Presenter(s): Dr Tabitha Atkinson-Seed
Author(s): Dr Tabitha Atkinson-Seed, Bath Academy, Royal United Hospital; Dr Hannah Mahoney, Bath Academy, Royal United Hospital
Twitter: @DrAtkinsonSeed

Background: Clinicians are ideally placed to make positive changes in their organisations and are often required to take on leadership roles during their career. Additionally, when employees feel as though they have the power to shape their workplace, this ultimately increases their levels of engagement (1).

Many junior clinical staff do not feel empowered to take on leadership roles and in any case, do not receive adequate education into the systemic factors that govern the way they work. However, the opportunity to provide this begins well before graduation.

Unfortunately, whilst medical school and postgraduate teaching prioritises clinical reasoning and communication skills, our appreciation for the system in which we work and the issues facing it today seems to have got lost along the way (2). Nevertheless, our future clinicians have a right and responsibility to be involved in the way that the NHS operates.

Method: Our project aims to improve students' engagement with leadership by teaching them about the systems in which they will work and providing them with the tools required to navigate these systems to affect change. Small groups of medical students were invited to attend an afternoon seminar that covers these topics. Student attitudes towards leadership were measured before and after the session using a validated 5 point Likert scale (Rouhani et al, 2018) and a self assessment of their leadership ability was assessed using the Leadership Traits Questionnaire. Data was collected by asking students to complete a survey.

Results: Pending

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(1) West, M., Dawson, J. (2012). Employee engagement and NHS performance. The Kings Fund. https://www.kingsfund.org.uk/sites/default/files/employee-engagement-NHS-performance-west-dawson-leadership-review2012-paper.pdf |Untz Lee, J., (2019). Effective clinicians - the need to understand the NHS to help mould it. LinkedIn. https://www.linkedin.com/pulse/understanding-our- health-service-jessica-lee/
(2) Rouhani, M. J., Burleigh, E. J., Hobbis, C., Dunford, C., Osman, N. I., Gan, C., Gibbons, N. B., Ahmed, H. U., & Miah, S. (2018). UK medical students' perceptions, attitudes, and interest toward medical leadership and clinician managers. Advances in medical education and practice, 9, 119–124. https://doi.org/10.2147/AMEP.S151436

Keywords: Leadership, NHS, systemic factors, engagement

Immersive technology in simulation-based-education: Asthma simulation

Presenter(s): Dr Kriti Vaidya
Author(s): Dr Kriti Vaidya, Great Western Hospital; Dr Chris Jacobs, Great Western Hospital

Background: Virtual reality (VR) in simulation-based education (SBE) is a rapidly expanding field that provides an immersive experience. Simulation and immersive technologies are transforming health and care education, gaining popularity across all sectors and disciplines, and providing new ways to support and engage learners. A recent scoping review of technology-enhanced learning discovered that a significant number of evaluation tools lacked robust validation (1).

This project aims for the healthcare professional to be able to recognise the sign of life-threatening and near-fatal asthma. They should be able to implement immediate treatment and lead a team safely to access and treat asthmatic patients promptly.

Study Design and Methods:
1. Research hypothesis – Co-development project with VR company Gogglemind and undergraduate education at Great Western Hospital (GWH) for novel acute severe asthma VR SBE that creates an environment to promote learning.
2. 2. Study design – one group post-test experimental design
3. 3. Methods - Participants undertake VR SBE in acute severe asthma in immersive simulation department at GWH. Following, they complete Immersive Technology Experience Measure (ITEM) for multidimensional evaluation of: immersion, motivation, cognitive load, system usability and debrief.

Analysis: Data collection will be done in Feb and March 2023 with recruitment of medical students and junior doctors at Great Western Hospital. Descriptive analysis for discussion and concluding remarks.

Reference(s):
(1) Jacobs, C.; Foote, G.; Joiner, R.; Williams, M. A Narrative Review of Immersive Technology Enhanced Learning in Healthcare Education. Int. Med. Edu. 2022, 1, 43-72. https://doi.org/10.3390/ime1020008

Keywords: Virtual reality (VR), simulation-based education (SBE), immersive technology, asthma

Lights, camera, obstetrics: Using 'familiar faces' to empower medical students to make the most from learning opportunities during their obstetrics and gynaecology clerkship.

Presenter(s): Dr Verity Ellis
Author(s): Dr Verity Ellis, North Bristol Academy, Southmead Hospital; Dr David Hettle, North Bristol Academy, Southmead Hospital

Obstetrics and gynaecology (O&G) often elicits anxiety among medical students and clinicians alike, a primary factor being their limited exposure (1). Gender bias may lead to students feeling excluded from learning opportunities (2). These challenges can disincentivise student engagement and lead to missed learning opportunities. Simple factors, such as a sense of belonging within a clinical team, can promote students' feelings of confidence and competence within a healthcare setting (3). At the University of Bristol, students undertake an intense six-week rotation including O&G, which is often shrouded in anxiety.

Therefore we sought to empower students beginning their rotation, by developing an innovative approach to clinical induction. In what can seem a busy, alien world where staff may seem too pre-occupied to 'get to know you' using student perspectives on pre-clerkship worries, we created a video tour of the O&G department addressing some of these. This approach draws on the concept of 'familiar faces', introducing students to a selection of the clinical team (consultants, midwives and healthcare assistants) offering helpful tips, who students are likely to encounter in their rotation.

Ultimately our aim is to help reduce anxiety for incoming students, introduce them to 'familiar faces' who will feel more approachable during clinical placement and foster an encouraging learning environment conducive to strong workplace-based learning. Evaluation will take place through focus groups and a questionnaire, considering students' confidence approaching ward work, the role the 'familiar faces' played in this, and pairing these reflections with the student concerns we have gauged prior to placement.

Reference(s):
(1) Kyaw M, Cheng H et al. Australian medical students' and junior doctors' perceptions of gender discrepancies in obstetrics and gynaecology. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2022. Pg1-7. https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/ajo.13617
(2) Zahid A, Ismail Z et al. Gender Bias in training od medical students in obstetrics and gynaecology: a myth or reality? European Journal of Obstetrics and Gynaecology and Reproductive Biology. 2015: Vol 186. Pg 17-21. https://www.sciencedirect.com/science/article/abs/pii/S0301211514006678
(3) Pearce R, Topping A et al. Enhancing healthcare students' clinical placement experiences. Nursing Standard. 2022; online ahead of print. DOI: 10.7748/ns.2022.e11887 https://journals.rcni.com/nursingstandard/evidence-and-practice/enhancing-healthcare-students-clinical-placement-experiences-ns.2022.e11887/full

Keywords: Familiar Faces, O&G, Video induction

Long term effects of undertaking healthcare assistant shifts in the early years of medical studies: interviews with clinical medical students

Presenter(s): Dr Afsara A Ahmmed
Author(s): Dr Ed Luff, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol; Dr Afsara A Ahmmed, University Hospitals Bristol and Weston NHS Foundation Trust, University of Bristol

Background: Early years medical students completing healthcare assistant (HCA) shifts as part of the undergraduate curriculum is an approach adopted in some medical schools to give early exposure to the clinical environment (1). Whilst the literature reports positive student perceptions regarding developing communication and inter-professional skills shortly after the completion of shifts (1-3), longer-term impacts on learning in the clinical environment are unclear. This research aims to ascertain if students felt that HCA shifts had a longer-term impact on their learning and practice in the clinical environment in their later undergraduate years.

Methods: Students in a single medical school across all clinical years, who had previously completed HCA shifts as part of the curriculum, were invited to answer a short online questionnaire about what they gained from their HCA shifts with the aim of gaining a breadth of responses and gaining consent to undertake a follow-up interview. A sample was then invited to an online 1:1 interview to understand further their experiences and perceptions of the utility of HCA shifts, focusing on the longer-term impact of completing them when going into their clinical undergraduate training. Students from all clinical years were equally sampled. A total of 11 interviews were conducted. Interviews were conducted over Microsoft Teams, video recorded, and audio transcribed.

Results: Full results are pending as the data analysis is still ongoing. Online interview transcriptions are being analysed using thematic analysis, adopting an inductive method, aiming to generate ideas from the bottom up in a data-led fashion.

Reference(s):
(1) Davison E, Semlyen J, Lindqvist S. "From doing to knowing": medical students' experiences of working as Healthcare Assistants. Journal of Interprofessional Care. 2021:1-7.
(2) Davison E, Lindqvist S. Medical students working as health care assistants: an evaluation. The clinical teacher. 2020;17(4):382-388.
(3) Walker B, Wallace D, Mangera Z, Gill D. Becoming 'ward smart' medical students. The Clinical Teacher. 2017;14(5):336-339.

Keywords: Medical student, Healthcare assistant shift, Early years medical education, Interview, Thematic analysis

Medical students as educators: a programme of introduction to medical education and its relevance in clinical practice

Presenter(s): Dr Megan Crothers and Dr Ian Blackburn
Author(s): Dr Iwan Roberts, University of Bristol; Dr Megan Crothers, University of Bristol; Dr Ian Blackburn, University of Bristol

Introduction: "Teaching the Teacher: Teach and Present Effectively" is a professional domain that a doctor is expected to demonstrate during the UK Foundation Programme, and being prepared to contribute to teaching and training doctors and students" is outlined as one of the GMC's components of Good Medical Practice (1). However, formalised teaching on "how to teach" is not delivered consistently as part of curricula for medical students or foundation doctors (2), and there remains a lack of consensus across medical schools regarding how best to fulfil this requirement (3).

Aim: We aim to assess the effectiveness of a bespoke three-part seminar programme, which provides final year medical students with the skills to design, deliver and evaluate medical teaching within the clinical environment.

Methods: Target participants are final-year medical students on clinical placement. The teaching programme incorporates tutorials, group activity and peer-led teaching to facilitate content delivery on educational theory, practical aspects of instructional design, and feedback and evaluation. Effectiveness of the programme will be assessed through anonymous pre-and post-programme surveys.

Results: Results pending at time of abstract submission. Results including qualitative analysis are expected to be complete by April 2023.

Discussion: We anticipate enthusiastic enrolment from this student cohort, and that survey responses will demonstrate students' perceptions that there is a significant unmet educational need. We intend to use our findings to supplement existing research in arguing for the establishment of a formalised programme within the medical school curriculum to teach medical students to be educators.

Reference(s):
(1) General Medical Council. Domain 3: Communication partnership and teamwork. Gmc-uk.org. Published 2018. https://www.gmcuk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-3---communication-partnership-and-teamwork#paragraph39 (
(2) 2) Dandavino M, Snell L, Wiseman J. Why medical students should learn how to teach. Medical Teacher. 2007;29(6):558-565. doi:10.1080/01421590701477449
(3) Hill A, Yu, Wilson, Hawken, Singh, Lemanu. Medical students-as-teachers: a systematic review of peer-assisted teaching during medical school. Advances in Medical Education and Practice. Published online June 2011:157. doi:10.2147/amep.s14383

Keywords: Educational theory, Professional development, Facilitated learning, Instructional design, Good Medical Practice

Meditations on the MDT- Understanding the intricacies of undergraduate introduction to multidisciplinary work

Presenter(s): Dr Mike Duffy
Author(s): Dr Michael Duffy, North Bristol NHS Trust; Dr David Hettle, North Bristol Academy, North Bristol NHS Trust

Background: Inter-professional collaboration enhances care and aids decision-making in daily practice. Yet despite recommendation by the GMC (1), achieving familiarity with and competence in multi-disciplinary teamwork (MDT) through clinical placement is not a given. Previous studies have identified barriers to postgraduate doctors' participation in MDT meetings and a need for further training (2), however the perspectives of medical students remain unexplored. Indeed, if included at all, curriculum-based recognition of MDT 'learning' often takes the form of entrustable professional activities, requiring a sign-off to confirm attendance at meetings. There is often little to no structure or guidance on potential learning of MDT work.

Aims: The aim of this programme is to drive reflection in final-year students on their experiences of multidisciplinary teamwork. This will build understanding on how students learn and reflect on the crucial practice of MDT working, at the cusp of their transition into the medical workforce.

Methods: Students will receive an introductory session before keeping a personal diary, including prompts to encourage independent reflection on their experiences over an 8-week period. This will provide an unrestrictive 'real-world' account compared to more interactive methods of qualitative data collection (3). Thereafter a focus group will be used to discuss students' reflections, alongside narrative analysis of individuals' written diaries, to allow exploration of students' views on the role of the MDT, and consider their identity as budding physicians in the context of inter-professional collaboration.

Data collection from focus groups and diaries is ongoing, and will be analysed thematically for presentation at the conference

Reference(s):
(1) General Medical Council. Outcomes for Graduates. Published November 2020. Available from: https://www.gmc-uk.org. Accessed January 15th 2023.
(2) Walraven JEW, Van der Meulen R, Van der Hoeven JJM et al. Preparing tomorrow's medical specialists for participating in oncological multidisciplinary team meetings: perceived barriers, facilitators and training needs. BMC Med Educ 2022; 22, 502.
(3) Conner TS & Lehman BJ. Getting started: Launching a study in daily life. In Mehl MR & Conner TS (Eds.), Handbook of research methods for studying daily life (pp. 89–107). The Guilford Press, 2012.

Keywords: Interdisciplinary, Collaborative, Reflection, Undergraduate, Identity

Paediatric undergraduate bedside teaching: Applying quality improvement methodology to maximise impact

Presenter(s): Dr Nathan Collicott
Author(s): Dr Nathan Collicott, University of Bristol; Dr Abhishek Oswal, University of Bristol; Dr Anna Waghorn, University of Bristol; Dr Alison Kelly, University of Bristol
Twitter: @nathancollicott

Background and aims: Bedside teaching (BST) can be split into 3 components (1) : pre-brief, patient encounter, and debrief, which we labelled A, B, C respectively. Maximising the yield of learning in BST is important in paediatrics (2), and after Covid19 (3), in a period where clinical contact may be reduced.

We studied which components of the BST session students value most, and how these could be improved using a quality improvement (QI) methodology.

Methods: We studied BST in 4 cohorts of undergraduates in a large tertiary children's hospital. We collected student feedback after each session: ranking the session components, Likert scale data on self-reported preparedness, and free text responses. We also collected students' scores from a practice Objective Structured Clinical Examination (pOSCE). We compared the feedback and pOSCE scores between cohorts using appropriate statistics. Using QI methodology, we used this to introduce interventions each subsequent cohort.

Data collection is ongoing and will be completed by May 2023.

Results: In the baseline cohort, students valued A the lowest, and valued B and C equally. However, their Likert and written feedback suggested they felt underprepared. Based on this we provided them with an additional teaching session demonstrating paediatric clinical examination. In interim analysis of the first intervention cohort, students valued B the highest, then C, then A. There was no significant difference in their Likert scale data. We will continue to make QI based interventions, to alter students' ranking of the value of the components aiming to improve their yield of learning.

Reference(s):
(1) Janicik, R.W. and Fletcher, K.E. (2003) Teaching at the bedside: a new model. Medical teacher. [online]. 25 (2), pp.127–130.
(2) Qureshi, Z. (2014) Back to the bedside: the role of bedside teaching in the modern era. Perspectives on Medical Education. [online]. 3 (2), pp.69–72.
(3) Dam, M. van, Ramani, S. and ten Cate, O. (2020) Breathing life into bedside teaching in the era of COVID-19. Medical Teacher. [online]. 42 (11), Taylor & Francis, pp.1310–1312. Available from: https://doi.org/10.1080/0142159X.2020.1798368.

Keywords: Paediatric, Bedside Teaching, Quality Improvement

Personal experiences of junior doctors improves student confidence in deanery ranking

Presenter(s): Dr Jessica Coenen
Author(s): Dr Jessica Coenen, Bath Academy, University of Bristol; Dr Nithesh Ranasinha, Bath Academy, University of Bristol
Twitter: @nitheshranasin1

Introduction: Applying for the Foundation Programme is an important step for final year UK medical students, with ranking deaneries being a particular source of anxiety (1). The UK Foundation Programme Office (UKFPO) provides quantitative data on individual deaneries and UK medical schools offer variable guidance on Foundation Programme application. The aim of our study was to investigate the impact of junior doctors' personal experiences on students' confidence in deanery ranking.

Methods: We designed a four-part hybrid teaching course for fourth and final year medical students focused on personal experiences of junior doctors who had recently trained in different Foundation Programme deaneries. Sessions highlighted subjective strengths and weaknesses of individual deaneries, including support for trainees, accommodation availability and social factors. We designed and distributed pre- and post- course questionnaires using Likert scale and multiple-choice questions to evaluate students' confidence in deanery choice.

Results: We collected 21-paired questionnaires from 30 students attending Bristol, Oxford and Southampton medical schools. There was a 47% increase in students feeling 'quite' and 'very' confident in their first choice deanery. Following the session there was a 33% increase in importance students gave to junior doctors' personal experiences. Interestingly, cost of living was the second most important factor influencing students' deanery choice, after positive personal experiences of junior doctors.

Conclusion: Personal experiences of junior doctors improved student confidence in deanery ranking. Medical schools could incorporate balanced personal experiences from junior doctors alongside current UKFPO Foundation Programme application information to deliver rounded, high utility preparation for medical students.

Reference(s):
(1)   Cartwright L. Applying to the foundation programme BMJ 2015; 351 :h3739 doi:10.1136/sbmj.h3739

Keywords: Confidence, Application, Experiences, Subjective, Foundation Programme

Polar opposites: Do icebreakers support medical students' engagement in small-group learning?

Presenter(s): Dr Antony Pile
Author(s): Dr Antony Pile, North Bristol Academy, North Bristol NHS Trust; Tirion Swart, North Bristol Academy, North Bristol NHS Trust; David Hettle, North Bristol Academy, North Bristol NHS Trust; Justin Morgan, North Bristol Academy, North Bristol NHS Trust

Introduction: In small-group learning settings, such as case-based learning (CBL), students are usually randomly allocated into groups and must become comfortable interacting with previously unknown peers to fully engage. Therefore, certain individuals may either dominate or rarely contribute, dependent on personal factors and group dynamics (1). While icebreakers are often used in medical education, potentially promoting more meaningful interaction and improving learning (2), we aimed to evaluate whether icebreakers actually encourage all students' engagement in group learning.

Methods: To begin second-year students' initial CBL sessions, half the groups completed a novel interactive icebreaker, while others started with simple introductions. Thereafter, students' contributions were recorded by observers, before additional evaluation was completed via post-session questionnaires investigating student's perspectives and how comfortable they and their peers felt to contribute.

Results: Thirty-seven students completed the questionnaire, incorporating Likert scale-type and free-text responses. Those starting sessions with icebreakers reported more equal contribution from their peers (39% vs. 6%), replicated in the objective assessment (mean student contributions: 28 vs 13). Those in icebreaker groups reported feeling more comfortable (76.2% vs 66.7%) and participants highlighted that while icebreakers can be "awkward" and "nerve-racking", our icebreaker was "fun" and "a good icebreaker that got [them] to work as a team".

Conclusion: Given the widespread use of icebreakers, it is useful to look beyond the 'cringe'. This study highlights their potential in equalising involvement within learning groups, especially in early-year students. We found students were largely happier to contribute post-icebreaker, and felt more comfortable, potentially enhancing the scope for learning.

Reference(s):
(1) Burgess A, van Diggele C, Roberts C, Mellis C. Facilitating small group learning in the health professions. BMC Med Educ, 2020;20(2):457. doi:10.1186/s12909-020-02282-3
(2) Chlup DT, Collins TE. Breaking the Ice: Using Ice-breakers and Re-energizers with Adult Learners. Adult Learning. 2010;21(3-4):34-39. doi:10.1177/104515951002100305

Keywords: Icebreaker, Case-based Learning, Communication, Inclusivity, Interactive

ReSPECT- Good for patients but challenging for clinicians? Exploring attitudes towards ReSPECT planning through training and education in the BANES, Swindon and Wiltshire (BSW) Integrated Care System (ICS).

Presenter(s): Dr Tabitha Atkinson-Seed
Author(s): Dr Tabitha Atkinson-Seed, Dorothy House Hospice
Twitter: @DrAtkinsonSeed

Background: The national Resuscitation Council DNAR document, 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT), was adopted by Banes, Swindon and Wiltshire in October 2021. A successful transition from other forms of DNAR to the use of RESPECT plans depended on widespread and effective education amongst medical professionals. As with any change, attitudes towards ReSPECT present a significant obstacle to its effective adoption.

Methods: Between September and December 2022, a series of training sessions on RESPECT were given to both primary and secondary care clinicians across BSW. Attendees were asked to complete a survey both before and after training. Responses were recorded either on a 5 point likert scale or in free text answers. Positive and negative attitudes towards ReSPECT were analysed and grouped into categories.

Results: 92 responses were collected before training and 83 after training. Overall, there was a 25% increase in perceived knowledge and a 41% increase in perceived confidence in clinicians ability to use ReSPECT effectively. Following training, 34% more clinicians felt empowered to have ReSPECT conversations with patients.

Attitudes towards ReSPECT were mixed. Challenges with the layout of the plan were the most common perceived drawback (over 50% of negative comments) , with other concerns being lack of time to have conversations and difficulty applying the same plan to both primary and secondary care. Conversely, most clinicians (72%) felt that ReSPECT would positively impact patient care, with the holistic and personalised nature of the plan being the most commonly expressed reason for this.

Keywords: ReSPECT, Treatment escalation, attitudes, clinicians

Teaching Venepuncture on Real Patients

Presenter(s): Mr James Berman
Author(s): Mr James Berman, Bristol Medical School

Background: During practical training in clinical skills, several early clinical-year medical students suggested that despite lab-based sessions, they were terrified of the idea of walking up to patients and attempting procedures while on the wards. Therefore, proposed by a final-year student, a training session was developed, bridging the gap from skills lab to the bedside, involving real patients, aiming to improve student confidence and increase the likelihood of seeking out future opportunities to perform clinical skills on wards.

Method: Sessions were advertised to third-year students on a voluntary basis, with 30 students ultimately attending A&E in small groups of 1-2 students, alongside a senior student. Sessions lasted two hours and comprised performing venepuncture or cannulation on real patients. The session was evaluated via an anonymous feedback form, with data analysed descriptively.

Results: Fourteen participants completed feedback, rating their confidence before and after the session. Confidence improved from 3 pre- to 7.2 post-session. Qualitative responses further outlined the importance of sessions such as this to improve confidence, the value of student tutors and the benefit of near-peer experience in guiding learners through practical processes.

Discussion: This student-led session clearly improved students' confidence in undertaking clinical skills in practice. Although mannequins are a useful learning tool, it is still significantly different to practicing on a human, and real life practice alongside adequate supervision is invaluable (1). This offers a student-led, novel approach to supporting clinical skill development, which several students suggested should become a formal part of the course.

Reference(s):
(1) Bugaj TJ, Nikendei C, Groener JB, et al. Ready to run the wards? – A descriptive follow-up study assessing future doctors' clinical skills. BMC Medical Education. 2018;18(1). doi:10.1186/s12909-018-1370-4

Keywords: Medical Students, Venepuncture, Cannulation, Student confidence, Teaching

The impact for tutors and students of integrating transgender teaching in undergraduate medical education

Presenter(s): Dr Kimberly Bruce, Dr Lizzie Grove, Dr Joseph Hartland, Professor Trevor Thompson
Author(s): Dr Kimberly Bruce, University of Bristol; Dr Lizzie Grove, University of Bristol; Dr Jo Hartland, University of Bristol; Professor Trevor Thompson, University of Bristol; Molly Hawes, University of Bristol; Martin Lopez Edmondson, University of Bristol

Introduction: From 2013 - 2018 referrals to gender identity clinics increased by 240% (1) and medical students have a strong desire for LGBT+ content to be part of their curriculum (2) .Yet there is a paucity of teaching about transgender healthcare in undergraduate medical education (3) and it is not part of the GP curriculum, meaning that current GPs may have had limited teaching in this area.

Aim: To study the impact of a transgender teaching session on students and GP tutors and to improve the gender inclusivity of our course.

Methods: A new tutorial on transgender healthcare was created by the primary care leads in conjunction with the transgender community and secondary care leads. This teaching was piloted by GP tutors in 45 practices to year 4 medical students. The tutorial included information about transgender health, treatment, national screening and an option of watching a live online role play between a trans actor and a GP.

Results: Preliminary feedback indicates a positive impact on the medical students understanding of these issues. However, we are also excited to note the unintended transformative nature of the teaching on GP tutors. We have ethical approval for a questionnaire and focus groups to look at the impact on both medical student understanding, and changes in clinical practice in the care of trans people by GP tutors. We will analyse the data to determine positive changes in clinical practice for both educators and students, and explore top-tips for teaching transgender healthcare within an undergraduate curriculum.

Reference(s):
(1) Torjesen, I., 2018. Trans health needs more and better services: increasing capacity, expertise, and integration. BMJ, 362.
(2) . Arthur S, Jamieson A, Cross H, Nambiar K, Llewellyn CD. Medical students' awareness of health issues, attitudes, and confidence about caring for lesbian, gay, bisexual and transgender patients: a cross-sectional survey. BMC medical education. 2021 Dec;21(1):1-8.
(3) 3. Parameshwaran V, Cockbain BC, Hillyard M, Price JR. Is the lack of specific lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) health care education in medical school a cause for concern? Evidence from a survey of knowledge and practice among UK medical students. Journal of homosexuality. 2017 Feb 23;64(3):367-81.

Keywords: Transgender, undergraduate, medical education

The impact of an early-years healthcare assistantship (HCA) placement: Reflections from 5 years of medical students

Presenter(s): Dr David Hettle, Ms Sally Murray
Author(s): Dr David Hettle, North Bristol Academy, North Bristol NHS Trust; Ms Sally Murray, North Bristol Academy, North Bristol NHS Trust; Ms Elisabeth Jefferies, North Bristol Academy, North Bristol NHS Trust; Mr Justin Morgan, North Bristol Academy, North Bristol NHS Trust
Twitter: @dave_hettle

Background: The early years of medical school offers opportunities to experience important aspects of practice, such as person- and values-based healthcare (1,2). Through workplace-based practice, students develop understanding of non-medical healthcare professionals' roles and working as health care assistants (HCAs) can help develop crucial skills (2). Since 2017, first-year students in Bristol have undertaken a HCA placement, fostering interprofessional learning at the outset of training.

Methods: We surveyed Years 2-5 students who participated in the HCA programme during their first year, investigating the programme's impact on which aspects of practice were developed, future clinical learning situations, and whether it prompted subsequent employment as HCAs.

Results: Data collection is ongoing, with 31 responses so far, spanning all student years. 81% of respondents reflect that the programme has benefitted them. Qualitative responses added depth, that it provided great insight into all professionals' roles, and how this enlightened students to the realities of the landscape of their future practice, alongside developing confidence in ward-based practice.

52% have gone onto formal employment as HCAs, with 75% of those feeling they would not have done so without having first undertaken the HCA programme.

Discussion: This review of the HCA assistantship, previously supported at the time of placements3, evidences the value senior students now place on their HCA experience, years down the line. Alongside the early clinical contact offered, this study outlines further benefits - in understanding the importance of interprofessional practice on students' preparedness, alongside encouragement to become HCAs, gaining further workplace-based experience and expanding the workforce.

Reference(s):
(1) Davison E, Lindqvist S. Medical students working as health care assistants: an evaluation. The Clinical Teacher, 2020;17(4):382-388. DOI: 10.1111/tct.13108
(2) Oyekwe GC, Ghani SA, Alriyahi BIA. How medical students' early workplace experience could benefit the NHS. BMC Medical Education, 2021;21(1):1-4. DOI: 10.1186/s12909-021-02768-8
(3) Stuart S, Wates E, Pye C, et al. A new starting point; An evaluation of a healthcare assistantship programme for first year medical students. Poster presented at: Association for the Study of Medical Education Annual Societal Meeting; July 11-13 2018; Gateshead, UK.

Keywords: Professionalism, Early clinical contact, Healthcare assistantship, Interprofessional practice, Workplace-based education

The use of a 'mini' radiology case series to improve medical students confidence in interpreting plain radiographs and basic cross sectional imaging

Presenter(s): Dr Hannah Mahoney and Dr Tabitha Atkinson-Seed
Author(s): Dr Hannah Mahoney, Royal United Hospital, Bath; Dr Tabitha Atkinson-Seed, Royal United Hospital, Bath

Introduction: We observed that there was no formal radiology teaching, outside a limited number of plain films in case-based learning, for the 4th year medical students at the University of Bristol during their Complex Medicine for Older People unit. The medical students then fed back to us that they wanted to improve their interpretation of plain radiographs and increase confidence in identifying anatomy from CT scans which is a skill regularly utilized on placement and as a foundation doctor.

Methods: We developed an 18 week 'mini' radiology case series with each session taking 5-10 minutes to interpret and discuss which were incorporated into the students weekly Case Based Learning sessions. Over the weeks cases progressed from straightforward chest radiographs to more complex cross-sectional imaging and students were facilitated to interpret the scans as a group in each session.

Students were surveyed before and after the course commenced regarding their confidence in discussing plain films and identifying anatomy on cross sectional imaging and usefulness of a 'mini' radiology case series to improve this.

Results: Results pending as teaching course in ongoing.

Discussion: This project does/does not show the effectiveness of regular short radiology cases in improving student's confidence in interpreting basic radiology. We believe a mini case series is an effective way of delivering teaching on radiology as it allows for regular practice over a longer period than traditional lectures with regular recall improving long term retention of knowledge and skills.

Keywords: Radiology, undergraduate, case series, medical education

Using Technology Enhanced Learning methods to improve the effectiveness of undergraduate teaching on the Gynaecological- Oncology MDT

Presenter(s): Dr Sarah Quinn
Author(s): Dr Sarah Quinn, Royal United Hospital, Bath; Laura Atherton, Royal United Hospital, Bath; Claire Park, Royal United Hospital, Bath

Background: The multi-disciplinary team (MDT) approach to cancer care is well-established, with the MDT meeting at its centre (1). A recent timetable re-design for undergraduate medical students at a district general hospital, enabled students to begin attending the Gynaecological-Oncology MDT meeting during their gynaecology rotation. Feedback about the value of this teaching experience was disappointing.

Initial feedback: On their end of clerkship evaluation, 62% of students reported the MDT meeting to be the 'least useful' aspect of their rotation. Qualitative comments included that it was 'difficult to follow', 'high level' and 'didn't have enough knowledge to keep up'. Students reported difficulty engaging in the meeting's virtual format. Feedback from staff echoed these same themes.

Aim: To improve the effectiveness of teaching regarding the Gynaecological-Oncology MDT and meeting.

Educational improvement project: We have created a virtual learning package that can be used in preparation for attendance at the MDT meeting. The package introduces the concept of the MDT. The role of key MDT members is taught through recorded interviews. A simulated meeting of four cases puts the concepts into action, which students can pause or re-play. It concludes with tips for foundation doctors such as when and how to refer patients to the MDT.

Intended evaluation: We will be piloting this teaching package with our next cohort of students and evaluating its effectiveness with a ten-question survey, containing subjective and objective assessments of its effectiveness. Should the package prove to be effective, then its virtual format lends itself to easy wider roll-out.

Reference(s):
(1) Griffith C, Turner J. United Kingdom National Health Service. Cancer Services Collaborative "Improvement Partnership", Redesign of cancer services. A national approach. EJSO. 2004; 30: 1–86. DOI:10.1016/j.ejso.2004.07.010

Keywords: Undergraduate, Medical Student, Gynaecology, Oncology, MDT

Using the Medical Student Voice to Assess the Quality of General Practice Placements

Presenter(s): Dr Alice James
Author(s): Dr Alice James, University of Bristol (Bath Academy) & The Royal United Hospital Bath; Professor Trevor Thompson, University of Bristol; Dr Simon Thornton, University of Bristol
Twitter: @alicemaryjames

Background: High quality General Practice (GP) placements and exposure to role models confers greater probability of medical students choosing GP as a future career (1,2). Verbal and written medical student feedback allows students to highlight the opportunities and challenges presented by their GP placements. Student feedback can ultimately enhance the quality of future GP placements by identifying, celebrating and replicating excellent practice by GPs & Allied Health Professionals involved in medical student teaching and through informing any changes that might be required. Evidence of active medical student involvement by medical schools in determining quality indicators relating to GP placements or in designing student feedback is lacking. Our team set out to use the student voice to define GP placement quality indicators.

Methods: Focus groups involving University of Bristol Medical Students were conducted after seeking ethical approval. Thematic analysis of focus group material will be used to create a standardised medical student feedback form for Primary Care Placements. Results: Full results to be determined

Reference(s):
(1) Barber S, Brettell R, Perera-Salazar R, Greenhalgh T, Harrington R. UK medical students' attitudes towards their future careers and general practice: a cross-sectional survey and qualitative analysis of an Oxford cohort. BMC Med Educ. 2018 Jul 4;18(1):160. doi: 10.1186/s12909- 018-1197-z. PMID: 29973203; PMCID: PMC6030758.
(2) Nicholson S, Hastings AM, McKinley RK. Influences on students' career decisions concerning general practice: a focus group study. Br J Gen Pract. 2016 Oct;66(651):e768-75. doi: 10.3399/bjgp16X687049. Epub 2016 Aug 30. PMID: 27578812; PMCID: PMC5033313.

Warts'n'All: Gamifying sexual health to combat the ugly truth about sexual health coverage in undergraduate curricula

Presenter(s): Dr David Hettle
Author(s): Dr Lauren Blayney, University of Bristol; Dr David Hettle

Background: Whilst a good understanding of sexual health is imperative for health and wellbeing, there is widespread recognition that it is underrepresented in medical school curricula (1), potentially rendering graduates incompetent in managing related conditions (2). Whilst improved exposure is ideal, other practical solutions must be considered. Game-based learning has been shown to improve sexual health knowledge in adolescents (3). We aimed to assess if the same was true for medical students.

Method: Fourth-year students were invited to play 'Warts'n'All', a purpose-designed question-based board game addressing the diagnosis and management of 18 sexual health conditions. Evaluation was questionnaire-based, exploring students' beliefs on game-based learning, sexual health coverage in the curriculum, and reflections on 'Warts'n'All', at first play and in future.

Results: Thirteen students participated in the pilot study, with 77% feeling that they currently have inadequate sexual health training.

100% enjoyed playing 'Warts'n'All' and felt more motivated to learn through game play than a traditional lecture. All participants felt that their subject knowledge improved after play. Most (69%) rated 'Warts'n'All' as better than didactic teaching, with remaining students reporting equal utility. Benefits of the games-based approach included increased interactivity and improved accessibility for those with dyslexia.

All participants felt that 'Warts'n'All' could complement formal sexual health teaching, with 77% feeling that it could support personal revision.

Conclusion: Gamification is an enjoyable way of delivering and consolidating undergraduate sexual health teaching. Students believe that it is comparable or better than traditional methods and that there is scope to introduce 'Warts'n'All' more formally into curricula.

Reference(s):
(1) Coleman E, Elders J, Satcher D, et al. Summit on medical school education in sexual health: report of an expert consultation. J Sex Med 2013; 10(4):924-38. DOI: 10.1111/jsm.12142
(2) Gordon EG. A medical education recommendation for improving sexual health and humanism and professionalism. Sex Med Rev 2021;9(1):23-35. DOI: 10.1016/j.sxmr.2020.10.002
(3) Haruna H, Hu X, Chu SKW, et al. Improving sexual health education programs for adolescent students through game-based learning and gamification. Int J Environ Res Public Health 2018;15(9):2027. DOI: 10.3390/ijerph15092027

Keywords: Sexual Health, Gamification, Undergraduate medicine