#10DD01 (27365)
A survey to explore the open feedback culture in Dutch medical students

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**Background**: There is increasing awareness among healthcare professionals of their duty to call to account for each others' conduct. The question of this research is to what extent medical students call each other to account for misconduct.

**Summary of Work**: In November 2013, 14,570 student members of the Royal Dutch Medical Association were invited to complete an online survey. Four real-life situations were presented in which the respondents were confronted with misconduct by a fellow student. The participants were asked for their behaviour, either retrospectively or prospectively depending on whether the participant has ever experienced the presented situation.

**Summary of Results**: After 2 months 2,660 participants were included (response rate 18.8%). The number of respondents who experienced the presented situations varied between 6.2% and 29.9%. Of respondents surveyed prospectively, 79.5% to 82.9% would have called the fellow student to account. Of those surveyed retrospectively, 29.5% to 57.6% has actually called the fellow student to account. 21.3% of respondents admit to not having called to account a misbehaving student, while the participant believes he should have (26.8% among sixth-year medical students). Most frequently mentioned reasons are to not disrupt the good relationship (21.8%-34.7%) and to not feel responsible (14.8%-32.4%).

**Discussion and Conclusions**: Surveyed medical students overestimate themselves to the extent they call each other to account for misconduct. Many students don't feel equipped nor responsible to contribute to an open feedback culture.

**Take-home messages**: Students should be made aware that they are responsible for each others' conduct and an atmosphere should be created in which students feel equipped and safe to give feedback.

#10DD02 (33347)
Improving collaboration practices of health management in boarding school: A lesson from Nusantara Health Collaboration, Indonesia

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**Background**: According to Ministry of Education and Culture there are more than 25,000 boarding schools spreading in Indonesia. Boarding schools should make sure all their students are living healthy daily activities. Nusantara Health Collaboration (NHC) was an event hosted by a collaboration of (Indonesian) health care students. Various disciplines gave a workshop to handle health society problems especially health management in boarding school.

**Summary of Work**: Health care professionals and health care students were grouped from various disciplines. A panel lecture on health communities management and short case were conducted and then every group received a case. After discussion, they presented the results analysis regarding health management in the boarding school case. Every group was given panel reflection from the expert. A pretest and post test were used to evaluate the program.

**Summary of Results**: More than 80% of participants perceived the advantages of the program. Participants felt satisfied and enjoyed interprofessional working and hoped the program would be continued in other themes.

**Discussion and Conclusions**: This program serves a specific approach to addressing health problems in communities such as boarding school through interprofessional practice. By using an inter-professional approach, the outcome of health services can be improved greatly.

**Take-home messages**: The product of this program should be followed up and developed further to gain even better results.
Creativity of Medical students for Emergency Room of Lampang Hospital

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Background: There are many conditions that needed emergency management in emergency room, especially invasive procedure, such as intubation and central venous catheter insertion. Normally we must inform patients or their family and they must sign the consent form before beginning the procedure. Sometime we spent long time to proceed. So, we assigned the last year medical student helped us to solve this problem by their creativity.

Summary of Work: Since year 2013, the last year medical students whom rotated emergency department were assigned to make a new tool that could apply to patient management according to their opinion in each problem, one tool for one group rotation. Those tools, such as a flow chart for explaining central venous catheter insertion, venous cut down, chest drainage insertion (ICD) and pain rating scale doll for small child were used with the patients by all staffs in emergency room. After graduation, the most useful tool was selected to receive prize, voted by emergency physician and nursing staffs.

Summary of Results: The innovation from many groups of medical students could be applied to emergency management and help us so much, especially saving time and convenience.

Discussion and Conclusions: Creativity of medical students could really help us, just let they do it.

Take-home messages: Medical students are not only learner, sometimes they can be our co-workers and sometimes they are our teacher by their own creativity.

Students Associations’ Roles in Enhancing Undergraduate Medical Education

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Background: Students are essential stakeholders in medical education. Recently, medical student organizations started taking major roles in restructuring medical curricula. Literature depicts that student led initiatives and undergraduate medical research have increased concomitantly. This illustrates that investing in young undergraduate medical students in terms of medical education has a great potential to develop medical research in the near future.

Summary of Work: Extensive literature review has been done through different databases including: Pubmed, EBSCO, and Clinical Key. The search is inclusive for the role of medical students’ associations in: 1) Enhancing curricula and their delivery 2) Providing feedback to reconstruct better curricula in medical schools 3) Promoting research culture among undergraduate medical students.

Summary of Results: Many evidence supported the participation of medical students in strengthening the medical curricula. For instance, studies reported the emergence of student led journals and scientific congresses. In addition, medical student associations have facilitated the integration of innovative programmes into the medical curricula. Moreover, studies depicted formation of student scientific societies, research groups, and undergraduate research committees. Collectively, this enables students to commence their research profession; thus enhancing research vibe among undergraduate medical students.

Discussion and Conclusions: Since several studies demonstrated a positive impact of student associations in strengthening the medical curricula and research, medical students should be empowered by educators to participate in enhancing their educational experience.

Take-home messages: By encouraging students to become equal partners in curriculum development, medical institutions will create an improved learning experience by facilitating undergraduate students’ participation in medical research and an empowered medical education; taking into consideration student’s perspective.
Exploring the role of a student-organised national undergraduate conference in improving medical students' awareness of global child health

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Background: Student-organised undergraduate medical conferences aim to engage fellow students interested in particular career fields whilst providing further clinical teaching. However, the scope for student-led conferences to enhance the UK medical curriculum may be under-recognised.

Summary of Work: A two-day undergraduate paediatric conference (2014) was attended by 105 delegates, representing 17 UK medical schools. The conference had an overarching theme of "Global Child Health", and comprised of symposia, lectures, workshops and a research poster competition.

Lectures explored global causes of child mortality, whilst workshops focused on clinical and communication skills. Data gathered from feedback forms included free-text responses and Likert scales (1=poor, 5=excellent). Questions focused on reasons for attending, career aspirations and improvements for future conferences.

Summary of Results: The feedback response rate was 73% (n=77/105). Overall, the conference was well received, with mean conference enjoyment rated at 4.5/5.0. Mean conference relevance was rated lower (4.4/5.0), possibly due to the lack of emphasis on global health within examinable components of the medical curriculum.

Many delegates highlighted inspirational lecturers by name, emphasising the importance of providing students with clinical role-models. Students also appreciated the ability of the conference to cover topics seldom addressed within undergraduate curricula.

Discussion and Conclusions: Student-organised undergraduate conferences are likely to have wider and unseen benefits with their ability to inspire students and promote early engagement within specialist fields. Undergraduate conferences also enable exploration of topical issues, with benefits likely to resemble those of Student-Selected Components.

Take-home messages: Student-led conferences are an excellent opportunity for undergraduate students to direct their learning and enthuse fellow colleagues about broader health issues.

A student initiative for research in medical education in Brazil

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Background: Undergraduate research activities can improve professional skills. Aside research in medical education has been stimulated nationwide.

Summary of Work: In 2008 a group of about 17 students intended to create a student group for research in medical education (NAPEM). They sought for teachers who were available for mentoring scientific projects in the field. There were proposed up to 8 projects initially. As time passed by, colleagues were invited to gather the group and keep on the projects. Different teachers were also involved – some of them without previous experience on medical education research.

Summary of Results: One project received government funding. Up to 15 abstracts were presented in national congresses and 4 abstracts received awards during medical education congresses. Five articles have been published. The results from one project were useful for institutional curricular assessment. Many students graduated and NAPEM continues its activities and projects as a University research group.

Discussion and Conclusions: Our singular experience shows how students are aware of the importance of research in medical education and how this initiative contributed for scholar improvement.

Take-home messages: Students can contribute with research in medical education.

To access: dgp.cnpq.br/dgp/espelhogrupo/4096944195022049
#10DD07 (24894)
Lights, Camera, Surgery! A Novel Medical Student Experience

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Background: Deciding on a medical specialty can be a difficult and often early decision for medical students to make. The Office for Paediatric Surgery Innovation and Education (OPSEI) tackled this challenge by creating a summer project for first and second year medical students to introduce them to the operating room and various surgical specialties.

Summary of Work: From 2009-2011, 31 medical students participated in Lights, Camera, Surgery! in three separate cohorts. The students were split into groups of 2-3 and assigned to create 5-7 minute videos of various surgical topics. Mentors in the form of staff surgeons and anesthesiologists were assigned for each video. The medical students role was to research, develop story lines for the videos then work with their staff mentor to design and film the project. Videos were then edited and posted on the UBC medicine website for students and residents to use.

Summary of Results: A total of 49 videos were made during the three-year project. The videos are currently available online for medical students and residents from UBC and one of the videos won an award at the Halifax 10: Patient safety conference in 2010.

Discussion and Conclusions: Lights, Camera, Surgery! was a novel project carried out at BC Children's Hospital from 2009-2011. This project gave first and second year medical students a great chance to shadow surgeons and anesthesiologists. Students' feedback on the project was that it was both a great learning opportunity and also helped build relationships between students and their staff mentors.

Take-home messages: Lights, Camera, Surgery! is a novel project that exposes students to surgery and allows the student to take on the role of educator while working closely with staff mentors to produce instructional videos.

#10DD08 (24560)
Student Engagement: Differences between premed and medical students

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Background: Study engagement is a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption.

Summary of Work: We conducted a study on 146 premed students and 146 medical students using Utrecht's Student Engagement Survey (UWES-S), demographic variables, amount of time students study in and out of campus, how much time do they invest in their transportation from and to their homes, and which elements they considered to be distracters from their studies.

Summary of Results: The average age on premed students was 18 in a range from 17 to 24 years, Medical Students' average age was 19.7 in a range from 18 to 29 years. Al three engagement dimensions (vigor, dedication, absorption) had greater scores in premed students compared to the scores from medical students.

Discussion and Conclusions: Premed students showed a greater amount of study engagement compared with their Medical student peers. Particularly, we found statistically significant differences on vigor and absorption. According to the UWES-S survey's manual, both dimensions varied from High on premed students to Average on Medical Students. The expectatives, motivation and illusions on premed students applying to Med Schools and the difference between the workload between the two compared groups could explain the differences between premed and medical students.

Take-home messages: Study engagement is a really important matter that we should emphasize on increasing in our students and help them gain the most of the time they invest in their learning experience, peer and teacher interaction, as well as mentoring could be an excellent way to increase study engagement.
#10DD09 (27356)
Changing education culture through empowering junior doctors to lead in education

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Background: In March 2014, junior doctors in our paediatric teaching hospital published a report outlining their concerns regarding education and training, including perceived paucity of teaching and a sense of poor teaching culture. The potential to learn in this institution with high volume highly specialised clinical exposure and world-class research was recognised but there were apparent barriers to accessing these learning opportunities.

Summary of Work: We created a Junior Doctor Education Lead Development Program, which aimed to empower junior doctors to lead education improvement in their departments. The launch day incorporated leadership, project planning and improvement methodology, coupled with a facilitated project development session which drew on the experience of the group and created networking and peer support opportunities. The participants then engaged in a leadership experience through immersion in a leadership simulation, followed by debriefing exploring their personal strengths as leaders within a team. The launch day was followed by six months supported project development.

Summary of Results: Participants found the peer supported project development session and the leadership simulation especially useful. The effects of engagement in the course were seen through change in attitude, "I always thought someone should do something, but now I realise it is me that can act". Positive outcomes were also seen in the actions taken by participants through the development and delivery of significant educational interventions.

Discussion and Conclusions: An effective approach to improving educational culture is the empowerment of junior medical staff to lead on educational change.

Take-home messages: Junior Doctors are effective drivers to producing educational improvement and should be supported to achieve this.

#10DD10 (27873)
Interdisciplinary projects seeking solutions for real-world entrepreneurial problems creates innovative solutions in the field of medicine

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Background: BMI Innovation project is an interdisciplinary collaborative and student driven project between medical-, industrial management-, information networks and bioinformation technology students between two universities in Helsinki. Students work together in small groups for three weeks on assignments given by collaborating enterprises. Students combine their knowledge of different fields to come up with new, innovative solutions for the problems. After three weeks, they present their project at the BMI Project Wrap-up. The first BMI Innovation project took place in 2012, had positive feedback from students and enterprises and has become an annual event.

Summary of Work: Data used in this research derived from the projects in years 2012-2014. A survey was sent to the collaborators in enterprises and to the participating students. The aim of the study was to answer the research questions: How did the enterprises benefit from BMI-projects? How useful were the students’ solutions? Did the companies use the solutions created? Data were analyzed with quantitative and qualitative methods.

Summary of Results: Collaborators found the solutions useful, and many of them were commissioned for further development and possible future use. The enterprises were interested in collaborating with the BMI in future. Interdisciplinary learning and cooperation with enterprises provided medical students with valuable networks and learning experiences.

Discussion and Conclusions: Interdisciplinary learning among students with different scientific backgrounds is valuable for both enterprises and students. It gives a new impetus for medical education. Many problems we face today cannot be solved with just medical expertise.

Take-home messages: Real-world entrepreneurial problems for which the students collaboratively seek solutions stimulate networking and learning.
Students’ community intervention in non-medical CPR skills in Curitiba, Brazil

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Background: Community performance of medical students may be a good strategy to improve health. Besides, cardiorespiratory arrest (CRA) is considered an alarming situation, since time until onset of reversal procedures has a direct influence on patient survival. Given the importance of pre-hospital treatment, the state of Paraná, Brazil passed a law obliging establishments with a large amount of people passing through them to have an automatic external defibrillator (AED) available, in addition to personnel qualified to provide basic life support and operate the AED.

Summary of Work: Medical students from Curitiba began a community work in order to identify the percentage of establishments with a daily flow of more than 2000 individuals that have an AED, assess the technical level of trained personnel in treating CRA and help these trained personnel to improve their skills when necessary. The sample was composed of 40 establishments in Curitiba, Paraná state. The presence of AED as well as its functionality and accessibility were assessed. Next, a clinical case was presented to evaluate the performance of emergency responders in treating CRA. Performance was based in accordance with American Heart Association (AHA) guidelines.

Summary of Results: Twenty-eight establishments agreed to take part in the study, 13 (46.4%) of which had an AED on their premises. Five agreed to undergo a test to evaluate the emergency responder’s performance, 2 obtaining a score of 9, one 8 and two below 3. Medical students, in a supervised way, gave a feedback and helped these professionals to improve their knowledge.

Discussion and Conclusions: This work is an example of how medical students can work with their communities improving community skill of solving a health problem.

Take-home messages: Medical students in supervised way may be a good strategy to improve community CPR ad health skills.
Background: Indigenous Australians have worse health outcomes than non-Indigenous Australians and most of Australia’s medical practitioners are non-Indigenous. This makes cultural training in medical schools essential. Student perceptions of this need, and how these learning outcomes are best delivered, require careful consideration. The model developed at Deakin Medical School involves an Indigenous Cultural Immersion Program (ICIP) undertaken in the first year followed by careful curriculum integration in the following 3 years.

Summary of Work: This student-led, survey-based project was conducted on three consecutive cohorts of medical students (2012-2015, n=135 each year). Questions determined pre- and post-knowledge of Indigenous Health issues, the requirements of culturally adept medical practice and prevailing attitudes towards the ICIP. Additional student interviews were conducted once students had entered the clinical environment.

Summary of Results: Student responses (response rate >95%) highlighted the strengths, weaknesses and challenging situations encountered within their cultural training and particularly the ICIP. Overall the content was considered valuable for future practice, although raised cultural safety apprehensions within the student cohort. In particular, lecture-based learning pertinent to the students’ own cultural background created dissatisfaction compared to field-based learning.

Discussion and Conclusions: With refinement, student engagement with these important learning opportunities has improved over the three years of this project. The curriculum has evolved to take a more solution-oriented approach to culturally sensitive medical practice and continues to influence students through the remainder of their medical training.

Take-home messages: Invaluable insights from students have driven the development of a more engaging and impactful cultural curriculum aimed at addressing the considerable cultural gaps in Australian medicine.
Factors underlying students’ engagement in extra-curricular clinical training activities

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**Background:** Many medical schools provide students with extra-curricular training opportunities to practice clinical-skills. Little is known about the factors that drive medical students to engage in those activities. The aim of the present study was to identify student’s individual characteristics, which might favor participation in extra-curricular clinical training activities (ECCTA).

**Summary of Work:** The number of ECCTA, that took place between September 2008 and July 2014 in the School of Health Sciences in Minho, Portugal was registered. A total of 542 medical students participated in these activities (participation rate=48%). Participation ranged between 0 and 16 times (M=1.48; SD=2.37). A multiple Poisson regression model was performed considering the number of times a student participated in training sessions as dependent variable and personality traits and also gender as predictors.

**Summary of Results:** Higher scores in the personality dimensions of “openness to experience” and “conscientiousness” were positively associated with participation. Also female students were more likely to participate.

**Discussion and Conclusions:** Personality traits and gender have a unique and statistically significant contribution to students’ participation in extra-curricular training. This study demonstrates the contribution of students’ individual characteristics to self-directed engagement in relevant activities for their future clinical proficiency.

**Take-home messages:** Promotion of engagement in extra-curricular clinical training activities should consider student gender and personality traits, targeting male students in particular.

The learner-centered student-run clinic: A novel approach to teaching pharmacotherapeutics

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**Background:** Medical students should be better prepared for their future role as prescribers. A new educational concept to achieve this is learning by doing. This encompasses legitimate, context-based training and gives students responsibility as early as possible in their medical education. Student-run clinics (SRCs) are an example of this concept. We describe the development of a new SRC primarily focused on medical pharmacotherapy education, the learner-centered student-run clinic (LC-SRC), and its feasibility.

**Summary of Work:** A feasibility study was performed in which teams each comprising of 3 students (1st, 3rd and 5th-year) treated patients under the supervision of an internist. Patients were selected from the internal medicine outpatient clinic for follow-up in the LC-SRC. Feasibility was evaluated using a set of questionnaires for patients, supervisors and students.

**Summary of Results:** In total 31 consultations were conducted; 31 students and 4 clinical specialists participated. A pharmacotherapeutic treatment plan was drawn up in 33% of the consultations. Patients were content with the care provided and rated the consultation with a 7.9 (SD 1.21) (1(min)-10(max)). Supervisors regarded LC-SRC safe for patients with guaranteed quality of care. They found the LC-SRC a valuable tool in medical education although it was time-consuming. Students appreciated their (new) responsibility for patient care and considered the LC-SRC a very valuable extracurricular activity.

**Discussion and Conclusions:** The LC-SRC is feasible and could be a valuable addition to the medical curriculum.

**Take-home messages:** We describe and evaluate the first LC-SRC in an European healthcare system with insured patients and consider the LC-SRC concept feasible; The LC-SRC was considered a valuable addition to the curriculum; The LC-SRC could play a valuable role in context based pharmacotherapy training of students.
#10DD17 (26590)
Addressing health inequalities in antenatal care: A community-based student-led initiative

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**Background:** In the UK, women from black and minority ethnic (BME) groups have relatively poorer maternal health outcomes compared to the white-caucasian population. This is particularly true for women from South Asian and Black African communities who have recently migrated to the UK. Although there are multiple determinants for ethnic health disparities, the NHS is encouraging greater efforts to address this pressing public health issue.

**Summary of Work:** Medical students delivered small-group interactive workshops to the BME community in a London borough with high levels of socioeconomic deprivation. Pre- and post-workshop questionnaires were administered using a Likert scale to assess participants’ understanding of pregnancy risk factors and attitudes towards antenatal care services.

**Summary of Results:** 77% of participants had never attended a workshop of this kind before, nor had they received any such relevant information prior to their first pregnancy. There were significant improvements (p<0.05) in knowledge across all domains relating to the risk factors affecting pregnancies such as diabetes, hypertension and smoking. Most of the attendees felt that they had inadequate support from their GP and difficulty communicating with health workers during their pregnancy.

**Discussion and Conclusions:** Women from BME communities are genetically at higher risk of complications from diabetes and hypertension during their pregnancies which is further exacerbated by inadequate access to educational resources and antenatal services. Discrimination by healthcare workers also affects the staff-patient relationship at a time where women are in greatest need of support and advice.

**Take-home messages:** Medical students from the diaspora community are an effective yet underutilised resource to educate BME women about antenatal care.

#10DD18 (27357)
Decreased non-communicable disease by surveillance, control, prevention systems and community engagement process in Phayao, Thailand

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**Background:** Recently, the patients of non-communicable diseases (NCDs) are increasing in Thailand; especially hypertension and diabetes. Hypertension and diabetes patients were found to be of 3.7 million in 2008. The varieties of human behaviors have been extensively changed in health. Hence, Thai Government has policy to reduce NCDs. Generally, primary care plays an important role in treatment using medical process. However, NDC patients have not been decreased.

**Summary of Work:** Here we report that primary health care (PHC), which is a primary process to screening, rapidly seek the person’s risk. The screening tool of the study was “Vichai’s 7 color balls model”, the medical education tool to transfer knowledge from student health team to community through health volunteers, creating community engagement in terms of social participation. It was found that people in community were realized in their health and they can evaluate the level of risk using this model.

**Summary of Results:** Project implementation (2014) in Phayao (target group; 15-60 years, 27,929), risk group (light green) was decreased to normal group (white) from 15,495 to 16,062. Health program in behavior change with best practice of 3Es (Eating, Exercise, Emotion) and 3Rs (Reducing tobacco, alcohol, obesity) were applied in risk group.

**Discussion and Conclusions:** This is the first demonstration of knowledge transfer to community by student, which is the sustainable education in PHC.

**Take-home messages:** Finally, outcome of study not only reduce the patient and mortality rate but also increase the quality of life, could apply in different areas and propose to be the national policy, effectively for a long term operation.