#3GG Posters: Competency based Education/Patient Safety
Location: Hall 4, SECC

#3GG01 (27228)
CanMEDS roles as framework for analyzing Taiwanese medical students' reflective journals: a pilot study

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Background: CanMEDS framework articulates a comprehensive definition of the key competencies for medical education. However, whether it can be seamlessly applied to a non-Western context still needs to be examined. This pilot study aims at evaluating the compatibility of the seven roles descriptions with clinical setting in Taiwan in order to establish a database for continuous reflective learning in TMU in the perspective of “glocalization”.

Summary of Work:
* Method: Template analysis approach with purposive sampling
* Material: 149 reflective journals of Year-6 medical students (M/F = 45/12)
* Tool: Coded with MAXQDA 11
* Inter-rater reliability: Cross checked by two researchers

Summary of Results:
* The local scenarios embodied all CanMEDS key competencies.
* Only one (0.7%) scenario cannot fit in with the CanMEDS framework.
* The role expectation for a good Communicator and Medical Expert were mostly emphasized.
* In most scenarios, more than one role were involved.
* The connection between the emerged roles in the same scenario were unclear, except two cases (1.3%) showing role conflict (among Health Advocate and Manager).

Discussion and Conclusions:
* The connections among various roles in one scenario might need to be further inspected and discussed.
* The specification of these 7 roles may overlap in some cases.
* Doctors in different phase may have different role interpretation for one case.

Conclusion:
CanMEDS key competencies have no apparent cultural incompatibility in Taiwanese clinical and educational contexts. A database of clinical reflective journals will be constructed within CanMEDS framework in TMU (http://reflective.tmu.edu.tw/).

Take-home messages: CanMEDS key competencies is cross-cultural and can be contextualized in self-directed learning by Taiwanese doctors based on reflective writing.

#3GG02 (27247)
Evaluation of “My Pediatric Advocacy Tool” a Novel CanMEDS Competency Portfolio for Pediatric Residents

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Background: The Health Advocate Role is one of the pillars of the CanMEDS framework in the Royal College of Physicians and Surgeons of Canada. It has been recognized that the Health Advocate is one of the more difficult roles to integrate in postgraduate education. Our group has addressed this challenge by developing an online learning portfolio in which pediatric residents can record and reflect on advocacy experiences, and discuss these in small groups including a faculty coach. This has been trialled since 2012.

Summary of Work: To evaluate the utility of the portfolio and barriers to its use, we are interviewing pediatric residents and faculty coaches. Interviews and analysis are still in progress. Four interviews have been completed and few more are expected to be completed in the next two-three months. Anonymized transcripts were analyzed using thematic analysis.

Summary of Results: Preliminary data analysis indicates that residents feel the portfolio and ensuing group discussions do result in increased awareness of advocacy opportunities, and increased feedback in relation to the advocacy role. Barriers include time to complete the portfolio, and lack of participation from all group members.

Discussion and Conclusions: The knowledge provided through residents’ perspectives of the portfolio could ultimately be useful in developing and incorporating a standard evaluation process of health advocate competency in pediatric programs and potentially across disciplines.

Take-home messages: A program using an online advocacy portfolio and small group discussion can be useful in enhancing resident reflection on day to day advocacy opportunities.
Challenges in the Implementation Of Competencies In The Preclinical Years of Medicine: Academic Factors

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Background: The implementation of a curriculum based on competencies in Medicine involves planning and application of strategies centered on student learning. Despite the development and diffusion of programs using competencies in medicine, they basically concern the clinical areas and rarely basic sciences.

Summary of Work: The objective of the present study is to describe and analyze the challenges presented in an attempt to change from a traditional teaching of medicine to one that introduces the competencies in basic sciences. For this purpose our interdisciplinary group of teachers designed some strategies and materials that were used by professors of five basic disciplines and evaluated by a SWOT (Strengths, Weaknesses, Opportunities and Threats). The analysis and assessment of the observed problems were described as: challenges, implemented solutions and what the team learned.

Summary of Results: The teachers’ group found six challenges. Among them: changing traditional teaching; strategies to employ; teachers’ and students’ behaviors and, appropriate instruments to assess competencies in large groups of students.

Discussion and Conclusions: To solve these situations to achieve a new model of teaching based on competencies we modified the teaching and learning skills, proposed workshops for teachers in competencies supervised by experts, and developed better learning materials.

Take-home messages: It’s possible to apply competencies in basic sciences if we prepare and commit professor to the change and develop clear and precise working materials for students.

Entrustable professional activities in competency-based veterinary education

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Background: Many graduate medical education programs have started to consider and adopt entrustable professional activities (EPAs) in their curriculum. EPAs could increase transparency in the workplace regarding students’ abilities and competencies, and help to ensure safe and quality patient care. Nowadays, there is an increased interest in competency-based veterinary education at the clinical workplace. The motive of this study was to describe EPAs and explore its feasibility in veterinary clerkships.

Summary of Work: A Delphi procedure was conducted to validate a framework of EPAs amongst 83 veterinary (education) experts. Two rounds resulted in a list of 35 EPAs. These EPAs are intended to serve as a guide to develop meaningful, work-based assessments that inform the students’ competency development. The EPAs will be implemented in a competency-based clinical assessment program using an electronic portfolio.

Summary of Results: The Delphi procedure resulted in a list of 35 EPAs for assessing students competency development. Examples of these EPAs are: ‘History taking, general impression and general examination’ and ‘Pain relief’ and ‘Managing a respiration problem’.

Discussion and Conclusions: The EPAs will be employed in the undergraduate training program, with the focus on the practicability to give insight in students’ performance on the clinical workplace. Further research should focus on how EPAs could be implemented for enhancing competency development and making entrustment decisions

Take-home messages: EPAs could be used to bridge the gap between a competency based approach and daily clinical practice.
#3GG05 (26034)
The importance of chairperson feedback for the monitoring and improvement of competency-based curricula and associated training programs

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Background: For the AOTrauma Residents’ Education Program, a competency-based curriculum has been implemented starting September 2013, affecting 150-200 courses worldwide. One element of the rollout is a training program for local chairpersons (CTP), helping them to learn more about their tasks and creating a course program. To ensure that the CTP meets its goals and allow for feedback after having applied the learnings in practice, a chairperson survey has been designed.

Summary of Work: An online survey with 32 questions about value and ease of use of the framework and support material, faculty management, assessment, logistics and improvement suggestions has been developed. The survey was sent to 17 chairpersons after their first face-to-face course of the curriculum. Based on the experiences the survey has been modified, concentrating on course framework and support material. Starting March 2015, it will be sent to all chairpersons involved.

Summary of Results: So far, 8 of 17 chairpersons (47%) participated in the survey. All chairpersons considered the curriculum framework very helpful or helpful and made use of the faculty support material. Extensive feedback has been given on potential improvements. It is expected that by August 2015, another 20-25 responses will be available for evaluation.

Discussion and Conclusions: Supporting and educating chairpersons in the planning phase is crucial for successful implementation of a competency-based curriculum (Dath D, Iobst W, 2010).

Take-home messages: Chairperson feedback is an important component in the monitoring and continuous improvement of competency-based curricula and associated training programs.

#3GG06 (25245)
Competency Based Medical Curriculum: Kazakh National Medical University Perspective

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Background: Competency Based approach for training and assessment of health professionals is essential requirements to graduate to meet needs of national health care and undertaking the roles of doctor.

Summary of Work: The key 5 Competencies of Graduates, Internship and Residency have been developed and adopted within the framework of the KazNMU’s Competency-Based Medical Curriculum. That is allowed to establish the KazNMU’s Centre for Teaching Excellence and develop Faculty Development Programme based on 6 competencies.

Summary of Results: Definition of KazNMU’s Competency Based Model including Descriptors for each Key Competency, Learning outcomes with identification of Teaching and Learning Methods, Assessment Methods, Level of Proficiency, enablers discussed and developed by appropriate Educational Departments and Curriculum committee. The efficiency of implementation has been studied that allowed to find that graduates able to be effective clinical encounters and improve the physician-patient communication in practice after their graduation.

Discussion and Conclusions: Implementation of the KazNMU’s Competency-Based Medical Curriculum allowed to defining the Faculty competencies to delivery new curriculum and enhanced learner – centredness, self-awareness and personal growth of graduates and their clinical and communication skills, knowledge about national health care system and patients’ rights.

Take-home messages: It is necessary to evaluate effectiveness of implementation of Competency Based Medical Curriculum and should using an appropriate and reliable assessment methods as approach to enhance learning and achievement defined competencies.
Shared Educator Competencies: A Synthesis toward Common Learning Outcomes for Masters Programs in Health Professions Education

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Background: The movement toward competency-based education in the health professions became apparent with the Institute of Medicine report, Health Professions Education: A Bridge to Quality. However, an initial scan of the literature for “educator competencies” revealed no consistently embraced framework that could be applied to instructors and faculty across health professions.

Summary of Work: A systematic search of electronic databases including PubMed, CINHAL, ERIC, Google Scholar, Google, and others resulted in 477 articles and resources. These were examined through qualitative methodologies of constant comparison for emergent common themes, which were developed into a list of common domains and educator competencies that could be shared across the health professions.

Summary of Results: The emergent domains included:
- Shared philosophy of experiential and reflective learning;
- Educator as teacher;
- Educator as assessor;
- Educator as leader;
- Educator as scholar

Discussion and Conclusions: These competencies were implemented as the framework for curriculum development and program evaluation for an explicitly interprofessional masters degree in health professions education, and the efficacy was evaluated through surveys of students and alumni and through a review of program impact. Early results indicate that this framework robustly defines the competencies required of instructors and faculty across the professions of medicine, nursing, physical therapy, pharmacy, occupational therapy, and beyond. Additionally, this model was thought to capture all relevant outcomes and impacts at levels of the scholars, their programs of employment, and their students.

Take-home messages: Shared educator competencies can form an effective framework for meeting the increasing demand for highly qualified faculty across professions, and is an effective model for program evaluation.

From Novice to Expert, recognition of early learning goals

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Background: Young residents just graduated from university are typically former diligent students; they are theoretically well-founded and focused on the medical expert role. However, to accommodate the patients needs the resident must bring the remaining roles; Communicator, Collaborator, Manager, Health Educator, Scholar and Professional, in action too.

Summary of Work: Aim of this work is to create educational tools to clarify and visualize individual learning goals according to the 7 roles. Uninterrupted video recordings of the resident’s encounter with real life patients in the emergency ward form the background for the supervisor’s assessment of the novice. Focus is initial assessment of young resident’s individual competences according to the 7 roles of expertise. The resident receives feedback and a customized educational guidance according to the individual needs and capability. The assessment and feedback will be repeated three times during half a year of employment. Focus group interviews on participants have been used for immediate evaluation.

Summary of Results:
- The method is applicable in an emergency ward.
- The method uncovers educational challenges and goals not identified by conventional supervision.
- Intervention is appreciated by the residents.
- Since February 2014 twenty-three out of twenty-three possible residents participated in the project.

Discussion and Conclusions: Our data shows that the enhanced focus and bringing all the 7 roles into play enhances the young resident’s self-reflection on their competences and learning strategy.

Conclusion: Early needs recognition support and improve professional development.

Take-home messages: Video recordings of real-life patient encounters in a clinical setting form a valuable tool in clarifying and visualizing individual learning goals.
Core competencies medical students need after graduating – do we really know what they are?

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Background: Medical education is struggling to keep up with the rapid healthcare development. The predominant hospital orientation may dominate at the expense of primary care teaching. The Faculty of Medicine at the University of Helsinki is currently undergoing a reform to adapt competence-based goals to the pregraduate curriculum.

Summary of Work: The goal was to provide evidence-based knowledge on what conditions primary care work consists of to redirect education to ensure that medical students master the essential competencies. We analyzed ICD-10 diagnoses by one letter and two numerals for 12.9 million visits to primary health care professionals between 2009 and 2013, listed them to predetermined specialties and revealed how this correlates to our curriculum.

Summary of Results: We detected that the proportions between specialties in primary care and our clinical curriculum were mostly consistent, though some areas such as internal medicine and orthopaedics and traumatology require more attention and that a part of the volume of pediatrics and obstetrics and gynecology could be elective. We also describe how lists of most common diagnoses for specialties were offered to help cover the essential conditions during clinical courses.

Discussion and Conclusions: This study demonstrates how we compared primary care clinical work to what is taught to medical students.

Learner reflections can contribute to decisions about progression and entrustment

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Background: In 2014 four second year medical students at the University of Colorado entered a new pediatric pathway which uses a structured approach for reflection in the clinical setting.

Summary of Work: Students use a framework that blends Core Entrustable Professional Activities for Entering Residency (CEPAERs) and Reporter, Interpreter, Manager, Educator (RIME), which provides a road map for clinical work. They are coached to reflect using the framework, before, during and after a clinical action/seeing a patient. Reflections are reviewed by the clinical competence committee (CCC) every 3-6 months.

Summary of Results: Reflections before action provide data about prior experience with similar cases/clinical situations, anticipated challenges, potential knowledge, attitude and skill gaps, and suggested actions for success; reflections during action about actual challenges, both anticipated and unanticipated, real learning needs, and thought processes about clinical action choices. Reflections after action, often written after talking with faculty, frequently reference ‘before’ and ‘during’ reflections, give critiques of their performance and suggestions for future improvement and learning. The CCC mapped reflections to RIME and discussed levels of supervision needed for CEPAER addressed by the students’ reflective narrative.

Discussion and Conclusions: Over time, students’ reflections provided the CCC with narratives about clinical work that complemented and were usually congruent with faculty narratives and provided rich data to make judgments about progression and entrustment decisions.

Take-home messages: Reflection done by learners in the workplace using a framework they understand provides rich narrative data that closely matches faculty interpretations of learner performance and supports development of clinical expertise.
Knowledge, skills, and attitudes towards patient safety in medical students in Thailand

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Background: Patient safety has been integrated in clinical year medical student’s curriculum in Sunpasitthiprasong hospital. Little evidence to describe medical students’ attitudes, knowledge and skills regarding patient safety. The present study was aimed to examine the attitudes, theoretical knowledge and skills among medical students, to examine factors associated with their attitudes, and their intentions regarding patient safety.

Summary of Work: 50 4-6th year medical students were invited to answer the self-administered questionnaire, which included information on students’ characteristics, theoretical knowledge, skills and attitudes towards patient safety, and their intentions regarding patient safety. All items were scored on a 5-Likert Scale. Factors associated with attitude, knowledge and skills were examined using logistic regression.

Summary of Results: A total of 50 questionnaires were distributed, 100% of survey questions were answered. The students’ attitudes to learning about patient safety and their intentions regarding patient safety were fairly good, although their knowledge of medical error and how to report the medical error was poor. There were no statistical differences among different age, sex, religion, study year, GPAX, and curriculum type in any item.

Discussion and Conclusions: Although medical students’ understanding of patient safety is poor in Sunpasitthiprasong hospital, the students have a positive attitudes to learning about the knowledge of patient safety in their future careers.

Take-home messages: Patient safety should be included in formal curriculum.

Medical Student Identification: Removing anonymity

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Background: The need for strengthened identification of hospital staff was highlighted in the Francis report (2013).1 Misidentification of medical students as doctors is commonplace and causes a range of potential problems.

Summary of Work: A prospective 6-week observational study reviewed the impact of “MEDICAL STUDENT” (MS) labelled lanyards on student identification and inclusivity in a University Hospital. Quantitative data was collected pre and post implementation via structured questionnaire and analysed using descriptive statistics. Qualitative data was collected via focus groups and underwent thematic analysis.

Summary of Results: 44 students were allocated to the intervention (n=25) or control group (n=19). Students perceiving themselves identifiable to staff increased from 20% to 89% in the intervention group versus 20% fewer students in the control group. Similarly the percentage that felt identifiable to patients in the intervention group increased from 12% to 84% versus a 13% control increase. Self-reported misidentification in the intervention cohort fell 43% versus a 19% decrease for controls.

Discussion and Conclusions: Qualitative methodology demonstrated staff and student support for the lanyards. Main themes identified qualitatively included increased confidence and assurance in the clinical environment. The study is limited by small sample size and lower control group response rate to post-implementation questionnaires. There was a reduction in the misidentification of students. Students and staff were very positive regarding the intervention and its potential impact on patient safety.

Take-home messages: Medical student lanyards have been successfully implemented in our University Teaching Hospital with a significant increase in students perceived level of identification.
Communications, seniority and medical errors for healthcare professionals

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Background: Many studies indicate that medical errors decrease as the healthcare professional get more experienced. However, due to diversity and complexity of medical errors, current literature have limited evidence on the individual’s experience of medical errors among different types of medical errors. This study aims to examine the association among medical errors, communication and seniority for healthcare professionals.

Summary of Work: Using multi-source approach, this study collected 2474 samples from surgeons (n=250), nurse anesthetists (n=550), surgical nurses (n=669), physical therapists (n=445), and pharmacists (n=560). The surgeons filled out the semi-structured questionnaires which included diagnosis errors, treatment errors, procedural errors, and communication errors. The nurse anesthetists, surgical nurses, physical therapists only filled out procedural errors and communication errors. In addition, in-depth survey for 110 healthcare professionals were conducted.

Summary of Results: Our research finding indicate that types of medical errors for surgeons differ from those of paramedical personnel. Surgeons involved in broader types of medical errors, while the other personnel involved more in specific types of errors, i.e., procedural errors. When all personnel get experienced, all types of medical errors decreased, the percentage ranged from 50% to 10%. However, communication errors only decreased from 35% to 50%.

Discussion and Conclusions: The study results indicate that medical errors results from communication appear to be harder to be improved for healthcare professionals. Educators or administrators in hospitals should utilize their resources of social capitals to help clinicians and their team members to minimize the risk of medical errors and keep the quality of care assured.

Take-home messages: Medical errors in procedure type are easier to be improved and corrected. Educators should be aware that medical errors resulted from communication are not that easy to be improved by designed intervention or as the age increased.

Training in Raising Concerns - a survey of a cohort of postgraduate medical trainees

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Background: The Francis Report demonstrated that failing to raise concerns can lead to devastating consequences. Consequently, all NHS bodies now have a duty of candour; to offer information and apologies regarding any safety incidents. All frontline healthcare staff, including postgraduate medical trainees, thus have a responsibility to raise concerns about patient safety and other healthcare professionals. However, there is a lack of clarity with regards to correct process of reporting concerns, which could lead to underreporting of these incidents. The training in reporting concerns for postgraduate medical trainees is neither uniform nor standardized. The General Medical Council has set out guidance about raising and acting on concerns but these are not specific to regions or trusts.

Summary of Work: In view of this, I carried out a survey to establish the understanding of a cohort of postgraduate medical trainees about how to raise concerns. I designed an anonymous survey which was emailed to all Obstetrics & Gynaecology trainees in Health Education North West.

Summary of Results:
• 18% of trainees have wanted to raise concerns but did not know how
• 21% of trainees who raised concerns found that no action was taken as a result of the concern raised while 46% of trainees did not receive feedback
• 12% of trainees have been actively discouraged to raise concerns

Discussion and Conclusions: Postgraduate medical trainees are responsible for raising concerns and reporting incidents where patient safety has been compromised. However, significant numbers of trainees lack the knowledge of how to raise concerns and this could represent a training issue.

Take-home messages: There is a need to improve the training of postgraduate medical trainees about how to raise concerns.
#3GG15 (25729)
The perceived needs for improvement in teaching and learning patient safety at Maharaj MEC, Thailand

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Background: Although patient safety has been integrated with other disciplines in the medical training programme at Maharaj MEC, the evaluation have not been done.

Summary of Work: The study was performed in medical students who graduated from Maharaj MEC during 2011-2013 and still worked in the rural areas; there were 58 graduates. Questionnaire and telephone interview were applied to explore any aspects the graduates recognised about patient safety during the medical training programme; the importance, knowledge and adequacy of patient safety in their practice.

Summary of Results: There were 36 out of 58 graduates responding the questionnaire and telephone interview afterward. Most of the respondents recognised that they had learned patient safety particularly during clinical years while some had not recognised. The graduates encountered many problems involving patient safety such as understanding and managing clinical risk; improving medication safety. All the respondents agreed that if they had learned more about patient safety during medical training programme focusing on a variety of case discussion, it would help them having more confidence in daily practice.

Discussion and Conclusions: To meet the needs for graduates, there should have more study on patient safety focusing on case-based learning.

Take-home messages: Case-based teaching should be used for promoting patient safety study.

#3GG16 (25154)
Learning from incidents: Patient safety for foundation doctors

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Background: Although patient safety is at the forefront of the agenda in medicine there is currently limited integration of its principles into medical education at both undergraduate and post graduate levels. Basildon Hospital has recently been subject to an investigation. A questionnaire of outgoing foundation doctors revealed patient safety was not adequately covered in their curriculum. An attitude that incident reporting was an arduous process and not a worthwhile exercise because nothing would change was also elicited.

Summary of Work: Through teaching sessions throughout the year, foundation year 1 doctors (FY1) will be given selected sections of real patient notes from previous incidents at the hospital and asked to perform an ‘after action review’ which is taken from the airline industry. Sessions are to be facilitated by a core medical trainee, consultant and a member of the patient risk group.

Summary of Results: The outcome of the teaching programme will be measured by pre and post course questionnaires and the measurement of incident reporting by FY1s will be compared to the previous year’s cohort. Initial results are promising with universally positive feedback.

Discussion and Conclusions: Through the implementation of a new education programme it is hoped that patient safety can be increased through the hospital’s frontline. By educating the FY1 doctors we intend to prevent the negative attitude towards incident reporting from developing at an early stage and demonstrate that negative patient outcomes can be turned into positive educational outcomes. The programme is currently being delivered in its first year with a view to expanding to other multidisciplinary groups in the future.

Take-home messages:
• Patient safety needs to be covered more comprehensively in medical education.
• Learning from incidents can be used in formal teaching.
• Teaching programmes can be developed in any hospital with incident reporting.
Integrating Tactical Decision Games (TDGs) into the medical undergraduate curriculum: The students’ perspective

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Background: Errors in non-technical skills (NTS) such as communication, teamwork, task prioritisation, situational awareness and decision making contribute to a large proportion of clinical incidents, some of which have severe or fatal outcomes. Tactical decision games (TDGs) are low-fidelity, easy-to-stage, classroom based exercises where participants are presented with an emergency scenario e.g. a shipwreck. They have been widely used in high-risk occupations, such as in aviation and the military, to develop NTS. This study explored medical students’ perspectives on using TDGs to teach them about NTS.

Summary of Work: 29 final year medical students participated in a TDG session including a presentation and discussion around NTS followed by a simulation session requiring the application of NTS behaviour. Focus groups were then used to evaluate students’ perceptions of TDGs and to facilitate the iterative development of the sessions.

Summary of Results: Students valued TDGs as a method of introducing them to NTS and supported their introduction into the medical undergraduate curriculum. Some students suggested that TDGs should be introduced earlier in the curriculum to encourage progressive NTS development. Students also emphasised the importance of NTS training in later years when they are focussing on preparation for clinical practice.

Discussion and Conclusions: Students supported the introduction of TDGs into the curriculum as a method of teaching them about the importance of NTS. They also supported the use of non-medical TDGs as this encouraged focus on NTS. There is widespread student support for increased NTS training throughout the curriculum.

Take-home messages: Students view TDGs as a feasible and acceptable method of teaching them about NTS.

A regional, blended approach to education in patient safety: development, delivery and future prospects

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Background: There is a lack of focussed safety education for healthcare trainees, with indistinct competencies that are assumed to be achieved during training. Furthermore, the best modalities for delivery are uncertain. We describe our development of a blended learning approach to safety education.

Summary of Work: The East Midlands Patient Safety and Improvement Science (EMPSIS) course has been developed for regional healthcare trainees incorporating multiple modalities: e-learning, workshops and simulation. Initial development defined a curriculum focussing on key competencies achieved through focus-group and individual interviews with key national (including the GMC) and international experts and mapped to international safety curricula. The final curriculum is therefore focussed.

Summary of Results: The curriculum has been structured into six domains. To date, four domains have been completed and e-learning is under evaluation by the first user- groups (medical trainees). The resources are being well received based on content and usability. Workshops are being developed with positive feedback for a piloted “wellbeing workshop.” Evaluation is in progress for the integration of EMPSIS into a regional vertical, interprofessional simulation day.

Discussion and Conclusions: EMPSIS is a developing, blended approach to education in patient safety and improvement science for healthcare trainees. Current evaluation has shown a positive reaction and an increase in learning. Future work will include evaluation in relation to changed behaviours (through feedback and portfolio reflections) and results in changes in healthcare culture (through questionnaires) and increases in healthcare trainee reporting.

Take-home messages: Via a patient centred, interprofessional, blended learning approach, EMPSIS aims to change behaviours and show results through improvement in the quality of care.
Can we improve attitudes towards patient safety in final year medical students?

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Background: Patient safety education is vital in the undergraduate curriculum. The GMC has recently recommended a single set of standards for medical education, putting patient safety at the core of training. This promotes a culture that learns from mistakes or clinical incidents and it reinforces the professional duty of doctors to be open and honest with patients when things do not go as planned.

Summary of Work: Our aim was to introduce a workshop for fifth year medical students to address the GMC guidance. Outcomes are based on the WHO patient safety curriculum. Subsequently the new Foundation Year 1 doctors will be assessed to ascertain if this intervention has improved attitudes towards patient safety. A workshop involving case based discussion and role play- using viable small group methods, will be delivered to approximately 40 fifth year medical students. A questionnaire to rate satisfaction and attitudes to patient safety will be distributed pre and post workshop.

Summary of Results: The results will be presented during the AMEE conference.

Discussion and Conclusions: A complete analysis and conclusion will be presented at AMEE. Our hypothesis is that our workshop will be well received and improve attitudes, however impact on future practice needs to be investigated to assess enhancement in delivery of care. Further work will include using semi-structured interview and quantitative investigation via critical incident reporting.

Take-home messages: Incorporating GMC standards on patient safety into the undergraduate curriculum is vital and finding a successful format of delivering this to medical students is essential.