#3HH Posters: Postgraduate Education: Speciality Training
Location: Hall 4, SECC

#3HH01 (24191)
Evaluation of a Quality Improvement learning intervention in General Practice training

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Background: Leadership skills are required for the development and implementation of quality improvement initiatives aiming to improve patient care. Although leadership skills are often set within medical curricula, the teaching of these skills and their acquisition in practice are often challenging.

Summary of Work: This poster outlines an evaluation of an education intervention designed to support GP trainees in the implementation of a quality improvement projects within their work place, thus supporting the development of their leadership skills.

Summary of Results: Evaluation included a before and after confidence questionnaire and interviews with GP trainees and their GP trainers. Thematic analysis followed.

Discussion and Conclusions: The educational intervention was shown to improve GP trainees’ knowledge and understanding of Quality improvement principals and provided practical experience to develop leadership skills within this context. A number of barriers and facilitators for the implementation of projects were identified. Many trainees felt the experience enhanced their CV and made them more confident when applying jobs post qualification.

Take-home messages: It is possible to teach quality improvement skills within General Practice training. The intervention was well received by practices, trainers and trainees.

#3HH02 (26793)
Indicators for ad hoc knowledge of family doctors in Germany

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Background: Family doctors occupy a key position in Germany’s healthcare system and act as gatekeepers between the various medical disciplines. Their explicit medical knowledge levels, however, can be quite disparate. This study analyses family doctors’ performances in a standardised knowledge test.

Summary of Work: The survey was based on the Progress Test Medicine (PTM), a standardised test on graduate level. After formal blueprinting and item analysis, 60 items of PTM were selected ("PTM-FamDoc"). PTM-FamDoc was then presented ad hoc to family doctors and internists from Germany and Austria at a number of professional meetings in 2011. 161 volunteers completed the survey. For evaluation, ANOVAs were calculated and compared.

Summary of Results: Overall, three indicators turned out to be highly significant for the performance, namely: (a) the time that had passed since graduation, (b) the grade received in the licensing examination, (c) the site of postgraduate training.

Discussion and Conclusions: Recent graduates performed better in the PTM-FamDoc; a doctor’s licensing examination grade as well as training at a university hospital correlated positively with PTM-FamDoc performance. While memorised facts are important, however, they are not the only form of knowledge relevant for professional performance.

Take-home messages: A family doctor’s knowledge level is highly influenced by exam grades, time since graduation and the institutional affiliation of postgraduate training. Individual needs of the aging physician have to be deliberately considered in lifelong learning. In consequence, the on-going teaching of medical knowledge should not just be a part of university hospital education in Germany, but should equally be integrated into family doctors’ everyday practices in non-academic environments.
Development of a general practice specialty training DVD resource using formative assessment consultation recordings

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Background: A formative clinical skills assessment (fCSA) is run annually in South East Scotland for general practice specialty trainees (GPSTs). GPSTs complete four simulated consultations and receive formative developmental feedback. The fCSA is video recorded; the potential teaching value of recordings was recognised.

Summary of Work: A feasibility study was conducted (2012-2013) to determine whether fCSA consultation recordings could be used for a GP training resource. Material was piloted with GP educational supervisors (ESs). Process recommendations facilitated subsequent resource development (2013-2015). A designated lead oversaw development (ethics, consent, video recording, consultation selection, resource writing/production). Consultation analysis by ESs/a CSA examiner formed the basis of written resource material.

Summary of Results: In the feasibility study, 94.9% of GPSTs (total=59) consented to use of recordings. 87.4% (mean) of ESs thought recordings would be useful for teaching. 72.6% (mean) of ESs (total=44) had no concerns about using recordings for teaching. 27.4% (mean) had concerns (audio-visual quality, informed consent, trainee confidentiality).

In the development process, 76.2% of GPSTs (total=63) consented to use of recordings. 16 appropriate consultations were selected; 4 were excluded following consent withdrawal.

Discussion and Conclusions: Feasibility study findings indicated a positive ES response and guided audio-visual and consent process improvements. Development challenges included budgetary constraints and trainee consent aspects. The lower rate of GPST consent during resource development may reflect more explicit consent information/highened reality of the decision. Time and resource permitting, it is possible to develop a training resource using formative assessment recordings.

Take-home messages: This educational resource concept/development process may be applied in similar clinical education settings.
Family Medicine Residents’ Attitudes Towards Depression and the Impact of Residency Psychiatry Training

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Background: A hands-on, closely-supervised once-a-week outpatient psychiatric training was set up for family medicine under a new residency programme in 2011.

Summary of Work: The participants were asked to complete these questionnaires:
1. The Depression Attitude Questionnaire (DAQ), at the start and again at the end of the six-month outpatient clinic experience in psychiatry.
2. A general questionnaire which gathered participants’ information.

From Jul 2013 to Dec 2014, 20 such residents completed their outpatient psychiatric training. A description of the participants’ profile and preliminary findings of the DAQ scores are presented.

Summary of Results: The characteristics of participants were: age (mean 28.5 years); sex (male 9, female 11); ethnic group (all Chinese); marital status (married 7, single 13); highest level of medical training attained (MBBS 17, MD 2, postgraduate diploma 1); previous attendance at postgraduate continual medical education related to psychiatry (talks/seminars/workshops 8, none 12); previous experience in clinical psychiatry (only 1 had a three-month elective, rest none).

Depression attitude scores before and after training: Family medicine residents at the end of their six-month outpatient psychiatry outpatient training experience show changes in various attitudes towards depression. In particular: the increased recognition of biological causation of depression; ability to diagnose depression; feeling more comfortable dealing with depressed patients and thinking it is less heavy going but instead more rewarding; and believing that a GP can use antidepressant treatment with satisfactory result.

Discussion and Conclusions: Residents undergoing family medicine residency psychiatry outpatient training show positive changes in attitudes towards depression.

Take-home messages: Outpatient psychiatry training for family medicine residents can increase their confidence in managing depression in primary care.

Setting up a quality improvement project for final year GP registrars - the pilot in SE Scotland

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Background: The Quality Improvement project (QIP) is part of the RCGP’s proposals for the final year in an Extended GP Training programme. The aim was to enable GP trainees to learn leadership and QI skills and apply these to practice. The Scottish deanery Southeast region was chosen as the national QIP pilot site for a selected trainee group.

Summary of Work: The pilot involved testing out structured meetings between educational supervisor and trainee, creating materials and support systems for trainees as well as those for their educational supervisors, setting up facilitated peer-support groups, and trialing methods of assessment.

Summary of Results: This poster describes the structure, tools and materials put in place for participating ST3s and educational supervisors. 11 GP trainees completed the QIP pilot. Subsequent evaluation has shown that trainees reported a huge sense of achievement from setting up projects that had the potential to make a difference to patients.

Discussion and Conclusions: Despite the short timeframe for the projects, and initial scepticism from some ESs, the pilot process described was successful and has led to increased trainee interest.

Take-home messages: Trainees welcomed the opportunity to translate leadership theory into practice. An educator team with clearly defined roles helped to engage stakeholders and trial a variety of processes.
Feasibility of Pediatric Resident Training in Developmental Screening on Rotation

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Background: Developmental screening is an important skill for pediatric care; however, Developmental Pediatrics (DP) is frequently cited by physicians as an area of insufficient training. We studied implementation of a new developmental screening curriculum and its effect on resident attitudes and behaviors towards screening tool use.

Summary of Work: During their DP rotation, General Pediatric (GenPeds) residents received didactic sessions on using a validated screener, managing positive screens and providing families with information on community resources. They then attended a “screening day” in a GenPeds clinic to practice the screener. Each resident recorded number of screens as well as screening outcome on a logsheet. Residents were interviewed at start and end of rotation to assess attitudes about screening.

Summary of Results: Over four years (April 2011—December 2014), 49 residents participated and screened a total of 475 children. Mean screens per resident day was 14 (range 3-27). Resident feedback showed overall positive experiences with improved knowledge of community resources. They expressed a need for screening opportunities to be available in more and varied settings during training. The most commonly expressed obstacle to screening was time.

Discussion and Conclusions: Integrating screening education into GenPeds residency during the DP rotation was feasible, ie residents were able to complete, score and interpret a base number of screens, and highly acceptable to residents. Subsequently, screening curriculum was expanded to all GenPeds clinics.

Take-home messages: Strong core teaching from DP educators in conjunction with massed practice in community GenPeds clinic was successful in beginning to develop a developmental screening practice in pediatric residents.

Improving Paediatric Trainees’ Confidence in Outpatients: Complete Clinic Management

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Background: Trainees must be competent and confident at handling both the clinical and managerial aspects of outpatient work. This is increasingly important as paediatricians aim to reduce inpatient stays with new directives to ensure that specific patient groups are followed-up within certain time-frames. We recognised that trainees would value training in this area, as clinic experience if often trumped by acute service needs, therefore decided to plan a relevant study-day.

Summary of Work: We used multi-modality feedback to inform the content of a clinic management study-day. We advertised the course, recruited faculty and invited trainees. The first ‘Complete Clinic Management’ (CCM) course was held on 14th January 2015. Pre and post course questionnaires were collected, assessing trainees’ confidence in both the clinical and managerial aspects of outpatients.

Summary of Results: 30 trainees attended CCM and overall felt more confident in outpatients after the course (p=<0.05). In particular they felt more confident planning a clinic, assessing referrals, and communicating in difficult scenarios (p=<0.05). Trainees’ confidence in clinical scenarios in outpatients was not significantly different after the course. Trainees’ comments were mainly positive about the course but suggested that future courses should include further coverage of the managerial aspects of running clinics.

Discussion and Conclusions: CCM was very successful, with trainees feeling significantly more confident in outpatients after attending. Trainees particularly valued coverage of the managerial aspects of outpatients; perhaps clinical aspects are better covered in everyday clinical practice.

Take-home messages: Trainees value exposure to managerial aspects of outpatients. CCM will run again in July 2015 to improve paediatric trainees’ abilities to run outpatients.
Do we fall short of teaching residents to deal with death? Perspectives and differences towards bereavement in Paediatrics and Internal Medicine

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Background: Death and bereavement are important aspects of medicine often neglected in formal medical education. We aim to study the attitudes and responses of residents towards patients’ deaths and differences of perspectives between paediatrics (PD) and adult internal medicine (IM) residents.

Summary of Work: An anonymous survey was conducted amongst all PD and IM residents in a tertiary hospital in Singapore. Questions addressed their attitudes, emotional responses and coping mechanisms towards a patient’s death.

Summary of Results: 37 PD and 85 IM residents participated (100% response rate). PD (84.0%) and IM (71.0%) residents had no previous education on bereavement. Less PD residents (54.1%) reported to be always or often able to function normally after a patient dies compared to 89.4% of IM residents (p=0.09). PD residents had more symptoms, with poor concentration (35.1% PD, 16.5% IM, p=0.02) and lethargy (35.1% PD, 9.4% IM, p<0.01) being the commonest. More PD (29.7%) than IM (16.5%) residents took longer than a few days to get over a death (p=0.09). More than 80% of PD and IM residents coped by sharing, 97% of both PD and IM residents felt that bereavement support was inadequate and believed that a helpful senior, a listening ear and informal discussions would be helpful. Most residents (PD 94.6%, IM 76.5%) felt that bereavement education was necessary.

Discussion and Conclusions: Residents can be adversely affected by patients’ deaths, with PD residents being more affected than IM residents. This may lead to burnout if left unaddressed.

Take-home messages: Bereavement education and sharing sessions should be included in the residency curriculum.

Regional teaching programme for level 3 (ST6-8) paediatric trainees: Is it beneficial? And what are the other deaneries doing?

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Background: All deaneries have specific compulsory training days for paediatric trainees from ST1 to ST5. While the grid trainees continue their training days, general paediatric trainees do not necessarily have a dedicated teaching programme during their final years of training. We introduced specific training days for level 3 trainees (ST6-8) in our deanery for a trial period of 2 years. Trainee feedback was assessed to decide on continuation and/or modification of the programme. We also undertook a survey amongst the head of schools (HODs) of paediatrics within UK with the help of RCPCH to evaluate training days for level 3 trainees.

Summary of Work: The training days were organised by senior trainees 4-5 times per calendar year from October 2012 to October 2014. Clinical topics were covered in mornings and afternoons were dedicated to management topics. Written feedback was collated after each training day. An online survey was distributed to the HODs in all deaneries by RCPCH in October 2014. This was designed to explore provision of separate training days for ST6-8 trainees in other deaneries, topics covered and trainee involvement in organising them.

Summary of Results: The feedback was consistently excellent despite initial challenges and now has >90% attendance. After review by organisers and deanery, these teaching days have been incorporated into the training programme indefinitely. 7 HODs responded to our survey and 5 deaneries had separate ST6-8 training days. These were held between 5-10 days every year and all deaneries had trainee input in organising them. The main topics covered were risk management, leadership, clinical governance, START (external assessment for senior paediatric trainees), child protection and handling complaints.

Discussion and Conclusions: We strongly feel that introduction of separate teaching days for senior paediatric registrars has been a major development in our deanery as it meets the learning needs of trainees embarking on the final step of becoming a new consultant. It has also created opportunities for trainees to develop management and networking skills whilst organising these sessions.

Take-home messages: Based on our experience and feedback we would advocate introduction of bespoke training days for senior trainees in Paediatrics across all deaneries.
Mentorship in Canadian Anaesthesia Residency: A Needs Assessment

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Background: Mentorship in medical education is an important factor in deciding choice of specialty and direction of clinical practice and provides social and professional benefits for both mentor and mentee. There is scant anaesthesia resident-specific mentorship literature.

Summary of Work: Local research ethics board approval was obtained. Mentorship program characteristics most important to mentees in Canadian English-language anaesthesia residency programs were determined by survey. Data were analyzed using the chi-squared statistic with a level of significance of 95%. The authors have no conflicts of interest to declare.

Summary of Results: 122 residents (of a total of 531) from 14 programs completed the survey. Some notable results include: 58% of first and second year residents (PGY1-2) stated there should be no formal curriculum of mentorship activities compared to 87% of PGY4-5 (P<0.005). 66% of all respondents stated mentorship pairing should occur in the second year of residency. 98% stated staff participation in mentorship should be voluntary, and 62% felt that anaesthesia staff should be educated on how to mentor.

Discussion and Conclusions: This qualitative study is the first to investigate the characteristics desirable for a mentorship program in an anaesthesia residency using a sample of Canadian anaesthesia residents. Desired characteristics change as residents become more senior, and features such as voluntary anaesthesia staff participation, mentor education, and mentorship initiation in second year may contribute to mentorship satisfaction. PGY1-2s may prefer a more structured mentorship.

Take-home messages: This information will be used to improve the local mentorship program and may be beneficial to the creation or improvement of mentorship in other residency programs.

A survey to explore the experience of London anaesthetic trainees returning to work after a period of break

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Background: Increasing numbers of doctors, in particular females taking maternity leave, experience breaks in training and this trend is likely to be accentuated in the future with the feminisation of the medical profession. A structured return to work is recommended by the Royal College of Anaesthetists (RCoA).

Summary of Work: We surveyed a cohort of London anaesthetic trainees (980) during June and July 2014 regarding the number of breaks in training, reasons for breaks and their experience on returning to work.

Summary of Results: Two-hundred and thirteen trainees (21.7%) participated in the survey. Eighty-three (38.9%) experienced one or more breaks. The majority were females taking 9-12 months maternity leave with 50% returning to a Less Than Full Time (LTFT) work pattern. On return to work, half of the trainees worked in supervised sessions, but only a minority (10%) had a structured and gradual return to work and/or were formally assessed. Most of the 83 participants (n=60, 72%) rated their level of knowledge and skills as being adequate or more, whereas for confidence level this was the case for only 41 (49%) participants. A low level of confidence was particularly prevalent in female trainees returning from maternity leave.

Discussion and Conclusions: Forty percent of participants experienced a break in training. Resuming clinical practice is associated with difficulties, both practical and personal, and does not meet RCoA recommendations.

Take-home messages: We encourage the adoption of a formal and structured return to work package after a break, to support trainees’ needs, ensure high quality care, and to meet RCoA recommendations.
The case for change; designing an anaesthetic education programme to better serve the needs of the trainee

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Background: The UK anaesthetic Primary FRCA examination demands a depth of basic science knowledge that is intimidating for the core trainees who simultaneously face the challenge of a new clinical environment which demands rapid acquisition of new clinical skills. We aimed to redesign a teaching programme to better serve core anaesthetic trainees; supporting exam preparation whilst maintaining clinical relevance.

Summary of Work: The key aims of the programme changes were to reduce cognitive load through a reproducible educational framework, replace didactic lectures with an interactive style which would engage participants in a manner conducive to adult learning, and to remain multifaceted: incorporating critical appraisal, basic science and clinical knowledge. We employed a problem based structure; weekly case scenarios were provided, each highlighting a problem or concern encountered in everyday practice; an accompanying journal article focussed on the topic under consideration; 2 trainees were selected to prepare micro-teaches on relevant basic science curriculum topics. A facilitator guided the discussion, using Socratic questioning to encourage reflection on individual experience and clarify concepts when necessary.

Summary of Results: The modified Dundee Ready Education Environment Measure was used to evaluate the success of the change in programme; trainees were surveyed anonymously before and after the change. Student t test demonstrated significant improvement across the domains of perception of learning, organisers, academic self and atmosphere (p<0.05).

Discussion and Conclusions: We have been successful producing a novel anaesthetic education programme, integrating clinical and examination knowledge in a manner conducive to adult learning.

Take-home messages: Problem based learning can be used successfully to produce an integrated, multifaceted educational programme which addresses the learning needs of a specific trainee group.

Matching patient needs to teaching: Why orthopaedic trainees need internal medicine

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Background: Elderly inpatients are complex. Hip fracture illustrates this: perioperative complications relate to the interplay of intercurrent acute medical problems with existing diagnoses. We felt we needed to equip our junior orthopaedic trainees to meet the “medical” needs of patients.

Summary of Work: We analyzed data from 108 consecutive patients with a fractured hip. The top 10 co-morbidities and medical complications were identified. Three one-hour sessions were delivered and provided a framework to approach these. The top comorbidity and complication respectively were cognitive impairment and acute kidney injury (AKI). Trainees from orthopaedics and internal medicine delivered the sessions. A 10 point scale and comments were used to assess confidence before and after.

Summary of Results: 5 trainees completed the programme. Initial confidence was lowest with neurology/stroke. This saw the greatest improvement unlike AKI which started low but received a small boost. Cases to discuss were felt to be required. Sessions were described as relevant to clinical need. Peer teachers were felt to understand the needs of learners.

Discussion and Conclusions: As the population ages the distinction between “medical” and “surgical” patients’ needs will blur. Teaching should reflect this. Understanding what is commonly encountered is a rational way to approach the problem. Peer teaching can close the gap between patient need and doctors’ training needs. Difficult topics such as AKI are better approached through case discussion.

Take-home messages: Increasing numbers of complex elderly patients mean surgeons should revisit internal medicine! Peer teaching of medicine by surgeons is seen as relevant!
Health Preventive Curriculum Influences Self-Awareness and Knowledge of Internal Medicine Residents on His/Her Self-Health Prevention of Diseases and Health Promotion

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Background: Non-communicable diseases such as diabetes, hypertension, and obesity relate to inappropriate behaviors. Those can be prevented by having good lifestyles. Previous studies showed that many doctors overlooked their health such as smoking, inactive lifestyle, and overeating; moreover, those doctors tended to neglect their patients’ health in the same aspects. This study aimed to evaluate the effect of health preventive curriculum in self-awareness and knowledge of 1st year internal medicine residents after implementing health preventive program.

Summary of Work: All 1st year internal medicine residents in 2014 were included in health preventive curriculum and provided for high risk patients’ education. The preventive program consists of a series of self-management tasks: diet, exercise and psychological based intervention. Questionnaires of awareness and knowledge were collected before and after implementing this program.

Summary of Results: Eighty nine questionnaires were replied by 1st and 2nd year residents before establishing this preventive curriculum and fifty eight questionnaires were responded by 1st year residents who attended this program. There was significant higher total self-awareness in the group after implementing the preventive program (71.4% vs. 29.0%; p<0.001, OR 8.46). The average knowledge scores of 1st year internal medicine residents before and after preventive program are 44.2 and 50.6, respectively (p<0.001). Moreover, the average knowledge scores of 1st year residents after attended this curriculum were quiet similar with 2nd year residents.

Discussion and Conclusions: The preventive curriculum could promote self-awareness of internal medicine residents: in addition to, this program also increases their medical knowledge.

Take-home messages: The good preventive curriculum may encourage residents in both attitude and knowledge.

Creating a new curriculum for teaching and learning clinical procedure skills – SingHealth Emergency Medicine Residency Clinical Procedure Skills Training Programme

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Background: The introduction of ACGME I advanced specialty requirement for procedural skills competency with its shortened training duration (from 8 to 5 years) provided the impetus for the redesign of the curriculum to enable our residents learn and acquire competency within the curriculum time. The current Halstedian approach of “see one, do one and teach one” is considered to be an outdated teaching model for acquiring procedural skills in a patient safety conscious environment.

Summary of Work: The objective is to ensure that an EM R1 resident will be able to achieve virtual competence in clinical procedural skills as specified by ACGME I before embarking on performing clinical procedures on live patients from R2 onwards. Situational competence is to be attained by end of R4 year prior to graduation.

Summary of Results: The number of procedures a resident is required to attain competence on graduation: total of 66 procedures (of which 11 procedures are to be logged and tracked through ADS of ACGMEI). Airway (6), Resuscitation (10), Anesthesia and Acute Pain Management (3), Abdomen/Gastrointestinal (6), Cardiovascular/Thoracic (6), Cutaneous (5), Head, Eyes, Ear, Nose and Throat (7), Infections/Infectious diseases (2), Musculoskeletal (5), Nervous system (1), Obstetrics/Gynaecology (3), Psycho-behavioral (2), Renal/Urogenital (5), Toxicologic (1), Other Diagnostics (2), Ultrasonography (2). Mapping of procedures and how this is to be taught will be presented.

Discussion and Conclusions: There was initial difficulty in making the leap from traditional to the new framework. Task training and simulation was initially viewed as the last resort when residents do not fulfil the minimal number of procedures required. Attainment of virtual competence can help prepare residents for procedure performance in live patients.

Take-home messages: Rational use of task training and simulation can help residents achieve competence with patient safety in mind.
Improving the Feedback to Internal Medicine Residents Following Clinical Competency Committee Performance Evaluation: A Pilot Study

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Background: Review of residents’ performance by Clinical Competency Committees (CCC) and subsequent post-CCC meetings between faculty members and residents to provide feedback and to plan for follow-up actions is an integral to residency programs. It is important to constantly improve this process to ensure timely feedback and guidance. This pilot study takes an action research approach to look at the impact of improvements, which are motivated by the feedback-goal-plan-action loop (Frese & Zapf, 1994), made to the post-CCC meetings.

Summary of Work: A series of improvements were made to the Internal Medicine post-CCC meetings - providing qualitative comments, previous performance data and action plans. Surveys with Internal Medicine faculty members (n=15) and residents (n=17) were conducted between improvements to measure their impact.

Summary of Results: Most residents (60%) found the additional qualitative comments very useful as compared to other information (range from 17%-40%). Faculty members were confident in providing feedback (mean = 7.5 out of 10) but less comfortable in setting goals (mean = 6.9) and formulating action plans (mean = 6.7) for the residents. They also felt that information from the previous meetings would be very helpful for post-CCC meetings.

Discussion and Conclusions: Faculty members and residents found improvements to post-CCC meetings to be useful. Looking at how feedback translates into feasible action plans that are followed up and developing faculty members in formulating action plans are the next steps.

Take-home messages: Inclusion of qualitative comments during post-CCC meetings is important as they give residents specific strength and weaknesses to work on. Continuously examining and introducing improvement to feedback process is essential towards residents’ learning.

Strategies of medical residents to deal with situations of uncertainty in clinical practice

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Background: Based on a conceptual theoretical model of the process through which residents face uncertainty and the results of a previous qualitative study, a quantitative instrument was built to explore the strategies that residents use in typical situations of uncertainty according to its type and their academic level.

Summary of Work: The sampled population was 8,596 physicians enrolled in the Medical Specialties Program at UNAM during 2013. A total of 2,481 medical residents accepted the invitation and answered the questionnaire online anonymously and voluntarily. The questionnaire had two parts: one with socio-demographic questions and the main section with 36 typical situations of uncertainty. The response options were "I have not been in that situation", and eleven more strategies identified in the qualitative study.

Summary of Results: Two variants of logistic regression analysis were performed by type of uncertainty and academic level. The probability that a resident reported that he/she found him/herself in a situation of uncertainty is 0.69 globally. The most prevalent strategy to deal with uncertainty is to consult a physician of higher hierarchy with a probability of 0.71. The response “I have not been in that situation” tends to diminish in frequency as the resident’s academic level increase.

Discussion and Conclusions: Uncertainty is inherent in the everyday practice of physicians and even more for residents.

Take-home messages: The exposure to uncertainty should be addressed in medical education to help residents cope with different type of situations during their clinical practice. This will promote patients’ safety, improve residents’ learning and satisfaction, and help achieve institutional goals.
Teaching therapy to young psychiatrists: Surveying self-efficacy towards learning and application of psychotherapy

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Background: In 2010, formal psychotherapy training in postgraduate psychiatry training was introduced in Singapore with the implementation of the residency system. Previously, trainees' exposure to psychotherapy was limited to courses and ad-hoc clinical rotations. The introduction of this unprecedented change created the need to evaluate the trainees' learning outcomes, pre- and post-implementation.

Summary of Work: We compared self-efficacy in psychotherapy competencies between year 4 & 5 residents who went through psychotherapy training, and those who were from the previous training system (advanced specialist trainees: AST), using a survey on psychiatry trainees' attitudes and knowledge toward clinical practice.

Summary of Results: Eleven residents and 14 ASTs (response rate: 81%) completed an online questionnaire. The mean years of practice in psychiatry are 4.7 (SD = 1.5) and 5.4 (SD = 1.9) years, respectively. Residents' self-efficacy in various aspects of psychotherapy is higher (medians from 7-8) compared to ASTs, (medians from 4-7) on a 10-point Likert scale. When compared separately for cognitive behavioural therapy (CBT) and psychodynamic psychotherapy (PDP), residents' self-efficacy, compared to ASTs, is much higher in PDP (mean Cohen's D=0.78) than CBT (mean Cohen's D=0.36).

Discussion and Conclusions: Residents who underwent formal psychotherapy training displayed greater self-efficacy in psychotherapy as compared to ASTs who went through non-formal psychotherapy training. Differences in confidence to conduct psychotherapy in PDP were larger as compared to differences in confidence to conduct psychotherapy in CBT.

Take-home messages: Formal training in psychotherapy equipped psychiatry residents with the confidence to conduct psychotherapy, especially PDP.
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Background: As Professionals, surgeons need to assess their performance regularly. This study aims to provide individual surgeons with meaningful, timely feedback in several areas of team performance and patient care. This feedback may promote mindful practice, enhancing the ability to engage in self-monitoring, and promote safety and quality in surgery.

Summary of Work: Following individual pre-interviews, 10 participant surgeons at a new orthopaedic centre in Calgary, Canada were evaluated by two surgeons using the Observational Teamwork Assessment for Surgery (OTAS) tool. Participants also received up to ten evaluations from co-workers using a standardized tool to assess the surgeons’ clinical practice, communication, and teamwork. Participants were provided with a summary report and an opportunity to review their feedback with a peer, followed by a post-interview. Two researchers coded transcripts from the interviews to identify themes.

Summary of Results: Participants thought that receiving regular feedback would help identify gaps in their own practice. A majority believed greater mindfulness would be beneficial, and would specifically contribute to exposing blind spots, identifying deficits in practice, preventing automatization, and challenging core assumptions. Observations using the OTAS tool and 360 evaluations from the surgeons’ co-workers will be completed by May 2015.

Discussion and Conclusions: Surgeons report that they want feedback, and can learn from it. We anticipate that after final observations, surgeons will recognize that feedback is a mechanism for mindfulness, and that mindfulness can help improve individual and team practice.

Take-home messages: • Surgeons want timely feedback on their practice from peers and co-workers to improve mindfulness; • Improving mindfulness could expose gaps in practice/performance and thus improve patient safety and care.

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Background: There is a long-term concern as to why psychiatry is relatively undersubscribed as a specialty. Research suggests undergraduate teaching in psychiatry and students’ initial experience with patients with mental illness is important in determining views and subsequent career choice.

Summary of Work: Aim: To improve understanding of how the undergraduate psychiatry curriculum can impact on recruitment into this specialty by examining the trainees’ perspectives. We will develop suggestions for the optimal undergraduate psychiatry curriculum, aiming to enhance positive attitudes towards mental health in general and improve recruitment to a career in psychiatry in particular. Method: A mixed methods qualitative study with two parts: i) Survey of all psychiatry trainees in London asking their views about the undergraduate teaching they received in psychiatry and what impact this had on their career choice. We will document which medical schools they trained at, which will be triangulated with a complementary study investigating the content of curricula at UK medical schools. ii) This will be followed by in depth interviews with a purposively sampled group of psychiatry trainees to gather more detailed information from a representative range of perspectives.

Summary of Results: The results will be analysed alongside the data about curriculum content at UK medical schools to identify important factors in undergraduate psychiatry teaching which are likely to influence attitudes towards psychiatry and career choice.

Discussion and Conclusions: To be completed- data collection will be completed by May 2015 and analysed results will be presented.

Take-home messages: The impact of undergraduate teaching in psychiatry on future career choice.
**Practicing Evidence-Based Medicine; Comparison Barriers Among Pediatrics Residents And Faculties In ACGMEI Program In Qatar**

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**Background:** Evidence-based practice (EBP) has been widely explored; little research focused on comparing challenges of EBP among residents in training and physicians. Aims of our study is to determine barriers that residents and physicians experience in implementation of EBM in daily practice, to explore recommendations can overcome challenges.

**Summary of Work:** Cross-sectional Survey included details of demographics, perceptions and barriers to use EBM in clinical practice conducted from July till August 2014 among pediatrics residents and attending’s at main tertiary teaching hospital in Qatar.

**Summary of Results:** Out of 81 responses, 36 (44.5%) were residents, 45 (55.5%) staff attending’s. 36% of residents considered lack of qualified teachers as most cited barrier and surprisingly, 68% of attending has similar responses (P<0.013). Major proportion of attending’s and residents (62% and 48% respectively) reported lack of access for databases from home and lack of institutional resource and facility as a significant barrier; Nearly 56% of residents consider time constraint as barriers for practicing EBM compared to 40% of attending’s (P<0.012). Factors such as Influences from staff members during clinical round and low possibility for implementation of research findings to practice were described in 30% of attending’s compared to 15% of residents (P<0.001), participants identified several strategies such as hiring staff with EBM training and offering annual structural workshop in critical appraisal.

**Discussion and Conclusions:** Residents and faculties shared similar concerns on barriers in implementing EBP. Our study will be useful to design and implement basic education in EBM early in residency.

**Take-home messages:** Transfer evidence into practice is not always optimal, several challenges related to acceptance and application limiting use of EBM.

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**Medical Education for Primary Health Care: A view from students and teachers**

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Fabian Moraga, Universidad de Valparaiso, Chile

**Background:** The paradigm of medical education gives importance to a biopsychosocial model, emphasizing promotion, prevention and claiming the presence of social and human sciences. This frame was considered in Chilean health care reform, establishing Primary Health Care as a national strategy. However, whether medical schools prepare future physicians to serve at Primary Health Care settings is unknown. To know if medical education prepares physicians for working in primary health a qualitative study in four Chilean schools of medicine was done during 2013.

**Summary of Work:** Semi-structured interviews with 8 key teacher informants and 6 focus group with students were applied. Content analysis for education for general practice, primary health care orientation and preferred settings for practice was done in blind method for ethical implications.

**Summary of Results:** Graduate profiles of schools declare an orientation to general practice, but clinical experiences are hospital based supervised by specialists while primary care is not valued and seen as temporary.

**Discussion and Conclusions:** Medical Schools are not preparing professionals for Primary Health Care but for Hospital and specialized medicine. Recommendations from international organizations point out the need for community based health orientation, what does not seem to be the case in Chile. It is suggested that regulations of medical education in the country be strengthened to make the educational process more consistent with the health needs of population.

**Take-home messages:** There is a need in Chilean medical education, to progress from a hospital-centered culture to a community and primary health care orientation.
A snapshot of clinical anaesthetics training in UK medical schools

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Background: Clinical anaesthetics rotations during medical school offer several benefits to medical students. It is therefore important to monitor the provision of anaesthetics training to ensure that standards are consistent at a national level.

Summary of Work: We performed a preliminary cross-sectional evaluation of clinical anaesthetics training in fifteen medical schools throughout the United Kingdom. We adopted a mixed methods approach using a standardised questionnaire and semi-structured interviews of clinical medical students.

Summary of Results: Data were collected from 65 medical students, with a response rate of 86.7%. Two out of the fifteen medical schools (13%) did not provide compulsory anaesthetics training, and only offered rotations as part of student selected modules. Within the remaining thirteen institutions, there was significant variation in the length of rotations (median: 2 weeks, range: 2 days-6 weeks). Ten institutions (67%) consistently provided students with learning objectives, which ranged from knowledge of airway equipment to anaesthetic pharmacology. Only two institutions (13%) have introduced supervised assessments of clinical and procedural skills as essential requirements to successfully complete the rotation. Students at three medical schools (20%) cited specific concerns regarding the variation in experiences between hospital sites.

Discussion and Conclusions: Based on our preliminary results, we recommend that: 1) A minimum length for clinical rotations is established to ensure adequate exposure; 2) Assessment of procedural and clinical skills is formalised to facilitate student learning; and 3) Institutions aim to minimise variation in experiences across hospital sites.

Take-home messages: We advocate that the General Medical Council acts to standardise undergraduate anaesthetics training across the UK.