7C SHORT COMMUNICATIONS: Curriculum: Educational Strategies
Location: Brown 3, Level +2, MiCo

7C1 (19731)
Linking Early Clinical Experience and Basic Science using Images of Disease

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Background: Many undergraduate curricula incorporate clinical experience into the early years in a process of vertical integration. To be fully effective, horizontal integration is needed to signpost links between clinical experience and basic science learning. Basic science should underpin clinical learning and clinical problems should illuminate important basic science. This may be difficult but theories of situated learning and constructivism suggest that it is important.

Summary of Work: Hull York Medical School has a five year, integrated, spiral curriculum with patient contact from Year One. Year Two students have one day a week on Clinical Placement, alternating between primary/secondary care. In the morning, students consult, under supervision, with patients whose problems are relevant to that week’s outcomes. In the afternoon, in secondary care, students in small groups study a variety of ‘images’ mainly radiological or pathological, relating to the outcomes of the weeks. In primary care they undertake a variety of tasks, using public health data or interviewing patients and relatives with relevant problems. Tutors and a workbook provide learning support. Images and tasks, related to course outcomes via PBL cases and real patients, promote understanding of disease processes from cell component to population perspective.

Summary of Results: Feedback, collected routinely over two years from the whole cohort (to be presented), confirms the utility of this educational approach.

Discussion and Conclusions: • ‘images of disease’ is a useful unifying concept supporting horizontal integration
• clinical placements can situate basic science understanding appropriately
• information retention is enhanced by multiple images of disease process

7C2 (21692)
FIFE S.T.A.R.S: Integrating an Approach to Clinical Presentations Within a System-Based Medical Curriculum

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Background: The University of Alberta is in its third year of developing the FIFE S.T.A.R.S program. Recent efforts to improve the program have focused on the implementation of an approach based extracurricular exercise to provide students with an approach to clinical presentations within a system-based medical curriculum.

Summary of Work: Clinical scenarios were provided to students based on a cumulative analysis of the system based blocks they had completed. Student volunteers were involved in the creation of clinical scenarios focused on a specific symptom. These students then created approach-based algorithms to these symptoms. Clinical scenarios were presented to students in a history taking/physical examination OSCE setting. A tailored learning platform was implemented through online evaluation forms which enabled us to provide immediate feedback to students regarding their progress in FIFE S.T.A.R.S and which clinical presentations they required more instruction. A complete approach was provided to these students following each session.

Summary of Results: In a survey of pre-clinical medical students, 97% of respondents felt that FIFE S.T.A.R.S filled a gap in the medical curriculum. Furthermore, nearly all students supported the use of peer-to-peer feedback, and attested to the quality of case scenarios created by their colleagues.

Discussion and Conclusions: To enhance preclinical education one can implement a tailored learning platform providing an approach to high yield clinical presentations whilst providing students with opportunities to improve their history taking and physical exam skills.

Take-home messages: FIFE S.T.A.R.S. has become a tailored learning platform providing students with an approach to clinical presentations, an online peer-to-peer evaluation program, and a consistent opportunity to learn clinical examination skills.
7C3 (20306)
Integrated Teaching - Is it the treatment for Curriculopathy?

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Background: Medical Education in India has seen a remarkable change over years. However, application of basic knowledge in patient care is practically lacking. The different subjects are taught in isolation with rigid compartmentalization leading to 'Curriculopathy'. Aim: To make the students learn to apply their knowledge in 'total' care of patients.

Objectives: Creation of an awareness among teachers about need for interdisciplinary interactions, comparison of effectiveness of integrated versus traditional teaching.

Summary of Work: This is a prospective study done at Deemed and Traditional Universities from Feb 2011 to July 2013. Study was approved by IRB. Faculty perception regarding Integrated Teaching was noted. Topics to be included were shortlisted and faculty was oriented. 32 Integrated teaching sessions were conducted for final year students. Sample size-6080 (integrated) and 1520 (traditional). Evaluation-Faculty feedback, Student feedback, Pre and post test scores for integrated and traditional teaching groups.

Summary of Results: There was 100% positive response for conduct of integrated teaching sessions even for 1st and 2nd MBBS students. 73% explained the concept of Integrated Teaching correctly. The difference in the pre and post-test scores for the Integrated Teaching group was statistically significant. The difference in the post-test scores for integrated and Traditional teaching groups was statistically highly significant. 95% faculty agreed that Integrated teaching was an effective mode of training and 55% rated the programme as 9 out of 10. 93% students appreciated the quality of discussions and 87% rated the programme as 10 out of 10.

Discussion and Conclusions: Integrated Teaching promotes intra and inter-departmental interactions amongst faculty. Individual outlook is broadened, thereby providing an unique academic ambience for institutional development. The topic is presented in all its perspectives, giving a holistic approach.

Take-home messages: A student-centred, patient-oriented approach is the fruitful outcome of this teaching model, which will help us to have the much needed 'Basic Doctor' thereby reviving the 'Family Physician' of yesteryears.

7C4 (21809)
Recommendations for successful curricular development – a focus groups analysis

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Background: The Charité, Universitätsmedizin Berlin introduced a new integrated, competency-based medical curriculum in 2010. The term-wise implementation is preceded by an interdisciplinary planning process for each module. The aim of this study was to identify determinants that influence the curricular planning process for process optimization, i.e. that experience-based strategies of the already planned modules should be made transparent as recommendations for the subsequent module development process.

Summary of Work: Focus group interviews with the module board members were conducted after every term with 4 planned modules. Data was analyzed using qualitative content analysis according to Mayring. So far, 12 semi-structured guided focus groups interviews have been conducted. Determinants of the planning process were identified and analyzed, and recommendations were drawn.

Summary of Results: The analysis led to categories of determinants for successful curricular planning. Essential determining categories were: module board members' performance during the entire planning process; the importance of a medical specialty; the need for content-oriented guidelines and the presence and involvement of clinicians during the planning process.

Discussion and Conclusions: The implementation of an integrated medical curriculum requires a high level of professional exchange and cooperation between all faculty members. Challenges in the module planning process arise from determinants ranging from the performance of module board members to the engagement of clinicians.

Take-home messages: Experience-based, local faculty-drawn recommendations professionalize the future curricular planning process and provide an effective tool for process optimization.
**7C5 (22385)**

**How do we develop socially accountable electives? Evidence from a thematic synthesis of the literature**

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**Background**: International Health electives (IHEs) in low-and-middle-income countries (LMICs) are increasingly popular and provide personal and educational benefits to medical students. However, large numbers of students visiting low-resource settings each year can burden vulnerable host institutions. It is vital that we critically assess the impacts of electives in order to create socially accountable elective programmes. This review aims to identify and explore: 1) the impacts of electives on hosts; 2) the mechanisms that generate these impacts; 3) recommendations on minimising host burden.

**Summary of Work**: A search of academic databases, references from relevant studies and expert consultations for qualitative studies exploring the impact of IHEs on host actors in LMICs produced 1441 studies of which 6 were eligible. Thematic synthesis was used to analyse data using descriptive codes, descriptive themes and analytical themes.

**Summary of Results**: Hosts are negatively impacted when IHEs fail to consider host capabilities, needs and priorities. This creates host-visitor tensions, reduces the quality of patient care and disadvantages host medical student education. However, visiting students can provide significant educational, clinical and institutional contributions which benefit host institutional capacity, quality of patient care and learning experiences. Creating sustainable and reciprocal elective partnerships that utilise appropriately trained students could reduce host burdens.

**Discussion and Conclusions**: IHEs should provide sustainable, mutually beneficial resource and educational contributions to hosts and appropriate levels of pre-departure training for visitors to minimise negative host impacts.

**Take-home messages**: In order to become socially responsible, medical schools must take steps to reduce negative impacts on hosts for their elective students.

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**7C6 (19951)**

**Elective choices related to career preferences of Dutch medical students**

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**Background**: Some medical schools provide electives to deliberately ease the transition from medical school to postgraduate medical training programs. This study explores if and how Dutch medical students use electives in the clinical phase of medical school to make career decisions and to prepare for postgraduate training programs.

**Summary of Work**: Between July 2012 to July 2013 all 274 graduating students at the Medical School in Utrecht in the Netherlands were asked to complete an open-answer questionnaire about their preferred specialty at the start of the sixth and final year, electives they chose during this year and reasons for these choices. In addition, for all respondents elective choices in the fourth and fifth year of medical school were collected from the student administration office.

**Summary of Results**: A total of 236 students responded (86%), 32.4% of which spent three or more out of a maximum of six electives at the same department. Many students also choose electives logically related to each other, e.g. combinations of anatomy, radiology and surgery. Qualitative analysis revealed that most electives where chosen for orientation toward and to optimize chances to get into a residency program of choice.

**Discussion and Conclusions**: Dutch medical students use electives mainly to focus on their future postgraduate training program, i.e. for orientation and to align their curriculum vitae to their preferred specialty.

**Take-home messages**: Dutch medical students use electives mainly to focus on their future postgraduate training program, i.e. for orientation and to align their curriculum vitae to their preferred specialty.