#7JJ Posters: Postgraduate Training 2 - Early Years
Location: Hall 3 Foyer

#7JJ01 (3299)
Night Float System and Medical Errors: Perceptions of Pediatric Staff in ACGME-International Program in Qatar

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Background: Night float system (NFS) replaced the traditional call system in most residency program (NFS) enhanced resident’s wellbeing, patient care, reduced sleep deprivation, fatigue and medical Errors. NFS implemented to ACGME-I Pediatrics residency program - Hamad Medical Corporation - Qatar 2015-2016. Aims: to assess staff perceptions towards NFS compared with traditional call in medical errors

Summary of Work: Cross sectional survey was conducted among pediatric residents, attending and nurses at Hamad Medical Corporation. Questionnaire designed after reviewing related literatures, it offer objective answers utilizing the 4-point Likert scale which used to perform statistical analysis. It included staff demographics, factors contribute to medical errors during on-call duty.

Summary of Results: 110 questionnaires (47 residents, 32 attending & 31 nurses) analyzed; majority in favor of (NFS) medical errors occurred more during traditional call, due to: fatigue from lack of sleep 71.6%; nurses have higher percentage than attending and residents (77%, 74%, 66%, respectively) fatigue from excessive work load (48.7%, percentage higher in nurses & residents (60%, 62%, respectively) than attending 52%.

Discussion: Participants perceived that more medical errors occurred during traditional call compared to (NFS) due to: fatigue from lack of sleep 71.6%. Fatigue from an excessive work load 58.7%. Factors as; poor sign-out, delay in performing procedures and inadequate supervision were equivalent during both (NFS) and traditional call.

Conclusion: Pediatric staff in favor of NFS than traditional on call system because its positive impact on residents well being which is reflect dramatically in decreasing incidence of medical errors.

Take-home Message: NFS reflect positively on residents well being, decreasing incidence of medical errors which promote patient care and safety.

#7JJ02 (984)
Preparedness of Foundation Doctors in Communication Skills with Children and Parents

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Background: ‘It is essential that newly qualified doctors can competently interact with, assess and care for children and young people’ (Royal College of Paediatrics and Child Health (RCPCH), 2015). Both the General Medical Council (GMC) and the RCPCH have produced expectations for teaching of paediatric specific communication skills at undergraduate level.

Summary of Work: This study assessed the self-reported competence of foundation doctors in paediatric communication skills. 96 questionnaires were distributed across Scotland and England in paper and electronic form, both containing identical questions. Paper questionnaires were handed out at teaching sessions and administrators at different hospitals distributed a link to the online survey.

Summary of Results: 43% had completed rotations involving regular contact with children and parents. 41% reported no formal paediatric communication skills teaching and 35% felt any teaching received was inadequate. 43% reported low levels of confidence in their communication skills and higher levels were associated with longer paediatric placements and paediatric student-selected modules.

Discussion: Despite regular contact with children and parents, doctors report low confidence in paediatric communication skills. This may be explained by the lack of undergraduate teaching. Higher levels of confidence associated with increased paediatric exposure further supports the argument for increasing allocated teaching time for communication skills in paediatric undergraduate curricula.

Conclusion: Although a limited number of questionnaires were returned, this novel research should encourage those reviewing undergraduate curricula to consider the importance of meeting well established GMC and RCPCH expectations. At Royal Bolton Hospital, we plan to develop a workshop addressing the communication challenges between practitioner, child and parent.

Take-home Message: Foundation doctors report low confidence levels in professional communication with children and parents. In order to improve preparedness, medical schools may wish to review current curricula to ensure compliance with GMC and RCPCH expectations for teaching of paediatric specific communication skills at undergraduate level.
**#7JJ03 (565)**
Making consensus of Trainer-assessment in Dental Post-Graduate Year Training

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**Background:** In Taiwan, Dental Post-Graduate Year (DPGY) training program began in 2010 and the government committed it to the Joint Commission of Taiwan (JCT). This program aims to build systematic clinical training and training institutes include clinics and hospitals. We held workshops for trainers to realize training curriculum and make consensus.

**Summary of Work:** We establish curriculum working group to create assessment guide of curriculum (DOPS, CSR or mini-CEX) for trainers. The consensus workshops include introduction of training course, curriculum and assessment with the same material, playing scenario-based teaching video, pre-assess using Interactive Response System (IRS), consensus process, and post-assess using IRS after consensus.

**Summary of Results:** Taking endodontic treatment workshop in 2016 for example, 136 teachers joined. Compare scores of pre-assess with post-assess, there were significantly difference in all assessment items. It was more centralized and the differential was decreased. For example, the score of professionalism item from 4 to 6, increased from 61% to 79%.

**Discussion:** In Eastern culture, people don’t like to express their views directly to avoid destroy organization peace. In the beginning of this workshop, the process to express scores of pre-assess and post-assess was raising hand. Trainers feedback rarely because the openly process. Now through IRS anonymously, the response rate has increased.

**Conclusion:** Although there is assessment guide for trainers, many factors influenced the reliability of assessment such as new trainers, the differential among trainers and institutes. Through standardized workshop we hope to reach consensus of assessment, improve teaching quality and maintain a consistent of trainee’s performance. It’s necessary to continue the workshop.

**Take-home Message:** Using Interactive Response System (IRS) electronics is helpful to realize if the trainers reach consensus of assessment immediately. Through group and cross-institutes discussion can decrease the differentials.

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**#7JJ04 (1119)**
What do Foundation Year 1 Trainees Perceive as Barriers to Professionalism?

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**Background:** Professionalism is key to clinical practice and encompasses a range of behaviours and skills. The professionalism of medical professionals is widely challenged following recent National Health Service (NHS) failings. Despite the emphasis on professionalism throughout medical training, unprofessional behaviours continue to be encountered. We aimed to identify barriers to professionalism.

**Summary of Work:** We surveyed all Foundation Year 1 trainees at a central teaching hospital pre and post discussions on professionalism. They were asked to identify four barriers to being professional in their roles. The group discussions involved two separate sessions - (a) introduction to professionalism and (b) unprofessional behaviour of senior colleagues.

**Summary of Results:** There were 27 and 30 responses from the first and second session respectively. The main barriers were unprofessional behaviour from seniors, high workload, time constraint, lack of knowledge and confidence, stress and tiredness. Some also described conflicts with other staffs and patients. There was increased awareness of barriers post discussions.

**Discussion:** Barriers identified included external and personal factors. A key external factor is the influence of senior colleagues, highlighting the importance of role modelling in postgraduate medical training. Personal factors such as hunger, time constraints, stress and tiredness are largely related to the increasing demand on the NHS.

**Conclusion:** This study provided valuable insights into junior doctors’ perception of barriers to professionalism. This will inform future training in reducing unprofessional traits, including focussing on positive role modelling, conflict resolution, human factors training and reflective practice.

**Take-home Message:** Professionalism is crucial within the medical profession and is not wholly innate. While some aspects of professionalism can be taught, such as knowledge and communication skills, one’s professionalism is highly influenced by others and the environment. Positive role modelling is vital in developing professional behaviours.
#7JJ05 (2350)
Interactive Workshop for Post-graduate Medical students (Interns): The effective way of continuous medical education

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Background: The interns should have Continuous Medical Education (CME) for improvement of knowledge and clinical skill. There are many kinds of CME such as case-based conference, workshop and OSCE. We study outcome of training program by Interactive Workshop (IW) in 1st year interns who were training at Kalasin hospital in 2016.

Summary of Work: 7 Teaching Stations (TS), 7 small groups rotated around TS. Same process in the morning and afternoon. The tutors in each station were medical teachers and nurses taught common pediatric topics using a sequence of tell, show, do, feedback over 15 minutes. Formative assessment by short written test and practice.

Summary of Results: Formative Assessment (FA) in 7 TS, 14 groups. Average percentage point as the following 92.0, 91.8, 86.9, 88.6, 100, 88.5 and 88.0 respectively. Contentment evaluation: content 81.6%, time 82.0%, presentation technique 80.0%, knowledge improvement 84.0%, place and equipments 96.0% and opportunity for practice & interaction 78.0%.

Discussion: The interns had good attitude to training program by IW. Interaction, feedback from tutors and FA were the effective technique for them to learn. They have improved in knowledge and skill that sustained and useful for practices. One disadvantage of IW was inadequate time for everyone to practice and feedback.

Conclusion: Training program by interactive workshop is effective way for improvement of knowledge and skill practice in interns and be suitable program for continuous medical education in other topics.

Take-home Message: Interactive workshop is the effective way for learning and continuous medical education.

#7JJ06 (1416)
Social engineering as a method of development of social responsibility of interns in medical school

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Background: New technological processes of design, modeling, social planning need to be introduced into the practice oriented teaching process of interns. General learning skills, which are formed in the project activities, are focused on reflexive, research, management, communication, presentation skills, which are an integral part of formation of competencies of interns.

Summary of Work: Social engineering is aimed to formation of basic skills of interns in structuring and organizing the major components of the public health programs, which include goal setting, results forecasting and formation of criteria of their evaluation, the development of project management strategies, the concept of the project, the project programming.

Summary of Results: In the framework of social engineering on the course "Social and psychological bases of professional work" the interns created educational, health preventive programs on healthy lifestyle and disease prevention.

Discussion: The structure of the social project in the field of public health included structural elements: title of the project, description of the target group, mission and goals of the program, objectives of the program, behavioral or educational problems, educational concept, educational behavioral and logical bases, training course of the program.

Conclusion: The criteria-based assessment of social engineering showed that interns of the experimental group, which has done the course of the subject "Social and psychological bases of professional work", showed a good (15-20%) and excellent (70-80%) level of preparedness in formation of motivation, which aims to keep health of people.

Take-home Message: Social engineering is an effective method of development of social responsibility of interns at medical institute.
#7JJ07 (1358)
An annual Urology tutorial for Foundation Year doctors is acceptable to Trainees and improves emergency and on-call care of patients

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Background: Our AMEE 2016 poster showed Foundation (FY1/2) and Core Surgical Trainees (CST) perceived that they lacked sufficient Urological skills and knowledge to manage patients safely. A targeted tutorial was welcomed and improved the Trainees’ perceptions of their ability to manage on-call/emergency Urology patients. This improvement persisted at 4 months.

Summary of Work: A cohort of the original group (then FY1, now FY2s) was re-surveyed to determine how their self-perceived ability to manage emergency/on-call Urology patients changed over the year since the Urology tutorial and also to determine any additional benefit from a further Urology tutorial within the Foundation Teaching Programme.

Summary of Results: Prior to the new tutorial, 100% Trainees agreed an additional Urology tutorial would be useful. Topics requested were Emergency Urology (100%), Urological cancers (58%) and elective Urology topics (33%). Following the tutorial, all trainees felt more confident in managing Urology patients and all believed that patient care would be improved.

Discussion: We built upon our previous work, showing that although a single tutorial will improve confidence over several months, this benefit was not sustained at 1 year. However a further targeted tutorial will boost confidence again and is acceptable to trainees. Time constraints remain the single biggest perceived barrier to training.

Conclusion: Simple interventions can have marked benefit on Trainees’ perception of their ability to manage patients safely. We previously demonstrated benefit from a single tutorial. This additional work demonstrates that yearly tutorials are viewed positively by trainees and can consolidate and build on the benefit from the previous year.

Take-home Message: Consolidation of previous learning is welcomed by FY2s, who believe an annual tutorial improved patient care. FY2s requested a wider selection of topics to be covered including non-emergency topics, indicating that the perceived benefit of the annual tutorial is more than simply revision of existing knowledge.

#7JJ08 (1637)
Learning from Role Models on High Value, Cost-Conscious Care – Perspective from a National Teaching Hospital

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Background: The emphasis on the delivery of high value, cost-conscious care in a landscape of rising healthcare costs, increasingly complex medicolegal landscape and easier access to investigations is unprecedented. Studies have revealed that role modeling is an effective component in shaping the professional competency of physicians.

Summary of Work: We conducted a study in the form of a survey among Year 1 to 3 Internal Medicine residents in between 2016 to 2017 to evaluate the attitudes, perceived barriers and consequences to and observed role-modeling behaviour towards the delivery of high value, cost-conscious care in the National University Hospital, Singapore.

Summary of Results: 60 Internal Medicine Residents participated in the survey. 93% residents agreed that trying to contain costs is the responsibility of every physician. 61% agreed that there is teaching on high value, cost-conscious care during training. A majority observed positive cost-conscious role-modeling behaviour. However, residents also observed negative wasteful role-modeling behaviour.

Discussion: This is the first known study of residents’ perspectives on this topic in an Asian ACCME accredited institution. Despite a majority (64%) recognising that they have not been taught on this in medical school, many recognise that excessive testing compromises patient safety. Conflicting role-modeling behaviour was observed during their training.

Conclusion: Residents recognise the importance of stewardship and delivery of high value, cost-conscious care and there is exposure to positive role-modeling behaviour during training. They are able to identify the associated barriers and consequences. Improvement on negative and wasteful role-modeling behaviour can improve the education and delivery of desired care.

Take-home Message: Education and role-modeling are integral in the training of residents towards providing high value, cost-conscious care. Further efforts can be undertaken to improve negative and wasteful role-modeling behaviour. Physicians and faculty members do play important roles in shaping desired competencies among the trainee physicians.
#7JJ09 (714)
Upward feedback bias in Foundation Programme training

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**Background:** Upward feedback in training involves the trainee giving feedback to more senior staff and has been adopted in medical training as a means for quality control. However, previous research has identified multiple bias that may affect the quality and accuracy of upward feedback in both medical and non-medical settings.

**Summary of Work:** Few studies have explored which bias affect upward feedback in UK Foundation Programme training. Foundation Programme doctors were invited to participate in focus groups to discuss their experiences of giving upward feedback. Focus groups were discontinued when theoretical saturation occurred. Themes were identified from the transcripts to develop analytic concepts.

**Summary of Results:** UK Foundation Programme doctors are the most junior doctors working in the National Health Service and our preliminary results identified a range of different bias affecting upward feedback in this group, such as leniency and feedback method. The full set of results will be presented at the meeting.

**Discussion:** Upward feedback is not without bias. Few studies have explored upward feedback bias in early stages of medical training. Preliminary results identified that different bias exist in Foundation Programme doctors giving upward feedback, suggesting the potential to further develop and improve the process of upward feedback in Foundation Programme training.

**Conclusion:** Upward feedback can provide valuable information for personal development. However, bias can limit its accuracy and uses. By identifying the relevant upward feedback bias, these results can be used to develop interventions that aim to reduce the impact of upward feedback bias in Foundation Programme Training.

**Take-home Message:** Upward feedback has been used as a means of personal development for trainers and quality control for medical training. Upward feedback can be useful but can be affected by bias, including Foundation Programme doctors, therefore limiting its accuracy and uses.

#7JJ10 (2604)
Do Not Attempt Cardiopulmonary Resuscitation: A constructivist workshop dealing with challenging statements and questions for foundation doctors

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**Background:** The UK Foundation Programme curriculum states a Foundation doctor ‘should be able to discuss Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions’. However, Foundation doctors are often ill-equipped to deal with challenging questions and statements generated from such discussions. We designed and evaluated a constructivist workshop for foundation training addressing this.

**Summary of Work:** The workshop design centered on a case-based role play, where Foundation doctors answered challenging questions and statements surrounding DNACPR decisions. Subsequently, a semi-structured group debrief modelled on communities of practice was conducted. Pre and post-workshop questionnaires evaluated participant experience and learning. A delayed post-workshop questionnaire will assess self-reported behaviour change.

**Summary of Results:** Pre-workshop questionnaire established that Foundation doctors face common challenging questions and statements regarding DNACPR decisions. Some of which were identified as a source of anxiety. 36 Foundation doctors evaluated the workshop as relevant, interactive and helpful to their training using a 5-point Likert scale (mean =4.6). Delayed-post workshop questionnaire pending.

**Discussion:** Foundation doctors evaluated the workshop immediately as being useful and relevant to their clinical training. Long-term impact and self-reported behaviour change will be evaluated in due course. The case-based role play gave Foundation doctors an opportunity to share their repertoire of experience and skills when handling challenging questions and statements.

**Conclusion:** In designing, delivering, and evaluating a successful constructivist workshop we addressed a perceived gap in our local foundation programme training. Incorporating communities of practice into our workshop was an effective way of facilitating group discussion and learning. This workshop design may help guide Foundation programme teaching development nationally.

**Take-home Message:** This workshop has the potential to generate and equip Foundation doctors with strategies to effectively handle challenging questions and statements following DNACPR discussions, thereby reducing their anxiety and improving patient experience.
From Inception to Implementation: Improving Procedural Skills Training and Confidence for Core Medical Trainees in the East Midlands South Deanery

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**Elena Dickens, University Hospitals of Leicester, Leicester, UK**
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**Background:** The Joint Royal Colleges of Physicians Training Board stipulates that Core Medical Trainees must be trained in Procedural Skills (Ascitic Tap/Lumbar Puncture/NG Tube/Pleural Tap/DCCV/Central Line/Chest Drain). The lack of a formal course, and limited work-based opportunities, was leading to low confidence in performing these skills, and difficulties meeting curriculum requirements.

**Summary of Work:** A baseline questionnaire confirmed the need to implement a one-stop skills-lab course. We delivered this with small-group specialist teaching, across three dates. Qualitative questionnaires evaluated pre and post-course confidence (primary outcome). We surveyed how useful this course was in: meeting curriculum requirements, improving ability, and application to their clinical practice.

**Summary of Results:** 26 CMT1 and 35 CMT2 doctors were surveyed. Paired t-test analysis showed statistically significant improvement (p<0.05) in confidence across all seven skills. 100% stated ‘useful’ or ‘very useful’ in meeting curriculum requirements. 100% ‘agreed’ or ‘strongly agreed’ with increased ability. 100% stated ‘useful’ or ‘very useful’ for their clinical practice.

**Discussion:** Although confidence significantly improved directly after the course, it would be beneficial to do further questionnaires at 6 months, to allow sufficient time for CMT’s to apply the training into real-life practice. Further innovation could involve expanding this course to non-training grades, who may be required to perform these procedures.

**Conclusion:** Our results show that a formal procedural skills course, delivered by specialists, significantly increased confidence in CMT’s. It has also helped trainees to meet their curriculum requirements. We have concluded that this course should be a mandatory part of CMT training in East Midlands South.

**Take-home Message:** A quality improvement project can implement major educational change. Formal skills-lab training can improve confidence, as well as help to meet curriculum requirements. Very few deaneries in the UK offer a one-day course that includes all seven key skills, and this model of training could be adopted widely.

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Comparison of Institution Reviews within and outside of Canada

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**Background:** Residency education accreditation in Canada includes review of each Faculty of Medicine and its affiliated learning sites, with emphasis on the postgraduate medical education decanal unit, using the General Standards Applicable to the University and Affiliated Sites. Recently, an equivalent institution review has been conducted in jurisdictions outside of Canada.

**Summary of Work:** The outcomes – citations of strengths and areas for improvement linked to standards – of the most recent institution review for each of Canada’s 17 postgraduate medical education institutions were compared to those of the 5 institution reviews conducted outside of Canada to date.

**Summary of Results:** Patterns of strengths and areas for improvement (AFIs) were similar between Canadian and non-Canadian institutions; standards for institutional structure represented half of those cited. Faculty development was more commonly cited for non-Canadian institutions. Important differences in the significance of the AFIs were found through qualitative analysis of the identified AFIs.

**Discussion:** Similarities observed in the frequency and pattern of citations may relate to application of established norms by experienced reviewers rather than evidence of equivalent institution quality. The differences observed highlight opportunities to share knowledge and enhance capacity in key areas such as internal quality improvement practices.

**Conclusion:** Monitoring of institution review outcomes and comparison between Canadian and non-Canadian institutions is needed to demonstrate that the principle of equivalency is maintained. The extent of similarity validates the transferability of Canadian institutional standards to non-Canadian jurisdictions and suggests surveyors’ interpretation of the standards is consistent across jurisdictions.

**Take-home Message:** Institution reviews aim to support continuous improvement efforts and to help ensure the appropriate leadership for the provision of high quality residency education. Experience to date in institution accreditation outside of Canada reveals a need for enhanced faculty development around the world and capacity-building related to internal quality improvement processes.
What Do Clinical Competency Committees (CCCs) have in common? A Multispecialty Survey of CCC chairpersons

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Background: The Accreditation Council for Graduate Medical Education (ACGME) requires residency programs in the USA to create CCCs to assess their residents’ achievement of specialty specific milestones. There is little information about how CCCs function and even less aggregate data to compare and contrast such information across specialties.

Summary of Work: In 2017, CCC chairpersons across all 21 ACGME-accredited residency programs within a single institution were surveyed. Survey items were developed based on the available CCC literature. Reviewers with content expertise and knowledge of survey methodology assessed the items for clarity and relevance. The survey was subsequently pilot-tested and launched.

Summary of Results: 12 of 21 responded (57%), 6 medical, 4 surgical and 2 “other”. CCCs of both medical and surgical specialties 1) used end of rotation evaluations and multisource feedback most commonly, 2) did not include allied health professionals, 3) found practice-based learning and improvement and systems-based practice milestones challenging to assess.

Discussion: These similarities between medical and surgical CCCs were in key domains such as committee membership, function and challenges. We will incorporate “other” specialties (e.g. radiology) as data is obtained. Although this study involves only a single institution, the use of a multispecialty approach to elucidate factors affecting CCCs is unique.

Conclusion: Preliminary data analysis suggests that CCCs across medical and surgical specialties share more similarities than differences. This includes how CCCs view their role, membership and types of assessment data used and challenges. This pilot work will be investigated further to determine if these trends persist in a larger study sample.

Take-home Message: Across specialties, there are key similarities in CCCs which can serve as a foundation to engage CCC members in a dialogue about their work. Innovative CCC faculty development approaches can be developed in which specialties learn “best practices” from each other and brainstorm ways to address challenges.

Evaluating the effectiveness and sustainability of near-peer simulation-based teaching among junior residents of a residency programme

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Background: Near peer teaching has been gaining popularity as it has been shown to improve learner’s understanding, targeted at an appropriate level and promotes familiarization. Three second-year internal medicine residents self-initiated this study to evaluate the effectiveness and sustainability of near-peer simulation-based training within a residency program.

Summary of Work: 42 first-year residents were recruited. Participants underwent a simulation-based training program conducted over 5 weeks. Each week involved either an emergency or acute clinical scenario. A structured questionnaire was administered prior to and after the course to compare participants’ perceived knowledge, experience and confidence in managing the clinical scenarios.

Summary of Results: 83% of participants agreed/strongly agreed that the scenarios were realistic. There were improvements of knowledge, experience and confidence after the course. The greatest improvement was experience (Median 7.0, interquartile range 6.0-8.0 vs. Median 5.0, IQR 3.0-6.3). 65% of participants are keen to help with future training.

Discussion: Near-peer led simulation for first-year residents significantly improved perceived knowledge, experience and confidence towards acute clinical scenarios. Near-peer teaching allows residents to feel at ease to ask questions when they had doubts, and the mentors were also able to better understand their needs and address their concerns.

Conclusion: Near-peer simulation training was found to be a viable and valuable method of instruction for first-year residents in cultivating knowledge, increasing experience and instilling confidence. It also shows good promise of continuity, with many first-year residents inspired to organize subsequent sessions.

Take-home Message: Our experience shows that it may be beneficial and likely sustainable for residency programs to conduct a near peer simulation-based medical education program for first-year residents, specifically to aid residents in preparing to face real-life emergency scenarios.
Relying Solely On Quantitative Residents' Evaluations Does Not Tell The Full Story

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Background: In our program, quantitative evaluations (QE) administered at the end of a rotation to individual residents do not always identify potential problems. We administered a mixed quantitative and qualitative evaluation (ME) via an online link to 6 residents simultaneously who had previously completed QE in the same rotation and examined their responses.

Summary of Work: Evaluations covered educational needs, administrative support, research participation, faculty evaluation and overall rating (OR). QE required responses on 9-point scales and concluded with one short-text field. ME required responses on dichotomous and 5-point scales (OR), and short-text fields in every domain. A question on repeat rotation required response on a multi-chotomous scale (Yes/No/Maybe).

Summary of Results: On QE, mean OR and faculty evaluation scores were 6.50±2.07 and 6.64±2.87 respectively versus 2.67±0.52 on ME. 5/6 (83%) residents cited non-conducive learning environments, 4/6 (67%) did no research, and reported poor faculty communication. All felt service requirements compromised clinical education, and provided qualitative feedback. None responded “Yes” to a repeat rotation.

Discussion: Despite reasonable scores on OR and faculty evaluation, QE failed to identify problematic areas pertaining to learning environment and faculty compared to ME. Possible reasons could be ME’s qualitative design, and the associated psychological safety that responses were more likely to be kept confidential when administered simultaneously to a group.

Conclusion: ME, compared to QE, provided more information on areas of weakness and potential areas for improvement in the rotation as it allowed qualitative feedback in every domain. Residents appeared more forthcoming with their feedback when ME was simultaneously administered to a group perhaps because confidentiality could be more easily preserved.

Take-home Message: Residents' evaluations should incorporate ME to encourage qualitative feedback in every domain, rather than leave a single field for this at the end. Instead of administering to individual residents on completion of a rotation, it should be administered simultaneously to a group to create psychological safety and protect residents’ confidentiality.