3-1

DO SCHOOL STUDENTS WANT TO BE GENERAL PRACTITIONERS?

Abdalla, M.W., Blanchard, D., Beddows, J., Hammond, E., Hay, F., Jensen, K., Panesar, A., Smithson, S., Webb, M., Protheroe, J.*

Keele Medical School, Faculty of Medicine and Health Sciences, Keele University, Staffordshire, ST5 5BG

INTRODUCTION:

General practice is currently facing a recruitment crisis. One possible solution suggested is to raise awareness in high school students of general practice and the role of General Practitioners (GPs) (1).

METHODS:

For the past two years, we have organised a "My day in General Practice" for year 12 college and school students who were participating in Keele's widening participation program "Steps 2 Medicine". They were offered the opportunity to spend a full day in a local GP surgery. The students were briefed about the visits, especially regarding confidentiality, behavior and dress code. Each student completed a pre-visit questionnaire to explore their views of general practice and the role of GPs. The practice visit was organised using a simple observation and activity log sheet entitled "My day in General Practice".

Following the visits, students gave written and verbal feedback and their attitude toward general practice was reassessed.

IMPLICATIONS:

Our poster will provide details to show that exposure of college and school students to the authentic learning environment of general practice can change their attitude towards the role of GPs and the attractiveness of general practice as a future career. This will likely impact on applications to medical school and improve diversity of future health professionals.

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3-2

UNDERGRADUATE EXPOSURE TO THE WORKPLACE AND SELF-REPORTED PREPAREDNESS IN FOUNDATION YEAR 1 TRAINEES

Oluseyi Adesalu, Hollis A, Van Hamel C*
UK Foundation Programme Office

BACKGROUND:
Feeling adequately prepared for clinical practice is an important part of a successful transition process from medical student to junior doctor. In 2018, 68.6% of Foundation Year 1 (FY1) doctors in the UK felt adequately prepared for their first post. Early exposure to the workplace is an educational method used to help prepare medical students for clinical work. This study aimed to investigate the relationship between self-reported preparedness of FY1 doctors and having experience of working in the NHS prior to starting work as a junior doctor.

METHODS:
In 2018, an optional survey was sent to FY1 trainees in the UK during their first foundation post. Respondents were asked to what extent they agreed to the following statements:
• "I was adequately prepared for my first foundation post"
• "I have had the opportunity to do paid work in the NHS which has helped to prepare me for my clinical role"
962 responses were received, 714 of which were UK medical school graduates. Data was grouped and then by graduating medical school.

RESULTS:
72% of respondents strongly agreed or agreed that they felt adequately prepared for their first foundation post. 25% of respondents strongly agreed or agreed with the statement "I have had the opportunity to do paid work in the NHS which has helped to prepare me for my clinical role". When comparing whether respondents reported having the opportunity to do paid work in the NHS to whether they felt prepared for their first foundation post, spearman's rank correlation coefficient was -0.35.

CONCLUSION:
Early exposure to the workplace may have educational benefit for medical students, however the results of this study show that prior experience of working in the NHS is not associated with greater self-reported preparedness amongst junior doctors. Although 25% of respondents strongly agreed or agreed that their experience of paid work in the NHS helped to prepare them for clinical work, it did not appear to correlate with overall feelings of preparedness for the first foundation post.

We conclude that feeling adequately prepared for the first foundation post is a complex process. In order to help with this, we recommend that exposure to the workplace should be within a structured and targeted educational format, thereby aiding the transition between medical school and clinical work in a meaningful way.

3-3

TRAINING A MULTI-DISCIPLINARY TEAM IN POST-STROKE EMOTIONAL MANAGEMENT

Palmer E, Birns J, Bhalla A, Mollitor H**

Stroke Unit, Department of Ageing & Health, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH

INTRODUCTION:

There is an elevated risk of depression and anxiety following stroke. Emotional difficulties following stroke impact negatively on the person, their family and their rehabilitation team. A training intervention for health care professionals working in a multi-disciplinary team (MDT) managing stroke patients relating to emotional management was designed and delivered by stroke-specialist psychologists.

METHODS:

Stroke ward MDT members were invited to 2 linked training sessions delivered by psychologists. The first session covered the structured pathway to provide emotional support on the stroke ward and how to conduct an emotion screen with a patient. The second session covered how to identify potential depression and anxiety issues patients may experience and a series of practical techniques adapted to the stroke context to provide emotional support. Participants were provided with a summary booklet of the content to keep following the sessions. Questionnaires were administered to attendees pre- and post-intervention examining confidence in providing psychological care, mood screening, perceived barriers to conducting a mood screen and usefulness of the training.

RESULTS:

31 stroke ward MDT members (8 nurses; 3 doctors; 10 physiotherapists; 4 occupational therapists; 3 speech and language therapists; 2 dieticians) participated in the study. There was a significant pre/post-course increase in the proportion of attendees feeling confident (>4/5 on a Likert scale) to conduct mood screening (18%→81%), identify potential depression and anxiety (29%→93%), and provide psychological support for anxiety and depression (22%→75%). Perceived barriers to providing emotional care decreased from 63 endorsements pre-training to 16 post-training. All participants reported they would recommend the training to a colleague, indicating a perceived usefulness of the training content and format.

CONCLUSIONS:

MDT-training, delivered by stroke specialist psychologists, may provide improved knowledge, skills and confidence to overcome several barriers in providing emotional care to patients with stroke. Further work is required to replicate these findings in a wider population of health care professionals.

3-4

DEVELOPING A GREATER UNDERSTANDING OF ASSESSMENT BY ENGAGING WITH PRIMARY CARE HEALTHCARE PROFESSIONALS INVOLVED IN GROUP LEARNING ABOUT RESILIENCE

Burgess J

Locum GP and postgraduate student on MA in Medical Education at University of Winchester, Sparkford Road, Winchester, Hampshire, SO22 4NR

INTRODUCTION:

Due to multiple factors there is significant pressures associated with working in primary care in the UK at present. Being resilient is often discussed as a way for primary healthcare professionals to combat these pressures. Wessex Local Medical Committees set up the Triple E GP programme to help develop learning in this area, among GPs and GP trainees. This involved group learning with a facilitator over at least three sessions. I facilitated a group alongside a careers coach and focused on various topics related to resilience. Multiple forms of assessments were used to try and promote learning and this included self assessment and the Nicholson McBride resilience questionnaire (Clarke and Nicholson, 2010, p157). An educational enquiry was conducted by myself to identify the role of assessment in aiding learning in resilience. With the additional aim of looking at which forms of assessment may be most beneficial.

METHODS:

Multiple research questions were formulated to help develop a deeper understanding of assessment, learning and resilience. These questions formed the basis of two recorded interviews which I conducted with a GP and a later stage GP trainee from the Triple E group. Nicholson McBride resilience questionnaires were completed by the two interviewees on the formation of the group and after three sessions. This helped promote further discussion in the interview and understanding of the role of questionnaires in healthcare resilience learning. Transcripts were compiled and analysed thoroughly by myself using the four step process of Green(2007,p547).

CONCLUSIONS:

This education enquiry has given a greater insight into the role of assessment in learning in healthcare professionals, particularly in relation to resilience. Assessment in various forms appears to be beneficial in promoting learning. Self assessment appears to be frequently utilised and the most common form is reflection either written or by discussing issues with colleagues. Other assessments such as the Nicholson McBride Questionnaire have the potential to promote learning in certain students. Finally it seems that the use of assessment in this context should be individualised in order to maximise the positive effect on learning.

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3-5

USING ASSESSMENT TO DRIVE LEARNING: UTILISING PAEDIATRIC SINGLE BEST ANSWER QUESTIONS FOR UNDERGRADUATE MEDICAL EDUCATION

Crawford K[(1)], Schindler N [(1)], Arora M [(2 & 3)], Hook L [(2 & 3)], Wood D [(3)]*

[1.] East of England School of Paediatrics, [2-4.] Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XB, [2.] Cambridge University Hospitals, Addenbrookes Hospital, Hills Road, Cambridge, CB2 0QQ, [3.] University of Cambridge School of Clinical Medicine, Addenbrookes Hospital, Hills Road Cambridge CB2 0SP

BACKGROUND:

In 2015 the Royal College of Paediatrics and Child Health Undergraduate Curriculum launch included data suggesting significant variation in the provision of undergraduate teaching in paediatrics across UK medical schools. This has led to concern among students and child health professionals regarding sufficient student exposure to achieve confidence and competence in the assessment and management of unwell children and young people.

In response, we developed a trainee-led education group to author single best answer (SBA) questions. Questions were delivered to students in a formative, interactive face-to-face teaching session. We describe the processes and challenges encountered, from developing the group, to delivering sessions.

SUMMARY OF WORK:

Paediatric trainees were recruited from our region to attend a face-to-face question writing workshop, facilitated by university faculty. Due to geographical diversity and on-call rotas several evening workshops were delivered. Questions were submitted to an online secure shared drive for editing by two paediatric registrars with expertise in medical education. Final review was made by a university faculty member to ensure an appropriate learning level, and alignment with MBBS learning outcomes. This process enabled trainees to see question edits, receive feedback and aid in their development of question writing skills.

SUMMARY OF RESULTS:

Optional student sessions were delivered at the weekend and were exceptionally well attended. Real-time review of answers by paediatric registrars led to targeted educational opportunities and identification of gaps in student knowledge. Post-session student evaluation was positive and indicated a desire for more challenging questions.

DISCUSSION AND CONCLUSIONS:

The tensions between service and education have been well described in medical education. Facilitating this group was challenged both by work patterns and trainees being placed across the region. We overcame this by running a series of open learning sessions and the use of email and shared drives to communicate. Feedback from university faculty helped trainees develop the confidence to write questions on their own, support the development of expertise, and ensure quality question output.

TAKE-HOME MESSAGES:

Trainee-led education sessions using SBA questions can be feasibly delivered out-of-hours, despite service-education tensions, with faculty support.

3-6

SUPPORTING THE DEVELOPMENT OF COMMUNICATION SKILLS IN INTERNATIONAL GPs

[1] *Elliott R** (Dean of School of Primary Care), [2] *Gutteridge M* (Senior Teaching Fellow), [3] *Boocock O* (GP), [4] *Scallan S* (Educational Research Lead)

[1] Health Education England (Wessex), School of Primary Care, Southern House, Otterbourne, Winchester, Hampshire, SO21 2RU, [2] Warwick Medical School - Statistics and Epidemiology, University of Warwick, Coventry, CV4 7AL, [3] Vine Medical Group, Forest End Site, Forest End, Waterlooville, Hampshire, PO7 7AH, [4] GP Education Unit, Mailpoint 10, Southampton University Hospital Trust, Tremona Road, Southampton SO16 6YD UK

BACKGROUND:

Communication skills are a cornerstone of clinical practice for general practitioners. The subtleties of communication in the consultation can be an area with which non-UK trained doctors can struggle. Identifying strategies to support this development is an area of increasing educational activity.

SUMMARY OF WORK:

This work builds on an earlier study (Elliott and Scallan, 2016), taking the REACH (Rachel's Early Assessment CHallenge) approach to a new learning group. REACH is a learning activity built around communication skills which aims to raise the awareness of the approach to consulting used by the doctor in order to help tune into areas in need of development. GPs do this by roleplaying cases. REACH scenarios are non-medical in their subject matter. This is intended to help the doctors focus on the process rather than the content of the 'cases.' At this early stage pf introducing roleplay and simulated participants receive verbal feedback on their performance in a small group setting. They are also given written information about positive and negative indicators assessors are looking for.

SUMMARY OF RESULTS:

Anecdotal feedback from a pilot indicated the approach was well received. This poster will present the findings from a more structured evaluation gathering feedback data at 4 time-intervals over a training course for 10-15 European doctors, recruited through the IGPR scheme. The data gathering is underway.

CONCLUSIONS /TAKE HOME MESSAGES:

The REACH approach to role playing case scenarios offers educators a diagnostic tool to explore consultation skills, a means to explore process over content. It also introduces the concept of a UK GP consultation structure without the complication of addressing clinical management. This study takes the approach to a new group of learners.

3-7

DEVELOPING ASSESSMENT AND PSYCHOMETRIC LITERACY IN YEAR 1 MEDICAL STUDENTS

Fino, E, Cameron, H*
Aston Medical School, Aston University, Aston Triangle, Birmingham, UK, B4 7ET

INTRODUCTION:
The General Medical Council requires UK medical schools to employ a comprehensive, strategic, and systematic approach to assessment. As paragraph 61 of Assessment in Undergraduate Medical Education (2009) states: "Students must have guidance about what is expected of them in any examination or assessment. No question format will be used in a summative assessment that has not previously been used in a formative assessment of the student concerned. Students should understand the assessment criteria and marking schemes for all tests they face." However, to date little is known about the specific approaches adopted by medical schools to develop students' assessment literacy nationally, and how these fit with their curriculum. The aims of the present study were: (1) to describe the approach used in Aston Medical School to develop Year 1 MBChB students' assessment and psychometric literacy in medical education; (2) to evaluate the efficacy of the approach by means of a student survey; (3) to make recommendations for other medical schools interested in developing a systematic approach aligned with GMC requirements and that fits with their curriculum.

METHOD:
In the academic year 2018-2019, the Aston Medical School's Assessment Group designed, implemented, and delivered a cycle of in-class session aimed at developing students' assessment and psychometric literacy. They covered: introduction to the assessment strategy of the MBChB, formative and summative assessments, exceptional circumstances and reasonable adjustments, standard setting, assessment of professionalism, introduction to OSCEs. Sessions were based on lectures, Team Based Learning, and distance learning through the University's VLE. After the end of Teaching Period II, students were asked to fill a questionnaire to evaluate the intervention.

RESULTS/CONCLUSION:
Results from the study will show students' satisfaction towards the organization and timing and the assessment sessions, if they thought sessions were structured in a way that helped them learn, their appreciation of the layout and utility of the material on the VLE, their increase of assessment literacy in medical education, the validity, clarity, and utility of the sessions to inform their approach to formative and summative assessments. Strengths and limitation of the approach will be discussed in the poster presentation, and recommendations will be provided for medical schools interested to develop and implement a successful strategy that is in line with GMC requirements and that fits with the curriculum.

ACKNOWLEDGEMENTS:
This study was realised thanks to the work and dedication of all staff and students from Aston Medical School.

3-8

DO ALL FOUNDATION DOCTORS MEET THE MENTAL HEALTH COMPETENCIES IN THE FOUNDATION PROGRAMME CURRICULUM?

*Haywood J F**

Academic Foundation Doctor, Coreys Mill Lane, East and North Hertfordshire NHS Trust

INTRODUCTION:

The Foundation Programme Curriculum 2016 outlines the competencies that Foundation Year (FY) doctors are expected to meet by the end of FY1 and FY2. In total, there are 17 competencies that are related to mental health.

40% of all GP consultations are regarding mental health, and 165 000 patients presented to A&E in 2015/16 with psychiatric presentations. This indicates these two specialties, as well as psychiatry itself, are incredibly important for doctors to gain mental health exposure and therefore meet these competencies.

While a lot of FY doctors will have a psychiatry, A&E, and/or GP placement during their foundation training, questions must be raised about those who don't and their ability to meet the competencies.

AIMS AND METHOD:

The aim of this study is to assess if FY doctors who did and did not have a placement in psychiatry, A&E and/or GP meet the mental health competencies as outlined in the curriculum. The study also sought to assess if one specialty is better than the others. A questionnaire was used for trainees to self-assess these competencies. The Chi-squared test was used to evaluate result significance.

RESULTS:

Overall, 360 trainees responded to the survey. Only 29.7% of trainees were aware that they had specific mental health competencies to meet.

Considering each specialty individually, psychiatry is the best specialty in enabling the trainee to meet the mental health competencies, and is particularly the case for the FY1 competencies: for example, 96.4% of trainees who completed a psychiatry placement felt they could perform a mental state examination and perform a cognition screening, opposed to 8.5% in A&E, 0% in GP, and 43.3% of the whole sample.

When looking at the results considering any combination of the specialties (i.e. not taking into consideration if trainees did just one), the results are slightly better.

Therefore, it may be better to have a combination of the specialties in order to meet mental health competencies than one alone or not doing any of the specialties at all.

IMPLICATIONS:

This research proves that more FY doctors should be completing placements in psychiatry, as per HEE recommendations. If this is not possible, at the very least trainees should experience A&E or GP. It outlines a "knowledge gap" in those who do not experience one of the three specialties, and so more support via work-based assessments or teaching is required. There also needs to be more emphasis made that these competencies exist.

3-9

IS THERE ANY VARIATION IN LEARNING AMONGST DIFFERENT PROFESSIONAL GROUPS IN INTER-PROFESSIONAL STROKE LEARNING?

Hannah May [1,3], Jonathan Birns [2,3], Ajay Bhalla [2], Mehool Patel [1]*

[1] Department of Geriatric & Stroke Medicine, Lewisham & Greenwich NHS Trust, [2] Department of Ageing & Health, Guy's & St Thomas' Hospitals NHS Trust, [3] Health Education England, London

Department of Geriatric & Stroke Medicine, University Hospital Lewisham, Lewisham & Greenwich NHS Trust, Lewisham High Street, Lewisham SE13 6LH

INTRODUCTION:

Inter-professional stroke learning is paramount in order to ensure delivery of high quality multidisciplinary stroke care. One criticism of shared multi-professional learning is that the learning objectives, perception and behaviour often differ amongst different professional groups. This study aimed to examine any variation in learning amongst these groups.

METHODS:

A multidisciplinary group of stroke clinicians and educationalists delivered a multi-modal, inter-professional stroke rehabilitation training programme. Using previously validated assessment tools, a mixed-methods evaluation of inter-professional learning modalities was used to analyse data from participants, before and after training. Variations amongst different learner groups were analysed using both quantitative analysis from pre- and post-course questionnaires and thematic analyses of free-text responses about the educational value and learning experience from the course.

RESULTS:

Of the 88 professionals (50% therapists, 30% nurses, 7% doctors, 5% dieticians, 8% other specialties [e.g. psychology, social workers, support workers]) who completed the survey, there was an overall mean increment of 1.5 (scale 1-5) in their learning outcomes. There was trend for health-care professionals to having an even greater increment in learning outcomes from sessions delivered by other disciplines. Some of this variation was due to pre-existing knowledge of certain topics by certain groups e.g. spasticity by therapists. The sessions on delirium and patient perspective [overarching all disciplines] reported the highest increment of learning by all groups (2.0). Qualitative analysis of free text feedback demonstrated two major themes for transference to practice of improved knowledge base and empathy for patients.

CONCLUSION:

This study demonstrated a success of inter-professional education in stroke, and reaffirms the benefits of shared learning which is likely to promote better professional working relationships. Qualitative analysis demonstrated positive feedback from all disciplines.

3-10

POST-GRADUATE OSCES FOR PLASTIC SURGERY: A FORMATIVE ASSESSMENT

Mungroo S[*1], Khwaja N* [2]

[1.] Medical Student, School of Medical Sciences, University of Manchester, Oxford Road, Manchester M13 9PL, [2.] Consultant Plastic Surgeon, Manchester University NHS Foundation Trust, Southmoor Road, Wythenshawe, Manchester M23 9LT.

INTRODUCTION:

In 2014, a formative objective structured clinical examination (OSCE) for plastic surgery was implemented in the North West Deanery to address the gap in assessments between the Membership of the Royal Colleges of Surgeons (MRCS) and the Intercollegiate Specialty Fellowship of the Royal Colleges of Surgeons (FRCS Plast) examinations. Since the pilot study in 2014, the OSCE has been carried out on an annual basis. This study set out to assess the validity of the OSCE and analyse the performance and progress of the trainees.

METHODS:

The formative OSCE was blueprinted by two consultant plastic surgeons into five learning domains: 'patient assessment', 'explanation', 'management', 'operative planning' and 'operation'. The sample profile included an average of 20 plastic surgery trainees from ST3 to ST7 grade in the North West region per year. As from 2016, the OSCE was standardised to 20 stations annually; half of the stations included simulated patients while the remaining assessed specialised surgical skills using models of varying fidelity. Two examiners, either consultants from plastic surgery and other allied specialties or senior registrars/fellows, evaluated candidates in each station. To assess the construct validity of the formative OSCE, a one-way ANOVA test was carried out by combining the data for the 5-year period, followed by a post-hoc Tukey test. Additionally, an individualised analysis of performance was undertaken through the selection of trainees who sat for the OSCE three times or more.

RESULTS:

The one-way ANOVA test grouped the candidates according to their training grade and the analysis of variance proved to be statistically significant, thereby implying that the OSCE was valid at 10% confidence interval ($P>F = 0.055$). However, due to the relatively small sample size, the post-hoc Tukey test could not quantify the differences in OSCE scores between training grades. Furthermore, the analysis of performance has classified trainees into three groups based on their OSCE scores and rankings over the years, namely those with a 'consistently high performance', 'gradual improvement in performance' and 'consistently poor performance'.

CONCLUSION:

This study has shown that a post-graduate OSCE for plastic surgery is feasible and valid. It is a useful tool to evaluate competence of trainees and identify those with a poor performance so that tailored assistance can be provided in preparation for professional examinations.

3-11

IMPROVING QUALITY OF EDUCATIONAL SUPERVISOR REPORTS AND SUPERVISED LEARNING EVENTS

Patel M, Baker P*

Postgraduate Associate Dean, Health Education England Consultant Nephrologist, Manchester Royal Infirmary, Deputy Dean, Health Education England. Health Education England North West, 3 Piccadilly Place, Manchester M1 3BN and Consultant Nephrologist, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL, UK

INTRODUCTION: Our previous research has shown that Educational Supervisor Reports (ESR) and Team Assessment of Behavior are strongly predictive of doctors in difficulty.1 However, quality of ESRs and Supervised Learning Events (SLEs) are variable and this study evaluates whether this can be improved using a structured framework with targeted feedback to trainers.

METHODS: A one-page framework developed to assess quality of ESR (n=15) by the Renal Medicine Annual Review of Competency Progression (ARCP) panel at Health Education England North West (HEE NW) in 2014. Formative feedback sent to each educational supervisor (ES) and comments individually discussed. Successive ESRs (n=15) assessed by Renal ARCP panel in 2015-2017 to evaluate if there was any improvement in quality. A similar framework used to assess quality of SLEs (sample of 3-4 per ES) by the Renal ARCP panel (n=21) in 2016-2017 and trainee feedback also collated. The ES and trainee feedback assessed qualitatively using a thematic analysis.

RESULTS: – Successive ESRs showed:

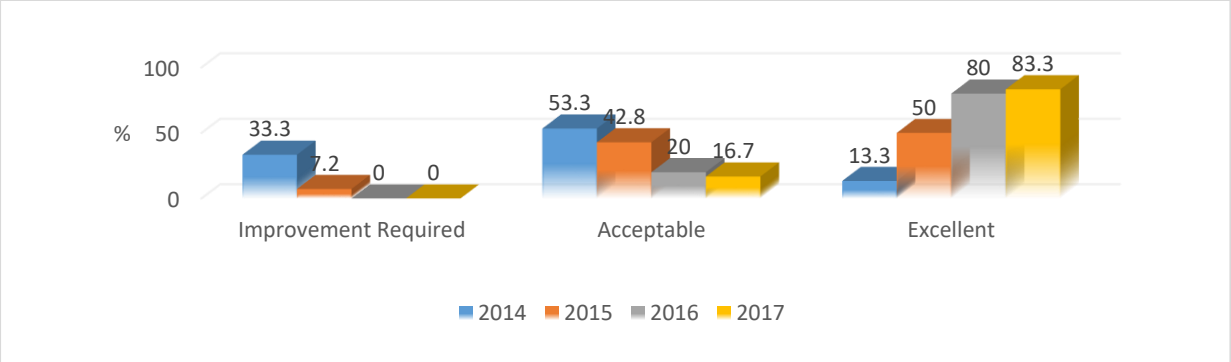
- Significant improvement in quality (increase in excellence grading from 13.3-83.3% and decrease in improvement required 33.3-0% 2014-7 ($p<0.0001$) (Fig 1)
- Detailed free-text comments referenced to multiple sources of evidence.
- More constructive feedback with specific learning objectives incorporated into the personal development plan.
- Good evidence of learning from clinical incidents.

Successive SLEs showed:

- Significant improvement in quality (increase in Excellent grading 28.6-50%).
- More detailed free-text comments on clinical skills.
- More specific free text comments on generic skills including communication skills and professionalism.

The ES/Trainee feedback: Overwhelmingly positive; valued the process.

DISCUSSION AND CONCLUSIONS: A simple structured framework to assess ESR and SLE quality during ARCPS can provide useful formative feedback to ES and this significantly improves quality of successive reports. The ESR quality work has now been rolled out regionally at HEE NW and nationally through the Joint Royal Colleges of Physicians Training Board. Figure 1. Assessment of quality of successive ESR



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3-12

DEVELOPMENT OF THE NOTSS TOOL IN O&G TRAINING

Patel S [(a)], Black RS [(b)]*

[a)] Locum Consultant in O&G, Oxford University Hospitals and formerly Trainee Rep in O&G, The Women's Centre, John Radcliffe Hospital, Headington, Oxford, OX3 9DU, [b)] HEE Thames Valley; Associate Dean, HEE Thames Valley and formerly Head of School of O&G, Health Education England Thames Valley, Chancellor Court, John Smith Drive, Oxford Business Park, Oxford OX4 2GX

INTRODUCTION:

The NOTSS (Non-Technical Skills for Surgeons) tool is a formative assessment tool designed to provide feedback based on structured observations of non-technical aspects of performance.

Developed by the University of Aberdeen and the Royal College of Surgeons of Edinburgh, it has been widely evaluated in surgical specialties.

The NOTSS tool provides a way of assessing non-technical skills and providing feedback to improve behaviours.

The non-technical skills assessed are:

- Leadership
- Communication and Teamwork
- Situational Awareness
- Decision Making

In maternity, numerous studies of adverse outcomes (such as the Each Baby Counts project) have shown significant contributions from weaknesses in non-technical aspects of performance rather than a lack of technical expertise.

METHOD:

In 2013, a pilot study using the NOTSS tool in O&G was conducted across two deaneries. This showed that the tool provided a good assessment framework whilst being acceptable to participants and was useful as a reflective tool.

In 2016, NOTSS was introduced as a non-compulsory formative tool via the trainee e-portfolio and was supported by a tool kit online.

In 2017, a survey was conducted on the use of the NOTSS tool in O&G.

RESULTS:

From October 2016 to November 2017, over 1000 forms were completed on the e-portfolio across both obstetrics and gynaecology, and at every training level. A user survey of 141 participants showed that 78% of respondents found the NOTSS tool useful and 66% would recommend it to other trainees.

Feedback was received in each of the skills assessed. The most common areas of criticism were in relation to lack of time and poor-quality feedback.

CONCLUSION:

The NOTSS tool has been adapted for use in O&G as a formative tool to provide structured feedback on non-technical skills. Trainees find NOTSS to be of value and use it at every training level.

In 2019, the RCOG has introduced a new GMC-approved curriculum. Developed with significant public and patient involvement, there is a much greater emphasis on the acquisition of non-technical skills and professional behaviours. It recommends the use of NOTSS in 8 of the curriculum's 14 modules.

Immediate feedback, its adaptability for use in different settings and its ability of compliment the assessment of technical skills are some of the strengths of using NOTSS assessments. The challenges will be to improve the quality of feedback and convince a minority of trainees of its usefulness.

3-13

EMBRACING TECHNOLOGY TO ASSESS SKILLS AND COMPETENCIES OF THE COMMUNITY PHARMACY WORKFORCE TO DELIVER NATIONAL ENHANCED SERVICES

*Roberts, D.J. [1], Carpenter, R.[2], Grama, S. [3]

[1] Associate Pharmacy Dean, Head of Programme Development and Advanced Practice, Health Education and Improvement Wales, Ty Dysgu Cefn Coed, Cardiff, CF15 7QQ, [2] Education Resource Developer Enhanced Services, Health Education and Improvement Wales, Ty Dysgu Cefn Coed, Cardiff, CF15 7QQ, [3] eLearning Manager, School of Pharmacy and Pharmaceutical Sciences, Cardiff University, Redwood Building, King Edward VII Avenue, Cardiff, CF10 3NB.

BACKGROUND:

The Welsh Government's vision for the National Health Service within Wales to provide the majority of care closer to people's homes[1], will involve an increasing number of clinically focussed enhanced services being offered through community pharmacies[2]. The aim of the project was to create a new streamlined accreditation approach, embracing technology, to give pharmacy professionals more flexibility when accrediting for services, which is less reliant on face-to-face training, whilst still being robust enough, to ensure the competence of the pharmacy professionals delivering enhanced services, across a range of generic skills. The new assessment provides a baseline assessment of the pharmacy teams skill set, which can then be built on, as more clinically complicated enhanced services are commissioned from community pharmacies, over subsequent years.

METHODS:

Following engagement events with the key stakeholders and educationalists, a multi factor assessment was created, which included an assessment of the pharmacy professionals patient-centred consultations and brief intervention skills, using video critique and avatars.

The assessment was piloted over a two month period and 89 people completed a questionnaire after completing the entire process. Amendments were made to the avatar, particularly around the conversation flow and the video critique following the pilot, before the new process for obtaining national services accreditation was launched across Wales on 3rd April 2018.

RESULTS:

Whilst the majority of respondents (83%) who completed the questionnaire following the pilot, stated they felt the new generic skills and competency assessment would benefit their practice, there was mixed feedback in response to the use of avatars and video critique, within the assessment. The most negative responses were focussed on the use of the avatar with 65% of respondents stating that they didn't find communicating with the avatar easy.

Following the launch in April 2018, 1736 pharmacy professionals have passed the assessment by 1st April 2019.

CONCLUSIONS:

The assessment has proved successful in ensuring a baseline set of generic competencies and skills within the pharmacy workforce, with the majority of pharmacy professionals passing the assessment. Initial pass rates were low, however after engagement with the training resources, an improvement was clearly demonstrated, showing the support resources and feedback mechanisms built into the assessment were appropriate. The use of technology has ensured a cost-effective, robust, standardised assessment has been put in place which has increased the workforces' generic skills, whilst still ensuring ease of access and convenience for the pharmacy professionals.

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3-14

DETERMINATION OF SINGLE-BEST ANSWER QUESTION CHARACTERISTICS ASSOCIATED WITH VARIATION IN STANDARD SETTING AND STUDENT PERFORMANCE

Sandilands AJ, Westacott R.*
Leicester Medical School, University of Leicester

BACKGROUND:
The planned introduction of the Applied Knowledge Test as a part of the new national Medical Licensing Assessment in the UK, has focused attention on how to apply a valid standard. We therefore studied the variation in standard setting and student performance in single best answer (SBAs) examinations, to look for any associations with specific question characteristics.

METHODS:
Four SBA written papers (480 questions) were sampled (finals and penultimate year examinations). A modified Angoff method was used for standard setting. The level of agreement between standard setters, average student score and their relationships were analysed. Questions highlighted by standard setting variance (low and high), student performance (easy and difficult) and differences between the two were reviewed for the following characteristics: question length, specialty, skill domain, cognitive steps and whether answering the question required clinical experience or could be gained from reading alone.

RESULTS:
Data from 465 SBA questions were analysed. Questions where the standard set was >0.2 above the average student performance were more likely to require experiential knowledge compared with questions where student performance was >0.3 above the standard ($P<0.0001$). Students in penultimate year examinations were also significantly less likely to answer experiential questions correctly, in comparison to final year students ($p=0.005$). Questions requiring a two-step process were more likely to be answered incorrectly ($p<0.0001$) whereas the number of cognitive steps in a question had no effect on variance of standard setters scores.

Neither standard setting variance or student performance were related to question length, subject specialty or skill domain.

DISCUSSION & CONCLUSION:
There is a paucity of literature looking at the effect of question characteristics on standard setting and student performance. Data from this study suggests that standard setters are likely to overestimate standards on questions with an experiential component. It also shows that students are less likely to answer experiential and 2-step questions correctly, whereas question length has no effect on performance.

This knowledge may help improve accuracy in standard setting when considering what the borderline student 'would know'. Standard setters are more likely to overestimate student performance for experiential questions.

3-15

A SCENARIO-BASED, COMPUTER-ADMINISTERED METHOD OF ASSESSMENT IN ETHICS

*Michael Trimble**

Clinical Lecturer, Centre for Medical Education, Queen's University, Belfast, Mulhouse Building, Royal Victoria Hospital, Grosvenor Road, Belfast BT12 6BJ

BACKGROUND:

Ethical issues occur in every aspect of medical practice and influence the clinical decisions which are made. Ethical decisions may be made at a number of levels. Firstly, the 'gut reaction' to a particular question; second *rules* may be applied; thirdly there may be a need to consider the *principles* upon which the rules are based, or a need to decide which rules apply; and, finally, at a deeper level *basic convictions* may influence perception of the situation. Assessment of undergraduate medical students is often focused on knowledge of ethical theories, often by multiple choice questions, or professional behaviours as demonstrated in objective structured clinical examinations. Less attention is paid to the process of ethical reasoning.

STUDY:

This was a qualitative, proof-of-concept study to assess the practicability and validity of an on-line assessment in medical ethics. Three clinical scenarios with significant ethical issues, including end of life care, resuscitation capacity assessment and confidentiality were developed. These formed the basis for structured questions to be written using QuestionMark software. These scenarios allowed students to work through clinical ethical problems with the story unfolding as they proceed (see figure below) This allowed assessment of the decision making process as well as the decision reached. The program allowed for in assessment feedback to the student. A purposive sample was sought from the medical students sitting the examinations at this time. Participation was on a voluntary basis. Feedback was collected in the form of a short questionnaire at the end of the e-learning session and also from focus groups. The scenarios were also shown to the teaching staff and feedback was taken by means of semi-structured interviews as individuals and in small groups. Thematic analysis was performed.

RESULTS:

Feedback from students was positive: they liked the way the scenarios unfolded, and felt that it mirrored real life decision making. They felt that the process way educational and highlighted the ethical issues at stake. Some even stated that they had enjoyed the exercise. Faculty also thought the system had potential, particularly for formative assessment. However developing questions was recognised to be time consuming.

CONCLUSIONS:

As a proof of concept study this was successful. The online assessment was workable but would require validation and comparison with the existing assessments.

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3-16

THE MEDICAL EDUCATION ARMAMENTARIUM IS ENHANCED BY THE PLACEMENT SUPERVISION GROUP TOOL

*Van Hamel JCM [1], Burton A [2], Meikle R [3]

[1] Clinical Advisor UKFPO, Severn Foundation School Director, Park House, Health Education England, working across the south west, 1200 Parkway, Bristol, BS34 8YU, [2] FP Director for Portfolio, Co-Chair of National Foundation ePortfolio Team Advisory Group (eTAG), Health Education England, working across north east and north Cumbria, Waterfront 4, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY, [3] Portfolio Product Support Manager, NHS Education for Scotland, Edinburgh, Scotland

BACKGROUND:

The Placement supervision group tool (PSG) was introduced into the UK Foundation Programme in 2012. The PSG tool allows the clinical supervisor to identify senior members of the clinical team who have worked with a foundation doctor to feedback on the performance of that foundation doctor. It complements the Team Assessment of Behaviour (TAB) tool (1) which provides multisource feedback from colleagues chosen by the Foundation Doctor them self.

SUMMARY OF WORK:

The PSG tool is part of the e-portfolio options but is not currently mandated as core content.
Feedback has been sought from trainees and trainers – both groups have reported that the PSG is a useful additional means of getting feedback from those who have had most experience of working directly with the foundation doctors in the clinical environment.

Utilisation of PSG for 2016/17 cohort was explored to see if it had independently identified trainees needing support or just validated identified concerns.

SUMMARY OF RESULTS:

In total 6657 PSG forms had been completed, with 15 trainees having one or more area identified as being of major concern; 8 of the trainees with major concerns raised via PSG did not have major concerns raised via the other e-portfolio tools.

In addition the PSG provided a means of collating and summarising feedback from other senior clinical colleagues.

DISCUSSION AND CONCLUSION:

The PSG is a useful, independent tool in the identification of trainees needing additional support. The use of the PSG tool should probably be further encouraged to enable clinical supervisors to give in depth feedback to their trainees about their performance in the workplace.

1) Team assessment of behaviour: a high stakes assessment with potential for poor implementation and impaired validity Andrew Whitehouse, A Laura Higginbotham, B Kamal Nathavitharana, C Baldev Singh D and Andrew HassellE