

**10FF Posters: Subjects in the Curriculum**

**Location:**

**#10FF01 (132365)**

**Education in Human Rights. A survey in the Medical and Nursing Schools in Greece (Med Schools of Athens and Patras - Nursing Schools of Athens and Uni Peloponnesse)**

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**Background:** It is 2015, the year when medicine has made it to a point where a complicated machine holds you in life simply by pumping air into your lungs. Still, it struggles to be guided by the human rights principles that lie in its core.

**Summary of Work:** Our survey aims to explore the existence of human rights education in two of the medical schools and the two university nursing schools of Greece. By examining the detailed curriculum of every school we registered the subjects that include human rights. We also attempted a comparison between the abovementioned schools.

**Summary of Results:** Human rights are included in 23% of the courses taught in the medical school of Athens, 9% in the medical school of Patras, 44% in the nursing school of Athens and 43% in the nursing school of Peloponnese. Those courses are mostly optional in the medical schools, while the nursing schools include mandatory Human Rights teaching throughout their curriculum.

**Discussion:** Our findings suggest that human rights are more or less neglected in the medical school curricula. There is hardly a special course on human rights and even medical ethics principles are included in too few subjects in the curriculum. Nursing schools exceed medical schools by almost twice the number of subjects that include human rights.

**Conclusion:** The two greek medical schools have a lot to learn from their colleagues in nursing. Following their example by incorporating human rights teaching in their curriculum will definitely contribute to a better therapeutic result and to a future medical community that respects human beings.

**Take Home Messages:** It is high time medical schools interpreted the Hippocratic oath to a doctor-patient relationship guided by the principles of respect and responsibility. And this requires human-rights teaching and stimuli provided to medical students throughout the educational process.

**#10FF02 (134999)**

**What features of a two-week undergraduate anaesthetic placement makes the most impact in learning?**

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**Background:** Despite anaesthetists representing the largest proportion of hospital specialists in the UK (Rohan et al, 2009), no consensus on the aims of undergraduate anaesthetic teaching has been reached. At our medical school anaesthetic training is limited to a 2 week attachment undertaken by undergraduates in their first clinical year. With a view to optimise curriculum design, the aim of this study was to identify features of the placement that students felt significantly impacted on their learning.

**Summary of Work:** 24 third year medical students were asked to complete a standardised questionnaire following a 2 week attachment in anaesthetics. This included the question “What was the most striking feature of your attachment?”. Blank space was provided for students to answer. Thematic analysis of the results was independently carried out by 3 investigators. Investigators then met to discuss and reconcile their analyses.

**Summary of Results:** Thematic analysis of the responses revealed several broad themes that registered with students. These were knowledge based features, human factors and insights into medical practice. A significant number of students commented on learning about teamwork in an anaesthetic setting.

**Discussion:** These results suggest students are most interested by practical anaesthetic skills and their experiences in obstetric anaesthetics. This may relate to more abundant opportunities to practice procedural skills. These are consistent with previous studies (Cheung et al, 1999). Students also took away distinct lessons about teamwork in an anaesthetic setting.

**Conclusion:** This study concurs with previous work that highlighted the opportunities for practical skills training in undergraduate anaesthetic placements and suggests that anaesthetics could provide a valuable learning opportunity in team working in clinical medicine.

**Take Home Messages:** 3 broad areas of student interest following their were knowledge based features, human factors and insights into medical practice. Study highlights the opportunities for learning about teamwork in clinical medicine.
Third-year medical students' knowledge about self prevention from blood and body fluid born infection: Khon Kaen University

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Background: A general risky practice in self-prevention procedures from blood and body fluid infections. Should be provided about self-prevention from blood and body fluid of AIDS, HBV/HCV patients. The median knowledge score about the self-prevention of blood and body fluid born infections was 8 out of 10 (95% CI:7, 8). The majority of students (90%) knew the level of risk of infection during practice if exposure to blood and body fluid of AIDS, HBV/HCV patients. The median knowledge score at pre-contact was 4 out of 6 (95% CI:4,4) and at the post-contact was 6 out of 7 (95% CI:6, 6). About three-fourths of students had misunderstanding regarding pre-contact of needle disposal and discard them in the infectious waste. Another one-third had misunderstanding about post needle stick injury.

Discussion: Most of students had sufficient knowledge about the risk of blood and body fluid born infections. This may be explained by the sessions provided or self study. However, there are still a number of students lack of practical knowledge which may possibly explain by none of practical classes were provided or inexperienced in any clinical procedures.

Conclusion: The third-year medical students at KKU had sufficient knowledge about the risk of blood and body fluid born infections. However, There is a need for improvement in self-prevention procedures for patients’ blood and secretions.

Take Home Messages: Practical training or e-learning should be provided about self-prevention from blood and body fluid born for pre-clinical students.

Beliefs and attitudes of the medical students towards biostatistics

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Background: Many students have problems with statistics due to non-cognitive factors, such as negative beliefs or attitudes towards statistics. Such factors can hinder learning statistics, or create difficulties for developing statistical intuition and using statistics' principles in the future.

Summary of Work: 573 students of the Karaganda State Medical University were interviewed to assess their beliefs and attitudes towards biostatistics prior to its learning.

Summary of Results: More than a half (64,05%) of the students think that biostatistics will include a lot of mathematics. Solving mathematical problems causes anxious feelings in 20,94% of the students. 20,42% of the students previously had problems with mathematics. 37,00% of the students starting to study biostatistics experience anxiety. 35,77% of the students believe that biostatistics will see no use in their prospective professional activity.

Discussion: The medical students associate biostatistics with mathematics and thence they have certain typical negative beliefs and anxious feelings about themselves in relation to quantitative problem solving. Some students either doubt or don't believe in biostatistics appropriateness in their professional future and career.

Conclusion: We try to demonstrate that main goals of biostatistics are data analysis and decision making, as opposed to the simple computations using mathematical rules and procedures. We invite students to participate in research projects, which are carried out at our department and motivate them to do their own research. This approach will not only allow to interest students, but also to change their attitude towards biostatistics and to evaluate its role and necessity in their future professional activity.

Take Home Messages: Biostatistics teachers need to respond to students' emotional and attitudinal status, organise and carry out assessment of the initial students' beliefs and attitudes prior to learning biostatistics and monitor the status of such beliefs and attitudes during the course.
**#10FF05 (133600)**

Traffic accidents involving pure electric cars. Are new training programmes for paramedics and emergency physicians necessary? A needs assessment regarding emergency care for injured in electric vehicles

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**Background:** The involvement of pure electric cars in traffic accidents and how this affects the rescue mission is largely unknown. The project “SafetE-car” concerns itself with the expectations and experience of rescuers regarding these accidents. Special emphasis was placed on the applicability of established rescue algorithms, as well as safety concerns on the rescuers side and the necessity of special knowledge. The goal was to identify required adjustments and extra training for e-car accidents.

**Summary of Work:** In fall of 2015 a requirements analysis based on a cross-sectional research design was conducted. 294 questionnaires were completed by mainly paramedics and emergency physicians. Data was collected on three dimensions: (1) professional category; (2) accidents of electric car: experience and expectations; (3) performance of one’s own institution.

**Summary of Results:** 7.5% were involved in a rescue mission including a crashed electric car. 3.1% attended training seminars for electromobility. On a scale from 1 (not at all) to 6 (fully applies) the applicability of established algorithms was given an average rating of 3.72. For respondents with experience in electric car incidents [A] the mean was 3.73, for those without [B] 3.72. The necessity of special knowledge had a mean ranking of 4.28, respectively 4.00 [A] and 4.30 [B]. “It’s harder to establish operational safety” had an average rating of 3.69, respectively 3.85 [A] and 3.68 [B].

**Discussion:** To some extent current algorithms might be applicable to accidents involving electric cars. The fact that only very few respondents were already trained for e-car accidents and special knowledge seems to be necessary stresses the importance of new and adjusted training concepts. The same also applies for establishing operational safety.

**Conclusion:** New training programmes concerning traffic accidents with electric car involvement should be established.

**Take Home Messages:** Special training may be needed for emergency care in e-car accidents.

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**#10FF06 (132554)**

The attitude about narrative medicine between pre- and post- clinical service medical students

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**Background:** A program of narrative medicine is carried out among medical students during their internship in our medical university hospital. A new program of narrative medicine was designed for medical students before their clerkship. We wanted to compare the attitude about narrative medicine between pre- and post- clinical service medical students.

**Summary of Work:** Just before their clerkship, medical students were taught a course about narrative medicine and were shared the stories from the facilitator according to previous sharing from interns. After sharing the stories, medical students during their internship or before their clerkship were asked both quantitative and qualitative feedback for their attitude about narrative medicine. Unpaired t-test was used to analyze the quantitative result.

**Summary of Results:** During a two years period, there were 196 medical students (126 just before their clerkship, 67 internship) gave their feedback about narrative medicine. Between two groups, interns showed significant positive attitude about narrative medicine than medical students before their clinical service (4.7±0.3 vs. 3.1±2.4, P<0.01).

**Discussion:** Most of the interns felt that narrative medicine could let them join their medical work better from sharing, understanding and internalization. The top three negative qualitative feedbacks from the pre-clinical students were that they felt no empathy, they could read the stories themselves and it was unnecessary to share the stories before clinical service. Narrative medicine can strengthen the attitude of the students to be a good doctor during their internship. However it is better not to engage it to the medical students before their clinical service.

**Conclusion:** Narrative medicine can strengthen the attitude of the students to be a good doctor during their internship. However it is better not to engage it to the medical students before their clinical service.

**Take Home Messages:** Narrative medicine is very helpful to the medical students in the working place. Further research should be done to young residents.
Electrifying substance abuse medicine education. From colour paper sheets and clickers to mobile assessment

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Background: University of Helsinki Faculty of Medicine, substance abuse medicine course (1.8 ECTS) consists two-day seminar of case-based patient cases for graduating sixth year students. Course has been held since 1980s and in the end of the course a final exam has been held using three evolving methods.

Summary of Work: Students answered to the exam by racing coloured papers with coordinator calculating answers. Voting clickers were initiated 2008, with automated collection of answers. With the adoption of mobile devices, Socrative mobile quiz voting was introduced in 2014. With positive feedback, Socrative was selected to use in 2015.

Summary of Results: Feedback has been very positive (2015: 3.49 on average in Likert scale, N = 144, n = 111, 77.8 %). Socrative has been cost-effective and has reduced the need of resources. Students can use any device and also participate from home. Data is easily and rapidly accessible. Course feedback has increased in last two years substantially (2013 27 %, 2014 62 %, 2015 77 %).

Discussion: In the paper era, the course feedback was collected first only verbally and then by paper. 2002 web-based feedback system (WebOodi) was adopted. Feedback percentage dropped from 60% to 30% from 2005. Voting clickers did not increase feedback and expensive clickers and expanding participants proved challenging. With Socrative quiz, students give anonymous, immediate and more versatile feedback.

Conclusion: Students prefer Socrative exam (2015: 65.5 %, n = 142). Even though students use own devices, preparation is crucial. Devices require enough charge, reliable internet and spare devices should be available. Interactive self-study materials motivate students to learn. Low-threshold system e.g. Socrative promotes high quality assessment.

Take Home Messages: Moving to mobile assessment requires motivation, courage and versatile support. However, the benefits are clear and the change evolves assessment.

Abortion in the medical curriculum: a survey of UK undergraduate medical students

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Background: Access to safe abortion relies on adequate numbers of well-trained providers. The study aimed to reflect upon UK medical students’ experiences of and attitudes towards abortion teaching in their medical curricula, in order to identify successes and shortcomings in the current provision of undergraduate abortion education.

Summary of Work: Medical students studying at UK institutions were invited through online communication to complete an online questionnaire. The survey used a 36-item questionnaire, with a mixture of binary, sliding-scale, categorical and free-text response items.

Summary of Results: The survey received 119 responses from participants studying at 21 universities, representing all stages of the medical course. 53% had not received any pre-clinical teaching; 78% had had no formal clinical teaching. 73% reported wanting more lecture-based/classroom-based teaching and 59% reported wanting more clinical exposure to abortion. 60% of our cohort rated their pre-clinical teaching as insufficient, with an even larger proportion (77%) giving an ‘insufficient’ score for their clinical exposure.

Discussion: The majority of students felt their teaching on abortion had been insufficient and there was widespread lack of confidence in counselling a woman about her pregnancy options, even amongst those in their final year. This was most often put down to lack of knowledge or abortion-related communication skills.

Conclusion: We identified dissatisfaction with abortion education and a lack of confidence in abortion-related clinical skills in our participants, despite the majority of respondents feeling that abortion was ‘very relevant’ to medical education. The lack of confidence around abortion counselling is particularly concerning in final year students.

Take Home Messages: Such results indicate the need for further evaluation of the content and quality of undergraduate abortion teaching. An improvement in delivery of undergraduate medical education on abortion is necessary to ensure that junior doctors are confident in their abilities to provide competent and compassionate care to women seeking abortion.
**#10FF09 (135953)**

**Does a mental health educational program change medical students’ attitudes towards people with mental illness?**

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**Background:** The stigma attached to the mentally ill is a universal phenomenon and a major barrier to the provision of mental health services. Stigmatising attitudes among health professionals can result in compromised patient care.

**Summary of Work:** A mental health educational program implemented in a Brazilian medical course partnered with the local community mental health system were evaluated. A Questionnaire to collect social demographic information and investigate students’ personal experience with mental health issues, and The Attribution Questionnaire (AQ-27) that measures stigma towards mental illness were used for assessment. Initially, 431 students from the first to the last year of the course accepted to participate. Factorial analysis was carried out to validate the Portuguese version of AQ-27 and cluster analysis to separate groups with distinguished stigmatization tendencies. Assessment was repeated for 156 students after their training. Additionally, multiple linear and logistic regressions analysis was used, among other complementary univariate analyses.

**Summary of Results:** We found that none of the socio demographic factors or student’s mental health history influenced stigma level showed by the students. Nonetheless, psychiatry as a career choice did (p=0.042). The results also showed a statistically significant decrease in the expression of stigma (p<0.05) when the training scenarios were analysed all together. Differences were identified when they were compared separately: Therapeutic Workshop Community Centres for first year students (p=0.004), Intensive Care Mental Health Units for last year students (p=0.064 ) and Primary Care Units for fourth year students (p=0.754).

**Discussion:** Overall, we found that the mental health training activities implemented since 2010 contributed positively to the reduction of stigma related to mental illness. The difference between them is probably due to the students’ degree of maturity and previous exposure to the course. In addition, the specificities of each educational strategy offered should be taken into account, including: patients profile and complexity of mental health scenarios, different students’ workloads and teaching strategies used.

**Conclusion:** Reducing stigma among medical students requires longitudinal curriculum organization, with the inclusion of mental health educational strategies that promote direct contact of students with mentally ill patients, preferable in community mental health settings. The beginning of the medical course seems to be an opportune time to offer this type of activity.

We also believe that the reducing of stigma related to mental illness contributes to generate greater interest of students by psychiatry and mental health.

**Take Home Messages:** Our experience shows that effective broad-based collaboration between University and Mental Health System can successfully combine achieving educational objectives with delivering community-based health care.

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**#10FF10 (135673)**

**Achieving CPR guideline targets: comparison of a reformed with a traditional medical curriculum**

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**Background:** Every physician is expected to be proficient in cardiopulmonary resuscitation (CPR) and basic life support (BLS). However, performance of post-graduate physicians and final-year-students often does not meet guideline standards. In the reformed medical curriculum (ReFC) at Charité-Berlin, teaching of emergency medicine was adapted. To analyse the quality of the new curriculum, we compared performance of chest compressions by students between ReFC and traditional curriculum (TradC).

**Summary of Work:** In TradC, resuscitation training was delivered at four time points (in semesters 6, 7, and 10), 61 hours total. In ReFC, resuscitation training is provided in semesters 1, 6 and 10 (including the BLS course into semester 1), summing 54 hours. In the 6th semester all students have to design and carry out a training session to teach BLS to laypersons. As main outcome we analysed chest compression quality, the most important BLS intervention. Guideline targets (ILCOR 2010 guidelines) are 5.0-6.0cm compression depth, 100-120 bpm, and minimal leaning between compressions (below 5mm). Directly after their course, we compared 26 students from ReFC to 128 students from TradC. Students performed compression-only-CPR for 5 minutes on manikins, recorded via Laerdal SkillReporter.

**Summary of Results:** Mean compression depth was 38.8mm [37.4-40.3; SD 8.0] in TradC and 41.4mm [36.9-45.9; SD 11.1] in ReFC, p=0.275. Similarly, compression rate showed no significant difference between groups, p=0.130. Leaning depth was significantly lower in ReFC compared with TradC (7.3mm [5.6-8.9; SD 4.1] vs. 10.9mm [9.6-12.3; SD 7.4], p=0.001)

**Discussion:** Albeit receiving less teaching hours, but including a “learning-by-teaching” intervention, ReFC students performed comparably well as TradC students, with improved quality for leaning depth.

**Conclusion:** In both curricula chest compression quality did not meet guideline targets. Putting more effort into BLS/CPR training still seems necessary.
Take Home Messages: Suboptimal BLS/ALS performance quality in simulated trainings may partly explain its insufficient quality seen in clinical settings.

## #10FF11 (133669)

**Early introduction of psychiatry in a contextual manner via case based learning in an undergraduate medicine programme**

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**Background:** It is essential that future doctors have a good grounding in psychiatry to ensure that patients receive appropriate care for both physical and mental health problems. With the aim of introducing students to psychiatry at an early stage in the curriculum, a Mental Health case was developed within a case based learning programme. We here describe the development, implementation and student evaluation of this innovative case.

**Summary of Work:** The Mental Health case used a variety of bespoke resources to enhance the student learning experience. The aim of the case was to address the key learning outcomes in a contextualised framework by “bringing the patient to life” in order to provide students with greater insight into the patient experience. To optimise the impact of the case the Winter School in Psychiatry was held directly following the case. This case was delivered for the first time in 2014/2015 and student evaluation data is presented.

**Summary of Results:** 95% of students rated the case as a positive learning experience. The case generated a considerable interest in psychiatry, with 88% of those who completed the form reporting an interest post-case. High rates of students attending the Winter School also reported that they would now consider a career in psychiatry. Further evaluation data will be presented.

**Discussion:** Students continue to learn about mental health and psychiatry throughout the five-year programme with increasing depth, complexity and clinical focus. Future work will investigate whether these positive experiences of mental health and psychiatry within the early years of the spiral curriculum influence student perceptions and attitudes in later years.

**Conclusion:** Students valued learning about mental health and psychiatry in a contextual manner within a case based learning programme.

**Take Home Messages:** Student perceptions of psychiatry were improved as a result of the Mental Health Case and Winter School, which may have important implications for future recruitment and retention in psychiatry.

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#10FF12 (196302)

**Is there a place for Complementary and Alternative Medicine (CAM) in the UK medical school curriculum?**

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**Background:** In recent years, there has been an increase in the use of Complementary and Alternative medicine (CAM) amongst the general population. With over 100 million EU citizens and 44% of British households choosing to invest in these remedies the case has been made for medical schools to include a selection CAM therapies as part of their core curriculum. While the implementation of this has been successful in a small portion of British medical schools, the majority of schools, recognise the value of CAM but lack the understanding and support to create an effective curriculum and therefore a consistent approach to CAM practice across the country.

**Summary of Work:** A literature search was carried out to analyse the current perspectives on the relevance of adding complementary and alternative medicine (CAM) to the UK medical school curriculum. Papers were also referenced for which CAM topics should be included in the curriculum and which teaching methods and formats were most effective. Any difficulties in administrative support in adding CAM to the curriculum once the value of it was established, were also discussed.

**Summary of Results:** Recommendations from the BMA and the General Medical Council are encouraging of the study and awareness of CAM therapies at undergraduate level. Despite this, of the current 26 medical schools, only six (23%) are offering a form of CAM teaching, a small number comparing to the 75% in the USA and 40% in other European countries. Amongst these organisations there is agreement that a CAM curriculum should be integrative rather than theoretical, as such is the current practice in participating medical schools.

**Discussion:** Despite the escalating public interest of complementary and alternative medicine, there has been slow progress in CAM implementation throughout UK medical schools. A tenable vision for the future on CAM education involves defining a core curriculum, involving all levels of medical education in a way that avoids the current barriers.

**Conclusion:** We believe that future clinicians should be equipped with a basic understanding of CAM, securing them with the comfort and confidence to discuss CAM therapies with their patients and ultimately meet the recommendations of our governing medical bodies.

**Take Home Messages:** We believe that future clinicians should be equipped with a basic understanding of CAM, securing them with the comfort and confidence to discuss CAM therapies with their patients and ultimately meet the recommendations of our governing medical bodies.
To CAM, Or Not To CAM? – Filling the Gap between Medical Students and Patients Seeking Complementary and Alternative Medicine (CAM)

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Background: It has been reported that 75-80% of patients in Taiwan have experiences seeking for complementary and alternative medicine (CAM), expense of which, as that of conventional medicine, is reimbursed by the National Health Insurance. However, most of medical students in Taiwan lack “CAM” competency in facing patients who seek for conventional therapy and CAM at the same time, leading to a big gap between physicians and the patients in terms of mutual understanding and in sense of holistic care.

Summary of Work: To fill this gap, we initiated an optional course of CAM in year 2, emphasizing cultural and humanity understanding, in addition to current evidence-based knowledge and actual observation in a prestigious CAM hospital. The course design was interactive to inspire medical students to re-think why people in Taiwan adopt CAM instead of conventional therapy alone to manage their illness. In year 5, we have another optional course of CAM, focusing exclusively on hands-on mutual practice of acupuncture to strengthen their personal perception and experience regarding this most widely-used CAM in Taiwan.

Summary of Results: We found that medical students who had taken the related courses of CAM, as compared to those who had not, had significantly higher scores for CAM competency.

Discussion: We evaluated whether these optional courses substantially enhance CAM competency of medical students by the objective structured clinical examination (OSCE), one station of which was designed to evaluate their related competency, including empathy, altruism, holistic care, humanity- and evidence-based critical thinking, in facing patients opting for CAM as their part or all of therapeutic mode.

Conclusion: Appropriate educational courses may help medical students better understand and empathize with patients opting for CAM as one of their treatment modalities to enhance holistic care and bridge the existing patient-physician gap in Taiwan.

Take Home Messages: A proper curriculum aiming for cultural competency may help fill the patient-physician gap.

Diversity of Opinions and Preferences About Mode of Delivery among Medicine and Nursing Courses

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Background: To assess the opinions and choices about mode of delivery of those who will be responsible for providing care for women in the near future is essential to understand the influence of professional education in these preferences.

Summary of Work: Students attending Medicine and Nursing Programs at Federal University of Santa Catarina were enrolled. A questionnaire was employed with questions about which mode of delivery they would consider less risky and more beneficial, which they would choose for their children and if their opinion about preferred mode of delivery changed during the course.

Summary of Results: 607 students were included. Mean age was 22.9 years, 60.3% were female, 81.5% were white, 91.1% were single, and 59% have high family income. Most students (95.5%) declared vaginal birth as the best mode of delivery. A total of 86% of male and 75% of female subjects (p <0.001) reported to prefer vaginal birth for themselves/their partners. Only 12.6% of students changed opinion during graduation years, most towards vaginal birth (10.2% of the total).

Discussion: The vast majority of the subjects consider vaginal birth as the best mode of delivery. But a lower number of subjects prefer vaginal birth for themselves, with a more significant difference among women – which can highlight that rational scientific knowledge is not always translated into personal preferences. Among the few students who modified opinion, most did in favor of vaginal birth, which might suggest the influence of training.

Conclusion: Most students declared vaginal birth as best mode of delivery, although the number of them who would personally choose to have a vaginal birth is lower, particularly among female students.

Take Home Messages: Training might have an important role in influence students’ perceptions about mode of delivery, particularly about risks and benefits. Strategies to also impact personal preferences probably should be individualized and customized to fit students’ diversity and need further research.
The effects of CAM oral feeding skill training program on maternal confidence, knowledge, and premature infants' feeding patterns and weight gain

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Background: Since apnea and feeding tiredness frequently appear during premature infants’ oral feeding, coordinating feeding is a key factor to judge their neural integration and healthy growth. However, sucking and swallowing reflexes do not develop properly until 32-34 weeks; hence successful sucking skills training during this period is particularly important.

Summary of Work: Daily CAM oral feeding skills, including oral massage and stimulation of acupuncture points on the tongue, are used for premature infants with a gestational age of less than 37 weeks. The experimental group (EG) had 16 participants; the control group (CG) 15. The CG participants received traditional care and education; the EG was given CAM and a detailed brochure.

Summary of Results: Linear mixed model with random effects provided the following results: (1) maternal confidence and knowledge: EG was higher (6.07 & 4.35, respectively) than CG; (2) the percentage of weight gain during the hospitalisation: EG was significantly higher than CG (13.58 ± 11.67% vs. 6.60 ± 5.25%).

Discussion: CAM can improve maternal feeding confidence, knowledge, the percentage of weight gain and the establishment of early preterm children’s sucking ability. The training process can assess the family resources of premature infants and the interaction between babies and families; moreover, it can lower the pressure care places on mothers.

Conclusion: Our results confirmed the effects of CAM on maternal confidence, knowledge, and premature infants’ feeding patterns and weight gain. The skill training program can establish the sucking ability of preterm infants as early as possible. The interdisciplinary cooperation of nurses is clearly demonstrated.

Take Home Messages: CAM can improve maternal feeding confidence and establish early preterm infants’ sucking ability. The results can provide some advice for patient instructions of preterm infants’ sucking training and for the nurses, whose duty it is to feed the preterm infants. It can also empower the role of care in mothers.