An Innovative Integrated Model

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Background: Different models of clinical skills courses have been previously suggested. Here we report an innovative approach adopted to train junior medical students in clinical skills in a multimodal fashion by near-peers, basic scientists with clinical background and senior clinicians.

Summary of Work: This quasi-experimental study was conducted at Alfaisal University College of Medicine at Riyadh using an electronic survey among Year-2 and 3 medical students, seeking their perception about the a) organization, b) delivery, c&d) self- and peer assessment in clinical skills courses.

Summary of Results: Total 298 students (91%) participated (164 Year-2; 134 Year-3). The questionnaire was valid and reliable (KMO 0.98; Barlett’s p < 0.001; Cronbach’s α 0.93). Out of maximum 5, the average ratings for the course were 3.81, 3.72, 3.67 and 3.73 in organization, delivery, self-evaluation and peer assessment respectively, with no significant difference between sub-groups. The in-campus sessions rated higher than hospital sessions (p < 0.001). As tutors, interns were rated higher than clinicians (p < 0.001).

Discussion and Conclusions: In this multimodal clinical skills course utilizing diverse tutors showed that, a) the students perceived in-campus sessions better than at hospitals, b) the students’ showed a positive attitude towards the organization, c) conducting such a complex and long course was feasible, d) the course was perceived successful by virtue of students’ self and peer evaluations and e) the students rated near-peer tutors significantly better than senior clinicians.

Take-home messages: Training clinical skills is essential in medicine. With limited resources, we conducted this course and found high satisfaction with the practical approach, organization and learning both quantitatively and qualitatively.
Presenting on the post take ward round: a tool every medical student needs

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Background: By the time medical students qualify, they are often ill-prepared to present and this is a significant source of stress and anxiety. Despite being an essential skill that a trainee uses throughout their career, very little formal undergraduate teaching is invested towards mastering this art.

Summary of Work: A cohort of 30 2nd year medical students participated in:
1. Completing forced-choice and open space questionnaires to identifying attitudes towards presenting.
2. Attending small group sessions over a fortnight where they presented, as they would on a ward round, followed by dedicated feedback and discussion sessions.
3. Completing post-intervention questionnaires to delineate whether this had a positive impact on their ward experience.

Summary of Results: The preliminary questionnaire showed that 95% of students had ‘seldom’ or ‘never’ presented a patient. 80% said that had therefore ‘seldom’ or ‘never’ discussed their histories. Results of the 2nd stage questionnaires revealed that 100% of students agreed that they felt more able and confident to present. Themes that emerged include, the confidence to now present in clinical situations and the enjoyed freedom to present and make mistakes at these teaching sessions.

Discussion and Conclusions: Students shy away from presenting as they are not equipped with the tools to do so. This in turn will limit their ability to discuss their patients, and therefore act as a barrier in gaining a more in depth clinical and social understanding of each case.

Take-home messages: Introducing a presentation skills teaching programme for students early in their training is both feasible and well-received by students and improves the firm experience.

Professional competence of clinical nursing teachers after situational simulation teaching: Effectiveness of intervention

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Background: Research focusing on new trainees, supervisors and clinical nursing teachers shows that shiftwork is the biggest challenge in teaching newcomers to clinical care, and is a particular problem for the adaptation and retention of new staff. Ten teaching hospitals nationwide were surveyed.

Summary of Work: The questionnaire study on nurturing teachers was designed around a single set of measurements taken from a purposive sample of 120 people, between May 2013 to June 2014 at a teaching hospital. 98.3% valid questionnaires on a five point scale were returned, following which experts completed a content validity test.

Summary of Results: The average score for each level and the overall value were in the middle of the scale (3 points). Some responses were even higher than 4 points, which indicates teachers think situational simulation teaching for their own professional competence in teaching is beneficial.

Discussion and Conclusions: An OSTE was used to measure performance of clinical nursing teachers before and after the situational simulation teaching. Before the intervention the overall average was 0.59 points (SD 0.22). After the intervention the total average was 1.67 points (SD 0.27), indicating an improvement of 1.08 points over the previous survey. The t test also reached significant difference (P <.05), (t value of 17.52, P <.001).
A novel way to improve clerking, clinical examination and patient-centred care amongst medical students

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Background: It can be argued that clerking is the cornerstone of patient care within a hospital setting comprising of history taking, clinical examinations, investigations, diagnostics and clinical reasoning. Clerking a patient is an essential skill medical students are expected to master within their first year of clinical medicine. Traditionally, history taking, examination skills, and clinical reasoning (i.e. diagnostic, investigation and management skills) are taught as separate entities with students finding these skills difficult to integrate within clerking.

Summary of Work: We audited fourth year medical students’ clerkings in 2014 and 2015 looking at the percentage of students who completed the various headings within a clerking e.g. past medical history, drug history and abdominal examination. We then designed a clerking proforma for medical students. Sixth year medical students created a guide to clerking with model examples. Integrated lectures emphasising clerking were delivered by faculty at the medical students’ induction module.

Summary of Results: A significant improvement was noted in 2015 (n=100; mean=80%; t(104)=7.3096; p<0.001) versus 2014 (n=100; mean=45%). Medical students using clerking proformas with pre-populated headings performed the most comprehensive clerkings.

Discussion and Conclusions: Clerking across almost all domains improved. Most notably, more medical students were performing thorough systems reviews, enquiring about patient’s concerns, performing a greater number of examinations and formulating differential diagnoses with management plans. Many clerkings performed without the proforma were noted to follow the structure of the model examples. 

Take-home messages: Clerking, including examination skills and clinical reasoning can be improved amongst medical students by faculty delivering an integrated emphasis on clerking, providing a framework to learn clerking and having medical students model best practice.

Making Sense out of Informal Learning at the Workplace

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Background: As part of practice and revalidation healthcare professionals are encouraged to learn from their working experiences, but time pressure complicates the immediate reflection. At the same time, support for collecting, remembering and organizing informal learning experiences, i.e. the process of sensemaking in informal learning, is not well understood. Without support, valuable informal learning experiences will be forgotten and not be elaborated and acted upon leading to a great loss for individual development.

Summary of Work: We have implemented the novel visual and action-based sensemaking interface Bits and Pieces (B&P) for healthcare professionals to support individual and collaborative informal learning at the workplace. Building on top of a multimedia collection service, B&P supports remembering of informal experiences from episodic memory and parallel sensemaking in semantic memory. The prototype, domain understanding and theory were iteratively developed in several design-based research studies that were conducted in the English healthcare system.

Summary of Results: Results reveal that B&P is perceived as useful and supportive for individual and collaborative informal sensemaking. Furthermore, we found initial evidence that deeper elaboration of experiences during collection facilitates remembering and that more shallow elaboration requires later re-evaluation of the collected experiences.

Discussion and Conclusions: Following the positive results from initial tests and the demand for support from professionals, we are now starting a pilot with GP Practice staff using B&P to support both individual and team-based informal learning at the workplace.

Take-home messages: B&P provides a visual approach to support sensemaking at work, helping healthcare professionals to improve practice and evidence informal learning which facilitates the professional life.
**#5GG07 (27655)**
**Dialogues with Prisoners as Transformative Learning Experiences in Teaching Humanities for Undergraduate Medical Students**

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**Background:** The aim of this study is to examine whether dialogues with prisoners can change the perception of medical students towards prison and prisoners.

**Summary of Work:** The study was conducted in 2014 in 71 medical students who were asked to watch a video clip of Oprah Winfrey discussing deep listening with Thich Nhat Hanh and draw a two pictures to illustrate their perception about prisons and prisoners before and after having dialogues with a prisoner.

**Summary of Results:** A set of 71 pre and post-visit pictures (37 males and 34 females), almost aged 19-20 years old were analysed. Eleven pre-visit pictures (15.5%) were classified as positive perceptions compared to 24 (33.8%) pictures for the post-visit pictures.

The pre-visit and post-visit pictures could be categorized into four patterns: 6 students (8.5%) with “positive to positive”, 6 students (8.5%) with “positive to negative”, 18 students (25.4%) with “negative to positive” and 41 students (57.7%) with “negative to negative”. The findings indicated the trend of student perception of prison and prisoners tends to be towards the positive perception with statistically significant improvement (p-value=0.02) or with the odds ratio of 3.0(95%CI: 1.19-7.56)

**Discussion and Conclusions:** Direct experiences of students with deep listening skills and also self-reflections on the dilemma and sharing among the peers could be the key influences of this success in learning humanities. In addition, drawing pictures could be a tool for authentic assessment on learning in humanities.

**Take-home messages:** Dialogues with prisoners can transform the perception of medical students from negative to positive ones.

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**#5GG08 (24072)**
**Patient Pathways in the Cardiff Curriculum - a healthcare quality improvement initiative**

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**Background:** A patient pathway can be viewed as starting from their first contact in a primary care setting, their admission and treatment in hospital, and their subsequent discharge (safe or otherwise) back into the community. The literature suggests that students engaging in this type of longitudinal survey learn about “patient centredness and health care systems”.

**Summary of Work:** Students were recruited to participate in this pilot project and followed a patient from admission, through their hospital stay and then back out into the community. Meetings were held with a tutor to put encounters in context and develop solutions to problems. Students presented an academic piece of work detailing the Quality Improvement issues raised and referenced to current literature for assessment.

**Summary of Results:** The students engaged positively with the pilot and appeared to enjoy the experience. All managed to gain consent and follow a patient and were able to liaise with other health care workers in hospital and in the community. Students appreciated the patient centred nature of the project and appreciated the longitudinal follow up of patients. Some students encountered obstacles in accessing patients and health care workers after discharge from hospital and methods to overcome these were developed.

**Discussion and Conclusions:** Students gained an understanding of Quality Improvement as a central theme for healthcare provision to improve patient outcomes. They also learnt where problems in patient experiences occurred and the potential for systems to prevent or cause harm to patients.

**Take-home messages:** Students can learn the importance of Quality Improvement and the advantages to patients of safer healthcare systems in an interactive format alongside their clinical learning.
#5GG09 (27918)  
Student-centred teaching clinics: improving the undergraduate outpatient experience

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**Background**: Outpatient clinics are an educationally rich but often underutilized learning environment. There are several limitations: time pressures, emphasis on service provision and lack of resources. The stresses on both teacher and learner can lead to ineffective learning with little student participation.

**Summary of Work**: Students rotating through medical and surgical firms were given preliminary questionnaires to ascertain their educational experience of outpatient clinics. A weekly dedicated teaching clinic was established where students are supervised leading consultations, taking a history, completing an examination and then formulating a plan. Students are required to present each case followed by personal written and verbal feedback. Students completed a second questionnaire evaluating their experience with a focus on the learning environment, degree of participation and quantity and quality of feedback.

**Summary of Results**: Over 90 students attended the dedicated teaching clinic. Preliminary questionnaires demonstrated that only 7% of students have actively participated in an clinic, and 82% did not receive useful feedback. Following the teaching clinic 100% agreed that they had had the opportunity to actively participate and 96% agreed that they received useful feedback. Furthermore 89% rated their overall experience of the teaching clinic as excellent.

**Discussion and Conclusions**: Within the outpatient setting the demands of service and time pressures can lead to a sub-optimal learning environment. We have demonstrated that a dedicated teaching clinic leads to an improved student experience with increased student participation, quantity and quality of feedback.

**Take-home messages**: Dedicated teaching clinics offer a solution in reconciling student educational requirements and experiential learning, with the demands of service delivery.

#5GG10 (27920)  
An Institutional Structure to Support the Continuum of Education in a Large Academic Medical Center

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**Background**: Educating clinicians for new models of healthcare delivery requires that the clinical learning environment engenders a breadth of competencies and provides opportunities to train in inter-professional settings. Academic medical centers must accordingly develop structures that assure the quality and appropriateness of educating students, graduate trainees, and practicing physicians. Unfortunately, most centers are fragmented, with organization siloed across the educational continuum and professional disciplines. Education is often not viewed as a strategic priority for clinical delivery systems.

**Summary of Work**: UPMC (University of Pittsburgh Medical Center), an $11 B integrated academic financing and delivery system, is the major clinical affiliate of the University of Pittsburgh and the third largest GME program and one of the largest CPD programs in the U.S. We are implementing an educational service line to provide strategic direction and coordination for all education at UPMC, ranging from pre-professional and professional students, graduate trainees, and practicing health professionals.

**Summary of Results**: This new structure is aligning the clinical teaching capacity at UPMC with strategic needs, developing tools to improve the quality and efficiency of teaching in the clinical setting, improving infrastructure for education, and supporting maintenance of competency for our clinical workforce.

**Discussion and Conclusions**: The concept of a service line is innovative and very valuable in establishing health professional education as a key strategic component of a large academic medical center and advances collaboration across the continuum and disciplines.

**Take-home messages**: As health professional education rapidly changes to meet the needs of our delivery systems and the public, we must explore new strategic and administrative structures within academic medical centers to assure a competent workforce.
A Promotion Educational Project of Applying Evidence-Based Nursing in Clinical Care for Nursing Leaders in Taiwan

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Background: Evidence-based nursing (EBN) is an essential issue for improving quality of care. Enhancing the competence of EBN is the foundation of implementing evidence-based practice. This project aimed to understand the intention using of EBN and promotion strategies in nursing leaders. From the EBN education implementation to solve clinical problems and policy making for managers.

Summary of Work: Analysis of the willingness in EBN applying and barriers for nursing leaders. Adopt an actual observation method, questionnaire for leader’s before applying. We collected totally 15 leaders from based on the survey results and literature review on January 2014. Statistical analysis of surveys on leader’s applying willingness and they felt the willingness only 55.6%. The barriers including: less of the practice experience, lack of supporting from managers, and low Incentive rate and motivation. For this reason, We developed the strategies including: combining EBM center teaching resources, producing study cooperation research plan, Team Resource Management(TRM), and so on.

Summary of Results: After all the above strategies, the willingness of EBN applying been promoted from 55.6% to 86.2%(promote 30.6%). In addition, there are good effectiveness on performance improvement based on Balanced Scorecard Model (BSC).

Discussion and Conclusions: After the practice, the project and the strategies are effect. It’s not only promotion of quality care, but also prevention of incident. Hope the results benefit the policy making in organizations in the future. In addition, to form a team resource management will be the most important responsibility for us. We hope to continue develop this project and follow the effect advanced.

Take-home messages: EBN is an essential issue for improving quality of care, and we can develop by EBM center teaching resources, producing study cooperation research plan, Team Resource Management(TRM), and so on.
Organisational Factors Are Equally Important in Providing Adequate Learning Opportunities During Bedside Teaching Besides Effective Clinical Teacher

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Background: In clinical apprenticeship, bedside teaching is a complex interaction between medical students, healthcare team and patients. It provides the opportunity to assimilate medical knowledge, to inculcate professional behaviors and to attain clinical experience. Most bedside teachers are also busy clinicians, and carrying on with normal clinical workload and teach simultaneously will mean poor planning, clinicians appears in a rush to finish and encourage passivity amongst students. The aim of our study is to identify the organisational and administrative factors that medical students perceive to be important in affecting bedside learning.

Summary of Work: Final year medical students were asked to complete an anonymous questionnaire regarding perceptions of clinical tutors' attributes and organisational factors on aspects of their bedside tutorials.

Summary of Results: To deliver high quality teaching and facilitate effective learning, ward rounds need to be planned with dedicated wards and allocation of tutors who appear to be interested and expect participation of students during ward rounds, fewer than 3 students per group and more time to clerk and get to know the patients before rounds. The unfavourable factors include ward rounds or bedside teaching that takes longer than 4 hours, ward rounds that are conducted in a hurried manner and disinterested tutors.

Discussion and Conclusions: Bedside teaching and real patient encounters cannot be replaced with classroom teaching and every effort needs to be made to encourage a positive learning experience.

Take-home messages: Organizational support in ensuring protected teaching time and faculty development in addition to effective clinical teacher will contribute greatly in producing outstanding clinicians.

Structuring of Clinical Posting in the Early Years of Undergraduate Clinical Training

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Background: Bedside clinics are among the most popular learning method in undergraduate medical teaching. This study analyses the student feedback after a structured clinical posting in surgery in the early clinical years.

Summary of Work: This study included 24 undergraduates in their second year who were posted in the department of surgery for six weeks. The entire clinical posting was structured to expose students to one of the six areas namely, abdomen, groin swellings, breast, neck swellings, vascular and subcutaneous swellings, each week. Students were grouped into five each attached to the same set of instructors for the entire posting. Each week included a formative assessment on the last day.

Summary of Results: All students felt that division into smaller groups made a difference to their training. This was attributed to better learning of physical examination skills, greater freedom to clarify doubts and a safer learning environment. 92% of students found structuring of content very helpful. 2 students had reservations in terms of limiting the breadth of their exposure and missing out on other clinical cases concurrently available on the ward. 87% of the students felt that assessment at the end of the posting was very helpful in identifying lacunae in their training.

Discussion and Conclusions: Group size as small as five ensures adequate one on one teaching. Structuring clinical postings is a surrogate for setting specific learning objectives in clinics and also ensures minimum competencies. Feedback during bedside clinics is perceived as important by students.

Take-home messages: Trainers should structure clinical postings to maximize their effectiveness at least in the early clinical years.
An approach integrating teaching, learning and assessment for Competency-Based Medical Education

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Background: The medical education community has been challenged to produce a meaningful and feasible assessment tool that would not only assess the learner’s ability to perform simple tasks, but would also gauge the learner’s capability of integrating those tasks into patient-care activities since the competency-based medical education was introduced.

Summary of Work: We present a novel approach which empowers clinical teachers to integrate teaching, learning and assessment in real-world practice. This approach is guided by similarities between the components of the Experiential Learning Cycle (concrete experience, reflective observation, abstract conceptualization, and active experimentation) and the elements of the patient care process; for example, concrete experience includes the history and physical; initial assessment is analogous to reflective observation, differential, and hypothesis; final diagnosis reflects abstract conceptualization; management and follow-up are analogous to active experimentation. This teaching approach encourages clinical teachers to externalize their clinical thought processes, allowing the instructor to naturally incorporate clinical teaching into patient care activities. Just as importantly, this approach provides a practical link between teaching and the clinical assessment of the resident physician or student.

Summary of Results: This approach and its natural counterpart (clinical assessment) efficiently and effectively integrate the assessment with the often separate acts of teaching and learning.

Discussion and Conclusions: This approach gives a reliable assessment of a resident physician’s patient-care competency in addition to integrating teaching and learning.

Take-home messages: This process can be used to assess clinical competencies by enabling preceptor to assess the learner’s knowledge and abilities while providing teaching and feedback and engaging learners in the processes of learning and assessment.

Adjusting in and out patient learning sequence of pediatric rotation for medical students

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Background: The 5th year medical students (MS) had learning experiences at general out patient department (OPD), and in patient department (IPD) including neonatal and general wards. Our previous study showed that factors associated with higher constructed response question (CRQ) scores were female, OPD service before the exam, and high grade point average (GPA). Then, we set MS with lower GPA to have OPD rotation before the exam in order to improve their CRQ scores.

Summary of Work: We divided 286 MS (M:F = 114:172) into 2 groups. The first group (n=138) with a median GPA of 3.02 studied at OPD and the second group (n=148) with a median GPA of 3.25 studied at IPD before the exam. We compared the CRQ scores between OPD and IPD groups.

Summary of Results: The mean CRQ scores of OPD and IPD groups were 60.1+8% and 63.6+7.1%, respectively (p=NS). In OPD group, there was no difference of mean CRQ score between MS with GPA < 3.0 and those with GPA > 3.0 (56.7+7.7% vs 63.5+6.8%, p=NS). In IPD group, MS with GPA < 3.0 had significantly lower mean CRQ scores compared to those with GPA > 3.0 (58.7+5.4% vs 65.1+6.9%, p = 0.04). There was no significant difference of mean CRQ scores between male and female.

Discussion and Conclusions: We may eliminate the difference of CRQ scores between OPD and IPD group after using GPA for grouping of MS.

Take-home messages: Adjusting learning sequence may help some MS improving their academic performance.
#5GG17 (24848)
How can journal club enhance evidence-based clinical skill?

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**Background:** Journal club (JC) is commonly used in medical education. The effectiveness of JC in supporting evidence-based decision making is yet unclear. We examined students’ perceptions and what really happened in medical JC in order to understand how JC can better support evidence-based medicine (EBM).

**Summary of Work:** A quantitative and qualitative inquiry was done in clinical year medical students and interns rotating in Phichit hospital where JCs have been hold as academic credit for medical students and regularly run biweekly for the interns as a model for adult learning and training.

**Summary of Results:** Two-thirds of 43 students and 12 interns reported moderately improvement of evidence-based clinical skill. Choosing topic mostly (83%) depended on the adviser and 38% were related to patients’ problems. Advanced distribution of article was expected in 38% and 9% did that. Assigned host read and prepared the presentation followed by group discussion (96%). Clinical content was focused in 87% while 24% targeted on methodology. Critical appraisal was done in 50% depending on the objectives set with consultants.

**Discussion and Conclusions:** Current practice of JC shows less attention is paid on patients’ problems and critical appraisal. Adviser plays a crucial role on how the session will be conducted. Since critical appraisal is central element of EBM, JC may promote EBM by clear determination of its objective and encourage use of critical appraisal.

**Take-home messages:** Adviser can help students improve EBM skill through JC by facilitating them to set clear goal to answer clinical problems and do the critical appraisal.

#5GG18 (25027)
Authentic paediatric video cases: which are optimal for teaching and learning?

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**Background:** Medical students and trainees often do not encounter clinical examples of key patients for learning. Interactive analysis of authentic patient video cases (PVCs) may counteract this problem. PVCs may be particularly helpful in demonstrating movements that are periodic, like many movement disorders, or paroxysmal, like epileptic seizures. We know little, however, about the most suitable selections of topics for PVCs.

**Summary of Work:** A group of clinical teachers identified 8 key conditions that medical students often did not encounter in real life during their paediatric clerkship. The PVCs were then used in interactive teaching workshops. By a questionnaire we gathered information to illustrate the proportion of medical students who encountered the conditions through PVCs only. In a next step, using a Delphi approach, a global panel of 40 clinical teachers will rate and comment on lists of potential topics for PVCs.

**Summary of Results:** Infantile spasms, meningococcal septicaemia and Duchenne muscular dystrophy topped the list of paediatric conditions seen on PVC only - and not in real life - by 87.5, 87.3 and 84.6% respectively.

**Discussion and Conclusions:** The majority encountered clinical examples of key conditions through PVCs only. Our study will generate lists of optimal selections of topics for PVCs.

**Take-home messages:** A large proportion of medical students do not meet key paediatric conditions in real life, and interactive analysis of PVCs may help alleviate this problem. We are now building a panel of experts to identify the optimal topics for PVCs.
Summary of Results: Most participants (62.2%) were "introverted", against an "extroverted" minority (37.8%). The most commonly used psychological function was "feeling" (45.9%), while "thinking" (2.7%) was the least frequent. "Insecurity", "fear of being unfair" and "inaccuracy" were strongly mentioned as present feelings during assessment process. In clinical context, the effective professional attitudes assessment was considered the biggest challenge for many participants. The greatest obstacles found were the "bias of students' and professors' subjectivity", "limited time for observation of students groups in professionals settings", "difficulties on quantifying the behavioral aspects" and "lack of clarity, precision and standardization of criteria".

Discussion and Conclusions: Assessment of professional attitudes seems to be an unclear and complex process. Difficulties on returning the focus of attention for students' particularities and establishing general and standardized criteria, may be related to prevalence of "introverted" attitude and "feeling" function among participants.

Take-home messages: Further studies that consider the professors' psychological types and their ways of perceiving and judging students are needed for enhancing assessment strategies and faculty development in this field.

#5GG19 (28211)
Professional attitudes assessment in the context of clinical skills: how far does the professors' personality interfere?

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Background: Clinical skills assessment is a keypoint for great professional development of undergraduate students. Some strategies seek to minimize distortions and the bias of subjectivity in this context. However, significant difficulties are still encountered in an effective and formative assessment in this field.

Summary of Work: Thirty-seven professors from undergraduate courses on different health sciences areas attended a 20-hours-workshop about clinical skills assessment, in which their Junguan psychological types and their own difficulties on assessing students were investigated, by application of a personality test (QUATI), and semi structured questionnaires.

Summary of Results: Most participants (62.2%) were "introverted", against an "extroverted" minority (37.8%). The most commonly used psychological function was "feeling" (45.9%), while "thinking" (2.7%) was the least frequent. "Insecurity", "fear of being unfair" and "inaccuracy" were strongly mentioned as present feelings during assessment process. In clinical context, the effective professional attitudes assessment was considered the biggest challenge for many participants. The greatest obstacles found were the "bias of students' and professors' subjectivity", "limited time for observation of students groups in professionals settings", "difficulties on quantifying the behavioral aspects" and "lack of clarity, precision and standardization of criteria".

Discussion and Conclusions: Assessment of professional attitudes seems to be an unclear and complex process. Difficulties on returning the focus of attention for students' particularities and establishing general and standardized criteria, may be related to prevalence of "introverted" attitude and "feeling" function among participants.

Take-home messages: Further studies that consider the professors' psychological types and their ways of perceiving and judging students are needed for enhancing assessment strategies and faculty development in this field.

#5GG20 (25492)
Country Mouse, City Mouse: Examining Communication Barriers between Rural Physicians and Urban Consultants in Newfoundland and Labrador

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Background: Communication is a core physician competency. Poor communication generates medical error. Rural and urban physician communication can be particularly difficult. Barriers to effective communication between rural physicians and urban consultants in Newfoundland and Labrador (NL) are examined.

Summary of Work: Rural physicians and urban consultants in NL completed a survey assessing effective communication barriers and exploring how simulation presents a solution. Insights will be used to develop a simulation-based curriculum.

Summary of Results: Pilot data confirmed that both groups experienced communication difficulties with one another; 23.1% rural, 27.8% urban rating the difficulties as frequent (p=0.935); 71.2% rural, 72.2% urban as sometimes (p=0.825); and 5.8% rural, 0% urban acknowledged never experiencing difficulties (p=0.714). Overall, 87.1% of participants indicated that communication difficulties impacted patient care and 59.7% identified a role for simulation in solving communication barriers. Forty-percent of participants classified peer-to-peer role-playing as the preferred type of simulation for both rural and urban contexts. The primary thematic trends that emerged as barriers for rural physicians were lack of time and understanding of site limitations. Urban consultants expressed inadequate patient information and language skills as major barriers to effective communication.

Discussion and Conclusions: Barriers to effective communication exist between rural physicians and urban consultants in NL. Simulation – chiefly role-playing – addressing management of time constraints, site limitations, patient care and language skill deficiencies should be developed to mediate barriers to effective communication, subsequently improving patient care.

Take-home messages: Communication barriers, which impact patient care, are prevalent between rural physicians and urban consultants. Role-playing simulation addressing context-specific barriers should be used to teach effective communication in rural and urban contexts.