5GG POSTERS: Postgraduate Training
2
Location: South Hall, Level 0, MiCo

5GG1 (19507)
Projects for improvement of the clinical psychiatric education at Sahlgrenska university hospital. Means to influence and improve the education of interns

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Background: All medical interns at the Sahlgrenska University Hospital are since 2004 required to participate in a project directed at improvement of the medical education or the health care organization. Some of these projects are aimed to improve the clinical psychiatric education.

Summary of Work: Project for improvements are acknowledged by interns, the intern council and the administrative staff. The intern council responsible for monitoring the psychiatric clinical rotation will present some of the efforts for improvements made by the interns.

Summary of Results: Projects for improvements:
- Initiation of lecture series regarding the goals for psychiatric care in Sweden, within the aims of the National Board of Health and Welfare.
- Creation of a pamphlet for the introduction of new interns at psychiatric clinics, containing routine documents, relevant and important legislations and information on evaluation of suicide risk etc.
- Memorandum document: Treatment of acute intoxication.

Discussion and Conclusions: Interns are interested in influencing their clinical education, and have many ideas for improvement. The projects are valuable for both the interns and for the hospital. The inspiration and concern among interns has to be captured and these improvement projects are a suitable way to do so, at minimal cost and investment to the hospital.

Take-home messages: The interns have many ideas for improvement – make use of that systematically!

5GG2 (19995)
The doctor as psychotherapist: The impact of psychotherapy in psychiatry residency

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Background: In 2010, Singapore saw a transition in graduate psychiatry training, from the UK-based Basic and Advanced Specialty Training, to the American-based residency. The introduction of formal psychotherapy training, namely psychodynamic psychotherapy (PDP) and cognitive-behavioural therapy (CBT) was one of these key changes. This study aims to investigate the development of PDP and CBT competencies in residents and how they relate to patient care as well as perceptions and attitudes of residents towards psychotherapy training.

Summary of Work: Data were extracted from administrative records of all psychiatry residents (n= 15) who underwent psychotherapy training in their 3rd year of residency. Residents' PDP and CBT knowledge, skills and attitudes and performance in patient care were assessed periodically by their clinical supervisors through structured checklists. Attitudes and perceptions towards psychotherapy training were collected via open-ended questions at end of posting surveys.

Summary of Results: Residents were assessed an average of 3 times for both PDP and CBT in their 1-year posting. PDP and CBT knowledge, skills and attitudes showed a steady improvement throughout their 1-year posting. Changes across time in overall PDP competence is positively related to changes across time in patient care in the same period. Changes across time in overall CBT competence, however, does not seem to be related to changes across time in patient care.

Discussion and Conclusions: Through formal psychotherapy training, residents showed improvement in their PDP and CBT competence. These competencies, especially PDP, were positively related to patient care.

Take-home messages: Competence in psychotherapy allows residents to appreciate psychological aspects in holistic patient management.
Development and Evaluation of an Innovative Reflective Peer Supervision Group for Child and Adolescent Psychiatry Trainees On-call

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Hilary Boyd, Belfast Trust, Child and Adolescent Psychiatry, Belfast, United Kingdom
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Mugdha Kamat, Belfast Trust, Child and Adolescent Psychiatry, Belfast, United Kingdom
James Nelson, Belfast Trust, Child and Adolescent Psychiatry, Belfast, United Kingdom

Background: In Northern Ireland, Psychiatry Trainees provide on-call provision to the regional Child and Adolescent Psychiatry (CAP) Inpatient Unit. This unit is discrete from trainee’s daytime placement. Feedback highlighted the need for an additional form of supervision within a supportive group setting.

Summary of Work: A pilot survey confirmed the need to establish a group. Incoming trainees were invited to attend a focus group where they discussed their views on setting up a group and completed a questionnaire. This survey again confirmed the trainees’ wish to attend a reflective peer supervision group, and established trainees’ opinions on the focus, logistical arrangements, limitations, ground rules and agreed aims of the group. Meetings were held once monthly for six months and facilitated by two senior trainees.

Summary of Results: On finishing their posting all trainees surveyed found this group useful, and felt the group had met the agreed aims. All trainees felt attending the group had assisted them with on-call duties. All would recommend the group to others and were satisfied with the frequency, duration, timings and venue. Only one trainee had experience of peer reflective supervision but all trainees surveyed would now avail of it in future posts. Trainees valued the support and practical advice given as well as the shared learning with peers and informal nature of the group.

Discussion and Conclusions: This group was successfully established and will continue as an integral part of trainees’ placement in CAP. All trainees surveyed felt this peer reflective supervision group had been useful, and had improved their on-call experience.

Take-home messages: Reflective supervision groups may provide a novel approach for the transmission of knowledge and moulding of professional identity for trainees working in relative isolation across multiple sites.

Psychiatric trainee perceptions of the effectiveness of communication skills training

Amy Manley*, North Western Deanery, Manchester, United Kingdom

Background: Poor communication skills are an important cause of clinical exam (CASC) failure in Psychiatry training, with an impact on patient care. Communication skills training is compulsory but varies widely. This study examines what aspects of such training trainees find most beneficial.

Summary of Work: 198 psychiatry specialty trainees in the North Western deanery completed the questionnaire (response rate 98%). They identified the types of communication skills training they had received and the effect on their communication skills. The data were analysed using paired t-test.

Summary of Results: 89% trainees had received feedback on direct patient contacts. 30% had training with simulated patients and 38% had used role-play with colleagues. 95% had received didactic teaching on communication skills. Observed direct patient contact was significantly more effective than other teaching methods at improving trainee’s self-perception of their communication skills (p<0.001). Didactic teaching was less effective than observation. Although simulated patient contacts were significantly more beneficial than didactic teaching (p<0.05), role plays with colleagues were not (p=0.18)

Discussion and Conclusions: Trainees recognise the importance of feedback on direct patient contact. Ensuring feedback is given on how trainees can develop their communication skills, rather than focusing on other aspects of the consultation, will facilitate trainees in developing the skills required for effective practice and exam success. Role-play with colleagues was not considered equivalent to simulated patient contact, possibly due to a lack of authenticity.

Take-home messages: Communication skills sessions should focus on delivering feedback on direct patient contact rather than providing didactic teaching sessions or trainee-trainee role-play in order to support trainees in their development.
Development of Student in Family Health Strategy Clerkship

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João Klinio Cavalcante, Universidade Federal de Alagoas, Maceió, Brazil

Background: The medical training includes as a graduation integrating clerkship, curriculum mandatory in-service training. The Family Health Strategy (ESF) clerkship was introduced in January 2007 and it was offered in the first year of internship, during the tenth period of the Federal University of Alagoas’ School of Medicine (FAMED -UFAL).

Summary of Work: This study aims to analyze the development of students for Basic Attention during internship in ESF under FAMED-UFAL students’ perceptions, it was structured as a qualitative research with an explanatory case study. Data collection was conducted through focus group technique and treated using the content analysis tool proposed by Bardin.

Summary of Results: Four thematic categories emerged: autonomy as recognition of value; relationship with users and professionals from the service; medical student frustration about the health services reality; skills and abilities acquisition during the clerkship. Many of the factors analyzed are required to compose a comprehensive framework for specific skills and abilities development, predicted in the DCN. In the end,

Discussion and Conclusions: We understand that it is up to medical schools to continue to think about the training process of their graduating students. Strategies for qualifying preceptors to attend medical students is highly recommended.

Take-home messages: This research was developed and presented as a requirement for the Health education Master degree.

Evaluating Field Notes in a Family Residency Program

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Eric Wooltorton, University of Ottawa, Family Medicine, Ottawa, Canada
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Background: To support the assessment of competence, regular use of field notes is a new accreditation requirement of the College of Family Physicians of Canada. These are narrative forms documenting resident formative feedback and direct observations. The 2-year University of Ottawa Family Medicine residency program, graduating 70 residents annually, introduced a paper-based field note in 2011.

Summary of Work: The quality of field notes can vary significantly between clinical supervisors and are dependent on faculty development, but evaluating them requires a scoring rubric. We created a 5-parameter scoring tool based on whether there were: 1) CanMEDS roles mentioned and 2) specific examples of proficiency, elements for improvement and recommended plan as well as an overall word count. The tool was validated and we reviewed all 4300 available written resident observations (field notes and all other direct observation forms) retained by the department since 2008, comparing the results based on the document format.

Summary of Results: To date, of the 3443 forms currently reviewed, out of a maximum of 9, Field Note scores were significantly better (5.30; Std. deviation 1.76) than other forms (4.47; Std. deviation 1.52) documenting resident observations.

Discussion and Conclusions: We have demonstrated that the use of a Field Note results in improved quality of documentation in resident formative assessment. This is likely due to a form that encourages narrative categorized comments complemented with associated faculty development.

Take-home messages: Field notes, a new requirement for assessing competence and providing written feedback in Canada, encourage better documentation and have a potential for building a competency portfolio for each trainee.
**5GG7 (21229)**

**A new family medicine residency program at a remote regional site inspires local medical community**

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**Background:** Fort McMurray is a remote municipality (population 73,000) in northeast Alberta. Prior to 2012, only 4 of the local physicians were involved in clinical teaching. Through efforts of a local champion and the Office of Rural & Regional Health at the University of Alberta, a new family medicine residency program was implemented in July 2012. It began with 2 residents with a further 4 residents entering in July 2013. Being a new residency training site, local teachers did not have preconceived notions of what a residency program should look like. This allowed for the CFPC Triple C Competency Based Curriculum principles to be built into the program from its inception.

**Summary of Work:** The curriculum for this residency training program is fully integrated over the course of 20 months with 4 months designated to a rural community placement. Residents work with physicians of multiple disciplines each week. Faculty development sessions have been embraced enthusiastically by local physicians.

**Summary of Results:** The program has had a direct positive impact on the medical community. Currently 39 local physicians are involved in teaching, nine of which are family physicians who act as the primary preceptors. Preceptors attend the residents’ structured learning sessions to further their own continuing professional development. Residents present weekly grand rounds for health care professionals; these are available by videoconference to other physicians across northern Alberta. Family physicians have become more involved in the hospital. A new after hours clinic provides further learning opportunities and has increased the availability of urgent care in the community.

**Discussion and Conclusions:** This program has produced significant positive changes in the medical community in Ft McMurray, in particular the increased involvement of family physicians in hospital work.

**Take-home messages:** New community based training programs inspire local physicians.

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**5GG8 (22739)**

**Reflections on a year-long rural clinical exposure: What do junior doctors have to say?**

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Susan van Schalkwyk, Stellenbosch University, Faculty of Medicine and Health Science, Cape Town, South Africa

Hoffie Conradie, Stellenbosch University, Cape Town, South Africa

Marietjie De Villiers, Stellenbosch University, Cape Town, South Africa

**Background:** The Faculty of Medicine and Health Sciences at Stellenbosch University launched the Rural Clinical School (RCS) to provide final year medical students with an extended rural exposure to better equip them for possible practice in a rural setting. In 2011 the first cohort of eight medical students completed a year-long, comprehensive rural placement at the RCS.

**Summary of Work:** Two years after graduation and now at the end of their two year internship, this cohort of junior doctors was followed up to determine their attitudes towards rural placements and retrospective perceptions of their RCS experience. Individual semi-structured telephonic interviews were conducted.

**Summary of Results:** The RCS was described as an enabling space that provided a sound platform for internship and the imminent Community Service (COMSERVE) year. Graduates felt confident in their clinical skills and ability to treat patients holistically. Four had chosen a rural placement for their COMSERVE electing to work in a rural location and hoping to stay in rural communities after completing COMSERVE. They felt that the rural placements would round them off as doctors.

**Discussion and Conclusions:** The results suggest that the RCS provided an important platform for student learning, clinical skills development and for gaining confidence as doctors. Furthermore, the results highlight that rural exposure can influence placement choices. This study confirms that an extended rural clinical experience may offer quality clinical experiences and lead to the retention of healthcare workers in rural areas.

**Take-home messages:** Extended rural exposure may influence choices for practice locations.
Pilot GP training posts in a UK prison: A positive learning experience?

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Rodger Charlton, University of Nottingham, Division of Primary Care, Nottingham, United Kingdom

Presenter: Martin Wilkinson*, Health Education West Midlands, General Practice Postgraduate Education, Birmingham, United Kingdom

Background: Doctors who deliver primary care in UK prisons are required to be general practitioners (GPs). In the West Midlands, England, there was an absence of GP training posts for this non-traditional area of GP clinical practice. In 2011 Health Education West Midlands piloted a 12 week prison GP training post integrated within a second year community GP training post. The aim of the study was to evaluate this innovative GP training post.

Summary of Work: The two GP registrars who undertook this voluntary learning experience and prison healthcare staff (n=2) and community GP educators (n=8) involved with the delivery of this training post were invited to take part in a follow-up audio-recorded face-to-face semi-structured interview 18 months later. The interviews were transcribed verbatim and thematic content analysis used.

Summary of Results: The GP registrars agreed that this training post had offered them an opportunity to increase their expertise in an area of personal interest of substance misuse, sexual health and mental health issues; an experience they felt was hard to replicate outside the prison environment. The prison healthcare staff reported a positive interchange of clinical knowledge between themselves and the GP trainees. All participants considered 12 weeks was the optimum length for this learning experience and GP registrars needed community GP experience prior to managing this challenging patient population.

Discussion and Conclusions: The participants’ positive attitude towards this learning experience contributed to the success of this GP training post.

Take-home messages: However, the high turnover of the small UK prison GP population may affect the sustainability of these GP training posts.

Course for trainers in specialty training programme for family medicine in Croatia

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Milica Katic, University of Zagreb, School of Medicine, Department of Family Medicine, Zagreb, Croatia
Biserka Bergman-Markovic, Association of Teachers in General Practice/Family Medicine, Department of Family Medicine, Zagreb, Croatia
Zlata Ozvacic Adzic, University of Zagreb, School of Medicine, Department of Family Medicine, Zagreb, Croatia
Goranka Petricek, University of Zagreb, School of Medicine, Department of Family Medicine, Zagreb, Croatia

Background: The new competency-based specialty training programme for family medicine in Croatia entails development of a trainers’ network important for specialty training programme implementation.

Summary of Work: The two-days course was organized once per year in 2012 and 2013. During the first day, the structure of the speciality training programme as well as principles of continuous development follow-up and assessment of competencies were presented. Activities in the second day enabled trainers for workplace-based assessment (CbD, COT) and for mentoring the trainees in preparing the portfolio as a self-reflective tool. The course also enabled trainers in preparing trainees for the written test and basics in writing a research paper.

Summary of Results: In the last two years 63 trainers finished the course which enabled them to provide mentoring for the trainees in concordance with the new competency-based specialty training programme for family medicine. By reaching the total number of 63 trainers in the network, the current needs for mentoring 73 trainees in the new competency-based specialty training programme have been met. However, in order to obtain sufficient number of trainers in the network that would provide mentoring for approximately 35 trainees/year, the course for trainers needs to be organized once per year.

Discussion and Conclusions: Strong and enabled trainers’ network represents an important element of the specialty training process.

Take-home messages: Maintaining the sustainable trainers’ network is essential for successful specialty training programme implementation.
Panel Management: Practice-Based Learning and Improvement in Action

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Background: Panel management, a key tenet of the Patient-Centered Medical Home model, is shown to be an effective practice strategy for improving patient outcomes (Feldstein, Perrin, et al, 2010). There is little guidance about how best to connect panel management to a curricular framework. The Practice-based Learning and Improvement (PBLI) competency connects well with an integrated Panel Management/Quality Improvement curriculum.

Summary of Work: As one of five Centers of Excellence in Primary Care Education funded to develop new models for training healthcare professionals, we are piloting a program that provides resident trainees with 4 three-month outpatient blocks and co-learning experiences with nurse practitioner trainees. Within this program, we developed a longitudinal curriculum – Quality Care Improvement (QCI) – that provides experiential learning in QI using real-time access to trainee panel patient data. Trainees are given a dedicated panel management block each week to use a web-based registry tool that allows them to systematically analyze groups of patients for selected criteria then apply QI methods to make evidence-based improvements to care.

Summary of Results: Trainees complete short evaluations as part of QCI. These sessions have received an average rating of 4.55 out of 5 (1=low; 5=high; n=405) for usefulness and average rating of 4.35 out of 5 for increased confidence. Also, preliminary focus group and exit survey results show that this QCI/Panel Management component of the overall program is highly valued.

Discussion and Conclusions: PBLI emphasizes systematic analysis of practice by using information technology resources to optimize learning and effect improvement change. Incorporating panel management into the curriculum can achieve these goals.

In search of effective discharge summaries to inform medical education

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Background: Effective clinical handover at transition points of care, including discharge information, is crucial for safe and continuous patient care. In Australia, there are concerns amongst primary care practitioners about the quality of patient records and discharge information received from hospitals. Despite this, training for effective written communication between clinicians at transition points of care receives little systematic attention and it is an area of clinical communication that remains under-investigated.

Summary of Work: Using discourse analytical methods, we investigated discharge summaries from medical and surgical wards from one teaching hospital. The discharge summaries from seventy medical records were analysed for content, structure, and language features. In addition, fifteen clinicians were interviewed about their perspectives of the purpose and critical content of discharge summaries as well as the training required.

Summary of Results: Discharge summaries can lack critical information for continuous patient care. Although many are based on a proforma, the information is frequently not appropriately prioritised. The findings on clinician perspectives of the purpose and features of discharge summaries as well as the analysis of their content, structure and language features will provide a substantial evidence base to inform relevant communication skills teaching for writing effective discharge summaries.

Discussion and Conclusions: The findings from this study suggest training for effective written communication between clinicians at transition points of care warrants greater attention.

Take-home messages: Investigating clinician practices, perspectives and training needs for effective discharge summaries is an important step in addressing this shortcoming in medical education.
**5GG13 (21674)**

**Evaluation of Pediatric Residents' Knowledge of Patient Education Resources**

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Moyez Ladhani, McMaster University, Pediatrics, Hamilton, Canada
Andrea Hunter, McMaster University, Pediatrics, Hamilton, Canada
Bojana Babic*, McMaster University, Pediatrics, Hamilton, Canada

**Background**: Patient health literacy is associated with improved clinical outcomes. The ability of pediatric patients and their caregivers to understand health information is enhanced through utilization of patient education resources that are available from major Canadian academic pediatric sources. As resident physicians are often first line providers, their knowledge of these resources is important in educating patients and families.

**Summary of Work**: McMaster University Pediatric residents completed a survey designed to assess their knowledge of available local and national patient education materials. Participation was voluntary with implied consent. Participant demographic data was obtained (e.g. PGY level). Answers were recorded either dichotomously or categorically.

**Summary of Results**: 25 participants completed the survey. Knowledge of patient education sources increased from postgraduate year one to year four (43% vs. 75%; mean 52%). The most commonly used resources by residents were national online education tools. Awareness of local online resources was low. The most commonly cited barriers to access resources were language barriers and an inability to quickly locate resources.

**Discussion and Conclusions**: Overall, the results suggest that our resident group lacked awareness of where to find patient education resources. This identifies a key patient education / knowledge translation gap that needs to be addressed, potentially via a formal resident training curriculum.

**Take-home messages**: The results of this survey suggest that our pediatric residents have poor awareness of patient education resources. Given that patient health literacy is associated with improved clinical outcomes, and given that resident physicians are often first line patient educators, it is important to address this gap in our residents’ education.

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**5GG14 (19492)**

**Perceptions, Experience and Attitude of the Mentor in Pediatrics Residency Program in Qatar**

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Hatem Abdulrahman*, Hamad Medical Corporation, Pediatrics, Doha, Qatar
Mohamed Khalifa, Hamad Medical Corporation, Pediatrics, Doha, Qatar

**Background**: Mentoring provides opportunity for adopting academic value; helps shape education and career development for residents. Mentorship was implemented early 2007 in our paediatrics residency program but faculties never had a chance to evaluate the process. This study aims to assess pediatricians’ perception, attitudes and expectations towards mentoring of residents and to explore potential recommendations that can improve program effectiveness.

**Summary of Work**: We surveyed 25 faculty members working at tertiary teaching hospital, using a questionnaire that included questions on mentor-mentee relationship in academic achievement, psychosocial support, different strengths and weakness and suggestions for improvement.

**Summary of Results**: Response rate was 75%; staff satisfaction with mentorship process was 50%, nearly 62% of participants said direct interview with monthly summative evaluation was the main tool to assess mentee performance. Frequency and duration of contact between residents and mentors varied while gender and ethnicity had no effect. 65% of mentors offered help with clinical, research, problem solving skills and advice for future careers. Overall 60% reported mentoring as a valuable education and professional development experience.

**Discussion and Conclusions**: Our finding highlights the importance of establishing comprehensive mentorship opportunities for pediatrics residency programs and faculty members by preparing them for academic and leadership positions.

**Take-home messages**: Mentoring is a beneficial tool assisting residents’ achievement of competencies which result in better health care delivery. Challenges to mentorship included limited experience, time constraints and inconsistent evaluation of mentorship programs. Clarifying mentor roles, recognition and supporting their academic promotion, providing staff development; monitoring and ongoing evaluation of the process can overcome those obstacles.
ABSTRACTS: SESSION 5GG
MONDAY 1 SEPTEMBER: 1600-1730

5GG15 (19383)
Pediatric resident medical records: Points to improve

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Background: The quality of medical records depends on the knowledge and skills of the doctor. As medical records are very important tools, it is one of the items in the resident's competency evaluation. This study aimed to determine which, if any, parts of the residents' medical record writing skills required improvement, and associated factors.

Summary of Work: Inpatient medical records written by 2nd and 3rd year pediatric residents in our department at Songklanagarind Hospital in 2013 were reviewed.

Summary of Results: 506 inpatient medical records were reviewed. The components identified as having the highest rates of unacceptable completion were “initial investigations” (5.3%), “summary of investigations” (4.5%) and “progression of clinical conditions” (4.3%). The reasons for unacceptable evaluation were “incomplete documentations” (65.0%) “lack of follow up” (26.7%) and “incorrect clinical reasoning” (8.3%). The 3rd year residents' records had better scores than the 2nd year residents. No significant difference in scores was noted between the ICU and non-ICU wards, nor among genders, GPA and in-training examination scores.

Discussion and Conclusions: Although most pediatric residents of Songklanagarind Hospital were found to write acceptable medical records, in those whose records were not acceptable, details of investigations and clinical progressions were the most common components identified as unacceptable, because of incompleteness, lack of follow up and incorrect clinical reasoning.

Take-home messages: Residents should be careful while completing their records, and staff should pay special attention to their supervisory role in seeing that the documentations of the residents, especially in the areas of investigations and clinical progression.

5GG16 (19622)
Three-hour meetings – junior doctors creating educational and organisational changes in a paediatric department in Denmark

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Background: At Aalborg University Hospital Denmark, the 3-hour meeting is an established process to engage junior doctors in generating educational initiatives supported by management. Records of the junior doctors' reflections, action plans and blue print for action on important educational issues have been collected in a annual electronic report since 2006.

Summary of Work: We made a thematic analysis of written reports (n=7) from our paediatric department covering the years 2006-2012. In all, 67 (7-13 pr. session) junior doctors participated. Data consisted of the junior doctors’ experiences and views on the educational opportunities in the department, initiatives for change from the junior doctors themselves, and follow up on initiatives suggested the year before.

Summary of Results: The issues found could be categorised into three main themes: “Organisation of postgraduate medical education (PGME)” (including responsibility, planning, organising and participating in PGME). “Learning climate” (including workload, feedback and supervision, availability of senior doctors, working in teams, and lack of time). “Formal learning activities” (including ‘Case of the day’, conferences, allocation of learning activities, training of practical skills).

The junior doctors suggested 46 initiatives in total. More than half of the initiatives were implemented in the department; especially changes in organisation of PGME (61%) and learning climate (52%) were successfully implemented.

Discussion and Conclusions: Junior doctors’ initiatives can create changes in the organisation and learning climate of PGME.

Take-home messages: The 3-h-meeting process helps junior doctors to engage in educational issues and to generate concrete initiatives and increases awareness of the organisation of educational opportunities and activities.