

6-1

HOW DO NEGATIVE ROLE MODELS AFFECT MEDICAL STUDENTS' PROFESSIONAL DEVELOPMENT?

*Akbani U.A**

University of Liverpool, School of Medicine, Cedar House, Ashton Street, Liverpool, L69 3GE

INTRODUCTION:

There is increasing recognition that medical students learn professional standards by internalising what they observe in the clinical environment. Clinicians have the ability to act as role models for students, facilitating both their clinical and professional development through good practice. Negative behaviour among clinicians can have an impact on overall professional development of students, and these individuals can be described as negative role models. Therefore, the aim of this study is to define the impact of negative role models on the professional development of medical students.

METHOD:

Pubmed and a hand search were used to identify relevant studies, which were assessed against a set eligibility criterion that suitability for the study. In total, 15 studies were used for qualitative synthesis.

RESULTS:

7 key themes were identified which all play an integral part in shaping the attitudes medical students hold about professionalism. These are: **character development and acceptance of unprofessional behaviour, role modelling in acute scenarios, social theory, value conflicts, the hidden curriculum, mindfulness, and, the effect on clinical speciality selection.**

CONCLUSION:

It is evident that negative role models have the ability to affect and influence the experience of the students which they are entrusted with, leading to acceptance of poor professional standards. Continuous negative influences have a long-lasting impact upon students, inhibiting their own professional development, and serving as barriers for students to train towards certain specialities. It is equally important to recognise that negative role modelling can be used to facilitate professional development and improve attitudes towards professionalism. This can be achieved through reflection and identification of characteristics which makes someone a negative role model or unprofessional. Identification of these qualities may allow students to foster their own skills in communication, empathy, teamwork and wider professional behaviour, as well as reinforce positive practises and prevent the uptake of negative practises.

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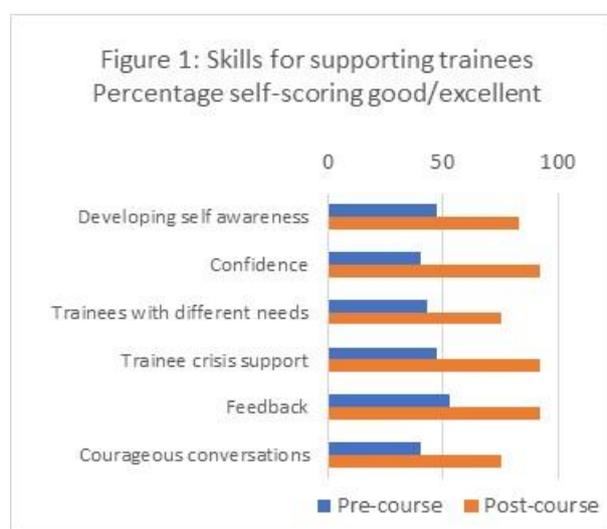
SUPPORTING EDUCATORS TO SUPPORT TRAINEES

*Bower VJ**

Health Education England, St Chad's Court, Birmingham UK

The combination of postgraduate medical training with clinical service can be challenging for junior doctors. This may intensify in response to added pressure from shift working, exams and at times of change, such as returning from a break and changes in life circumstances. In order to enhance support available to trainees taking time out of their training for any reason, Health Education England has developed the Supported Return to Training Project (SuppoRTT). The initiative comprises a series of structured meetings and activities such as coaching and mentoring, generic skills in well-being and human factors, and speciality specific knowledge, skills or simulation courses. The responsibility for guiding trainees through the planning and return to training falls primarily on educational supervisors.

Educational supervisors in the Warwickshire School of Anaesthesia expressed a desire for training in the new SuppoRTT system and skills to enable them to better support trainees in general. In conjunction with Dr Jo Waddell, general practitioner and neurolinguistic programming trainer, a program was developed to equip educators with additional skills to provide support to trainees. Key areas included: self-awareness, supporting trainees, communication skills relating to feedback and challenging conversations, as well as an update on the new SuppoRTT process. Techniques used during the day included: neurolinguistic programming, thought field therapy and Psy-TaP (Psychosensory Techniques and Principles). Twenty educators booked onto the course including educational supervisors, college tutors, regional advisors and training programme directors. A pre-course and a 2-month post-course questionnaire assessing knowledge, skills and confidence was developed to evaluate the faculty development session. Fifteen attendees completed the pre-course questionnaire and 12 returned to post-course questionnaire.



Results showed an improvement in confidence implementing the new SuppoRTT system (21% to 58% reporting some or excellent confidence). The percentage of supervisors reporting good/excellent skills for supporting trainees increased as shown in figure 1.

These results demonstrated lasting improvement in the ability of our educational supervisors to provide trainees with support. This justifies the further development and expansion of the course within the school of anaesthesia and to potentially to other specialities. A longer term follow up to evaluate the application of the skills will inform the team to further develop the faculty development programme.

1. Health Education England; Supported Return to Training; Accessed 13/06/2019;
<https://www.hee.nhs.uk/sites/default/files/documents/Supported%20Return%20to%20Training.pdf>

6-3

INTRODUCING MULTIDISCIPLINARY STUDENT SCHWARTZ ROUNDS TO UNDERGRADUATE CLINICAL PLACEMENTS

*Dr Helen Wiggins¹, Dr Dominic Brown*¹, Deborah Cubitt¹, Andrew Foster¹, Dr Lucy Evans^{1,2}*

¹. Medical Education Department, Parndon Hall, Princess Alexandra Hospital NHS Trust, Hamstel Road, Harlow, Essex, CM20 1QX. ² Queen Mary University of London, Mile End Road, London, E1 4NS

INTRODUCTION:

Schwartz Rounds provide a forum where staff can discuss the emotional and social aspects of working in healthcare and have been shown to reduce feelings of stress and isolation.¹ Many hospitals in the UK deliver regular Schwartz rounds to healthcare staff.

Clinical placements can be challenging for students balancing the pressures of academia with clinical responsibilities. Although student specific Schwartz rounds have been implemented in numerous universities with positive results, to date there is little data about their impact during clinical placements.

METHODS:

Student cohorts from all healthcare related specialties within Princess Alexandra Hospital Trust were invited to attend 2 monthly Schwartz Rounds using standard PoCF format. Qualitative and quantitative feedback was collected from attendees and faculty.

RESULTS:

20 students attended the inaugural round with the theme 'unprofessionalism'. (10 Nursing, 4 Medical, 3 Physicians associate, 1 Assistant practitioner, 1 Operating department practitioner, 1 unspecified). Students rated their agreement to several statements from 1-5 (1= completely disagree, 5 = completely agree).

Statement	Mean	Range
Today's round will help me work better with colleagues and peers	4.65	3-5
I have gained insights that will help me meet the needs of future patients	4.6	3-5
I would recommend Schwartz rounds to colleagues	4.75	3-5

Student qualitative feedback focused around one theme "Knowing that other students go through similar situations made me feel that I am not alone in this."

Faculty found this session to be a powerful experience that visibly moved students. Multiple issues were raised requiring individual follow-up (including some related to patient safety) highlighting the need for appropriate pastoral support and governance.

CONCLUSION:

Clinical placement based Student Schwartz Rounds were found to be beneficial to students from a number of professions and may help to improve well-being as well as build inter-professional relationships. This could have a wider positive impact on other areas such as staff retention and patient safety. As a result of this pilot we will continue to hold regular Student Schwartz Rounds and collate data to assess their ongoing impact.

REFERENCES:

1. The Point of Care Foundation [<https://www.pointofcarefoundation.org.uk/our-work/Schwartz-rounds/benefits-of-rounds/>]. (Accessed 15/06/2019)
2. Golding, L., et al, (2016). Developing care and compassion in student healthcare professionals: Running Schwartz Rounds at the University of Liverpool. [<https://www.pointofcarefoundation.org.uk/wp-content/uploads/2016/12/Laura-Golding-liverpool-slides.pdf>]. (Accessed 15/06/2019)

6-4

CORE VALUES OF MEDICAL EDUCATORS

Brown E, Macglone S, Kilmurray K, Bell H, Considine T & Taylor S*

Glasgow Royal Infirmary, Emergency Department, 84 Castle Street, Glasgow, G4 0SF

INTRODUCTION:

In the Emergency Department of Glasgow Royal Infirmary, our Educational Team effectively balances the needs of high quality service delivery with the needs of high quality medical education. This is achieved by providing education through numerous creative and innovative methods adapted for use in a high pressure and busy acute setting.

METHODS: Our students receive:

- 1) Participation in a quality improvement project on 'patient experience' to enhance the care for our patients
- 2) To take part in an Infographics competition to facilitate learning
- 3) Daily email 'Nudges'
- 4) A 'post-it' challenge (containing nuggets of knowledge to consolidate learning)
- 5) A Simulation session
- 6) The opportunity to partake in the 'CARE' project (to develop an understanding of compassionate and reflective practice by recognizing staff who show empathy)
- 7) Weekly Quizzes (online and on display in the ED)
- 8) Small group teaching

We also use a range of other creative and innovative educational methods for our medical and nursing staff:

- 1) A portable digital technology delivers educational updates
- 2) A FOAMed board
- 3) Post-it pearls and perils at afternoon handover
- 4) Daily email 'Nudges'
- 5) Skills & Drills
- 6) Simulation sessions
- 7) Weekly quizzes (online and on display in the ED)
- 8) Weekly teaching

CONCLUSION:

We advocate that our Education Team have an effective and ethical educational philosophy reflected by the vast variety of creative and innovative methods that we deliver. We have ensured quality of opportunity for our vast range of learners irrespective of the challenge of a bustling acute setting by being resourceful and inventive in our approach to teaching.

6-5

MENTORING MATTERS: IMPROVEMENTS WITH HINDSIGHT

Fisher J, Hendon-John L*

Clinical Teaching Fellow, Postgraduate Education Centre, Frimley Park Hospital, Portsmouth Road, Frimley, GU16 7UJ

INTRODUCTION:

The wellbeing of junior doctors in the National Health Service (NHS) is a hot topic, with numerous strategies being attempted to try and improve support and morale. In 2018 Frimley Park Hospital established a mentoring programme for Foundation Year 1 (FY1) doctors joining the Trust after feedback showed a third of foundation doctors felt there was a lack of support.

This programme provided an additional source of support for the FY1s outside of the traditional ward firm and provided those new to the hospital with a point of contact who had worked there previously and knew the systems. It was piloted for 6 months, with feedback being collected from those who were taking part. The pilot study showed it to be a promising scheme but with a few key issues which needed to be addressed. The changes made and the impacts of these changes are discussed here.

METHODS:

All current FY1 doctors who were involved in the 2018 scheme provided feedback via a short written questionnaire. These results were collated and underwent thematic analysis to determine important areas of focus for adapting the current programme. These key areas for improvement were addressed prior to the start date of the incoming FY1 doctors starting in August 2019. All incoming FY1s will be allocated to a mentor. A doctor from any department with a minimum of 1 year's experience working within the hospital can volunteer to be a mentor, provided they have completed an e-learning module on medical mentoring. Questionnaires containing a combination of Likert scales and free text boxes are to be distributed to all taking part in the programme before it starts, at 3 months and 6 months to evaluate the impact utilising both qualitative and quantitative data.

CONCLUSIONS:

Despite not having results at time of submission, the authors are confident that by addressing specific areas for improvement identified during the pilot scheme, this project is well placed to help improve how supported the junior doctors feel. Initial results of the scheme following these adaptations will be available prior to presentation and will be displayed. Having evaluated the programme and impact of the adaptations the authors are well placed to share the lessons learnt from experience. It is hoped this format will provide a template for others to establish similar programmes within their own Trusts, helping to improve morale of their juniors while being relatively little effort to establish.

6-6

ASSESSING MEDICAL STUDENTS' AWARENESS AND PERCEPTIONS OF THE 'RAISING A CONCERN POLICY'

Fricker M*, Dr Frearson R

School of Medical Education, Newcastle University, The Medical School, Framlington Place, Newcastle Upon Tyne, NE2 4HH

INTRODUCTION:

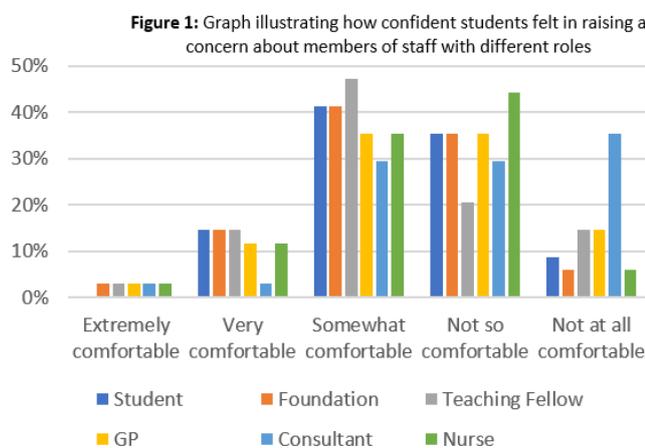
A 2015 GMC review¹ tackled undermining and bullying in medical education focusing on the victimisation of doctors. The 'Raising a Concern Policy' (RCP) is an official document detailing the actions to be taken if students are witness or subject to concerning behaviour. The findings of this project aim to facilitate Newcastle University medical students' engagement with the RCP in order to enhance the quality of the educational environment.

METHODS:

A short survey assessing awareness and perceptions of the RCP was sent to 105 Newcastle University MBBS stage 3 students based in Tyne base unit and was voluntarily completed by 34 (32.4% of the cohort). All responses remained anonymous.

RESULTS:

When asked to self-assess their own awareness of the RCP, students responded: 6% extremely aware, 3% 'very aware', 44% 'somewhat aware', 41% 'not so aware', and 6% 'not at all aware'. When asked how confident they were that their reported concern would be taken seriously and investigated, students responded: 12% 'extremely confident', 26% 'very confident', 38% 'somewhat confident', 21% 'not so confident' and 3% 'not at all confident'. 44% of students who responded perceived there to be a risk of negative consequences to them from using the RCP. **Figure 1** highlights difference in students' willingness to use the RCP to report behaviour from members of staff with varying roles and ranks. The most notable discrepancy observed is for the consultant role.



CONCLUSION:

Awareness of and confidence in the RCP are crucial to its effective operation and both showed significant room for improvement. In order to optimise the student educational experience and the quality of care patients receive, it is essential for students to be unanimously comfortable using the policy, regardless of the role of the individuals being reported. The policy exists in part to protect the safety and wellbeing of patients and employees in the NHS. Its importance should be accompanied by a substantial trust in its effectiveness which was not overtly demonstrated by these results.

Suggested action plan for improving engagement with the RCP: The introduction of an interactive seminar would improve awareness and prevent misconceptions of the RCP. A tutor could facilitate discussion and address student queries. Trained student Representatives could provide valuable peer guidance on using the RCP. These conclusions and actions may be applicable to other institutions with similar policies for students. Participation bias may have influenced results however, the presence of these attitudes remains significant. Acquiescence bias was minimised with neutrally phrased questions.

REFERENCES:

1. Building a Supportive Environment. February 2015. General Medical Council
2. Raising a Concern Pathway. July 2015. Helen Maitland, Andrea Myers

6-7

AN ELECTIVE IN THE HOLY LAND

*Home J**

Apartment b1105, 2 Greengate, Manchester, m37nl

INTRODUCTION:

The St John Eye Hospital is a charitable provider of eye care to local people in the areas of East Jerusalem, West Bank and Gaza. I was fortunate enough to spend my medical elective placement with the St John Group, this four-week attachment was eye opening, not only in regard to the clinical care I witnessed, but also the insight into the cultural and political difficulties experienced by the region's inhabitants.

The hospital in East Jerusalem was established in 1882. They offer access to all ophthalmic sub-specialities including medical retina, cornea, paediatrics, oculo-plastics and glaucoma. Services are available for all, regardless of ability to pay.

AIMS:

- Observe how ophthalmic medicine can be practiced in difficult environments.
- Note differences in clinical presentations compared to the UK.
- Develop communication skills in the presence of a language barrier.
- Observe cultural differences in patient populations.
- Clerk two patients a week.

ACTIVITIES:

In addition to attending theatre and clinics, I attended outreach clinics in rural West Bank. This consultant led screening service is aimed at triaging patients in difficult to access areas. Other activities included attending and delivering teaching to trainees at the hospital.

WIDER ISSUES:

- **Segregation.** Palestinians in West Bank are segregated from Israeli's living in West Bank, this is enforced with physical barriers and a constant military presence.
- **Funding.** The hospital deals with several different funding streams, these include the Israeli Ministry of Health, the Palestinian Ministry of Health and foreign aid.
- **Travel restrictions.** Many hospital staff and patients live in the West Bank or Gaza areas. In order to reach the hospital, they must apply for permits from Israeli authorities, which are subject to refusal without notice.
- **Consanguinity rates up to 45%.**
- **Civil instability in the region.** Patients often presented with eye-injuries related to the use of tear gas and rubber bullets.

6-8

CREATING A SPECIALITY TRAINEE-LED MENTORING SERVICE FOR FOUNDATION TRAINEES WITHIN A LARGE TERTIARY LEVEL TEACHING HOSPITAL: THE UCLH EXPERIENCE

**Dr Leggatt M, Dr Ryan R, Dr Khaku M, Dr Crummy F*

University College London Hospital NHS Foundation Trust, 235 Euston Rd, Bloomsbury, London, NW1 2BU

INTRODUCTION:

The transition from medical student to junior doctor can be fraught with challenges and some foundation trainees can struggle to cope with the added pressures of this new working environment. In an attempt to ensure and maintain the wellbeing of both foundation year 1 [FY1] and foundation year 2 [FY2] doctors a speciality trainee-led mentoring service was established.

METHODS:

22 FY1s were recruited to the scheme following a short verbal presentation during their induction week. 9 FY2s were recruited following a group email, also in their induction week. 31 mentors were recruited from a variety of specialties. All mentors were trainees, however, their seniority varied from ST/CT1 through to ST7. Mentors were given online training via an e-learning platform and then matched with their respective mentee based on the mentee's noted career preferences. All attempts were made to match mentors to mentees with similar desired career paths to themselves.

Distant supervision of mentorship occurred to enable each partnership to meet at times suitable to themselves. Feedback was collated via an online survey tool.

RESULTS:

Response rates to the feedback survey was low with only 37% of all participants completing the online survey. Distant supervision of mentorship meetings meant that 1 FY1 was unable to ever meet their mentor. When meetings did occur 65% of mentees focussed on discussing careers whilst 25% focussed on discussing pastoral issues.

Mentor training via the e-learning platform was not well utilised with only 42% compliance. Despite the lack of formalised training 88% of mentors rated themselves 'mostly' or 'fully' able to answer any questions mentees may have had. Sadly, when asked to reflect in free text form only 50% of mentors felt they had gained any specific mentoring skills.

DISCUSSION AND CONCLUSION:

Mentor feedback for scheme improvement was grouped into 3 common themes; training and development of mentors, development of a structured approach to the mentorship meeting and increasing the engagement of mentees.

In the upcoming academic year (2019-2020) we will aim to run a face-to-face lecture based training session for mentors prior to meeting their mentees to ensure we are able to fully outline their role. We also aim to supervise mentorship meetings more directly; aiming to facilitate at least 2 mentorship meetings so that we can ensure pairs meet initially and then provide feedback in the final stages.

6-9

A NEW CONSULTANT MENTORING SCHEME – “A BRILLIANT IDEA”

*MacKenzie C A** (Director of Medical Education), *Ellis J A* (Medical Education Manager), *Greenwood T* (Administrator, Kirton C Consultant Anaesthetist)

Department of Postgraduate Medical Education, F Floor Stephenson Unit, Sheffield Children's Hospital, Western Bank, Sheffield, S10 2TH

INTRODUCTION:

An unmet need for mentoring was identified in our paediatric tertiary teaching hospital. In 2016 we had significant expansion within our General Paediatric Consultant team with six new Consultants appointed within a very short space of time and all started new to the Consultant grade within six months of each other. Having “graduated” from a closely supervised paediatric training scheme with both Clinical and Educational Supervisors available to them throughout their training programme it was recognised that some more senior peer support might be appreciated.

METHODS:

A pilot scheme involving the six new Consultant colleagues [mentees] within paediatric medicine was set up with established paediatricians invited to volunteer as mentors to newly appointed colleagues. Positive role-modelling, sharing of skills, enthusiasm, kindness and emotional intelligence were qualities looked for in prospective mentors. The pilot was well received and the scheme has now been rolled out to all newly appointed Consultants in all disciplines across the Trust.

The mentees are invited to state their first and second choice of mentor from a list of volunteer mentors and they also have the opportunity to indicate if any of the available mentors would be unacceptable to them for any reason [which need not be stated]. Mentees and mentors are notified of the pairings and are invited to make contact with each other and establish rapport.

Mentor stats April 2018:

Mentor volunteers 27

Mentees [EOI and new starters] 46

Mentors with 1 Mentee 8

Mentors with 2 Mentees 19

Mentors with 3 Mentees 1

Mentees who expressed a Mentor preference 18

Mentees who got their 1st choice 15

Mentees who got their 2nd choice 3

Mentor stats for 2019 will be available for inclusion in the poster

In addition social gatherings of the whole pool of mentors and mentees have been successfully organised and offer the opportunity for more experienced mentors to afford support to those new to mentoring.

CONCLUSIONS AND IMPLICATIONS:

This scheme which was initiated to meet a specific unmet need in a rapidly expanding Consultant team has now been successfully established trustwide. Inevitably the provision of mentor support to new colleagues can be time-consuming and needs to be recognised in job plans. The need to introduce local mentoring training has also been identified and a plan to deliver a bespoke training package is in development.

6-10

IMPROVING THE LEARNING ENVIRONMENT AND CULTURE IN AN OBSTETRICS AND GYNAECOLOGY DEPARTMENT USING A NOVEL MODIFIED CHANGE LABORATORY METHODOLOGY

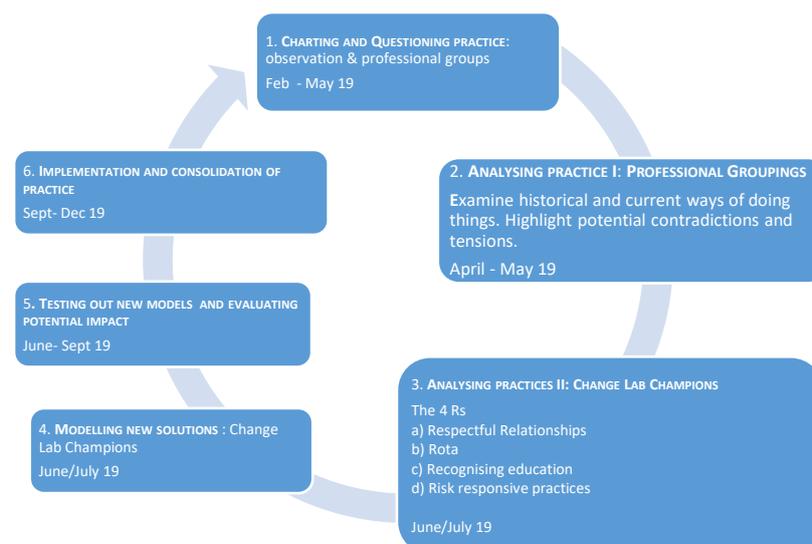
Prinja A^{*1} Darzi Fellow, *Sim S*¹ Educational fellow, *Memtsa M*¹ Educational fellow, *Chakravorty I*¹ Deputy postgraduate dean, *Morris C*², Educational Consultant, Medical Education Matters and Honorary Professor of Medical Education, Queen Mary University of London

¹ Health Education England, Stewart House, 4th Floor, 32 Russell Square, London WC1B 5DN, ² Queen Mary University of London, Garrod Building, Turner Street, Whitechapel, London E1 2AD

INTRODUCTION: The culture of a department is determined by how individuals behave, work and learn as a multiprofessional team. Incivility in the workplace affects the individuals concerned, onlookers and the wider team with psychological distress, reduced performance and reduced willingness to help¹. Learners may fear repercussion and be reluctant to ask for help, thus affecting quality of training. Poorer team working can adversely impact the quality of patient care as highlighted in the Francis report².

Current interventions to tackle negative workplace behaviours mostly target the individual – remedial bullying workshops for the people exhibiting bullying behaviour or resilience workshops for those experiencing bullying behaviour. Unfortunately national surveys have shown that the percentage of trainees experiencing bullying and undermining is on the rise³. Recognising these behaviours are usually a symptom of the pressures and tensions within a complex system, we have used a novel system wide intervention called the Change Laboratory.

METHOD: The Change Laboratory is based on an expansive learning cycle where a cross section of the multi-disciplinary workforce meet over time to question, analyse, model and test out new ways of working, before mutually agreeing a model to be implemented. Due to a range of practical and ethical reasons of working in a live, busy Obstetrics and gynaecology department the Change Laboratory methodology was modified to be a development intervention. Charting the situation was done over time by two authors observing daily work, asking questions and gathering examples that have the potential to undermine supportive working, learning and training practices. Professional group discussions were held to hear different perspectives on how staff determined each other's capabilities within the team, how training needs were identified and training incorporated into daily practice and by whom. These discussions were also a way to gain trust, safely question practice and facilitate a shared analysis that would form the basis of the multi-voiced change lab that is to commence.



IMPLICATION: The system wide approach of the modified Change Laboratory has highlighted the perspectives of staff less often heard regarding training. For example, administrative rota staff corroborated the current rota's emphasis on service provision rather than any continuity in training environment, trainer or acknowledgement of what trainees were capable of doing. Gynaecology nurses felt

medical trainees were being set up to fail due to a lack of direct supervision and formal teaching and consequently provided informal teaching to maintain patient care and safety.

Valuing respect during interactions with colleagues, challenging behaviours that undermine team work and training and recognising education in daily work will be the initial aims of the Change Laboratory.

6-11

CAN TRAINEES ENHANCE EDUCATIONAL SUPERVISORS TRAINING?

*Savage E** (Postgraduate Education Fellow), *Sowole L* (Postgraduate Education Fellow), *Cotzias C* (Director of Medical Education)

Postgraduate Education Department, Chelsea and Westminster Hospital NHS Foundation Trust, West Middlesex University Hospital, Twickenham Road, Isleworth, Middlesex, TW7 6AF

INTRODUCTION:

Educational Supervisors (ESs) are required to undergo 3 yearly appraisal demonstrating compliance in the 7 Professional Development Framework domains, outlined in the General Medical Council's Good Medical Practice (GMC 2013). Effective ESs recognise that trainees are at the core of all aspects of Educational supervision. Our local ES courses reflected this by incorporating trainees at the design, delivery and implementation stages of ES training.

We describe how trainees working as Postgraduate Education Fellows (PGEF) can enrich ESs education.

METHODS:

PGEFs designed an ES update course which focused on trainee issues including; working hours, exception reporting, supporting trainees requiring additional support (TRAS), guidance on reflective practice, as well as the standard 7 domain updates (delivered by invited experienced speakers). Trainee speakers and facilitators such as PGEFs and a Safety Fellow were programmed to offer a unique personal perspective on trainee needs, such as, burnout identification, accessing support services, trainee appreciation of support and specific needs of trainees involved in serious incidents.

CONCLUSION/IMPLICATIONS:

Overall, the course was well received with an average feedback score of 8.4/10. The trainee perspective sessions were very well received (8.5/10). Specific written feedback highlighted that ES learning was enhanced by trainee presenters particularly regarding the benefits of: nurturing trainer/trainee relationships early, focusing on trainees as individuals, providing trainees with support strategies and resources for TRAS.

Course evaluation highlighted how valuable the trainee perspective was. This has led to the inclusion of specific trainee case based discussions in future ES courses.

The inclusion of trainees, the primary endpoint of supervision, was extremely valuable at every stage of the planning and delivery of the course. Continual course evaluation and modification is essential to inform development and on-going improvement of our ES course programme.

6-12

MEDICAL EDUCATION ENHANCED E&D TRAINING - USING REAL CASES FOR MEANINGFUL IMPACT

Turner, D*

Health Education England, working across North East and North Cumbria, Waterfront 4, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY

BACKGROUND:

HEE NE strive to exceed standards and have a strong and positive commitment to equality and diversity in promoting discussion, action and meaningful investment to best serve our population.

At times, E&D is complex and considered “tick box”. The challenge is to design and deliver training that has positive impact that goes beyond compliance of stat and mand.

INVESTMENT:

Our focus has been investment in “enhanced equality and diversity training” to develop faculty. It is case based training using drama role play. We have delivered training to senior educators and patient representatives. We are sharing our approach regionally and nationally to encourage a responsive and valuable focus on E&D.

USING REAL CASES:

The key to success, value and positive evaluation is in using real cases. Based on complaints, director feedback, legal challenge and difficult or new scenarios, we encourage our network to share experiences. We focus on cases where there is educational value for the organisation and individuals. Examples:

Supporting a doctor in training during gender re-assignment. Gender related issues in the workplace

Experiences of support: international medical graduate and a UK BME graduate

“Soft Bias” including perceived preferences toward a doctor in training with shared interests

Rotation allocations, personal circumstances and LTFT perceptions

“E&D is just political correctness, isn't it?” The importance of leadership and valuing E&D

EFFECTS OF CHANGE AND MEASUREMENT OF IMPROVEMENT:

Visible investment.

Potential enhanced legal compliance.

Positive feedback (2016-19) with 95% rating 4 - 5 out of 5 (usefulness and improved knowledge)

Quotes:

“Scenarios were completely relevant to medical education, very engaging”

“Reflection for me personally and for that of the School”

LESSONS LEARNT AND TOP TIPS:

- Close the loop. If there was an outcome or legal ruling, share it after group discussion, allowing delegates to reach their own views first.
- Focus on the realness of a case. Knowing training is from a real and local case peaks interest.
- Describe format before training, removing apprehension that attendees would need to play “the actor”.
- Mixed groups of clinical and non-clinical, specialties and professions work best.
- Encourage teams to identify cases live, refresh and review regularly, and nominate a lead
- Consider further evaluation to measure impact.

ACKNOWLEDGEMENTS:

Contributors to cases including HEE NE PGD, directors, managers.

6-13

DOES CURIOSITY MATTER IN MEDICINE? UNDERSTANDING MEDICAL EDUCATORS' APPROACH TO CURIOSITY IN MEDICAL EDUCATION; A QUALITATIVE INTERPRETIVE STUDY

*Yates J^{*1}, Joy A²*

¹) Department of Paediatrics, UCD School of Medicine, University College Dublin, Belfield, Dublin 4, Ireland, ²) Department of Medical Education, UCC School of Medicine, University College Cork, College Road, Cork, Ireland

INTRODUCTION:

Curiosity is a complex subject that has been studied rigorously for years both in humans and animals. In medical education literature, multiple editorial commentary pieces have highlighted the importance of curiosity in daily medical practice and the role that curiosity plays in lifelong learning. However, there is concern that the curiosity of medical students is diminishing. Medical educators play a pivotal role in guiding medical students throughout their years of study not only in their clinical skills and acumen but also in developing learning habits and encouraging early engagement in scholarly pursuits. This study explores the concept of curiosity and its cultivation from the perspective of undergraduate medical educators.

METHODS:

Twelve single sitting semi-structured interviews with medical educators in one Irish medical school were completed, transcribed verbatim and analysed using thematic analysis with NVivo software.

RESULTS:

All participants' recognised curiosity as a positive attribute, with curious students often described as 'working on a higher level'. However some felt that curiosity was an independent attribute that was 'innate' within students that could be encouraged but not taught. 'Interest' was identified by each participant as vital for students to have before curiosity can be sparked. Participants were unsure how best to cultivate curiosity, but suggested strategies such as role modelling positive behaviour, using personal reflections/stories to spark interest and providing feedback to facilitate student reflection. Barriers to curiosity were also identified such as time constraints (both on the part of the student and the educator), recruitment challenges or student disillusionment.

DISCUSSION/CONCLUSION:

Curiosity remains challenging to study due to its seamless interplay with so many different attributes. Our findings are in keeping with previous literature with the addition of interest as a prior requirement to spark curiosity and the use of contextual stories to cultivate it. Harnessing curiosity to encourage lifelong learning remains the goal but overall most students are felt to be curious. Going forward further work is required on this topic to further understand the role that curiosity plays in medical education and throughout a medical career.