Continuity of care: tutor consistency can increase educational value

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Background: We host half-day clinical placements for University of Glasgow third-year medical students during their 15-week transition block. We describe a series of improvements that improved student feedback and increased the placement’s educational value.

Summary of Work: Drawing upon educational theory and previous feedback we improved the educational style, governance and quality assurance arrangements for the block. Named clinical teaching fellows (CTFs) assumed responsibility for a particular student group, and were given protected time to prepare and deliver each session. We addressed topics based upon student preferences, patient availability, and the requirements of the medical school curriculum. A blended learning approach was adopted with a typical session including bedside teaching, supervised history-taking and examination practise, with subsequent classroom discussion. The format was tailored to suit the student group as their preferred learning styles emerged. Informal, verbal feedback was gathered each session, and formal written feedback obtained at the block’s conclusion.

Summary of Results: Student feedback was overwhelmingly positive. Tutor credibility and consistency was particularly appreciated. Blended learning and continuous evolution of teaching styles maintained student interest and enthusiasm during each hospital visit. CTFs gained professional satisfaction from the longitudinal relationship with their students, and enjoyed watching them develop their knowledge, skills and confidence.

Discussion and Conclusions: Consistent tutors, who are responsive to student needs, can provide an excellent educational experience. Adequate provision of time, regular feedback, and mindfulness of students’ learning styles are key to achieving this. This approach benefit students and tutors alike.

Take-home messages: Continuity of tutor-student contact, and tutor awareness of learning styles, supports positive transition into clinical practice.

The Impact of a Dedicated Teaching Registrar on Medical Students Perceptions of Antenatal & Gynaecology Teaching Clinics

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Background: Clinical environments are where the core learning of medicine occurs, with real patients, interacting with the true demands of the profession. However bedside teaching is largely opportunistic, unstructured and variable (Irby & Rakestraw 1981, Smith et al 2004, Young et al 2009). In our department students frequently attend clinics for observational purposes. They seldom have the opportunity to independently conduct consultations with direct supervision. They are infrequently given the option to clerk the patient in another room and present the case. The time dedicated to students is often sub-optimal. This results in a lack of consistency within students’ learning experiences (Young et al 2009).

In order to address this from September 2014 a teaching registrar in obstetrics and gynaecology commenced clinics directly supervising students to undertake consultations and provide guidance and feedback on their performance.

Summary of Work: All students undertaking their obstetric and gynaecology clinical placement are invited to complete questionnaires when attending specialised teaching clinics.

Summary of Results: To date 30 students have attended antenatal clinics and 20 students attended gynaecology clinics. All were satisfied with their teaching at the clinic. Only 1 student would not wish to attend this clinic again. Forty nine of the 50 students believe it is more useful than a standard clinic and 2 students felt threatened or anxious by the clinic format.

Discussion and Conclusions: Since their introduction these clinics have been well received by the students and therefore are something that should be continued.

Take-home messages: Student satisfaction with this intervention is high. This model is easily transferable to other clinical specialties.
Multidisciplinary Clinical Skills Teaching: A Comparison of senior medical student, nurse practitioner and doctor tutors in Undergraduate Clinical Skills Teaching

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Background: The aim of this study was to compare student feedback data on clinical skills from medical students being taught by a combination of senior medical students, nurse practitioners and doctors; to assess whether there is a significant disparity in student satisfaction and confidence in their practical knowledge.

Summary of Work: Two sessions were delivered to thirty-six third-year medical students at the University of Glasgow in May 2014. Clinical sessions covered the following stations: GI, CVS, Respiratory, Neurology, Peak Flow, Basic Life Support, Blood Pressure and REMS Knee. Final-year medical students, senior nurse practitioners and GMC-registered doctors delivered the sessions. Questionnaire-based data was collected covering overall rating, knowledge covered, visual material, enthusiasm, interactivity, communication and structure. Students were asked to rate the tutor on the above categories from 1-6 (6 being the best and 1 being poorest). Mean scores, SD and C.I were calculated for each session.

Summary of Results: The mean overall rating for the clinical stations ranged from 5.33 for GI to 5.69 for REMS Knee. Mean ratings for being taught by medical students was 5.64, nurse practitioners, 5.58 and Doctors, 5.72. Medical students rated their (mean) confidence at 3.47 before the session and 4.89 post-session. All scores are out of 6.

Discussion and Conclusions: Based on student feedback and after statistical analysis, there was no difference to medical students being taught clinical skills by senior medical students, nurse practitioners or doctors. Students’ confidence in their skills improved, regardless.

Take-home messages: Being taught clinical skills by a combination of medical students, nurse practitioners and doctors all versed in peer-teaching; does not compromise student satisfaction.

Performance of preclinical years show significant correlation with performance during their clerkship in internal medicine rotations

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Background: Studying in clinical years requires several novel clinical skills which negatively affect students’ performances. This study aimed to explore whether scores earned in preclinical years would correlate well with performance in clinical years.

Summary of Work: Grade point average (GPA) during preclinical year for a cohort of medical students in a medical school in Thailand was collected and explored for correlation with their performances during clinical years in internal medicine rotations.

Summary of Results: Pre-clinic GPA shows good correlation with total score for 4th year rotation in internal medicine (r = 0.37, p<0.001). The correlations have, however, been attenuated when compared with their performance in 5th and 6th year (r = 0.28, p<0.001 and r = 0.17, p=0.01; respectively). Correlation of scores during 4th year showed good correlation with performance in 5th and 6th years for both total score (r = 0.63, p<0.001 and r = 0.49, p < 0.001; respectively) and scores for clinical performances (r= 0.35, p<0.001 and r = 0.20, p = 0.003; respectively)

Discussion and Conclusions: GPA from preclinical years could predict how well medical students would do during their clinical year. Nevertheless score during their clerkship might be a better predictor for their future clinical performances.

Conclusions: Despite of being a new style of learning for medical students, their performances remains predictably to be in similar directions as their performances in preclinical years.

Take-home messages: Students’ clinical performances are somewhat predictable using GPA but some other predictive factors remains to be further explored.
Multimodal teaching approach to train male medical students about female pelvic and breast examinations

**Background:** Training male students about clinical examination of female breast and perineum remains a challenge. A recent survey in Saudi Arabia (Abdulghani et al., 2008) also supported these findings. With such prevalent situation, a clinical skills course was conducted to train Year-2 (pre-clinical) medical students regarding female pelvic and breast examination on mannequins at Alfaisal University Skills Lab, aided by videos and limited clinical rotations.

**Summary of Work:** A quasi-experimental study was conducted, in which feedback was obtained via a self-reported survey from Year-2 students (n=71) about their experience of learning the female pelvic and breast examination after the newly structured course (“intervention”). The control group was Year-3 students (senior batch, n=51), who were trained only through clinical rotations in obstetrics/gynaecology. The course rating (perceived satisfaction) as well as Objective Structured Clinical Examination (OSCE) scores were compared between both groups.

**Summary of Results:** The response rate was 59.15% and 92.15% for Year-2 and 3 respectively. Mean (±SD) OSCE scores of post-intervention group were significantly higher than pre-intervention group (83.8±8 vs 63±14.1, p<0.001). Year-2 students rated the skills lab sessions better than the hospital and video sessions. However, Year-2 students rated the course lower (statistically insignificant) than their seniors. Also, there was no significant correlation between course rating and OSCE scores in either group.

**Discussion and Conclusions:** Better OSCE scores of Year-2 students (post-intervention group) suggest better learning. However, relatively lower perceived rating of the course in Year-2 than Year-3 might be due to dissatisfaction with the clinical rotations.

**Take-home messages:** Multimodal teaching approach in clinical skills course leads to better learning.

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**Background:** An important factor for achieving efficiency and quality of nurses’ training is a clinical learning, which takes place at clinical sites under the mentor’s patronage.

**Summary of Work:** In the Republic of Kazakhstan from 1st September of 2014 an applied bachelor degree program in the specialty “Nursing” is implemented in a pilot mode. In order to know the opinions about clinical learning environment, questionnaire survey among the students of applied baccalaureate of six pilot medical colleges (n=150) was carried out. Survey was realized by the results of the 1st semester, using the evaluation scale CLES + T (Mikko Saarikoski, Leino-Kilpi, 2008). Objective of investigation: evaluation of efficiency of clinical learning environment, mentoring, and nurse-teacher’s work.

**Summary of Results:** Summary of questionnaire survey’s results:
1) 78.4% of the students agreed with the statement that the atmosphere in the practice place was positive;
2) Concept of nurse’s work and documentation were clear formulated, patients received individual nursing care (86%);
3) Same supervisor had several students and was a group supervisor rather than an individual supervisor (24, 8%);
4) 44,6% of the students often had to work unplanned and unofficially with the teacher;
5) 24,6 % of students agreed to some extent, that they continuously received feedback from their supervisor;
6) 81,1% of students agreed that the tutor was capable to integrate theoretical knowledge with necessary practice skills;
7) 86,2% of students agreed that in common meetings with mentor and nurse teacher they felt that they are colleagues.

**Discussion and Conclusions:** More than 86% of the students in general are satisfied with mentoring activities. The most optimal ratio for an individual approach to student during clinical learning is considered to be ratio of 1:1 (tutor: student).

**Take-home messages:** The results of investigation will be used for the development and improvement of clinical learning of students in the future.
Cognitive demands of major clinical clerkships: a call for tailored curricula change?

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**Background**: Clerkships are often given similar time allocation to ease student rotation. However, clerkship demands may differ and uniquely impact students. Understanding differences may help to optimize curricula design.

**Summary of Work**: Recruited final-year, medical students (n=138; 91%) had 318 clerkship experiences in four, nine-week clerkships (medicine, surgery, paediatrics, obstetrics & gynaecology (O&G)). Participants completed questionnaires at the beginning and end of clerkships, while purposively selected students participated in seven focus groups (n=41). Questionnaires assessed confidence in various areas of work-based learning and interviews explored demands of clerkships. Qualitative and quantitative data were analyzed thematically and using Stata v13 respectively.

**Summary of Results**: Students described medicine as the most demanding clerkship due to the comparatively larger volume of work; many students entered medicine with high levels of anxiety as compared to other clerkships. Three themes of clerkship demands emerged: cognitive demands, structural experiences and emotional experiences. Questionnaires were very reliable (Cronbach alpha >0.8). Students had the lowest confidence scores when entering medicine and highest entering O&G. Only during medicine were surgery were statistically significant changes in confidence observed (<0.001 and <0.01 respectively).

**Discussion and Conclusions**: Final year clerkships were not equal in their demands – these differences were supported by triangulation of qualitative and quantitative data. Understanding differences in the demands of clerkships could stimulate tailored curricular improvement. Clerkships may differ in their demands and understanding these differences may support optimization of learning.

**Take-home messages**: Though it may be expedient for clinical clerkships to have similar aliquots of time, differences in clerkship demands may warrant increased educational or emotional support for some clerkships.

Final year medical students’ perception of positive and negative factors affecting learning experience during ward rounds

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**Background**: Effective bedside teaching is pivotal in acquiring practical clinical skills and grooming of medical students into competent healthcare professionals. There is a declining trend in the quality of bedside teaching to medical students due to the pressure of more patients, limited time, increasing complexity of patients with multiple co-morbidities, shortened hospital stays and the faculty’s concern about patients’ confidentiality. To date, there is insufficient data on factors influencing the efficacy of bedside teaching. The aim of our study was to elucidate what medical students perceive as positive and negative factors affecting learning during ward rounds.

**Summary of Work**: We utilized anonymous questionnaires with free-text responses to build consensus on factors affecting learning during ward rounds. The questions were divided into 3 categories, namely team, learning and activity factors.

**Summary of Results**: The positive factors that enhanced learning included: friendly doctors who asked students to interpret results and showed physical signs. Doctors who also allocated responsibility of knowing patient’s ongoing care and allowing students to present during rounds or multidisciplinary meetings were well received. The top negative factors affecting learning experience included: rude and disinterested team members, negative attitudes of team doctors in response to incorrect answers and presence of pushy students.

**Discussion and Conclusions**: High quality medical education is important for quality patient care. Understanding factors that enhance learning is critical and so is the faculty’s initiative for change. Faculty development programs play an indispensable role in creating positive learning experience for undergraduate medical students during ward rounds.
Background: Bedside teaching is an important learning process, establishing a relationship among medical students and patients, in which critical thinking and physical examination skills, together with intensive care under supervision can be achieved. This study is proposed to evaluate satisfaction of the 4th year medical students on 5-day bedside teaching program at Obstetrics and Gynecology Department.

Summary of Work: In this cross sectional study, demographic data, attitudes was obtained from a questionnaire, satisfaction were obtained from questionnaire and self-reflection diagram. Score was ranked according from 1-5, full score was 5.

Summary of Results: Thirty-one medical students were enrolled in study. From questionnaire, overall satisfaction was well score 4.15. Student attitudes about knowledge gain were significantly increased from 1.78 to 3.95. All students were satisfied with provided case studies, teachers’ determination (4.52), and teaching style of their teachers (4.15) in terms of history taking (4.31), physical examination skills (4.36), and patients’ management and communication techniques (4.26). Furthermore, the students were satisfied with the lesson containing the medical ethics and morality topic (4.42). From self-reflection diagram, score was 4.56 compared with other department.

Discussion and Conclusions: Overall of medical students were very satisfied on 5 days bedside teaching, especially teachers’ determination that includes medical ethic and morality lesson.

Take-home messages: This teaching system is a beginning step for medical students to be good doctor in the future.
Attitude of nursing students about effective factors on clinical education

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Background: Clinical education is a mutual process. learners and instructors has same partnership. clinical education is series of instructing and learning facilitators activities in clinical environment with the aim of creation of measurable changes in learners for presenting their clinical care.

Summary of Work: This is a cross sectional analytical qualitative study in which 102 senior undergraduate students (field trainees) of nursing, were selected from an educational center in Rasht, Iran. To reach objectives of this work, a questionnaire was designed by the authors. The questionnaire consisted of two parts including demographic specifications plus questions concerning the effective factors on clinical education process which were classified into 5 groups including: characteristics of the clinical instructors, educational programming, conditions and facilities of the clinical education, learners’ conditions and characteristics, evaluating system. Scientific reliability of the tool was proved using content validity and through calculation of α-Cronbach’s coefficient (0.827). The data were imported to SPSS (version 16) software packa –ge and then using descriptive statistical indexes (frequency, mean, and variance) and appropriate nonparametric tests (Mann–Whitney and Kruskal–Wallis) the data were analyzed.

Summary of Results: There was a significant correlation between samples major and their attitude toward the role of educational programming (p = 0.00), conditions and facilities of the educational environment (p = 0.003), and conditions and characteristics of the learners (p=0.03) was observed

Discussion and Conclusions: Whereas clinical education process is important as a foundation of professional identity formation for learners and due to findings of this study, nursing educational programmers should do their best try to reinforcement and facilitate of clinical education process via codification structural program, proper storage clinical environment and fast reflection of problems.

Take-home messages: educational programming, conditions and facilities of the educational environment and conditions and characteristics of the learners are effective factors on nursing clinical education.

Previously achieved Skills and Knowledge – an introspection from year 6 students in clinical practical year at the Medical University of Vienna

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Background: Starting with the academic year 2014/15 year 6 of medical curriculum at Medical University of Vienna has changed significantly. Now the students have to complete 48 weeks of clinical practical training including three rotations and 35 work hours (in clinical setting and self-study) in hospitals. In the past few years curriculum elements have been adapted up front to prepare students appropriately. The question is whether students have been taught and gained necessary skills and knowledge to face the demands of the novel year 6.

Summary of Work: Midway through the clinical rotations students have been invited online to answer four open-end questions regarding helpful skills and knowledge from the first 5 years as well as desired skills and knowledge for today’s challenges.

Summary of Results: Students named four main curriculum elements teaching skills, which helped them in the clinical practical year (Basic Medical Skills, Medical Interview, Propaedeutics in Clerkship, and Clerkship itself) and are held in year 2+3, clerks also in year 4). Regarding knowledge students stressed two key domains, Internal Medicine and Pharmacology, but also report that they are missing hands-on knowledge in Pharmacology (like trade names of pharmaceuticals).

Discussion and Conclusions: Students reported from an introspective point of view their experience with knowledge and skills demands during clinical practical year, given that every single student experienced rotations in more or less unique settings. The feedback gives us an idea where to focus training to provide them with proper armamentarium.

Take-home messages: Every curriculum element should reflect, analyse and if necessary highlight teaching in step with actual practice.
How do two skill teaching methods compare in terms of cost effectiveness?

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**Background**: Clinical educators have many competing demands for their time and skills. In this setting, Peyton’s four-step approach (4SA) to teaching clinical skills has gained favour in courses such as Advanced Life Support (ALS). However, evidence comparing the skill retention between this method and a more traditional two-step approach (eg “see one, do one”) is unclear. Additionally, the comparative time and resources required is poorly understood.

**Summary of Work**: In a randomised controlled trial, students were taught two skills by the two different methods. Student performances were recorded prior to, immediately following and then 6 months following the teaching sessions, and marked by blinded assessors. The time taken to teach with each method was also recorded.

**Summary of Results**: Preliminary results indicate that 4SA takes approximately 25% longer to teach than the traditional method. Cost of resources is computed theoretically, with 4SA correlating to increased costs. This cost varies depending on the skill. Retention data is still being gathered.

**Discussion and Conclusions**: 4SA requires more time and resources to teach. This is a significant consideration when providing education in under-resourced settings. Retention data will help educational organisations and curriculum designers to better understand whether this method is associated with improved student performance, and therefore better patient outcomes. Understanding skill retention is particularly relevant for health development where intensive teaching sessions are delivered without ongoing supervision of skill practice.

**Take-home messages**: The increased costs associated with 4SA may be justified if supported by improved skill retention. This data is still being analysed by researchers.

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Clinical Practical Year: students’ actual time spent on predefined tasks – room for improvement?

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**Background**: At the Medical University of Vienna a clinical practical year was introduced in winter term of 2014. Students should acquire skills, knowledge and professional attitude according to the Austrian Competence Level Catalogue. Students document and self-reflect their performed predefined tasks in a logbook and portfolio.

To assure good quality of education in this unprecedented situation, all involved parties received extensive instruction.

**Summary of Work**: The objective of this work is to evaluate what amount of time students are effectively spending on various tasks needed to achieve the defined assignments and to identify possible lacks in the implementation.

By the means of a voluntary online questionnaire students gave feedback about their clinical work day.

**Summary of Results**: Preliminary results show that students have spent 61% on patient-related tasks. The majority of them performed most of the individual tasks at least “occasionally” to “very often” and others as “taking a history”, “performing a general physical examination”, “filling out the logbook/portfolio” are stated as being performed “very often”. However, the involvement with some essential tasks, such as “evaluating the result of treatment” and “discussions with the mentor” was not or only seldom present.

**Discussion and Conclusions**: It can be concluded that the majority of students perform the intended tasks during their clinical practice. The lack of proper involvement with essential tasks in some cases should be counteracted. Mentors play a major role in students’ goal to achieve their competencies and as such they should be properly trained to provide adequate supervision.

**Take-home messages**: Training of mentors is essential in supporting students to achieve their assignments.
Undergraduate medical students’ perceptions about feedback: A study from a medical school

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Background: Feedback can have a major impact upon learner’s development and progression. Although medical students receive feedback in different forms during their academic programme, students usually perceive it as insufficient. In 2012, a revised MBChB medical curriculum was introduced at the University of Glasgow. As a result, methods and timing of feedback to students have also changed. The aim of this study was to investigate how undergraduate (MBChB1 and 2) medical students recognise, respond to and utilise feedback in the revised curriculum.

Summary of Work: This study was cross-sectional in design and all 480 students of MBChB1 and MBChB2 were invited to take part. The students were asked questions about their attitudes and experience with regard to receiving feedback during the course using both Likert-type questions and open-ended questions.

Summary of Results: More than 80% of students took part in the study. While majority of the students (62%) indicated that feedback was useful for their learning, only about 32% of them were satisfied with the quality of feedback they received. The majority of students wanted prompt, constructive and consistent feedback. Students also indicated their preference to have one-to-one and written feedback rather than feedback provided in groups or verbally.

Discussion and Conclusions: The majority of students were not satisfied and were confused with the quality of feedback and its lack of consistency. Current provision of feedback is not matching the expectations of students.

Take-home messages: To maximise the effectiveness of feedback and match students expectations, different and tailored forms of feedback should be used.

Feedback based on videotaped consultations or immediately after direct observation: which is more effective?

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Background: Geneva medical school offers the opportunity to medical students to practice clinical skills with simulated patients during formative sessions. These sessions are given in two formats: 1) direct observation of a consultation followed by verbal feedback (direct feedback) and 2) postponed observation of the videotaped consultation by both student and tutor and verbal feedback within the same session (video-based feedback). The aim of the study was to evaluate to which extent content and process of feedback differed between both formats.

Summary of Work: During 2013, all 2nd and 3rd year medical students and tutors (clinical supervisors) involved in formative sessions were asked to take part into the study. A sample of audiotaped feedback sessions involving tutors who gave feedback in both formats was analysed (content and process of the feedback) using a 30 item feedback scale (Likert scale 0-5).

Summary of Results: 48 audiotaped feedback sessions involving 12 tutors were analysed (2 direct and 2 video-based sessions per tutor). There were significant differences in terms of content and process between both formats: the number of communication skills and clinical reasoning items addressed was higher in the video-based format (respectively 11.29 vs 7.71 p < 0.003 and 3.71 vs 2.04 p < 0.003). Tutors involved more actively students during the video-based sessions than during direct feedback sessions (self-assessment: 4.00 vs 3.17, p 0.003; active problem solving 3.92 vs 3.42, p 0.004).

Discussion and Conclusions: Video-based feedback seems of higher quality than direct feedback regarding the content addressed and the processes used to actively involve the students.

Take-home messages: Providing students opportunities to receive feedback based on videotaped encounters may be more effective than offering direct feedback during clinical practice, as occurs for example during mini CEX sessions.
Surgical trainees want feedback! Lessons learned from an audit

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Background: Surgical specialty training (6 years) in Finland starts with a core surgical training (CST) of 2.3 years. University of Helsinki has a CST agreement with 15 hospitals (six approved for 1-2 years, ten for whole CST).

Summary of Work: The quality of education of CST was audited for the first time in 2013-2014. The audit was started with a web-questionnaire. Both supervisors and trainees were inquired about tutoring, educational activities, working conditions, feedback, hospital’s three best educational activities, and the three most important areas in need of improvement. Then, a pair of professor and clinical teacher visited all hospitals, and interviewed educational supervisors and trainees separately.

Summary of Results: Sixteen supervisors and 107 trainees completed the questionnaire and nearly all attended the interviews. In supervisors’ opinion, 75% of trainees had a personal training plan but only 19% of trainees were aware of it. Most trainees considered the atmosphere supportive and positive to education (79%) and had easy to access courses (87%). 83% of trainees reported getting no or only irregular feedback of their performance, and 39% had no tutor. Trainees yearned improvement for feedback, tutoring, and a clear personal training plan, and gave the best ratings to positive atmosphere and easy access to courses.

Discussion and Conclusions: Supervisors should communicate the training plans more clearly with trainees. Importantly, majority of training hospitals had a positive educational atmosphere, a fertile ground for improving practices of tutoring and feedback.

Take-home messages: Trainees value positive atmosphere but need regular feedback.

Single-day ultrasound course in undergraduate medical education: a pilot study

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Background: There is increasing evidence that undergraduate ultrasound education is beneficial for medical students in terms of knowledge and skills. Our study aims to assess the usefulness of teaching basic ultrasound skills with a single-day course.

Summary of Work: The course comprised of pre-test and post-test of knowledge with multiple-choice questions (MCQ), lectures, hands-on training in small groups and an evaluation, with 72 participants from all years of study. An objective structured clinical exam (OSCE) of long-term knowledge and basic skills was performed 39 days after the course with 20 participants.

Summary of Results: Students scored a mean of 13.6 points out of 15 on both the pre-test and post-test. Mean score on OSCE assessment was 10.1 out of 12 with results ranging from 5 to 12 and a median of 11. On a Likert scale from 1 to 5 students expressed they are motivated to improve their skills (4.91) and confident to perform a bedside exam (4.20). We found no difference between OSCE score and year of study or self-evaluation of their confidence level to perform a bedside exam (Mann-Whitney U-test p=0.536 and p=0.711, respectively).

Discussion and Conclusions: Our study was limited by a small sample of participants and the absence of a control group. We were able to assess short-term knowledge with MCQ tests and long-term skills with OSCE. A single-day ultrasound course is an effective way of teaching ultrasound basics at all levels of undergraduate study.

Take-home messages: A single-day ultrasound course offers a first-step towards an integrated undergraduate ultrasound curriculum.
Listen to your stakeholders: Medical Students’ Reflections in Paediatric Rotation

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Background: The major goal of paediatric clerking is to provide requisite knowledge and skill to Medical students (MS) from Nottingham Medical School who spent ten weeks at Kings Mill Hospital (KMH) in Paediatrics in CP2.

Summary of Work: We performed a qualitative study and analysed questionnaire filled by MS at the end of each 10-week rotation from July 2011 till November 2014. The MS were asked to answer questions related to the quality of teaching from consultants, registrars, junior doctors, outpatient clinics, inpatient ward, paediatric surgery, paediatric therapeutic, community. The MS responded to each question using a 7-point Likert Scale.

Summary of Results: Total 114 MS (91%) returned the questionnaire after end of each rotation. Consultant teaching was graded as excellent by most of MS (90%) followed by junior doctors (80%). Teaching for paediatric therapeutic was graded very high. Some MS (30%) suggested to spend more time in outpatient. Most of MS (60%) complained about lack of engagement from registrar/F1/F2 while on call at surgery rotation at QMC. The facilities at hostel accommodation needed improvement.

Discussion and Conclusions: The department had made major changes in organisation of clinical clerking after reviewing the feedback from MS. The two-week induction in the beginning of rotation is revamped with involvement of multidisciplinary professionals covering core topics. Dedicated session was arranged each week for teaching clinical skill and clinical reasoning skill with case-based MCQ. We are analyzing the data taken from the software ROGO for the same cohort of MS for psychometric testing.

Take-home Messages: Clinical teacher should have more protected time to provide adequate teaching in all aspects of paediatrics during short duration of clerkship in Paediatrics during CP2.