Background: Klinikfest is a one-day clinical skills workshop. It took place at the Faculty of Medicine Maribor. Klinikfest was created by peer tutors and their mentors to offer students additional practice of clinical skills. Forty places were offered to the students from 4th to 6th grade from both Slovenian medical faculties.

Summary of Work: In the first part of the workshop, the participants practiced clinical skills supported by virtual patient cases in eight working groups. The second part started with demonstration of physical examination, which was then practiced in pairs under supervision of peer tutors. Theoretical examination was conducted before and after the workshop.

Summary of Results: The results of the evaluation form showed high satisfaction with the workshop (4.84 out of 5 points). Students also estimated their knowledge of clinical skills before (3.28/5) and after the event (4.44/5). This self-evaluation also correlates well with the results of theoretical examination, which improved significantly after the workshop (p=0.003).

Discussion: The results of the evaluation form and theoretical examination showed an improvement in students’ knowledge and confidence. The evaluation of students’ performance could be further improved by implementation of OSCE before and after workshop. Addition of bedside ultrasound to the physical examination may be the way to further improve Klinikfest.

Conclusion: Familiarity with the clinical skills and higher self-confidence may reduce risk of complications and errors during procedures. The positive feedback from the participants, peer tutors and mentors motivated us to already start making plans for the next Klinikfest with addition of clinical simulation on a sophisticated manikin and bedside ultrasound.

Take-home Message: Workshops like Klinikfest should be considered as an additional educational strategy in a complex educational process of undergraduate medical students. In the end, Klinikfest enables students to rehearse, improve, and build on already obtained knowledge in a safe environment and to bridge the gap between clinical and non-clinical environment.

Background: NDMC longitudinal integrated clerkship (LIC) is the only one LIC in Taiwan. It co-exists with a traditional rotation-based clerkship (RBC) in a metropolitan tertiary academic hospital. The aim of this study is to explore the students’ learning experiences during clerkship and to contrast the differences between two curriculums.

Summary of Work: In this academic year, there were 114 students, of which 12 joined LIC. Semi-structured, in-depth interviews were conducted from February to April, 2016. ALL LIC and 14 RBC students by snowball sampling participated. A qualitative thematic analysis of individual interviews was carried out and emerging themes were compared.

Summary of Results: Themes identified: (1) Clinical learning: importance of active learning; gap between textbook knowledge and clinical practice; opportunistic (RBC) vs contextual learning (LIC). (2) With patients: Companionship (both) and bridging between physicians and patients (LIC). (3) With preceptors: Apprenticeship (LIC) and difficulties getting involved (RBC). (4) Doctor-patient relationship: interaction and communication.

Discussion: LIC students have longitudinal relationship with patients and preceptors, and have a role of bridging between patients and physicians. In the early stage of clerkship, they were guided by preceptors. RBC students have brief and fragmented relationships with patients and preceptors. Their learning was opportunistic.

Conclusion: Medical students walked through different paths to the same destination. In this study, their learning experiences were similar in some aspects, but varied in others. However, the academic performances and clinical skills were equal at the end.

Take-home Message: Students of both curriculums experienced struggle in their early stage of clerkship. LIC students learned within the context of continuity of care, supervision and care. RBC students experienced idiosyncratic and fragmented learning. However, students of both curriculums had equal academic performances at the end.
Background: Bedside teaching is known to be a valuable method of teaching clinical aspects of medicine. Ramani (2003) wrote 12 tips on how to improve bedside teaching, however in recent times bedside teaching is being utilised less due to multiple barriers such as time constraints, unpredictability and patient related challenges.

Summary of Work: At our trust, 3rd year students are allocated junior doctors as bedside tutors. We explored student views of the effectiveness of teaching they received, through written feedback based around Ramani’s (2003) work. We conducted semi-structured interviews to explore tutors views on delivering bedside teaching and barriers they encountered.

Summary of Results: We collected feedback from 40 students. 100% of students found bedside teaching sessions beneficial. Areas identified by students for improvement included the tutor setting clear learning objectives and ensuring engagement from non-participating students. A common barrier identified by tutors was taking time away from clinical duties to deliver sessions.

Discussion: It is important to understand the barriers against delivery of effective bedside teaching, in a service driven hospital. For our hospital, one of these is doctors taking time away from clinical duties. Other includes lack of support and advice for tutors on methods to improve bedside teaching.

Conclusion: Bedside teaching continues to be an effective teaching method in the views of students and tutors. Educating tutors on different ways to improve the effectiveness of their teaching can improve learning experiences of students, however other barriers, such as time constraints are more difficult to rectify.

Take-home Message: It is important for all institutions to explore the barriers against effective bedside teaching. By increased awareness, simple improvements in teaching can be made appropriate and an appreciation of more difficult barriers, such as time constraints, can be acknowledged.

#3DD04 (612)
Frustration on clinical skills competence does not seem to lead to deliberate practice

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Background: Graduating Finnish medical students constantly express frustrated awareness of the limitations of their clinical skills. A clinical skills center was constructed in the University of Helsinki in 2004. In 2015, a project was started in order to train peer instructors and the opening hours of the skills center were extended.

Summary of Work: The new structure was widely advertised and students were explicitly encouraged to train their skills. To evaluate the amount of our graduating students’ self-directed clinical skills practice, 6th year students were asked to fill in a questionnaire about the training of individual procedures in the skills center during their studies.

Summary of Results: 87/120 6th year students returned the questionnaire (72.5%). The most frequent skills trained on voluntary basis in the skills center were suturing a wound (28.9%), insertion of a venous cannula to an adult (22.4%), insertion of a laryngeal mask (22.4%), lumbar puncture (19.5%) and taking an arterial blood sample.

Discussion: Finnish medical students have permission to work as locum tenens in hospitals after the fourth study year and in primary care after the fifth. They often express frustrated awareness of their own limitations. Previously, the reduced opening hours might have been a hinder preventing students to from voluntary training.

Conclusion: Despite the possibility to practice common clinical skills deliberately in the skills lab, less than one third of the graduating students had practiced on their own. The students have wide experience of common procedures that are easy to perform and they don’t seem to have need to cultivate their skills.

Take-home Message: The students have practiced most emergency procedures during their studies both in medical school and at working life. In spite of active encouragement, the renewed skills center has attracted less graduating students than expected. Organized training events or flipped classroom implemented in mandatory courses might be possible solutions.
#3DD05 (761)
Workplace Learning from Role Playing and Simulations

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Background: The expectation that students can understand patients’ points of view is very important. The effect of role-play in students learning following Pediatrics clinical workplace practice is not well known. Our study aims to examine whether role-play in clinical cases enhances students learning of disease/management and develops patient-centeredness for future practice.

Summary of Work: In groups of 10, final-year undergraduate students (n=72) selected a clinical case to role-play. Students wrote scripts and role-played patients, family and different levels medical staff. Afterwards, students expressed their learning during the course and received feedback from teachers. A questionnaire was used to assess effectiveness and satisfaction of learning.

Summary of Results: The effectiveness and satisfaction of role-play learning was 3.8±1.4 and 4.4±1.0 (five-point Likert scale). Most students reported: greater disease familiarity and enhanced patient-doctor/peer-group relationships. Greater understanding of visiting staff responsibility, communication skills and empathy was reported. A few felt role play-skills could only be practiced for common gastroenteritis cases.

Discussion: The learning effect may be influenced by case difficulty (e.g. biliary atresia, Kawasaki disease). Close supervision of the teachers can help students learn more about the ethical and communication issues which happened in the real world even the easy and common cases in the workplace after their 5 weeks learning.

Conclusion: Learning from role-play and simulations can enhance the effectiveness of students’ disease diagnosis and performance. The close supervision before the play and a detail feedback for students’ improving after the role-play is important.

Take-home Message: Learning from role-play and simulations for final year undergraduate students can enhance the effectiveness of students’ disease diagnosis and performance. The choice of easy cases’ discussion should not only on knowledge but the feelings of family and some ethical issues.

#3DD06 (3050)
Barriers and enablers to practising clinical skills on placement

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Background: Clinical experience is an essential part of medical school. Existing research by the authors reveals a gap between intention to practice and actual practice of clinical skills. It is in everybody’s interests that students are able to take advantage of the opportunities available to them in a ward-based environment.

Summary of Work: This research explores what third-year medical students perceive to be the barriers and enablers to performing clinical skills on patients on the ward. It adopts a qualitative methodology, utilising one-to-one and group interviews. Barts and The London students in their third year of the MBBS course during 2016/17 were interviewed.

Summary of Results: Data collection and analysis will be completed by May 2017. Anecdotally, students report a range of personal, environmental and teacher/peer relationship factors which influence their planning and performance of clinical skills. Our data will allow us to further explore the lived experience students have of practising clinical skills.

Discussion: An audit of medical students’ log books has identified these actual experiences of practising clinical skills as falling short of student expectations. Thematic analysis of student interviews may suggest common reasons for this, to build on the wider literature which exists in this area of medical education.

Conclusion: Students are aware of the opportunities available to perform clinical skills on the ward and what is expected of them. However, there is a gap between the intentions of these students and their actual achievements. Our study investigates factors which might be barriers or enablers to these students.

Take-home Message: Clinical experience is fundamental to medical student learning. By highlighting barriers and enablers to practising skills and identifying the reasons for these, measures may be implemented to improve students’ opportunities on the ward. We believe this study will identify how better to prepare and support students for ward-based learning.
"Accident or Intention" to disclose patients' health records among medical students

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Background: The increased adoption of electronic health records (EHR) in medical training institutions and the use of personal devices among those who access personal health records (PHR) raises concerns about potential misuse. Despite mandatory EHR training and a rigorous privacy policy, medical students are people that are a cause for concern.

Summary of Work: Workplace norms and morality have a strong influence on students' intention to disclose and responsibility to report misuse where knowledge about the privacy policy and EHR training have a lesser effect. There is greater misuse by students with downloading PHR to their devices and sharing PHR on social network.

Summary of Results: Professionalism and role modeling on PHR security and privacy in a clinical workplace play an important role in creating an environment of data privacy and influencing students' awareness of PHR misuse. The countermeasures, including privacy policy training and EHR training, are less effective because these modules cannot be conducted frequently enough.

Discussion: Professionalism and role modeling on PHR security and privacy in a clinical workplace play an important role in creating an environment of data privacy and influencing students' awareness of PHR misuse. The countermeasures, including privacy policy training and EHR training, are less effective because these modules cannot be conducted frequently enough.

Conclusion: Our findings indicate that personal and institutional technology adoption is a potential problem for PHR misuse. Simply conducting EHR and privacy policy training is not enough. To better reduce misuse, institutions should place greater emphasis on teaching medical morality and creating an environment of data security.

Take-home Message: Institutions need to reinforce the message about health data privacy in a repeated manner and integrate it into many teaching moments so that convenience does not override privacy.

Patient shadowing: an educational tool to enhance appreciation of the patients' perspective

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Background: Patient shadowing (observing care from patients’ perspective) has been used worldwide for improvement of medical services. There is a growing emphasis on the appreciation of the patient’s agenda in undergraduate medical curricula, currently delivered through simulation teaching. We evaluated the use of real-time patient advocacy as an educational tool.

Summary of Work: We enrolled year 3 medical students attending vascular outpatient clinic (with the same consultant). Control group students sat in with the consultant. Intervention group students shadowed patients instead, using structured observation and reflection forms. We held an end of placement focus group to compare student attitudes and learning outcomes.

Summary of Results: Thematic analysis of the focus group highlighted many positive gains from being a patient advocate, including better appreciation of the patient journey and greater understanding of patient attitudes toward their illness. Students also quoted a more in-depth clinical knowledge and appreciation of consultation skills compared to their control counterparts.

Discussion: All students found the patient advocacy experience overwhelmingly positive; students have greater appreciation of the patient agenda and perspective, and report greater depth of clinical learning. We would need to expand this tool through other outpatient clinics with greater number of students to see if the effect is generalisable.

Conclusion: There is a growing understanding of the importance of appreciating the patients' agenda in undergraduate medical curricula. Similarly, the GMC advises medical teachers to focus on patients being active partners in medical education. Patient advocacy is an effective educational tool to meet both of these aims.

Take-home Message: Patient advocacy is effective as an educational tool both in attitudinal change towards appreciation of the patients' agenda, and in improvement of clinical learning. It highlights to medical students the importance of the patient's agenda and effective communication during the consultation, reinforcing a patient-centred approach to practicing medicine.
#3DD09 (521)
Students’ Perspective on the Value of Social Gathering During Early Clinical Exposure Courses

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Background: As part of the early clinical exposure (ECE) courses, three groups of mentors in Taipei Medical University had provided students with regular social gatherings separately. However, the attendance at these gatherings had been from session to session with significant differences. This study investigated students’ reasons for attending these events.

Summary of Work: Participants rated the following reasons for attending the social gathering in 5-point Likert-scale (1=Not-at-all-concerned/5=Extremely-concerned) and could provide additional comments in an open-ended question. 1. the convenience of the meeting location; 2. their mentors would be present; 3. the refreshment; 4. the meeting time concern; 5. the interest in the informative activities.

Summary of Results: 69 out of 99 ECE course participants took this survey. The results revealed that the order of the determining factors in students’ session attendance was 1. the meeting location (Mean=4.5/SD=0.73); 2. the presence of the mentors (Mean=4.0/SD=1.12); 3. refreshment offered (Mean=3.7/SD=0.93); 4. the time concern (Mean=3.27/SD=1.01); 5. session topics/information (Mean=2.40/SD=1.15).

Discussion: The survey findings were consistent with the attendance records of 14 social gatherings. The participation in the hospital that was apart from the campus was lower than the locations closer to the campus. In addition, it was discovered that the students still attended the meetings during the midterm week.

Conclusion: From the comments provided by the survey participants, although the convenience of the meeting location played an important role in decreasing students’ attendance, the bonding with their mentors as well as the refreshment offered at the gatherings attracted the students’ participation.

Take-home Message: With the survey result pointing out that mentors’ presence weighed more than the actual information provided at the session, the Mentor-mentee relationship could be a key component that contributes to a successful ECE program.

#3DD10 (198)
Integrating SNAPP$S model into learner ratings for outpatient education: combining process of learning and assessment for teaching

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Background: As a unique learning venue, medical education in the outpatient setting brings challenges in teaching and learning as a result of the pace of patient care and limited time available for teaching. We sought to promote the ambulatory teaching efficacy by integrating SNAPP$S model into learner ratings for outpatient education.

Summary of Work: We used the six steps of SNAPP$S, a learner-centered model for outpatient education, as a basic concept to develop a clinical teaching assessment (CTA) tool. Clinical teachers were invited to participate in the SNAPP$S training program and were informed upon the role of learners as assessors of their teaching performance.

Summary of Results: Twenty-two clinical teachers were enrolled in this current work. Learners presented with higher satisfaction after we adopted SNAPP$S model as a CTA tool in the ambulatory teaching environment. The learner rating score increased also when compared to the state before the SNAPP$S-based CTA tool was integrated.

Discussion: Adopted SNAPP$S model as a measurement tool can improve clinical teachers’ self-efficacy: first, help preceptors to integrate learners into patient care delivery; second, make clinical teachers’ teaching more efficient in instructional reasoning; third, clinical teachers are more able to evaluate learners’ performance and provide feedback in real time.

Conclusion: The innovative measurement tool was developed by integrating SNAPP$S model into learner ratings for outpatient education, which is especially meaningful for clinical teachers who need clear guidance to engage their learners and facilitate the teaching and learning interaction in a clinical venue with a quick pace.

Take-home Message: The development of a measurement tool by integrating SNAPP$S model as a CTA combines the process of learning and assessment for teaching. The tool improves clinical teachers’ self-efficacy and promote learners’ learning satisfaction.
#3DD11 (2785)
Choosing Wisely in Medical School - Better Late Than Never

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Background: It is part of “Choosing Wisely’s philosophy” a more cost-efficient decision-making in medicine. Specialty Medical societies were the first to apply it, but other settings should be considered, like medical schools. The participation of medical teachers is very important to influence medical students, specially as a role-model.

Summary of Work: A 12-item list of recommendations of situations in internal medicine (that were frequent, but inappropriate) was created by an expert panel of 10 medical teachers. The list was sent to other medical teachers for grading of the items. Teacher’s opinions and comments about this campaign were obtained through a questionnaire.

Summary of Results: The list was answered by 81 teachers. The recommendation most voted was "do not order laboratory tests that won't change clinical decision". What motivated their choice was how frequent that behaviour happens in their clinical practice. Most of the teachers agreed about the importance of this campaign in medical education.

Discussion: It is important to recognize the relevance of role-modeling in medical education. To order unnecessary tests is a behaviour commonly done by physicians in an automatic way. Medical teachers also work in non-educational environments, are exposed to that kind of behaviour on their clinical practice, and may influence medical students

Conclusion: The campaign was well received by teachers, and was considered very important. It is possible that “Choosing Wisely’s” strategy it is a good way to develop cost-consciousness on future doctors.

Take-home Message: The inclusion of medical teachers in the “Choosing Wisely” campaign is essential for its success in Medical School, once they serve as a role-model to medical students.

#3DD12 (818)
Assessing student learning about multimorbidity; a review of student reflections

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Background: Third year medical students at Glasgow visit a patient with multimorbid health care needs during a General Practice placement. The aim is that students gain an understanding of the impact of multimorbidity on delivering holistic, longitudinal care to patients. Student assessment comprises a written reflective account on their patient.

Summary of Work: A detailed review of 26 written student reflections was performed to address two research questions: 1) What insights do medical students get about patient coping strategies when faced with chronic illness? 2) Can students identify and empathise with roles for GP’s and health care professionals in managing patients with multimorbidity?

Summary of Results: Six key themes were identified from reviewing student work and these highlight the main areas of learning and student reflection on this experience. These were: 1) The multidisciplinary team; 2) Patient support networks; 3) Polypharmacy; 4) Application of evidence based medicine; 5) Mental health issues; 6) Student quotes and insights

Discussion: Students were able to identify both intrinsic (patient specific) and extrinsic (environmental, social, situational) factors affecting patients coping mechanisms. Students had constructive and insightful reflections about multidisciplinary team care for patients with multimorbidity, but also acknowledged the importance of informal (unpaid) care provided by family and friends for these patients.

Conclusion: Review of student reflections has allowed insight and exploration of some informal and hidden curricula learning during this student experience with patients who have multimorbidity. A richer understanding of the learning taking place during this module has been enabled, and the benefits of this student experience more clearly defined.

Take-home Message: There is insightful, thoughtful, and individual learning taking place through student encounters with chronically ill patients. Students have documented case specific, contextual learning from their experiences, and reflected on how this will be translatable to their future learning. Module learning outcomes and assessment criteria can now be evolved and refined.
#3DD13 (1929)  
**Becoming a real doctor: Investigating how workplaces play a role in clerks' professionalism through a qualitative mixed-methods study**

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**Background:** Workplaces engage individuals with meaningful and purposeful activities (Billett, 2004). Similarly, when activities in bedside learning are structured instead of ad hoc, the goals are clearer instead of hidden, and the work dynamic is supportive and inviting rather than casual, learning outcomes can be arguably satisfying and enhances professional advancement.

**Summary of Work:** To understand the role of workplaces and associated impacts on clerkship, this IRB-approved inquiry embarked on a four-staged, multiple-sites mixed methods research in years 2015 and 2016. It compared two hospitals in southern Taiwan, and contrasted those findings with one of the leading university hospitals within the UC-system.

**Summary of Results:** Four major themes from the visual analysis of the photos, and 43 relevant codes categorized in four major themes from 33 transcribed semi-structured interviews were developed. Through data triangulation, we found that the roles that clerks played and associated functionality they performed decided the level of meaningful and purposeful engagement.

**Discussion:** Clinical workplaces were pedagogically meaningful. Participation, engagement and activities were essential. Activities were both conceptual and physical, and ranged from knowledge advancement, contextualized applications, inter-professional interactions to interpersonal communications. Consequently, knowing how and knowing why became critical to professionalism and the identity formation, which had a role in career aspirations.

**Conclusion:** Workplaces prepared professional roles in the making. The more clerks were engaged, the easier they overcame obstacles, and were better socialized in hands, minds and hearts which constituted the professionalism. A sophisticated conceptual framework was developed which illuminated how workplaces being a frame of reference for professionalism and career formation.

**Take-home Message:** Early experiences in clinical workplaces does make a difference when clerks are introduced to their work and teams, have meaningful engagements, and are allowed to perform, interact, collaborate and reflect. Ultimately, workplaces become a social institution for professionalism, which have an impact on identity formation and career goal aspirations.

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#3DD14 (3074)  
**Are teaching and learning sites in clinical clerkships rotations shared, and is it helpful?**

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**Background:** Brazilian clerkships have been developed in the main medical areas over the past two years. We have a lot of public, and mainly private schools, that need to develop clerkships in the National Health System units. We investigated if the sites are shared and if it is helpful or not.

**Summary of Work:** Sixty eight Brazilian Medical Schools with clerkships (42.5%, 45% public), from all Brazilian regions, answered an electronic survey about clerkship rotation sites and whether they are shared with others students, medical or not, and residents from the school and others in public or private institutions, and also the influence of sharing.

**Summary of Results:** Around 50% of the schools share with university students and residents, but only 1/3 with technician students; 72.5% from same institution and 35% from other institutions. Sharing with institution residents helps in 91% of cases. Other health professional’s students reported no damage in 50% of cases and in other private institutions students on the same course reported damage in 18% of cases.

**Discussion:** The need to share in clinical clerkships sites is increasing in Brazil, mainly because of the growing number of medical schools. Sharing with members from the same institution, mainly residents, is good and helps students. Other health professional students don’t have a problem with this. Problems were reported with other private school students, perhaps because of financial problems.

**Conclusion:** Sharing clinical clerkship sites is important and can improve students’ skills of learning in interprofessional teams for health and social care, but it needs to happen in a harmonious way without financial interests. In Brazil, public medical schools have financial problems and this can affect students sharing learning spaces.

**Take-home Message:** Sharing teaching and learning spaces is good, but we need to take care when sharing. It is necessary to prevent damage to the students and mainly to the patients. Financial interest should not interfere, mainly in favor of the private rich medical schools and for profit medical education.