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YOUTUBE BASED COMMUNICATION TRAINING FOR BREAKING BAD NEWS: A NOVEL APPROACH

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Introduction:

Social media and eLearning videos are powerful learning tools and can help improve learning, demonstrate practical or complex procedures and simplify difficult topics^{1,2}.

Methods:

A YouTube video was created as an aid for healthcare professionals on the difficult and poorly taught topic of Breaking Bad News (BBN) (Figure 1). Our goal was for this video to be viewed and shared worldwide for purposes of improving patient communication with the aim of micro learning, note taking, comprehension of complex concepts, role-play, revision for exams and clinical application.

Results:

1 high quality eLearning YouTube video was created in a clinical department in a large UK Teaching Hospital. To date almost 15,000 users have subscribed to the channel and provided excellent feedback related to the communication video.

Conclusion:

The use of You Tube as a social media platform for teaching and learning is the road ahead for medical education. A quality assessed, structured and sustainable educational online platform like TheOSCEstation aims to meet the requirements of a new generation of learners. Currently we have 4 communication based videos in production with more planned.

References:

1. Logan R. Using YouTube in perioperative nursing education. *AORN J.* 2012;95:474 – 481.
2. SharoffL. Integrating YouTube into the nursing curriculum. *Online J Issues Nurs.* 2011;16:6.



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MEDICAL STUDENTS' ATTITUDES TO COLLUSION AT END OF LIFE: A CROSS-CULTURAL PERSPECTIVE

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Introduction

Collusion in healthcare is the act of withholding information from the individuals involved. Across a range of cultures, collusion is extremely common: up to half of patients in India receiving cancer treatment are unaware of their diagnosis (Santosh 2009). There is an increasing emphasis on cultural awareness in medical training. At Newcastle University Malaysia, our students are in the unique position of studying a UK degree in a Malaysian context. In this pilot study, we explore our students' attitudes towards collusion and their perceived preparedness for requests for collusion as a doctor.

Method

Our study used a mixed-methods approach. To generate areas for investigation, we conducted three focus group interviews with small groups of student volunteers. These open-ended conversations explored their thoughts and experiences of collusion. Following content analysis of these discussions, a questionnaire was developed to survey the prevalence of these attitudes in the student population. The questionnaire combined closed Likert-scale questions with free text questions. It was distributed to all 93 final year medical students at Newcastle university medicine Malaysia with a response rate of 84% (78).

Results

Our students expressed strong reservations about collusion as a practice: 78% (61) disagreed with the statement 'collusion is in the best interest of the patient', and 79% (62) agreed 'most patients would want to know if they had a terminal diagnosis'. However, 65% (50) admitted that 'in practice relatives are told a diagnosis before the patient', presenting a clear conflict. Only 24%(19) of students surveyed felt adequately prepared to respond to requests for collusion from family members.

Conclusion

Medical students are facing a dilemma regarding end of life communication in a culturally diverse environment. Their training in bioethics prioritises patient autonomy and consent, evidenced by their strong belief that patients would want to know if they had a terminal disease. However, in a Malaysian context, students are keenly aware that relatives will expect to be told a diagnosis before the patient. This experience is reflected in a range of cultures internationally. How can we best equip new doctors for these conflicting priorities and demands? We feel that we have identified an important area for further study. We advocate research into developing communication skills teaching for a culturally interconnected world.

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AN EVALUATION OF DOCTORS AND MEDICAL STUDENT'S ATTITUDES AND BELIEFS OF PAEDIATRIC VACCINATIONS IN PAKISTAN

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AIMS

Doctors and medical students now have decreased exposure to Vaccine Preventable Diseases (VPDs) as successful vaccination programs have decreased their prevalence. This combined with the media's negative portrayal of vaccines may cause misconceptions and misinformation. The aim of this study was to explore attitudes and beliefs of paediatric vaccinations, identify training needs and make recommendations for future training.

METHODS

Vaccination attitudes and beliefs of medical students from four Pakistani hospitals and one medical school was assessed by an anonymous, self-administered, cross-sectional, internet-based survey from 14 April 2015 to 14 July 2015. Questions related to the importance of vaccination, effects of multiple vaccines, reasons for parental refusal and perceived barriers to vaccination in both developed and developing countries. Data were analysed qualitatively for themes and sub-themes. Ethical approval was obtained from King's College, University of London.

RESULTS

In total, 103 doctors from four institutions and 29 medical students from one institution in Karachi, Pakistan participated. Overall, the majority of doctors (83/102 (81.4%)) and students (25/29 (86.2%)) agree/strongly agree that parental refusal to vaccinate their child is a form of neglect. 63/102 (61.8%) of doctors and 11/29 (37.9%) students disagree/strongly disagree that unvaccinated children should be excluded from school. 89/102 (87.3%) of doctors and 14/29 (48.3%) of students disagree/strongly disagree that multiple vaccines weaken a child's immune system. 51/52 (98%). 90/102 (88.2%) of doctors and 13/29 (44.8%) of students disagree/strongly disagree that natural immunity is better than vaccines.

A proportion of Pakistan's doctors and students perceived that developed countries have no barriers to vaccination, whereas another proportion of Pakistan's participants perceived parental knowledge to be a barrier to vaccination in developed countries. In developing countries healthcare access, parental knowledge and cost were perceived to be the main barriers. The main reasons for parental refusal were expressed as being parental knowledge, fear of adverse effects and myths.

CONCLUSION

This study identifies attitudes of doctors and medical students in UK towards children's vaccines and the findings form a platform upon which to develop educational interventions to integrate in formal educational curriculum. Recommendations include developing up-to-date core competencies and increasing student's practical exposure in vaccination clinics. Specific communication skills training in the role-play setting should be promoted and Continuing Medical Education (CME) should be tailor-made to suit each individual department. Teaching methods used in various institutions should be analysed and comparisons made to determine the most effective teaching strategies. Differences in perceived barriers to vaccination in developed and developing countries are also highlighted and the beliefs of other healthcare professionals including nurses, midwives and health visitors should also be assessed.

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DEVELOPING NHS LEADERS: THE BENEFITS OF OVERSEAS LEADERSHIP FELLOWSHIPS

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Background

Since 2008, 150 NHS employees and trainees from a range of healthcare professions, including general practice, have completed an Improving Global Health (IGH) through Leadership Development Fellowship. Placements are typically for 6 months and Fellows work closely with an overseas partner organisation. Placements are non-clinical, but have a focus on service and quality improvement, and developing capability. The aim of the present study was to explore the impact of completing the programme on past Fellows and identify outcomes for the NHS.

Summary of work

Past Fellows (n.109) from the programme were invited to complete an online questionnaire. Emergent themes in their answers were further explored with a purposive sample of 15 who participated in detailed, semi-structured interviews. The data were analysed by the authors using thematic analysis. Key findings from the analysis are presented.

Summary of results

76 responses were received (70% a response rate). The majority reported that participating in the scheme had had an impact on their view of themselves as leaders, and three themes emerged to capture this: leadership potential, learning transferrable skills and impact on current role. These will be presented on the poster, with relevant quotes.

Conclusions /Take home messages

The IGH programme has provided participating Fellows with a solid foundation from which to continue their development as the NHS leaders of the future.