Graduate Medical Education (GME). Public Health Medicine (PHM) education should be integrated into the core curriculum of medical schools in a manner that ensures it is both clinically relevant and educationally required.

**Discussion and Conclusions:** Our experience shows that by integrating PHM content into the core medical curriculum, we can improve student engagement and learning outcomes. The inclusion of clinical and public health perspectives in medical education prepares future medical practitioners to address the complex health needs of patients and communities.

**Take-home messages:** Future medical practitioners need to be equipped with skills in public health to deliver high-quality patient care and contribute to population health. Integrating PHM into the core medical curriculum is essential for preparing physicians who are ready to meet the healthcare needs of the 21st century.

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**Background:**
Content from the expansive field of public health is incorporated into most Australian postgraduate medical courses. A recurrent difficulty is integrating this broad knowledge effectively into the crowded four-year curriculum. Without a clear clinical focus, students may perceive this essential content as obtuse or even irrelevant to their future medical careers.

**Summary of Results:**
An extensive curriculum re-development and re-orientation of the Public Health Medicine (PHM) theme at Deakin University School of Medicine was conducted over the course of two years to ensure relevance to future patient-based encounters. The core tenets of PHM include, but are not limited to, biostatistics, epidemiology, evidence-based medicine, policy, health promotion, health systems, social, and cultural practice. To integrate these into a medically relevant context, we developed a practice-based, solution-oriented approach across all four years of our medical curriculum.

**Summary of Work:**
An interdisciplinary group discussion activity was developed where students first take individually got the professionals’ comments on specific questions. One hundred and twenty nursing and physiotherapist students participated, whereof 60 students per session. First; students took individually in interdisciplinary group discussions stand to statements concerning health promotion. Groups’ answers were illuminated and discussed in class. Second; interdisciplinary groups considered activities for health promotion in written cases based on authentically situations from professional nurses’ and physiotherapists’ clinical practice. Each student group identified problems and compiled suggestions in a structured formation. Finally; a conversation via the Adobe Connect was performed between the students in campus and the professionals in clinic. The students got the professionals’ comments on specific questions.

**Summary of Results:**
In a written questionnaire about all students described the activity as interesting and educative. The importance of working with authentic cases in cooperation with professionals and an increased understanding of another professions capability in health promotion was emphasized.

**Discussion and Conclusions:**
Activities for health promotion need to be focused. This activity will be implemented in the nursing and physiotherapist education and further evaluated. Students appreciate pedagogical interventions involving transboundary interactions between education and healthcare, which may broaden the perspective of health promotion.

**Take-home messages:**
Don’t hesitate to use the technology to facilitate meetings between students and healthcare professionals!
Perceptions and Attitudes of Pre-clerkship Medical Students towards Public Health at Alfaisal University, Saudi Arabia

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Background: Integrating public health (PH) education into medical curricula and graduating PH-oriented medical workforces are becoming increasingly important. However, little is known about how medical students perceive PH and how best PH education can be delivered, particularly in the developing countries.

Summary of Work: To the best of our knowledge, this is the first Saudi Arabian study that attempted to explore medical students’ perceived attitudes towards PH and its instructional delivery. An online, anonymous, cross-sectional, self-rating (5-point Likert scale) survey was administered to second- and third-year students.

Summary of Results: 242 students participated in the survey (response rate: 80%). The vast majority of students asserted the importance of PH education (79%) and believed such courses will be useful in their clerkship training and clinical practice regardless of specialty. Lack of positive PH specialist role models (60%), hands-on field experiences and effective integration of PH education into medical curricula were substantial factors that made the PH course less interesting. A larger proportion of students recommended PH education at the pre-clerkship phase (69%) and mostly as mandatory (individual or integrated) courses (65%).

Discussion and Conclusions: Our results largely mirrored other reported studies elsewhere in literature with some discrepancies. Despite acknowledging its importance, students still partially neglect PH courses.

Take-home messages: Along with formal, rigorous and stimulating integration of PH into the undergraduate medical curricula, it is very fundamental to drive medical students to develop positive attitudes towards PH by improving the “quality” of curricular PH content and its instructional learning experiences.

Importance of knowledge about the Brazilian Health System in the Clerkship

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Background: Brazilian Health System (BHS) has been regulated since the Constitution of 1988 and requires professionals prepared to act according to its principles and guidelines.

Summary of Work: In 2014, classes and discussions on about BHS were implemented in the last year of the clerkship at the medical course of the University of Ribeirão Preto. To verify the impact of this activity a test of five multiple-choice questions was applied to 29 students before and after the didactic activity. At the end, the students also expressed their opinions and perceptions by answering a structured questionnaire.

Summary of Results: On the test about BHS, there was significant improvement in the performance of students after the activity (p = 0.0306). For 93% of students the activity allowed to consolidate knowledge about BHS; for 89%, the methodology used motivated their learning process and for 86%, the acquired knowledge would be applicable in future medical practice.

Discussion and Conclusions: The knowledge about the laws of the BHS is essential for a proper medical practice in Brazil and it should be incorporated into the undergraduate medical curriculum. The teaching/learning process about BHS at the end of the clerkship is recognized and valued by students and promotes the acquisition of knowledge necessary to work in this system.

Take-home messages: Undergraduate medical curriculum should be adjusted to the egress profile necessary to the Health System in each country.
The social determinants of health: their importance for the medical curriculum

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Background: Unemployment and social class inequalities are projected to increase in coming years and both have important implications for health. In undergraduate medical curricula there is often a tendency to under-emphasise these social determinants of health and focus primarily on clinical aspects.

Summary of Work: To address this gap two literature reviews were completed: the first on the effects of unemployment upon health, the second on social class differences in health. These were conducted to synthesise the current state of research and explore the theoretical explanations underpinning the relationship between these social determinants of health and their impact on health and illness. It is intended that these will eventually form part of a textbook for undergraduate medical students.

Summary of Results: The research consensus is that unemployment is a stressful life-event that can cause ill health, both mental and physical and even mortality. Again, although reproductive and adult mortality for each social class has been decreasing over the past century, the disparity in mortality rates between the upper and the lower social classes is increasing.

Discussion and Conclusions: We show the importance for students to understand the factors that produce health inequalities so that they can be involved in evidence-based practice when the majority become general medical practitioners on their graduation. Specifically in relation to their advocacy role.

Take-home messages: The production of educational material on the social determinants of health will prioritise and enhance teaching in this often neglected area of the medical curriculum.

Teaching Continuous Improvement Skills through Dashboard Development

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Background: To practice effectively in the US health care system, physicians should engage in continuous improvement activities. This requires an understanding of the health care system, as well as practice-based learning and systems-based practice skills that are considered core competencies by the Accreditation Council for Graduate Medical Education. Physicians believe that they have an obligation to engage in discussions regarding the health care system. However, resident physicians have limited understanding of the system.

Summary of Work: We implemented a health systems curriculum for internal medicine residents. This included two didactic sessions that 1) reviewed the US healthcare delivery system and 2) introduced quality metrics from governmental- and non-governmental health care organizations. As part of the curriculum, residents created model practice dashboards incorporating metrics they felt most important to follow and identified methods to track these. This unique exercise encouraged residents to reflect on personal performance improvement within the context of their health care system.

Summary of Results: Of 141 dashboards, 121 (86%) included process measures and 105 (75%) included outcome measures. Fewer dashboards included metrics reflecting patient satisfaction (26%), patient demographics (16%), financial (7%), or systems issues (7%).

Discussion and Conclusions: As an exercise prompting continuous improvement, residents developed model practice dashboards. They most frequently included process and outcome measures, perhaps reflecting the metrics they felt to be of greatest importance or accuracy in evaluation of their care.

Take-home messages: Dashboard development is an effective exercise in practice-based learning and systems-based practice.
Should nutrition be under ‘Other stuff’ in the medical curriculum?

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Background: Concern has been raised that medical doctors, the first contact for patients to provide nutritional advice, lack nutritional knowledge and education. In the UK, the ICGN developed a broad standardised undergraduate nutrition curriculum (17 learning outcomes), to ensure medical graduates are safe and competent to practice, ratified by the GMC.

Summary of Work: This project reviewed the teaching and learning of Nutrition within the medical programme at the University of Aberdeen in relation to the ICGN curriculum, by outcome mapping, discussion with stakeholders and a student survey.

Summary of Results: Only 84 of the sessions taught in years 1-3 could be mapped to the outcomes and mostly in the 2nd year. Only 16 of the 53 learning guides could be mapped to outcomes. The gaps were nutrition and public health, health behaviour, genetics, drug-nutrient interactions and nutritional support. Most 5th year medical students disagreed (n=39, 52.0%) or strongly disagreed (n=6, 8.0%) that they were taught enough about nutrition and did not feel confident to discuss nutrition-related topics with a patient [44(58.6%) disagreeing and 11(14.6%) strongly disagreeing to the statement].

Discussion and Conclusions: Nutrition is not seen as a priority, competing within the already crammed medical curriculum. Standardised nutrition-related and clinically relevant teaching materials should be provided especially for later years when ward-based and tutorial teaching is common. Inter-professional education is encouraged. In conclusion, gaps should be addressed especially regarding public health nutrition and nutrition support.

Take-home messages: Nutrition is cross-cutting – perhaps we need to signpost it better.

Healthy kitchen concept as a common platform for teaching

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Background: Complex teaching about nutrition and healthy lifestyle is sparse at medical faculties worldwide. On the other side, it is quite obvious that majority of “diseases of affluence” (obesity, metabolic syndrome, diabetes mellitus, atherosclerosis, tumours …) are (at least partially) caused by unhealthy lifestyle. Thus, development of effective teaching frameworks that will integrate healthy lifestyle and nutrition into curricula at medical faculties are needed.

Summary of Work: We aimed to introduce a “healthy kitchen” concept – “hands on” teaching through cooking in our newly arranged teaching kitchen at Medical Faculty in Pilsen.

Summary of Results: We have implemented a “healthy kitchen” concept as a tool for attractive and effective teaching of nutrition and healthy lifestyle for undergraduate, postgraduate and even patient’s education. Moreover, we use a “healthy kitchen” environment (framework) for practical demonstration of broad scale of problem-based learning, e.g. chemical analysis of food and body fluids; influence of exercise and nutrition on laboratory results and physical examination; planning, realisation and evaluation of experiment (including basics of statistics). The “hands on” teaching and learning is accompanied by e-learning courses that intensify learning process (partial implementation of flipped classroom concept).

Discussion and Conclusions: The “healthy kitchen” environment proved to be an attractive way of teaching a broad scale of topics. However, effectiveness of this approach (in comparison with other methods) needs to be formally (experimentally) proved.

Take-home messages: The “healthy kitchen” concept can be used not only for nutrition and healthy lifestyle teaching, but also as a general framework for teaching. Acknowledgement: The project Propagace přírodovědných oborů prostřednictvím badatelský orientované výuky a popularizace výzkumu a vývoje, reg. č. CZ.1.07/2.3.00/45.0028 is operated under OPVK programme and is co-financed by the European Social Fund and the state budget of the Czech Republic.
A pilot study of attitude, and self-use of Thai herbal medicine among medical students

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Background: In Thailand, Thai herbal medicine (THM) is rapidly growing in healthcare system and industry. Better understanding of attitude and self-use of THM among medical students will lead to design a systematic THM curriculum. This pilot study aim to describe attitude, and self-use of Thai herbal medicine among medical students.

Summary of Work: A descriptive cross-sectional survey was performed among undergraduate medical students, Chao phaya abhaibhubejhr hospital, Burapa university, Thailand, using a structured questionnaire.

Summary of Results: The overall response rate was 100% (n=32). Majority of students (85.71%) have used THM for their health. Among this group, Indian Gooseberry/Kariyat/Turmeric were the three most common use. More than half of participants (56.25%) believed to encourage use of THM in Thai’s population. Most of students (75%) considered government should promote use of THM in public healthcare facilities. Approximately two thirds of students considered knowledge of THM should be integrated with conventional medicine. Almost of students (90.62%) believed that education of THM curriculum should be conducted in medical schools.

Discussion and Conclusions: Most of medical students have used for their health, and considered knowledge of THM should be integrated with conventional medicine in both practice and education. This has lead to a development of THM curriculum. The results showed that overall satisfaction score for the participants was 89% with higher scores in clinical duty team (intern and PGY). Improvement of self-awareness was observed about human evolution (3.77 to 4.10, Likert scale) and human aging (4.36 to 4.43) before and after the visiting. After the visiting, the clinical duty team (intern and PGY) had significantly higher than the non-clinical duty team (clerk) in 6 facets of humanities including empathy, altruism, integrity, correct values, self-reflection capacity and lifelong learning.

Take-home messages: Better understanding of attitude, and self-use among Thai herbal medicine leads to a systematic design of THM curriculum to meet professional, and healthcare system need.

Role of Visiting Tour of Medical Humanities Museum in Medical Humanities Education

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Background: Medical humanities education is an important curriculum in medical schools, which is usually conducted during junior medical years. For senior medical students and postgraduate physicians, medical humanities can be a special curriculum to be integrated in their clinical education. Museum of Medical Humanities of National Taiwan University College of Medicine is a unique medical humanities museum in Taiwan which provides educational information relating to medical humanities.

Summary of Work: We designed a course of exhibition tour to visit Museum of Medical Humanities of National Taiwan University for 96 young clinical participants including 44 clerks, 16 interns and 36 postgraduate first year physicians (PGYs) in Cathay General Hospital, Taipei, Taiwan. The curriculum contents included: (1) main topic of human evolution and health plans for aging society; (2) humanistic issue exploration in medical practice through role presentation, topic discussion and video observation. They were asked to fill in questionnaires before and after the visiting and a term report of the course.

Summary of Results: The results showed that overall satisfaction score for the participants was 89% with higher scores in clinical duty team (intern and PGY). Improvement of self-awareness was observed about human evolution (3.77 to 4.10, Likert scale) and human aging (4.36 to 4.43) before and after the visiting. After the visiting, the clinical duty team (intern and PGY) had significantly higher than the non-clinical duty team (clerk) in 6 facets of humanities including empathy, altruism, integrity, correct values, self-reflection capacity and lifelong learning.

Discussion and Conclusions: In this novel study, visiting tour of unique medical humanities museum has been proven to play a role in medical humanities education. It can stimulate the medical students and young physicians the awareness of humanities and promote their qualities of humanism through museum visiting, role presentation and critical discussion.

Take-home messages: Can museum of medical humanities play a role in medical humanities education?
“To Be” or “Not to Be” - What a Medical Humanities Teacher Should Be?

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Background: What is the purpose of our Medical Humanities education? What can we do to achieve these goals? Medical Humanities Education is the discussion of building value systems. Therefore, the character of the educator plays a vital part of Medical Humanities teaching. Educators need to possess certain qualities, to let students become willing to accept their teachings regarding value systems. Moreover, to let the students be willing to hold these values once they practice medicine in the future.

Summary of Work: There are many crucial elements needed to build a value system. Only “knowing” these values is far from enough, one must “believe” in them. Then can moral emotions be inspired and furthermore truly demonstrate core Medical Humanities values. So, the question is “How to make them believe”?

Summary of Results: To let students believe in the values the educator are teaching them, educators themselves should strive to achieve the following qualities. A Medical Humanities educator should ask questions, not answer them. A Medical Humanities educator should be a guide, not a regulator. A Medical Humanities educator should be a listener, not a talker. A Medical Humanities educator should be open minded, not an authority figure.

Discussion and Conclusions: No matter educator or student, we all have the same amount of authority in our Medical Humanities class. Only in this way, students will be much more willing to participate in discussion and easily identify with the values which Medical Humanities pursue.

Take-home messages: If we ask of our students to have a humanitarian spirit, their teachers should have it too, otherwise we won’t have the right to demand this of them.
C2ME: Building cultural competence teaching skills

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Yoga Nathan*, University of Limerick, Graduate Entry Medical School, Limerick, Ireland

Background: Medical teachers are often unprepared to teach cultural competence to medical students. However, there appears to be no consensus as to the knowledge and skills needed by medical teachers to effectively incorporate cultural competence topics into their teaching. The C2ME “Culturally Competent in Medical Education” is an 11-country, European project whose objective is to facilitate the integration of cultural competence teaching in the undergraduate medical curriculum. The project focuses on curriculum analysis, policy development and faculty training.

Summary of Work: The first phase of the project involved a Delphi survey of 34 experts to determine the knowledge and skills needed by teachers in order to effectively teach cultural competence. The first round questionnaire asked experts to list the knowledge, skills and attitudes needed by teachers to effectively teach the a defined list of cultural competence learning objectives. During the second round, experts were asked to indicate the degree to which they considered each of 76 items (knowledge, skills, attitudes) to be important for medical teachers and for specific teaching contexts.

Summary of Results: 65% consensus was achieved for 11 items in the 2nd round. These included skills specific to cross cultural patient care as well as more general teaching skills.

Discussion and Conclusions: Delphi results informed the development of a teacher survey aimed at identifying teacher training needs. Next steps will involve the development of targeted teacher training materials that can be integrated into faculty development programs in medical schools. Teach-the teacher modules (both face-to-face and on-line) will be developed and piloted at C2ME partner sites.

Take-home messages: Investment in faculty development will be necessary in order to expand the teacher pool for cultural competence and successfully integrate cultural competence across the undergraduate medical curriculum.

Competencies and training approaches in climate change for clinicians

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Background: There is increasing awareness of the importance of clinicians’ understanding of climate change and skills in promoting sustainability at a local and global level. Accordingly, many educational institutions are developing environmental learning objectives and methodologies.

Summary of Work: This study outlines the current literature about clinical education on climate change, and presents an educational case study at our university.

Summary of Results: Medical education institutions state that clinicians should have knowledge of: i) interactions between health and the environment; ii) ethical-legal duties in environmental sustainability and iii) skills to promote environmental and human health. At our university, we taught 24 medical students using nine formal didactic lectures. Topics included water, air and food systems impact on health; human contribution to resource use and climate change, and the mechanisms for health impact from environmental change. Students facilitated their own learning using e-learning, readings, educational trips and a practical project. Students were assessed on a literature review, oral presentations and written self-reflections.

Discussion and Conclusions: Literature suggests education priorities should include clinicians’ knowledge of health and environmental interaction and their role in promoting a healthy environment. A combination of didactic teaching and self-directed learning may be appropriate.

Take-home messages: Climate change is an important issue for clinicians to understand. There is a current trajectory in clinical education towards developing ecological competencies. Climate change curricula are currently in place, and one example is presented here.
Systematic integration of diversity perspectives into the scientific approaches modules of the new modular medical curriculum at the Charité Berlin

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Background: A new integrated, modular medical curriculum was introduced at the Charité - Universitätsmedizin Berlin in 2010. The goal was to systematically integrate diversity perspectives, especially gender and sex aspects, throughout the curriculum including three scientific approaches modules. Those modules provide students with basic scientific knowledge and skills, processes of evidence-based medicine and transfer of scientific results to clinical practice.

Summary of Work: Relevant diversity aspects were selected prior planning of the scientific approaches modules and corresponding diversity-related learning objectives were prepared. Regular participation in the module planning sessions, the module reviews by the curricular academic board and close cooperation and counseling of faculty members facilitated the integration of the selected diversity perspectives.

Summary of Results: Diversity aspects were successfully integrated into all three scientific approaches modules; i.e. as learning objectives into teaching courses and as items of the assessment checklists for the students’ oral presentation and written report of their scientific project. By this, the students actively learn to consider diversity perspectives in their research work, e.g. equal gender distribution in the study cohorts as well as the consideration of sex, age or ethnic differences when interpreting scientific results and the use gender-sensitive language.

Discussion and Conclusions: Curricular integration of diversity perspectives can be facilitated by a systematic approach involving selection of potential content, regular and active participation in the committees involved in curriculum design and close cooperation with faculty members.

Take-home messages: Diversity perspectives are important for medical students for conducting research projects and developing research literacy.

Challenging creative thinking in medical students can create more surgical innovations

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Background: Chest tube displacement or dislodgement due to inappropriate tying or loosening of suture material after about 5-7 days of insertion is common problems in our institute. We challenge our medical students with this problem to see if they can solve it. The students were divided into two groups for comparison the effects of teaching by illustration or not.

Summary of Work: All 12 students had already learned about chest drain system, its physiology and chest drain care before. We showed them video clip of loosening of suture material that cause chest tube displacement. Then we divided into two groups equally. Group 1 we illustrated the method that we usually practice for chest tube fixation and then ask them to solve the problem. Group 2 no illustration. But guided the aims of fixing chest tube and gave them some material that may applied to solve the problem. We measured times that they took to create first solution and how many solutions they can created in 1 hour period.

Summary of Results: Students in group 2 took twenty minutes to create the first solution while group 1 took forty minutes. Group 2 had created 4 methods to solve the problem while group 1 had created only 2 methods.

Discussion and Conclusions: Creative thinking can be taught in medical students with mentor of teacher. Guiding them the principle rather than showing the ways you usually practice can facilitate their learning more efficiency and create more innovations in chest tube fixation.

Take-home messages: Guiding them the principle rather than showing the ways you usually practice can facilitate their learning more efficiency in some situations.
Attitude of medical students toward one-week studying in Forensic Medicine

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Background: One of the doctor’s roles in the rural hospital of Thailand is postmortem examination. The aims of this study are to assess attitude toward and the confidence of practice in forensic medicine among medical students at Maharat Nakhon Ratchasima Hospital, Thailand.

Summary of Work: The author conducted a pre-test and post-test study with sixth-year medical students. Structured, self-administered pre-class and post-class questionnaires were used to explore the interest, confidence, and difficulty related to forensic medicine. Wilcoxon rank-sum (Mann-Whitney) test was used to analyze the difference.

Summary of Results: All (n=47) medical students participated in the study. Male was 70.21%. Age averaged 22.87 years. 87.23% of students will be a general practitioner in the rural hospital. The overall attitude to forensic medicine was relatively high. Confidence to perform external postmortem examination especially time of death estimation post-class was significant higher than pre-class (p-value < 0.01). However, the medical student’s perspective toward learning in forensic medicine was difficult and the confidence was not improved after attending the autopsy practice. Neither gender nor work after graduating were factors associated with interest in forensic medicine.

Discussion and Conclusions: Usefulness for working in rural hospital is one of the reasons for interest in forensic medicine. Confidence in external postmortem examination probably causes medical students to deal with all unnatural deaths well. The reason why autopsy practice didn’t make the difference in confidence was discussed. Confidence after one-week studying increased even though forensic medicine was a difficult field of medicine.

Take-home messages: Re-arranging study course may improve the student’s confidence to perform postmortem examination.

A study of health education around female circumcision for communities at risk and professional groups

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Background: Female genital mutilation (FGM) is recognized internationally as a violation of human rights. It is mainly practiced in Africa and the Middle East but it remains in some immigrant communities in the UK where it is illegal. Up to 2,000 girls are believed to be at risk of FGM in our city alone. FGM can end in one generation with good programmes of education and application of law. Establishing the effectiveness of education is crucial to direct limited resources coming mainly from the voluntary sector, to inform policy for education and produce accessible materials.

Summary of Work: This qualitative study comprised focus groups: one with women only; another with young people, male and female, aged 18-25; and a group of professionals involved in child and family protection, such as police officers, social workers, teachers and doctors. Guided topics were around perceptions of the currently available education on this topic, and reflections on how this may be improved.

Summary of Results: A summary of the education currently available with reference to the contemporary literature will be presented. A narrative account of the themes will be used to illustrate the preliminary results from the study.

Discussion and Conclusions: This study explores the extent, inclusivity and effectiveness of engagement and education around the dangers of FGM for communities at risk and for professionals.

Take-home messages: Effective multi-professional education alongside engagement with those at risk and their communities is key to eliminating FGM in the UK.
HackaThought: Co-creating solutions for student mental health

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David Wiljer*, Centre for Addiction and Mental Health, Education, Toronto, Canada

Background: To improve the mental health of post-secondary students in a large Canadian urban area, an engagement project with medical, design and technical students was created using an open-source digital platform. The goal was to support access to services for those seeking mental health and wellness services.

Summary of Work: Utilizing an innovative, community-based and rapid prototype development process known as a hackathon, we held a weekend-long event, the HackaThought. Over a 3 day period, participants were exposed to wide range of mental health issues and challenged to develop a mobile solution to improve awareness of services. Participants presented projects to a panel of students and expert judges and one project was selected for full development. An evaluation of the event was conducted through an online survey.

Summary of Results: 65 participants attended, and 14 projects were submitted for judging; the winning mobile APP was Check It, promoting a healthy lifestyle of walking, eating, talking, and laughing. 27 (RR =42%) responded to the survey: 15/27 (55.5%) were students and 5/27 (18.5%) were professional developers. 18/25 (72%) reported increase knowledge of post-secondary mental health issues; 18/25 (72%) would participate in another mental health hack. Several concerns related to intellectual property (IP) and the judging process were raised.

Discussion and Conclusions: Participants from diverse backgrounds were motivated by the focus on mental health. Through this methodology, the rapid co-creation of user-focused solutions was feasible and achievable.

Take-home messages: The Co-creation of solutions for students creates awareness and engagement in the post-secondary setting. Particular attention to the process, topic relevance area and ownership of IP are essential.