9JJ  EPOSTERS: Selection 1
Location: Theatre Room 16, Level 0, MiCo

9JJ1 (20393)
Widening Participation in Medicine: Has students’ perception changed?
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Background: According to the British Medical Association policy the socio-economic background of prospective doctors should be broadened to reflect more closely the diversity of the population. Thus, a range of widening participation schemes started up in 1997. Despite this, students from social class one are around hundred times more likely to gain a place at medical school than those from classes four and five. A review of the policy in 2004 found that students from a lower socioeconomic background continued to hold a stereotyped perception of medical students and they saw medical school as geared towards “posh” students. This study in 2014 explored if students’ perception of Medicine had changed and if the widening participation scheme needs to be improved.

Summary of Work: Focus groups were conducted on sixth form students in two schools involved in the widening participation scheme. The focus groups were transcribed and analysed thematically.

Summary of Results: Students in the widening participation scheme feel they are provided with fewer opportunities than private school students – for example they feel disadvantaged with the personal statement aspect of the UCAS application. However, with the same opportunities the students feel they could compete with other students. The students want the widening participation scheme to provide more opportunities for them, such as direct work experience links.

Discussion and Conclusions: There is still room for the widening participation scheme to be improved thereby providing more opportunities for a wider range of students.

9JJ2 (21808)
Comparison of academic achievement between graduate-entry and non-graduate entry medical students in Seoul National University College of Medicine, Korea
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Background: The graduate-entry program has been introduced in our medical school, and equal numbers of graduate-entry (GE) and undergraduate-entry (UE) students have been admitted every year since 2009. This study compared the academic achievements of GE and UE students.

Summary of Work: We analyzed the marks of the three cohorts (classes 2009-2012; GE = 275, UE = 305); that is, four-year marks for class 2009, three-year marks for class 2010, two-year marks for class 2011, and one year marks for class 2012.

Summary of Results: UE students showed higher annual average marks. Furthermore, the difference of the average marks diverged as year went for the classes 2009 and 2010. From a standpoint of each subject, UE students overtook GE students constantly and most remarkably in Anatomy. Meanwhile, GE students showed better marks than GE students did in Patient-Doctor-Society II, III, IV, V, and VI which are held through the school years 1 to 4, dealing with contents other than biomedical sciences such as informatics, interviewing, medical ethics, patient behavior and care, etc.

Discussion and Conclusions: The overall lower performance of GE students shown in this study is contradictory to those previously reported in Australia and England. This contradiction might come from the differences of social environments among the countries.

Take-home messages: Curriculum that reflects the difference of two groups should be developed.
**9JJ3 (2186)**

**A comparison of stated reasons for widening participation in UK medical schools**

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**Background:** Widening participation (WP) has been influential in governing approaches to medical school admissions in the UK. Two key rationales are; the pursuit of social justice and the drive to have a workforce that reflects the composition of the population (i.e. a more instrumental approach).

**Summary of Work:** This paper tracks WP by using a systematic literature review of WP within UK medical schools to explore which, if either, approach is favoured and what rationales are offered.

**Summary of Results:** It was found that instrumental reasons were preferred over social justice reasons.

**Discussion and Conclusions:** The case for WP has been attached to notions of ‘the distinctive goods’ central to medicine; the provision of doctors for society and the advancement of knowledge and understanding. An alternative is the rationale that WP itself should reflect a ‘public good agenda’. The literature often shows that in actual practice the reasons are instrumental rather than based on principles of social justice. This reflects the purpose of a medical school as a place of excellence rather than an engine of social justice. WP to medical school is primarily justified by the use of instrumental reasons.

**Take-home messages:** The rationale for WP is rooted in the purpose of the medical school, to provide better doctors to serve the society.

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**9JJ4 (22816)**

**Growing Future Medical Students: A Strategy for Providing Work Experience to Non-Traditional Applicants**

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*Annalisa Alexander, Imperial College, Outreach Office, London, United Kingdom*  
*Presenter: Susan F Smith*, Imperial College, National Heart and Lung Institute, London, United Kingdom

**Background:** Applicants to medical school are normally expected to have obtained relevant work experience. Such experience is often very difficult for non-traditional pupils to obtain, since they lack relevant personal contacts, and often attend schools with no history or experience of preparing pupils for medical school. Lack of relevant work experience reduces the chances of these students of securing a place to study medicine [1]

**Summary of Work:** We have created partnerships between specific general practices which undertake to offer work experience placements to pupils (aged 16-18yr) from particular schools in areas of socio-economic deprivation. Pupils are selected by their teachers on the basis of their academic ability.

**Summary of Results:** To date 11 partnerships have been created, resulting in over 20 work experience placements. Participants' feedback is proving invaluable in helping us to prepare future students more fully for their work experience. Positive feedback has encouraged us to expand the programme to include placements in hospitals. This is part of a long term project [2]; we are currently tracking whether participation in the scheme is associated with an increase number of successful applications to medical school.

**Discussion and Conclusions:** Establishing partnerships between specific schools and general practices can provide a sustainable way of providing relevant work experience to potential medical students from non-traditional backgrounds.

**Take-home messages:** Supported work placements can contribute a valuable element to programmes aimed at widening access to medicine to non-traditional applicants.

**9JJ5 (22539)**

**What were students’ overall experiences of the Widening Participation in Medicine (Newham Doc Route) Scheme from 2008 – 2013?**

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**Background:** Students from disadvantaged backgrounds and areas with high levels of deprivation are under-represented in medical schools. Widening participation (WP) schemes seek to mitigate able students’ disadvantages. Research into the experiences of WP scheme participants is limited.

**Summary of Work:** This qualitative interview study, in the interpretivist paradigm, focused on participants’ experiences of WP scheme, ‘Newham Doc’, between 2008 and 2013. Participants include students of medicine and other healthcare professions at different stages of their academic programmes in UK universities. Audio-recorded semi-structured interviews and focus groups address completers’ perceptions of the WP scheme and their transitions to health professional programmes. The study aims to use increased understanding of WP students’ experiences to inform future WP scheme developments. Recordings are transcribed and transcripts subjected to Framework Analysis (Ritchie & Lewis, 2003). The study, which forms part of an intercalated degree in Medical Education (BS-A), will be completed at the end of April.

**Summary of Results:** Early themes include: widespread appreciation of the WP scheme which increased as participants progressed through their HE programme; positive perceptions about learning important clinical skills (e.g. basic life support), work placements with multidisciplinary teams; concerns about the value and purposes of the WP scheme’s assessments; struggles in transitioning to higher education (HE).

**Discussion and Conclusions:** Although this is a case study of one WP scheme the findings may resonate elsewhere and help improve approaches to WP. BS-A is a former participant of this WP scheme therefore this study required particular attention to reflexivity.

**Take-home messages:** Gathering former participants’ perceptions, particularly through long-term follow-up, deepens understanding of educational programmes.

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**9JJ6 (22029)**

**Perceptual changes on graduate entry medical education in Japan: A case study on a series of symposiums towards national consensus**

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**Background:** Japanese medical education provides six-year undergraduate programs. To accept individuals with more diverse backgrounds and social maturity, graduate entry programs (GEP) in medical education could be one of the solutions. There have been very few occasions among major stakeholders including medical professionals, general public, and policy makers to meet together to discuss this in Japan. A series of symposiums on introduction of GEP have been held since 2012. This study aimed to investigate any changes of perceptions or opinions about GEP.

**Summary of Work:** Paper-based surveys were administered after each symposium on the participants’ changes of understanding of and opinions about GEP before and after the symposium. We also examined the influence of background such as medical professionals, non-medical individuals, and students in general by cross tables.

**Summary of Results:** A total of 97 responded to the surveys. Among 89, 36 had previous knowledge about GEP, uninfluenced by background. Out of 87, 65 reported their understanding of GEP changed, of whom 34 (52%) were non-medical individuals while 19 (29%) were medical professionals (p=0.0068). In addition, 32 (54%) of 59 changed their opinion about introduction of GEP after the symposium, influenced by background (p<0.001). As post-symposium opinions, non-medical individuals chose creating new schools with GEP, while most of medical professionals preferred creating GEPs in existing schools.

**Discussion and Conclusions:** The series of symposiums had impact on the participants’ perceptions on GEP. With the symposium, those of non-medical individuals changed positively.

**Take-home messages:** Vigorous efforts are needed to provide information and occasions for discussion among stakeholders on GEP in Japan towards national consensus.
Background: The Royal Preston Hospital (RPH) provides undergraduate education to hundreds of students from Manchester Medical School (MMS). Despite this, there are few initiatives in Lancashire that encourage the engagement of low participation groups in medical education, including those from low socioeconomic backgrounds. Thus, in 2013 PWAP was created to help address this; a partnership between MMS and RPH that was piloted this year.

Summary of Work: Over nine months, aspiring medical students completed activities fortnightly at RPH, including: simulation, ethical debates and a written assignment. These aimed to give: help and support with the medical school application process; experience in a hospital setting; and the opportunity to regularly interact with medical students. In return they receive benefits including a guaranteed interview at MMS. Semi-structured interviews were conducted with the students at the end of the programme and analysed thematically; to evaluate the scheme and its effectiveness. Questionnaires were used following each activity to assess their content.

Summary of Results: Nine students took part in PWAP and all met MMS widening participation criteria. They could easily relate to the medical students delivering the sessions, who enjoyed gaining teaching experience. Overall, they enjoyed PWAP and had learnt useful skills needed at medical school; improving their confidence and the likelihood of gaining admission to medical school.

Discussion and Conclusions: The pilot was successful and will now expand to include more students and colleges from Lancashire.

Take-home messages: Having medical students delivering teaching sessions in widening participation programmes is effective and beneficial for both the medical and college students involved.

Preliminary success of the Preston Widening Access Programme (PWAP)

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The gap between first impression and multiple mini-interview performance ratings: A comparison between different rater groups

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Background: To reduce interviewer bias in Multiple Mini-Interviews (MMI) a lot of preparatory effort is put into the development of standardized rating scales and rater trainings. Additionally scores can be adjusted for rater severity. Our study aimed to analyze whether MMI performance ratings differ from first impressions formed by raters of different profession and gender during the first seconds of the encounter with candidates.

Summary of Work: Eighty-four raters evaluated 192 candidates in the 2012 MMI for admission to medical school at Hamburg University. Each candidate received an average of 21.2 first impression and 21.5 MMI performance ratings, both given on a 5-point scale. The effects of rating type (first impression, MMI performance), rater characteristics (gender, profession) and candidate characteristics (gender, age) on performance ratings were analyzed in a linear mixed model.

Summary of Results: Mean ratings significantly dropped from first impression to MMI performance ratings. The change in ratings was influenced by rater but not by candidate characteristics. The mean difference varied between rater groups with male psychologists showing the largest gap of 0.3 points between ratings.

Discussion and Conclusions: On average, most rater groups are more severe in performance ratings as compared to first impression ratings. This might reflect a positive attitude of raters which is modified with regard to the standardized rating scales. However, levels of severity and adjustment vary between rater groups.

Take-home messages: Observed differences between ratings and rater groups support the use of standardized rating scales, rater training, adjustment of scores and further measures to reduce interviewer bias.
9JJ9 (21843)

MMI is a better way to select students

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Background: Princess of Naradhiwas University and Songkhla Hospital Medical Center are responsible for medical education in the southern part of Thailand. Out of 24 students each year, we detect about 1-3 students who have a poor performance and social skill. So MMI (multiple mini-interviews) was introduced for student selection. The correlation and accuracy of both type of interviews, MMI and conventional interview (CI) were performed.

Summary of Work: All the 42 candidate medical students who passed the MCQ knowledge exam had undergone 9 stations MMI and also CI exam. Scores of MMI and CI were grouped as excellent, favorable, and unfavorable. Then the correlation and accuracy were compared.

Summary of Results: The MMI detected 4 unfavorable students. The CI detected 3 unfavorable students. Among 4 MMI unfavorable group (4/24: 9.5%), 2 were also found unfavorable in CI (2/45: 4.7%), 1 was found favorable in CI (1/42: 2.35%); but 1 was found excellent in CI (1/42: 2.35%). None of the unfavorable MMI had the excellent score in CI. The excellent and favorable MMI scores have a good correlation with the CI score.

Discussion and Conclusions: MMI and CI show a correlation in detecting good and poor performing students. MMI seems to be more effective in distinguishing among the poor performing students than CI.

Take-home messages: The MMI is a better way to detect the proper future medical student than CI. Even though it is time-consuming, complex and needs more medical staff, it is worth performing.

9JJ10 (19021)

A Randomized Sequence Study of a Traditional Interview versus Multiple-Mini Interview (MMI) Approach to Assess Candidates for Suitability for Acceptance into Medical School at Memorial University

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Background: Memorial University, located in eastern Canada, has a Faculty of Medicine dedicated to a holistic approach to admissions and three priority areas: Aboriginal Peoples of Newfoundland and Labrador, students from rural and remote areas, and economically disadvantaged students. While most medical schools have replaced the panel interview with the multiple mini-interview (MMI), Memorial has retained the traditional two person panel interview and is considering whether to change to the MMI.

Summary of Work: For the 2013-2014 medical school admissions cycle, Memorial University used a hybrid of both traditional (semi-structured) and MMI (structured) interviews-TaMMI (Traditional and MMI). All interviewed students participated in eight (ten minute) MMI stations with one assessor at each station, and a 30 minute two person panel traditional interview. After the interviews were completed, all the data was de-identified and linked to postal codes at birth and during high school and whether the student self-reported as being Aboriginal. The postal codes were classified as to socioeconomic region.

Summary of Results: Results will be presented on whether:
1. Students who participate in the medical school interview process at Memorial University perform differently on the MMIs compared to the traditional interview process.
2. Whether performance on either of the two interview processes differ based on age, sex, roots (urban or rural), Aboriginal status, or socioeconomic status.

Discussion and Conclusions: The results of this study will help guide us as to whether to continue the traditional interview, adopt the MMI completely, or continue with TaMMI in the future in order to fulfill our social responsibility.

Take-home messages: Does performance on traditional interview versus MMI differ for medical school applicants based on age, sex, roots (urban or rural), Aboriginal status, or socioeconomic status.
Bilingual Multiple Mini-Interviews: Equivalent performance of English vs. French and urban vs. non-urban candidates

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**Background:** Bilingual Multiple Mini-Interviews (MMI) are used by McGill University to evaluate candidates for admission to medical school. Given many studies indicating difficulties of access for non-urban students to medical school, and our unique bilingual assessment environment, we compared interview performance between candidates from urban vs. non-urban regions, and those interviewing in English vs. French.

**Summary of Work:** 97/111 interviewed candidates resided in urban areas and 14/111 in non-urban areas. All candidates had pre-interview scores on academic performance, personal statement and curriculum vitae, as well as a total weighted pre-interview score. MMI performance scores were an equally weighted average of ten individual stations. We used un-paired t-tests to compare pre-interview selection criteria, MMI scores between urban and non-urban groups, and MMI performance scores between English (n=40) and in French (n=67) candidates.

**Summary of Results:** There is no statistically significant difference in independent academic performance (p=0.72), personal statement (p=0.09) and curriculum vitae (p=0.88) pre-interview scores in urban vs. non-urban candidates invited to interview. However, there exists a significant difference in total weighted pre-interview scores between these candidates. (p=0.01) There is no disparity in MMI performance between urban and non-urban candidates invited for interview, (p=0.51) and candidates choosing to interview in English perform similarly to candidates interviewing in French. (p=0.23)

**Discussion and Conclusions:** Our MMI shows no predilection for urban versus non-urban candidates invited for interview.

**Take-home messages:** An equivalent bilingual MMI without urban bias is possible. Further research exploring applicant demographics at the screening stage is necessary to evaluate potential barriers to applicant access in the first screen of the admissions process.

Development of national recruitment to dental foundation training in England, Wales and N Ireland

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**Background:** There is a system of national recruitment to Dental Foundation training posts in parts of the UK. These posts form a programme of vocational training in National Health Service Dental Practice during the first year post qualification. Developments have taken place between the recruitment rounds for 2013 and 2014 posts.

**Summary of Work:** Psychometrics of assessment data have been analysed for different stations, for role player and clinical assessors and by assessment centre.

**Summary of Results:** Changes to the process resulted in increased consistency between assessors. There was variation by assessment centre. There was consistency between assessors when they were measuring the same attributes, but role players (lay) and clinical assessors rating different elements of clinical communication skills gave different perspectives to the process. For the management and leadership station improvement was made between year 1 and 2 to consistency by providing model answers to standardise expectations of good and poor answers. The variation by assessment centre is likely to be due to the variation in the quality of the candidates. Each section of the assessment measured different things and none was predictive of performance in another section, consequently the current sections of the assessment should continue.

**Discussion and Conclusions:** Multiple assessment techniques using multiple assessors are likely to result in the most robust recruitment to Dental Foundation training posts. Fine tuning of the process can result in improvement in the quality of the process.

**Take-home messages:** Improvements can be made to the process of recruitment by changing the process in the light of outcomes.