

## 4-1

### **CHANGING PERCEPTION: AN EVALUATION OF THE LEEDS MEDICAL EDUCATION ACADEMY SUMMER SCHOOL**

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#### **AIMS:**

McLachlan (2005) suggests how WP (widening participation) initiatives should focus on outreach activities, with a lack of evaluation of the impact and effectiveness of WP activities. This research project will focus on the evaluation of the Leeds Medical Education Academy Summer School (LMEASS): a week-long outreach activity, which is created and delivered by medical students, doctors and admissions staff at the University of Leeds. The aim of the LMEASS is to shift the perception of medical school and raise the aspirations of WP students in applying to medical school.

This study aims to assess how and the extent to which the LMEASS changes the perception and aspirations of students.

#### **METHODS:**

22 participants were recruited via email to take part in an online questionnaire. Questions consisted of a mixture of Likert scale and open-text questions. The frequency and mode were calculated in the Likert scale data and open-text responses were thematically analysed.

#### **RESULTS:**

The Likert scale data showed a positive perception of the LMEASS, with modal responses in either 'agree' or 'strongly agree' in the statements which asked whether a shift in perception and aspiration occurred. Three themes were identified: sense of community, perception of medical school, and the journey into university.

#### **CONCLUSION:**

The Likert scale data showed a change in the perception and aspirations of students, with the themes of the study demonstrating how this was/wasn't achieved. The significance of WP medical student volunteers was highlighted in shifting the perception and aspirations of students and providing insight into medical school with a WP perspective. Seeing a student of a low-socioeconomic background in medical school inspired and motivated the participants in applying to medical school, which suggests that WP interventions should reflect the focus of WP in selecting WP medical students to volunteer.

## 4-2

### **DOES TIME OUT OF PROGRAMME OFFER BENEFITS IN TERMS OF ACADEMIC OUTPUTS IN SPECIALIST REGISTRARS IN GERIATRICS – THE SOUTH EAST LONDON TRAINING PROGRAMME EXPERIENCE**

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#### **INTRODUCTION:**

Traditionally, trainees in Geriatrics have provided an increased contribution to clinical workload in General Internal Medicine and a reduced output of academic achievements. In the South East (SE) London Geriatrics Training Programme it has been recognised that development of non-clinical skills has significant importance for optimising career progression and consequently trainees are supported in taking time Out of Programme (OOP) to achieve this.

#### **METHOD:**

Specialist registrars who had trained in the SE London Geriatrics Training Programme between 2011 and 2019 were sent a questionnaire to assess whether they had completed time OOP and whether they had been awarded research grants, published papers in peer-reviewed journals, had abstracts accepted for presentation at conferences, and/or published book chapters during their training programme. Chi-squared and Wilcoxon rank-sum tests were used to compare data between registrars who had completed time OOP and those who had not taken time OOP.

#### **RESULTS:**

77 (24 male; 53 female) registrars completed training in the SE London Geriatrics Training Programme between 2011 and 2019. 71 registrars (92%) completed the questionnaire, of whom 31 (44%) completed time OOP. In total, registrars were awarded 15 research grants, published 86 papers in peer-reviewed journals, had abstracts accepted for 184 conference presentations and published 20 book chapters. A significantly increased proportion of registrars who took time OOP had an output of research grants, papers published in peer-reviewed journals, abstracts accepted for presentation at conferences and/or book chapters respectively compared with registrars who had not taken time OOP (23% vs 5% ; 61% vs 23%; 84% vs 33%; 45% vs 5%). This equated to a combined academic output in 94% of registrars who completed time OOP compared with 48% who did not ( $p < 0.01$ ).

#### **CONCLUSION:**

A very strong association existed between registrars in Geriatrics taking time OOP and academic achievement substantiating the training programme's aspiration to support development of non-clinical skills that may be helpful to trainees in their future careers. It would be worthwhile further work being undertaken in this area in other regions of the United Kingdom.

## 4-3

### **BURNOUT IN UNDERGRADUATE MEDICAL STUDENTS: A NARRATIVE ANALYSIS**

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#### **INTRODUCTION:**

Initial findings from the 2018 General Medical Council training survey show nearly a quarter of junior doctors felt burnt out due to their work (1). Likewise, a study of medical students found burnout to be highly prevalent, where 45% stated they had/are suffering with burnout (2). The impact of burnout is broad, leading to reduced professionalism and engagement, and estimated to cost the healthcare system up to £130 million due to doctors' reducing their clinical hours or taking early retirement to cope with the ever-increasing stress (3). Therefore, it is critical for us to more fully understand the impact of burnout and development of strategies to support those dealing with it.

#### **METHOD:**

A qualitative narrative interview study was undertaken with fifth year medical students (n=14) from Cardiff School of Medicine, Wales, UK (2018-2019). Eligible students were recruited via online survey and social media networks to participate in narrative interviews where they were asked about their understanding and experience of burnout whilst at university. Qualitative data underwent both thematic and narrative analysis.

#### **RESULTS:**

Multiple themes were identified including: perceptions of and reasons for burnout; possible management/preventative strategies; Personal Incident and General Incident Narratives. Findings elicited similarities amongst interviewees perceptions and reasons for burnout, with the majority of interviewees mentioning "stress", "exhaustion" and "reaching a limit" when describing burnout, along with recognition and "appearance". Main triggers identified included assessments and course structure. Interviewees mentioned three key preventative strategies that should be implemented to reduce the prevalence of burnout: raising awareness, reducing stigma and improving support for those affected.

#### **DISCUSSION:**

This is the first research of its kind to explore students understanding of burnout in relation to widely-appropriated definitions of burnout in an attempt to reduce its prevalence across both undergraduate and postgraduate training. Interviewees stated that they felt burnout increased as one progresses through the medical degree. Ample suggestions were made regarding possible management strategies with both social and academic support as key to those suffering. The data provided insight on how we can better target appropriate support and resources to positively impact burnout prevention within medical students.

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## 4-4

### UNDERSTANDING THE PROFESSIONAL DEVELOPMENT NEEDS OF EDUCATORS IN RELATION TO INTER-PROFESSIONAL SUPERVISION IN THE PRIMARY CARE SETTING

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#### INTRODUCTION:

With the expansion of the multi-disciplinary team in the primary care setting, comes an increase in the number of multi-professional learners in practice. As a result, educators are increasingly required to work flexibly across boundaries to supervise learners from other professions. This is demonstrated by the NHS England Clinical Pharmacists Programme with the supervision of clinical pharmacists by GPs. Given the changing landscape of primary care education, it is important to explore perceptions towards inter-professional supervision, but also any additional supervision skills/support needed when supervising learners from other professions.

#### RESEARCH QUESTIONS:

1. What are educator views and perceptions of inter-professional supervision?
2. What are the professional development needs of educators when supervising inter-professionally?

#### METHODS:

A qualitative study undertaking semi-structured telephone interviews with GPs who are supervising clinical pharmacists. Interviews recorded and transcribed verbatim with thematic analysis of the transcripts. A literature review conducted prior to interviews to explore studies on inter-professional supervision.

#### CONCLUSION:

There is no specific study from the UK about inter-professional supervision in primary care. To date, preliminary findings from the interviews indicate that undertaking inter-professional supervision is a positive experience for supervisors, resulting in positive perceptions and attitudes. The role played by clinical pharmacists is highly valued and utilising different skills set within the multi-professional team is viewed as being essential to survival of primary care. The GPs lack of knowledge of the pharmacist's knowledge base and training is seen as a potential barrier, but this does not appear to have an impact on the supervision being provided. Managing risk and the lack of experience of the pharmacist is also seen as a potential barrier with the GP providing considerable time to mitigate. This could hinder other GPs from undertaking an inter-professional supervisory role. Supervisors believe that they do not require any additional faculty development training and skills to supervise inter-professionally. The skills and support required includes more time for supervision along with understanding pharmacist training and knowledge base.

#### ACKNOWLEDGMENTS:

Thank you to Prof. Ann Griffin, UCL Medical School for her supervision. Ethical approval obtained via UCL.

## 4-5

### UNDERSTANDING THE LEARNING NEEDS OF LONDON-BASED GP TRAINEES IN CONDUCTING TELEPHONE CONSULTATIONS

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#### INTRODUCTION:

Tele-healthcare and telephone consultations are increasingly used in primary care for daily triage, patient reviews, and providing clinical information; however little is known about the preparedness of General Practice (GP) trainees for telephone consultations. The aim of this study is to investigate the knowledge and skills of GP trainees in conducting telephone consultations; evaluate their current experiences and learning needs; and identify future training considerations based on feedback received.

#### METHODS:

Using a mixed-methods approach, a cross-sectional quantitative survey of North Central and East London (NCEL) GP trainees was initially performed. This was followed-up by qualitative semi-structured interviews, which allowed deeper exploration of themes.

#### RESULTS:

In total 100 NCEL trainees from a total of 618 responded to the survey, and 10 participated in semi-structured interviews. Trainees were least confident in independently undertaking more complex aspects of telephone consulting, and there was a positive correlation between training received and confidence to work independently. Despite positive and negative experiences, trainees felt that there were gaps in their training and significant differences in overall confidence, supervision and feedback among different training grades and between in-hours and out-of-hours practice. Future considerations included curricular promotion, increased trainer-trainee observations using audio-clinical observation tools or simulated practice, and consideration of formal training.

#### CONCLUSIONS/IMPLICATIONS:

The survey data indicates that confidence is lacking in more complex domains, though appears to improve with training received. This project has shed light on the current learning, feedback, and assessment practices of GP trainees in conducting telephone consultations. Further evaluation will provide a helpful guide to various stakeholders, foresee any challenges and inform a wider debate among postgraduate learners regarding their training for the use of technology in healthcare.

## 4-6

### WHAT INFLUENCES THE IMMEDIATE REACTION AND RESPONSE OF CLINICAL RADIOLOGISTS FOLLOWING THEIR DIRECT INVOLVEMENT IN A SERIOUS INCIDENT WHICH RESULTS IN HARM TO THE PATIENT?

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#### **BACKGROUND:**

Serious incidents are clinical events that have a detrimental effect on patient care. Individuals and organisations are expected to learn from such events by reviewing contributing factors and changing practice to prevent recurrence. Research into organisational learning is plentiful but research into individual response and behaviour in the immediate aftermath of a serious incident is scarce.

#### **AIMS:**

This study aims to explore the lived experiences of doctors, investigating their behaviour in the immediate aftermath of a serious incident, to investigate whether the response differs between experts and non-experts.

#### **METHODS:**

Ethical approval was obtained from the University of Nottingham Medical School ethics committee. A questionnaire survey was sent to radiology trainees on the London Radiology training programme and UK interventional radiologists. Semi-structured interviews were then conducted to investigate in depth the behaviour of radiologists in the aftermath of a serious incident, exploring their insights, motivation and learning. Data was analysed using qualitative coding techniques. Thematic analysis was used to explore common themes, from individual lived experiences of radiologists directly involved in a serious incident.

#### **RESULTS:**

65 participants completed the questionnaire and 8 respondents were interviewed. Intra-procedurally, the main difference between expert and non-expert was the pre-operative planning of experts, who anticipated potential complications and had appropriate equipment ready. Radiologists used reflective practice to learn from serious incidents and discussion with colleagues to facilitate this. Non-experts tended to reflect on their feelings toward the incident (level 1 Kirkpatrick's model of learning evaluation), whereas experts reflected on constructive insights (level 3/4 Kirkpatrick's model). Junior radiologists were more self-reflective, whereas more experienced radiologists also reflected on human factors and organisational processes.

#### **CONCLUSION:**

Serious incidents drive change in individual practice which is facilitated by reflection, discussion with peers and feedback from incident review processes. Planning for complications was seen as part of practice for expert interventional radiologists, but this behaviour was not seen in junior doctors. There may be the opportunity to teach junior radiologists this skill in a simulation environment, facilitating confidence and improved performance.

#### **ACKNOWLEDGEMENTS:**

Study design and ethical approval was planned and written in conjunction with Professor Reg Dennick. Data collection, interviews and coding were performed solely by me. Joint supervision meetings with Dr Rakesh Patel took place regularly over an 18-month period during data analysis and writing of the dissertation study.

## 4-7

### THE CASE FOR UNDERSTANDING HOW HEALTHCARE PROFESSIONALS JUSTIFY CLINICAL DECISIONS TO THEIR PATIENTS: ANDRAGOGIC PRINCIPLES

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Justifying a decision to a patient is important in healthcare but different health professionals (HPs) can justify different clinical decisions, even for the same patient and the same condition. This could be the result of a lack of validated evidence underpinning the theory of justification (Kvanvig 1990) and while there are many theories which attempt to explain how individuals justify their stance on issues, none fully explore how HPs justify clinical decisions to patients. This suggests a need to explore, in more detail, this phenomenon, known as justification, inside healthcare.

**METHOD:** A case study using a narrative literature-based methodology. The qualitative research method used was textual descriptive analysis (Moustakas 1994) to explore the human experience of justification from the perspective of healthcare workers via analysis of the literature, more commonly used in the humanities.

**RESULTS:** Analysis of the study data revealed three approaches, (doxastic justification, propositional justification and epistemic justification) that healthcare professionals use to justify issues, such as clinical decisions, to patients, which culminate to define the constituent three elements of knowledge.

**DISCUSSION:** The study found the following definitions:

- Truth, propositional justification, is used to relate two entities which both consists of complete data.
- Belief, doxastic justification, is used to relate two entities when the available data is incomplete and the data needs to be extrapolated.
- Virtue, epistemic justification, is used to establish doubt.

The textual descriptions, above, define three ways to justify an issue, and provides a clear definition for the three constituent parts of knowledge. Andragogical principles may relate to understanding and using the three ways of justifying, as embedded in the theory of the nature of knowledge found in epistemology (Chappell 2005) and not pedagogy principles of education.

**CONCLUSION:** This study describes the three methods of justifying, and together they form three andragogical principles as detailed in the field of epistemology. The aim is to report these results and discuss how they could advance clinical education in healthcare. Introducing these principles, above, may have the following implications: first, by changing the way we design and plan learning in adult HPs, by modifying continuing professional development (CPD) delivery, to include training on these principles of epistemology; secondly, facilitating and teaching will need to incorporate these principles and realise that andragogy teaching has no content, because epistemology is about using the elements of knowledge better; and finally, understanding the best way to teach this is via professional research degrees, outside institutes. Potentially, allowing HPs to use real-life cases to practice the three justifying methods and pursue a higher peer-reviewed research degree, as part of their CPD.

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## 4-8

### DIFFERENTIAL ATTAINMENT: TRAINEES REQUIRING EXTRA SUPPORT

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Differential Attainment is an unexplained variation in the attainment of a group of individuals who share protected characteristics when compared with groups who do not share the same characteristic. The study analyses the Trainees Requiring Extra Support (TRES) in the HEE NW School of Medicine, focusing on the differential attainment between the following three groups: White British trainees (UK Graduates), Black and Minority Ethnic trainees (UK Graduates), International Medical Graduates.

#### METHOD:

The TRES group (51 trainees considered as TRES in 2012-2018) was compared against the Overall cohort (all trainees who started School of Medicine training programmes in the same time period) in order to analyse whether there were more or fewer than the number of expected TRES in each of the three groups. Chi-squared testing (with a significance level of 5%) was used to determine whether the results were statistically significant.

#### RESULTS:

A significant association was found for ethnicity. Compared to an average of 2.5%, 1.7% of White trainees were TRES, 3.8% of Mixed ethnic group trainees were TRES, 2.9% of Asian/Asian British trainees were TRES, 8.5% of Black/African/Caribbean/Black British trainees were TRES and 3.2% of trainees of 'other ethnic group' were TRES.

A significant association was shown for the three groups described above. 1.6% of White British UK Graduates were TRES. 3.1% of BME UK Graduates were TRES and 4.7% of International Medical Graduates were TRES. Contributing Factors

%	White	BME	IMG
Conduct or Behaviour	31%	44%	83%
Environment	19%	13%	6%
Health	56%	38%	11%
Performance	13%	13%	22%
Unknown	19%	19%	6%

#### CONCLUSIONS:

**By ethnic group** - the percentage of Black/African/Caribbean/Black British trainees who have become TRES is 5 times greater than the percentage of White trainees.

**By ethnic category and place of PMQ** - the percentage of BME UK Graduates who have become TRES is 2 times greater than White British UK Graduates. The percentage of IMGs who have become TRES is 3 times greater.

**Contributing Factors** - 56% of the White British TRES had health as a contributing factor, compared to 38% of BME TRES and only 11% of IMG TRES had health as a contributing factor. This would suggest that health issues of BME and IMG trainees are not being disclosed or handled in the same way as for White British trainees. A significantly larger proportion of IMG TRES had had conduct or behavioural issues recorded as contributing towards them becoming TRES.

This research is being extended to all Schools.

## 4-9

### **DOES C21 PREPARE MEDICAL STUDENTS FOR DOCTORING IN FOUNDATION? A MIXED-METHODS STUDY**

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#### **INTRODUCTION:**

Newly-qualified doctors must meet expectations outlined by the General Medical Council to be prepared for practice. The transition from student to doctor is known to be challenging, and has generated momentum for curricula reform to address the issues relating to graduate preparedness. Curriculum for the 21st century (C21) at Cardiff Medical School was introduced in 2013 and the first cohort graduated in July 2018. Although there is a large volume of literature assessing preparedness to practice, C21 has not yet been evaluated in this context; therefore this study aims to do so.

#### **METHODS:**

Mixed-methods were used to evaluate self-perceptions of preparedness with Cardiff 2018 medical graduates working as a Foundation Year One (FY1) doctors in the UK (n=24). All 2018 Cardiff medical graduates were sent a link to an online questionnaire comprised of both open and closed questions. Questions were based upon 'Tomorrow's Doctors 2009', experience and preparedness. Respondents were also invited to take part in narrative interviews (n=7). Quantitative questionnaire data underwent descriptive statistical analysis, open-comments and interviews were analysed thematically, while interviews were also analysed narratively.

#### **RESULTS:**

The majority of questionnaire respondents (88%) agreed they felt prepared to practice resulting from C21. Regarding the 'Doctor as a Scholar and Scientist' 61% felt prepared, 82% regarding 'Doctor as a Practitioner', and 84% regarding 'Doctor as a Professional'. Eight themes emerged from interviews and two additional themes from open-comments. Most graduates felt prepared for communicating, team-work and clerking, which was attributed to placement experience and patient contact. Assistantships were valued for preparing students for the practicalities of the role. Interviewees felt less prepared for realities of work (n=7), namely night shifts, on-calls and workload, and questionnaire respondents felt less prepared regarding scientific knowledge (n=11). Three interviewees questioned the vitality of detailed scientific knowledge within their FY1 role.

#### **DISCUSSION:**

The role of an FY1 incorporates multiple elements of practice, and the majority of C21 graduates in this study feel prepared for most. However, preparedness is evidently a complex non-binary concept which is difficult to quantify. Strategies used to maximise preparedness during medical school have often been realised in hindsight by FY1s, which may inform 'top tips' which future final year students can utilise in future practice. Longitudinal evaluation of C21 will inform preparedness of future cohorts in addition to evaluation of preparedness in the longer-term.

## 4-10

### THE PERCEIVED EDUCATIONAL VALUE OF UNDERGRADUATE MEDICAL STUDENT PARTICIPATION IN A CANCER PATIENT'S PATHWAY

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#### BACKGROUND:

The UK has a growing population with an increasing incidence of cancer. Oncology is a multi-disciplinary specialty that is under-taught and under-utilised in undergraduate medical education. Medical students not only need to develop the knowledge and skills of a contemporary physician, but also the behaviours that enable them to work in an adaptive multi-professional environment. How to best deliver the inter-personal and professional skills required of an ever-changing profession remains unclear.

This study aims to describe the value of an 'extended patient case' (EPC) in oncology as a learning platform for professional skills, the importance of reflection and development of multi-disciplinary team working for undergraduate medical students.

#### METHODS:

A mixed quantitative and qualitative approach was taken. Healthcare professionals and clinical undergraduate medical students were invited to complete an online questionnaire. Descriptive statistics were used to define 5-point Likert scale responses. A focus group of 7 medical students and 4 semi-structured interviews with healthcare professionals were conducted. Qualitative data was analysed using an interpretative phenomenological approach to further explore participant's perceptions.

#### RESULTS:

28 medical students and 28 healthcare professionals completed the online questionnaire. 7 students participated in a facilitated focus group and 4 oncology registrars were interviewed. Overall, medical students felt that an EPC in oncology was too narrow an experience to make it a useful learning tool with regards to oncology knowledge. However, students and healthcare professionals alike described major benefits in terms of developing communication, interpersonal and interprofessional skills. Personal development, aided with reflection, was perceived to be a useful outcome with the experience defined as valuable in the development of a student's emotional intelligence.

#### CONCLUSIONS:

An EPC in oncology can provide an in-depth understanding into what is felt to be a complex and emotive subject. Through interacting with patients, students gain insight into a patient's perspective of living with cancer and can develop the interpersonal skills required of a physician. Much of the educational value of an EPC in oncology lies within an unwritten hidden curriculum, which is partly defined in this study. Providing undergraduate students with the skills needed for continued professional development is a potential response to the ever-evolving climate of modern medicine.

## 4-11

### CRACKS IN THE REFLECTION: CURRENT PERCEPTIONS OF UK JUNIOR DOCTORS' OF WRITTEN REFLECTION AND THEIR REACTIONS TO RECENT GMC GUIDANCE

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#### BACKGROUND:

Written reflection is a valuable learning tool, a mandatory component of many training pathways, and a core part of revalidation<sup>1</sup>. With the sanctity of portfolio reflection questioned by its recent use against trainees in UK court cases<sup>2</sup>, its on-going role in Postgraduate Training is uncertain.

This qualitative study explored junior doctors' perceptions of written reflection, including reactions to recent General Medical Council (GMC) guidance in 'The Reflective Practitioner'<sup>3</sup>, and its future role in Postgraduate Training.

#### SUMMARY OF WORK:

Foundation doctors, core medical trainees and registrars were recruited to separate focus groups via email using a convenience sampling strategy. Questions centred on: Perceptions of written reflection; what has shaped this; concerns, and advice from peers/seniors. Following this, participants read 'The Reflective Practitioner' and we explored their reactions and views on the future of written reflection. The qualitative data was then analysed and classified into emerging themes.

#### RESULTS:

The main perceived benefit of written reflection was continued professional development. However, it was viewed primarily as a "box-ticking"/competency-linking exercise. Participants noted it is rarely reviewed, time-consuming and frequently no active learning occurred. Reflection was thought most valuable as an "individual process", and written reflection as less helpful than other more personal approaches. Trainees were universally concerned how reflections might be "used against" them in Court. Most reported receiving peer/supervisor advice not to record mistakes and perceived an erosion of the trainee-supervisor relationship. Recent guidance did not allay fears as it confirmed reflections can be used as evidence in Court and participants' felt greater legal protection is required.

#### CONCLUSION:

Written reflection was seen as beneficial in theory, however significant barriers exist currently. Trainees perceive disconnection between e-portfolio requirements, supervisor advice and GMC guidance. Concerns surround its possible divulgence in Court. Stronger protection is needed if written reflection is to be more than a "box-ticking" exercise. Participants perceived other forms of reflection as more useful, advocating a more individualised reflective process.

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## 4-12

### **DIFFERENTIAL ATTAINMENT: LESSONS LEARNED FROM A FOCUSED INDUCTION FOR SELECT GP TRAINEES**

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#### **INTRODUCTION:**

Differential attainment (DA) is a significant issue in Medicine. It is evident from the undergraduate to postgraduate levels and can be seen across all specialties. Understanding DA, its causes, and how to address it has been a focus for the GMC since 2013. The Scottish Trainee Enhanced Programme (STEP) is held for International Medical Graduates (IMGs) along with their educational supervisors to understand the issues around DA in GP training. The programme covers topics such as culture and integration, communication skills, reflection, and factors for success in training. This qualitative research aimed to understand the background of the current trainees, challenges faced moving to the UK and if attending STEP was of perceived benefit.

#### **METHODS:**

Recent trainees who attended STEP in November 2018 were identified and invited via email to participate in the study. The data was collected using a questionnaire which was then anonymised. The responses were collated, coded and analysed using thematic analysis.

#### **RESULTS/DISCUSSION:**

12 of 17 invited trainees completed the questionnaire. The respondents were from a broad demographic. Most had been working in the UK prior to commencing training, with the majority coming to the UK because of their partner or family connections. Social support was identified as an important factor to help with integration into UK life. Trainees had limited knowledge of the NHS and DA gap prior to moving to the UK. Perceived benefits of the course included increased awareness of differential attainment, strategies to overcome it and improved supervisor and trainee communication.

#### **CONCLUSION:**

STEP was positively received by IMG trainees. By alerting both trainees and supervisors to the issues surrounding DA, actions may be identified by either party to help trainees bridge this gap during training. An area of further development may be to explore using enhanced inductions for IMGs across other medical specialties.

## 4-13

### **SOCIAL ACCOUNTABILITY AT IMPERIAL COLLEGE LONDON SCHOOL OF MEDICINE – EXPLORING INTRA AND EXTRA CURRICULA ACTIVITIES**

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#### **INTRODUCTION:**

Since the World Health Organization defined the concept of social accountability (Boelen, 2018) within medical schools in 1995 as orientating the curriculum to the health and social needs of the local population, international evidence of the positive impact on students, local health services, and local communities has been slowly mounting. Students engaging in socially accountable work have shown gains in wellbeing, sense of meaning, altruism and empathy. However very little evidence is apparent on a national or local level in the UK.

#### **METHODS:**

We explored how medical students engage with social accountability, what opportunities are provided, or what they seek out during undergraduate training. We designed a 13-item survey, which included both MCQs and open-ended questions. After piloting, all students on the MBBS programme at one medical school were invited to complete the survey. Thematic analysis was conducted on open-ended questions.

#### **RESULTS:**

101 MBBS students completed the survey. 84% saw responding to the health and social needs of the population as part of their role as a medical student. 50% answered that the MBBS course had provided them with adequate opportunities to respond to these needs. 51% had sought projects outside of the core curriculum to enable them to work actively in the community.

Students reported that socially accountable experiences helped them to develop both personally and professionally. As well as gaining knowledge and skills regarding patient care and NHS pathways, students felt that they were able to make a difference, giving them an increased sense of self-efficacy. Students commented about future aspirations for their medical careers and how these experiences have helped to guide them. Students identified a variety of desired opportunities currently not available within the curriculum including structured volunteering schemes and promoting community health education.

#### **CONCLUSIONS/IMPLICATIONS:**

The results provide a better understanding of how students engage with social accountability, both within and outside of a medical school curriculum. It appears that many students are seeking extra-curricular opportunities to engage with communities and local health needs. Future undergraduate curricula should allow opportunities for socially accountable engagements that equip students to serve the authentic needs of the community when they qualify.

Boelen, C. (2018). Coordinating medical education and health care systems: the power of the social accountability approach. Medical Education.

## 4-14

### PERCEIVED CAUSES OF ETHNIC DIFFERENCES IN ATTAINMENT IN MEDICAL EDUCATION

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UK medical students from Black, Asian and Minority Ethnic (BAME) backgrounds have been reported to underperform academically compared with their white counterparts. This persistent difference in attainment between ethnic groups poses a huge issue for the medical profession. Although, the attainment gap has been widely documented, the causes are unclear. This study aimed to explore medical students' experiences of undergraduate training in the context of academic underperformance of medical students from BAME backgrounds. A qualitative approach was undertaken to gain an understanding of medical students' perceived causes of differential attainment. Data were gathered in focus groups using a semi-structured interview schedule and thematic analysis was applied. BAME students in this study reported that their sense of self and relationships with peers impeded their learning and performance throughout their undergraduate medical training. Although identified as contributors to learning and performance, relationships with peers often hindered progress and many felt these relationships impacted their student experience. Many students reported feelings of isolation, reduced self-confidence and low self-esteem that hindered their learning and performance. Although it is not clear from this small study of one institution whether these findings would be replicated in other institutions, they nevertheless highlight important issues to be considered by the institution concerned and other institutions. These findings suggest that future interventions should include improving peer relationships and implementing institutional changes to diversify student populations.

## 4-15

### **IMPACT OF IMMERSIVE SIMULATION TRAINING ON ON-CALL SHIFT CONFIDENCE OF TRUST GRADE DOCTORS WHO TRAINED OUTSIDE OF THE UK**

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#### **BACKGROUND:**

With, over 40% Of UK medical school graduates reporting feeling unprepared for starting foundation training; specifically being on-call, management of acute clinical situations, prescribing, clinical prioritisation and time management, it is unsurprising that trust grade doctors who have trained abroad find starting on-calls shifts in the UK daunting, having to swiftly adapt to a new, unfamiliar environment, different protocols and systems.

#### **METHODS:**

To aid the transition from shadowing UK doctors to working on-call shifts independently, we designed and implemented an immersive simulation programme for trust grade doctors (who completed undergraduate training abroad) starting work at the University Hospitals of Leicester Trust. The aims were to provide the trust grade doctors the opportunity to practice giving and receiving handover, responding to bleeps, task prioritisation, prescribing, medical telephone discussions, assessing acutely unwell patients, formulating management plans independently and familiarising themselves with the logistics of medical on call shifts.

Each 3 hour session consisted of 5 trust grade doctors being handed bleeps and being bleeped to attend to common on-call scenarios across a large University teaching hospital site; involving simulated patients and tutors examining them. Scenarios included common presentations and ward jobs such as patient with hyperkalaemia, prescribing warfarin, prescribing fluids for acute kidney injury, postoperative analgesia and sepsis stations. Students were able to phone a 'mock switchboard' allowing them to speak to seniors as in a real shift. Participants received a handover before 'their shift' and were expected to handover sick patients afterwards. They then receive personalised one-to-one feedback regarding their performance and tips for on-call shifts.

#### **RESULTS AND CONCLUSIONS:**

Primary outcomes measured to assess the efficacy of our high-fidelity simulation programme were overall on-call confidence, managing acutely unwell patients, giving and receiving handovers, telephone discussions with other disciplines, task prioritisation, time management, escalating sick patient appropriately. These were measured qualitatively with pre and post-confidence questionnaires. Additionally we followed up the participants once they had commenced independent on-call shiftwork, to assess the impact of our programme on their practice. Our on-call simulation programme has significantly boosted trust grade doctors' confidence levels regarding independent on-call shift work.

## 4-16

### HOW DO CORE MEDICAL TRAINEES LEARN TO MANAGE ACUTELY UNWELL PATIENTS? A QUALITATIVE INTERVIEW STUDY

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#### INTRODUCTION:

Core medical trainees (CMTs) manage a substantial proportion of acutely unwell patients. Whilst the CMT curriculum<sup>1</sup> broadly defines learning objectives for specific medical emergencies, methods are not standardised for knowledge and skill development. Furthermore, the factors important in determining how successfully trainees learn in such environments are not well defined<sup>2</sup>.

**AIMS AND OBJECTIVES:** The aim was to explore factors influencing CMT learning on managing acutely unwell patients. The objectives were to explore encountered cases as critical incidents to construct a view of successful learning in acute care, together with information from the literature.

**METHODS:** Ethical approval was obtained. As part of this qualitative study, semi-structured interviews were conducted with CMTs using the critical incident technique, having piloted the interview schedule first. Interviews explored trainees' perspectives on factors creating successful learning experiences both when on call and during normal days. CMTs were asked to recollect positive and negative learning experiences and explore underlying reasons for their impressions. Eight interviews were conducted in total and fully transcribed. The data was analysed using an inductive method, based upon grounded theory principles. Through an iterative process, data analysis was used to guide further data collection and develop emerging themes until theoretical saturation of the themes became apparent.

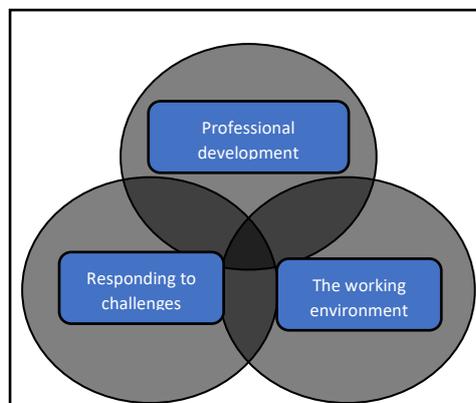


Figure 1: Interlinking themes

**RESULTS:** Data analysis demonstrated three interlinking themes. These were professional development, responding to challenges and the working environment [figure 1]. Within the complex environment related to acute patient care, these themes support existing literature of the nuanced, complex process of such learning, with often no control of factors such as staffing levels and the time of day<sup>3</sup>. Data analysis provided insight into how the nature of daily supervision of CMTs can stimulate a cycle of reflection through carefully timed feedback, as a mitigating factor<sup>4</sup>. This can facilitate trainees' development within professional roles to increase confidence in managing acutely unwell patients.

**CONCLUSION:** Three interlinking themes were identified reflecting the complex relationship between the trainee and their working environment. These provide a framework for potential solutions to learning in acute environments, where some constraints cannot be controlled, by shifting the focus to trainee development.

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## 4-17

### REFLECTING ON REFLECTION WITH FOUNDATION DOCTORS; HOW DO JUNIOR DOCTORS FEEL ABOUT LEARNING BY REFLECTIVE PRACTICE IN A MODERN NHS?

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#### INTRODUCTION:

Reflective practice is a well-established method of medical workplace learning. It is based on the principle that theory and practice are related – by considering and reiterating professional practice through high-level thinking one can achieve new levels of understanding. Foundation doctors have a mandatory requirement to participate in reflective practice and demonstrating their involvement by reflective logs forms a necessary component of their annual review of competency and progression (ARCP). Anecdotal evidence suggests that foundation doctors struggle to engage with written reflections, finding them onerous, anxiety-provoking and of limited learning value.

#### METHOD:

We sought the opinions of 9 foundation doctors in the East of England region using semi-structured group interviews. Questions strands included defining reflection, discussing the participants' current use of reflective practice in the clinical workplace and identifying both positive and negative factors that influenced their engagement and learning. Groups were audio-recorded and thematic analysis was undertaken by two independent reviewers.

#### ANALYSIS:

Three main themes were identified; 1) informal reflective practice, 2) formal reflective practice and 3) reflection as a learning tool. A clear distinction arose between perceived 'formal' reflections, which were mandatory, written, assessed and necessary for the purpose of career progression, but often not beneficial to learning, compared to 'informal' reflections which involved self-guided independent thought or conversations with experienced others that allowed the foundation doctor to analyse an event. Often, these 'informal' reflections were considered more valuable to the trainee but frequently were not recognised as legitimate forms of reflective practice or concrete learning events.

#### CONCLUSIONS & IMPLICATIONS:

Foundation doctors form a clear distinction between formal and informal reflective events and often find the latter more helpful. Discussion with more experienced doctors stimulates higher levels of thought processing and appears to achieve deeper learning, yet they struggle to recognise that these encounters form an authentic part of the reflective learning process. Reflective interventions with foundation doctors should aim to formally recognise these beneficial 'informal' encounters, by legitimising reflective discussions and group reflection as valid evidence for ARCP and facilitating their use in a busy modern NHS.

## 4-18

### HOW CAN EDUCATIONAL RESEARCH SUPPORT THE PROFESSIONAL DEVELOPMENT OF GP EDUCATORS AND APPRAISERS?

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Continuing professional development for educators and appraisers can tend to take a knowledge or skills-focused approach to improvement, whereby participants will be taught 'how to ....'. Our view contends this approach is unhelpful as it is grounded in a model of training rather than education which reinforces a superficial and technical-rational view of teaching. Instead we argue that the focus of professional development should be the educator and his or her practice. Or to put it another way 'how I am.' This latter focus asks practitioners to critically examine their 'theories in use,' which are realised in practice, often unconsciously. Through systematic enquiry the practitioner may be challenged to change practice – thereby weighing up 'how I could be ....' and 'why I am ..'. The educational process is therefore one of continuous development rather than targeted, intermittent intervention. We argue educators must learn about their practice – its nature, what to expect, what might be done in particular circumstances, and what not to do – and learn from practice. Conceptualising professional development in this way can be transformational; educational research becomes the lever for change as it opens up teaching practice to analysis through reflection and places it in the context of existing scholarship, be that theoretical or research literature. Such research is situated, eclectic, novel and principled, focused in and on a practice setting. In this poster we share outcomes drawn from evaluation of teaching and assignments from participants on our programme to explore this viewpoint

## 4-19

### SELF-PERCEIVED CONFIDENCE OF MEDICAL STUDENTS TOWARDS PAEDIATRICS PATIENTS IN A 7-WEEK PAEDIATRIC PLACEMENT: A PILOT SURVEY STUDY

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#### BACKGROUND:

Paediatrics is a speciality often reserved until later stages of the medical curriculum, with many students receiving early exposure via volunteering opportunities. Self-perceived confidence across different aspects of paediatric curriculum is crucial due to the limited exposure to paediatric patients before foundation year training and the subsequent impact on anxiety and burnout. This study aimed to assess the impact of a 7-week paediatric placement on Imperial College medical students' self-perceived confidence and whether there were any factors that influenced self-perceived confidence.

#### METHODS:

We conducted a prospective pilot study on 3 cohorts of 148 fifth-year medical students undertaking a paediatric placement during the 18/19 academic year. A two-part questionnaire was distributed prior to, and on the last week of the placement. The questionnaire, composed of 10 questions, evaluated confidence in bedside paediatric clinical skills. The level of confidence was classified using a 10-point scale. The data were analysed using appropriate statistical tests and GraphPad Prism.

#### RESULTS:

Out of 103 students who consented to participate, 95 (92%) participants completed the first questionnaire, of whom 62 (65%) completed the second. The mean age was 22.7 years and 38 (61%) participants were male. 34 (55%) students reported previous experiences with children in professional settings. There is a significant increase in self-reported confidence scores across 10 questions before and after the placement ( $p < 0.0001$ ). Subgroup analyses between students with prior professional experiences with children and those without revealed a significant difference in pre-placement confidence level on three aspects of paediatric practice: verbal communication with children, physical engagement with children and explaining medical management to children ( $p < 0.05$ ). There was no significant difference in confidence levels between these two groups after the placement.

#### CONCLUSION:

This is the first pilot study investigating self-reported confidence in different elements of paediatric practice during medical school. Students who had prior experience with children in professional settings reported higher self-confidence in interacting with paediatric patients before the paediatric placement. All students showed a significant increase in self-perceived confidence with no significant difference between experienced and inexperienced individuals at the end of the placement.

## 4-20

### SUPPORTING NEW F2 DOCTORS: A CASE FOR THE INTRODUCTION OF PRE-TRANSITION SHADOWING

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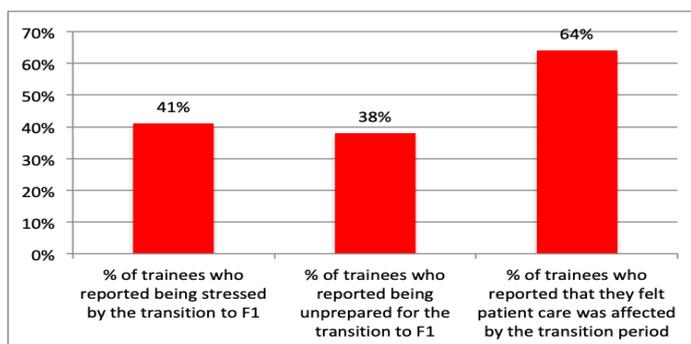
#### BACKGROUND:

Despite at least five years' training, transitioning from medical student to doctor is challenging and stressful. Moreover, evidence shows that this shift adversely affects inpatient mortality. Recognition of the difficulty of this transition led to the introduction of shadowing for foundation year 1 (F1) doctors in 2012. This intervention has been successful and sustained, suggesting shadowing offers a valuable way to improve transitions. Each training year brings an increase in responsibility, with Foundation year 2 (F2) being a particularly significant step-up. With this in mind, we researched Severn F2 experiences.

#### METHOD:

A qualitative/quantitative survey was distributed to Severn F2s. This included: Likert scale questions on preparedness for and feelings about F2 transition and its effect on patient care; free text questions addressing particular issues surrounding the transition and suggestions for improvement. Key findings are summarised below:

#### RESULTS:



Problems with F2 transition included lack of understanding about roles/responsibilities of F2s, unfamiliarity with new working environments and colleagues/teams and lack of IT access due to delayed provision of training/passwords. Suggestions for improvement cited, unprompted, that a shadowing opportunity would be extremely beneficial (noted in 29% of responses). Survey findings were echoed at a focus group held with trainees from throughout the UK.

#### EXISTING SHADOWING PROJECTS:

University Hospitals Coventry and Warwickshire (UHCW) piloted a project in 2013, allowing F1s to shadow for a day prior to new placements. Feedback was very positive: 97% found it 'useful' or 'extremely useful', and 93% believed that all F1s should have this opportunity. The project has been implemented and sustained throughout West Midlands foundation school. A similar system was piloted in North West of England deanery in 2015. 94% of F1s noted shadowing was 'useful' or 'very useful'; there was a 77% increase in trainees' understanding of the roles/responsibilities of their new post; and 76% increase in preparedness for their new role.

#### CONCLUSION AND PLANS:

In response to our findings, we will pilot shadowing for F1s prior to the August 2019 transition. One day from the F1 'taster week' allowance will be used (a proposal receiving support at our FDAB focus group). Timing of shadowing will be organised by F1s, and survey and focus groups will be repeated in September 2019 to elicit feedback/improvements for next year.