The Effect of Death Education Program on Clinical Respiratory therapists' Attitudes Toward Death

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Background: Respiratory therapists (RTs) have experienced caring dying patients during their daily practices. However, the process of caring dying and death patients easily lead RTs to anxiety and anxiety. The purpose of this study was to investigate the impact of death education programs on the clinical RTs' attitudes towards death.

Summary of Work: A prospective, cross-sectional survey was conducted to 54 licensed RTs from a medical center in southern Taiwan respiratory therapist. A structured questionnaire was used for the survey, including demographics and attitudes toward death of professional respiratory care to dying patients (Death Attitude Profile-Revised (DAPR) Cronbach's α = 0.93).

Summary of Results: The significant findings: RTs in the second group(N=32) had a greater "fear of death" than the first group(N=22) (p <0.001). In the first group, the scores of "death is a terrible experience", and "neither afraid nor welcome for death" were greater than those of the second group (p <0.01).

Discussion: The respondents from RTs of the second group indicated that they experienced a beneficial effect from participating in the course. Statistical analysis showed the death education had positive effects on the attitudes toward death. However, death education allows clinicians to gain more intelligence to provide better care for dying patients.

Conclusion: The death education program significantly reduced the fears of death, also helped the RTs to understand better the meaning of life and to rearrange their life plans. Therefore, extending intensity of continues education on hospice and palliative care patients is essential to increase the positive death attitudes of respiratory therapists.

Take-home Message: The death education curriculum can improve health care staff's awareness and attitudes towards death, and the fear of dying in the face of dying patients is low, further to understand whether death education courses can improve the death attitudes of clinical RTs and reduce the anxiety of death.
#8FF03 (1087)
Developing a New Service-Learning Course for Palliative Care on First-Year Medical Students

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Background: The needs of a rapidly aging population and advancements in the treatment of cancer and chronic diseases in Taiwan have resulted in increased demand for quality palliative care. Despite the broad support for palliative care training in hospitals, medical school curriculum does not include palliative care, especially for preclinical students.

Summary of Work: In 2015, Taipei City Hospital created a 40-hour student-centered service-learning course of palliative care for first-year medical students from National Taiwan University. The course introduced palliative care through three learning modules: in-class principles discussion, communication at a hospice ward, and caring for people with life-limiting illnesses in their houses.

Summary of Results: In the beginning, students learned the basic concepts of palliative care and home-based holistic care in the first learning module. Furthermore, they began clinical observation at a hospice ward, joining family meetings and interacting with patients. Finally, students, led by multidisciplinary teams, cared terminally ill patients in the community.

Discussion: The course aims to give students the ability to provide support for people with life-limiting illnesses rather than medical treatment. Also, we assign mentors for each group of students and the mentors know that students might be confronted with a variety of patients and caregivers’ spiritual needs.

Conclusion: The curriculum had a 100% student satisfaction in all three modules, and all the preclinical students believe that understanding palliative care and home-based holistic care will be helpful in their clinical training later on. The curriculum has become a formal Service-Learning course in National Taiwan University since 2016.

Take-home Message: Palliative care education within undergraduate students has a significant progress worldwide. Our palliative care curriculum will keep providing the first-year medical students the knowledge of palliative care as an integral part of medical education and give them the opportunity to learn how to communicate with patients and families as well.

#8FF04 (2884)
The development of the Fellowship Programme in Advanced General Adult Psychiatry in Qatar

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Background: Hamad Medical Corporation (HMC) is a major public healthcare provider in Qatar. General Adult Psychiatrist are needed as 84% of Qatar’s population are aged between 15 to 64 years old. In October 2016, HMC has started the Fellowship Programme in Advanced General Adult Psychiatry (AGAP), a programme unique to the region.

Summary of Work: The programme reconciled the American Accreditation Council of Graduate Medical Education International (ACGME-I) standards, fulfilled the local requirements whilst using the established General Adult Psychiatry training programmes (e.g. RCPsych, RANZCP) as model. The programme is designed in accordance with principles of higher training in which “service does not take precedence over training”.

Summary of Results: The overarching goal for the programme is to produce fully qualified, competent and safe general adult psychiatrists. This programme adopts the learner-approach which encourages lifelong learning. Needs assessment was carried out before designing the competency based curriculum. Assessments are in the form of formative workplace-based assessments and yearly summative appraisals.

Discussion: Efforts were made to ensure continuity and coherence between the residency and fellowship programmes. However, as the residency programme follows the American residency programme, there are new concepts and training approaches introduced in the fellowship programme which are unfamiliar to the local psychiatry training.

Conclusion: The AGAP Fellowship is a new programme which will continue to evolve with the change in the service and residency programme, the development in medical education and postgraduate training and with feedback from the stakeholders. The programme can be viewed as perpetual ‘working progress’.

Take-home Message: Creating and designing a training programme and curriculum in AGAP specific for Qatar is a dynamic process with many different components. One of the main consideration for creating such training programme is the ‘contextualization’ of knowledge, skills, and experience to the local setting”. (Grant 2014)
**#8FF05 (1999)**

Systematic feedback from medical students and clinical practice in basic education in Psychiatry

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**Background:** Medical students tend to have lack of clinical practice. Student may have much stress when starting his work as a substitute for the doctor after 4th academic year. Family-oriented and multiprofessional aspects should be developed. Patients with mental disorders visit often general practitioners. Lack of specialists in psychiatry is threatening.

**Summary of Work:** Systematic feedback from medical students in the Psychiatry course (12.0 credits) in the 4th academic year was gathered electronically and in group meetings concerning learning and clinical practice. Electronic questionnaire contained quantitative and qualitative questions including Readiness for Interprofessional Learning Scale RIPLS. The aim was to study clinical learning.

**Summary of Results:** 138 students fulfilled the questionnaire in 2015-16. One week practice in psychiatric units was appreciated. About 90% considered the week progressing well. 63% reported increased interest in psychiatry. In RIPLS the statement "Patients would ultimately benefit if health and social care students / professionals worked together" was agreed by 94%.

**Discussion:** Medical students like clinical work-oriented practice also in Psychiatry course. They learned about working with families and had attitudes favoring multiprofessional aspects. Almost two thirds of the students got more interested in psychiatry.

**Conclusion:** Clinical practice may increase the interest in psychiatry in medical students. This should be taken account in the curriculum.

**Take-home Message:** Doctors dealing with patients with also mental disorders and their families are needed. Clinical practice tend to increase the interest in psychiatry in medical students, which should be taken account in the curriculum.

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**#8FF06 (1180)**

Implementation of Evidence-Based Medicine in Psychiatry Clerkship

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**Background:** Stigmatization of psychiatry service still exist in the medical society, and could be partly explained by the deficiency in evidence-based psychiatry clerkship program, resulting in misunderstanding and misinterpretation of evidence once medical students graduated. This study aimed to explore the impact of implementation of evidence-based medicine (EBM) in psychiatry clerkship.

**Summary of Work:** In this 3-year study, totally 130 fifth-year Taiwanese medical students in one university hospital were included. In the first two years, the instructor applied traditional psychiatry educational program, and in the third year (2015-2016), evidence-based practice was introduced. The response was recorded after the 4-week psychiatry clerkship and compared annually.

**Summary of Results:** Five-point Likert scale was applied. Clerks agreed psychiatry practice is evidence-based after the introduction of EBM in the program ("Fully agreed" improved from 73.91 to 85.32%). Furthermore, they became significantly more satisfied with the clerkship (76.09 to 90.24% overall), specifically in the subscales of "history taking" and "medical ethics."

**Discussion:** Despite the limitation of small sample size and lack of follow up results after graduation from medical school, this is the first study in Taiwan attempted to explore the impact of implementation of EBM in psychiatry clerkship program. Further qualitative studies are needed to clarify the difference between subscales responses.

**Conclusion:** Implementation of EBM in psychiatry clerkship may directly improve medical clerks' opinions regarding psychiatry as an evidence-based specialty. Furthermore, this program not only improved the overall satisfaction rate of psychiatry clerkship, but more specifically improved the satisfaction rate in learning "history taking" and "medical ethics."

**Take-home Message:** 1. Stigmatization of psychiatry may associate with the deficiency in evidence-based psychiatry education. 2. Implementation of EBM in psychiatry clerkship may improve students' satisfaction on training program, and directly altered their opinions on psychiatry practice. 3. EBM may improve students' perception toward "history taking" and "medical ethics" in psychiatry training.
#8FF07 (3181)
Practical Prescribing in the era of e-Prescribing

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Background: In an era of e-Prescribing, barriers to teaching future prescribers may be related to access to e-Prescribing systems. Final-year medical students consistently report the thought of prescribing as daunting and lack confidence in this area. Therefore, we set up regular sessions to familiarise soon-to-be prescribers with the practicalities of prescribing.

Summary of Work: Final-year medical students were tasked with completing an inpatient drug chart in the following scenarios; acute myocardial infarction, exacerbation of chronic obstructive pulmonary disease, upper gastrointestinal bleeding and palliative care prescribing. This took place either in a classroom setting with pre-written scenarios, or on the ward using patients as examples.

Summary of Results: Feedback forms were collected from 53 students. 52 out of 53 (98%) felt more confident after the session and feel further prescribing practice would be useful. An average score of 2.8 out of 5 (43 responses) was attained from the statement pertaining to having had adequate prescribing practice.

Discussion: Our experience shows that prescribing remains a great source of apprehension for final year medical students. There was a common thread that students felt they had lacked adequate practice but felt more confident following the session. This was despite their perceived understanding of pharmacology and access to information sources.

Conclusion: We have shown that practical prescribing can be taught effectively both in the classroom and at the patient bedside with beneficial effects on perceived confidence in prescribing. When facilitated with a tutor, safe prescribing practices can be emphasised that may carry over into clinical practice.

Take-home Message: The principles of safe prescribing can be taught effectively irrespective of access to e-Prescribing systems. While the ideal format for teaching prescribing remains unclear, it is our feeling that students should have regular practicing opportunities so that the apprehension surrounding prescribing can be allayed.

#8FF08 (369)
Advancing Oral Health Knowledge and Attitudes of Physician Assistant Students through the Implementation of STFM's "Smiles for Life" Oral Health Curriculum

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Background: In the last two decades there has been a greater emphasis placed on integrating oral health into the physician assistant (PA) curriculum. This is the first study evaluating the effectiveness of the "Smiles for Life" curriculum as the sole component of the oral health curriculum in a PA program.

Summary of Work: Pretest and posttest surveys were administered to didactic year PA students in one PA program. The surveys assessed the attitudes and knowledge of PA students in regards to oral health prior to the start and after completion of the Society of Teachers of Family Medicine’s (STFM) “Smiles for Life” modules.

Summary of Results: The results of this study show a statistically significant improvement in the attitudes of PA students toward oral health and a statistically significant increase (23%) in oral health knowledge after completion of the STFM’s "Smiles for Life" comprehensive oral health curriculum.

Discussion: Implementation of oral health into the PA curriculum has not occurred in some PA programs due to the presence of significant barriers. The biggest reasons given for not implementing oral health are the lack of available class room time and the lack of faculty with oral health content expertise.

Conclusion: STFM's "Smiles for Life" oral health curriculum is a comprehensive curriculum that is an effective teaching tool for PA students. One of the benefits to using this curriculum is that it can be implemented without requiring additional class time or faculty expertise as all modules and testing are completed online.

Take-home Message: The Society of Teachers of Family Medicine "Smiles for Life" oral health curriculum is an effective teaching tool for PA students. This curriculum can be implemented without requiring additional class time or faculty expertise, which are two significant barriers contributing to the lack of oral health implementation in PA programs.
#8FF09 (292)
Revealing Challenges in Teaching Health Economics in Thailand: a national survey throughout 37 medical education centers in Thailand

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**Background:** The Medical Council of Thailand clearly lists the ability to apply the principles of health economics (HE) in clinical practice among the core competencies of medical graduates. However, there is little information concerning HE teaching in the medical education centers of the university-affiliated medical schools (MECs).

**Summary of Work:** An online questionnaire consisting of 5 questions was sent to all 37 MECs in Thailand to obtain information about HE teaching: Is there HE teaching?; How many hours of teaching?; Are materials and references provided?; Are instructors employed in the institutions?; What support is needed to facilitate HE teaching?

**Summary of Results:** Out of 37 MECs, only 16 (43.7%) provide HE teaching. Teaching duration varied from 1 to 9 hours. Only 9 of the 16 institutions have their own instructors, and have reference materials provided in the curriculum. All MECs indicated the need for support, such as reference material and resource persons.

**Discussion:** Despite being a requirement, more than half of MECs do not offer HE teaching in their clinical curriculum. Results also revealed inconsistent standards among those MECs with HE teaching, reflected in a variety of the HE teaching hours, and the lack of materials and resource persons needed.

**Conclusion:** Owing to both the absence and inconsistent standards of HE teaching, efforts should be made to facilitate the implementation of standardized HE teaching in all MECs in Thailand.

**Take-home Message:** MECs currently experience challenges in integrating HE teaching into medical education, in terms of both provision of teaching and inconsistency of teaching standards. Interventions, which could provide standardized HE teaching in all MECs, are in need.

#8FF10 (254)
When the Medical Students of Mozambique are Introduced to Competencies in Intimate Partner Violence? Preliminary Results

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**Background:** Intimate Partner Violence (IPV) is a critical public health issue. In general, the quality of care for survivors of IPV has been poor worldwide. The literature suggests that IPV contents should be introduced in the preclinical and continued in clinical years, however, few medical schools adequately address IPV contents.

**Summary of Work:** This study was guided by self-direct questionnaire for medical students (N167), in five medical schools in Mozambique, to get a reported self-mastery in relation to their perceived mastery of a critical list of IPV competences and to identify the gaps in curriculum contents.

**Summary of Results:** Until now, 167 medical students (RR 51%) participated in the survey. Our preliminary results showed that Mozambican medical students reported minimal previous training in IPV contents (18%) and that most students (40%) have been introduced to this contents only in the 5th years of their medical course.

**Discussion:** In our study, the highest mean score for perceived competencies on IPV for medical students was in attitudes. The questionnaire was also intended to help medical students that participated in the study to be aware of, be sensitive of, and examining, their own knowledge, attitudes, and skills on IPV contents.

**Conclusion:** • Low levels of self-mastery in relation to students perceived KAS on IPV. • There is the need for more comprehensive training on KAS to deal with survivors of IPV.

**Take-home Message:** Further research is needed to identify the approaches used and assessment procedures in the teaching-learning process on IPV curriculum content at Mozambican medical schools. The results can be judged as to implement an innovative IPV mitigation curricula for medical students as designed by the medical schools, or to improve it.
#8FF11 (570)
Exploring the Views of Applicants for Medical School about Sex and Gender Medicine using a gender-sensitive Video Assignment

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Background: Sex and gender are important determinants of healthcare. To achieve gender-sensitive healthcare students need to be educated about sex/gender. Education is more effective if applicable to students. Our research questions: What are the views of applicants for medical school about sex/gender medicine and which objectives and activities do they formulate?

Summary of Work: We performed a qualitative document analysis by investigating selection procedure assignments of 50 successful applicants entering a Dutch medical school. The applicants watched a gender-sensitive video consultation of a female patient with angina pectoris, providing explanation regarding the sex/gender differences. Students were asked to formulate learning objectives and learning activities.

Summary of Results: Students considered sex and gender self-evident topics in medical education. To gain an understanding of sex/gender they preferred to gain basic biomedical knowledge of sex differences before acquiring gender-sensitive communication skills. Students differed in their interpretation of the video, some showed gender bias. Teachers were mentioned as important role models.

Discussion: Our study offers students' views on sex/gender medicine from the very beginning, which may help to develop and optimize medical education. Students became aware of sex/gender differences and were eager to learn about sex/gender medicine. Despite of the selection procedure, we believe students felt they could openly discuss their views.

Conclusion: We advise medical schools to teach sex/gender medicine from the very start, by firstly focusing on sex differences in health and disease followed by gender related themes, such as communication skills. As students may interpret gender-sensitive information differently, structurally embedding reflection on sex/gender medicine with gender competent teachers is necessary.

Take-home Message: • Aspiring medical students consider offering gender-sensitive healthcare necessary.
• Students are eager to learn about sex/gender medicine.
• Students first want to acquire basic biomedical knowledge, followed by gender-sensitive communication skills. • Students interpret gender-sensitive information differently. • Teachers are important role models in learning about sex/gender medicine.

#8FF12 (1346)
Child Abuse, Spotting the Signs: A Pilot Program to Increase the Detection Skills of Pediatric Residents, Using a Combination of Simulation-Based and Didactic Training

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Background: Child maltreatment is the harmful treatment of a child, through abuse or neglect. In 2014, over 700,000 children in the U.S. were victims of maltreatment - 1,500 succumbed to fatalities. Providers can protect children by reporting maltreatment, but only if they can recognize the subtle signs of abuse and neglect.

Summary of Work: We developed a simulation, a clinical visit for an infant with a viral respiratory infection; cigarette burns on her skin were hidden. Pediatric residents were divided into groups: Group A received a lecture on child maltreatment, then entered the simulation. Group B participated in the simulation first, then the lecture.

Summary of Results: Fourteen pediatric residents participated. In Group A (n=6), 67% of residents correctly identified signs of child maltreatment during the simulation. In Group B (n=8), 25% did so correctly. The 43 percentage point increase is marginally significant (p, one-tailed = 0.06). Qualitative analysis of a debriefing session is underway.

Discussion: Potentially, Group A could have been primed by the training and distracted from detecting other health problems. Encouragingly, participants readily identified the respiratory infection - there were no significant group differences. This is a pilot. We'll adapt the program and replicate the study in other settings, beginning in emergency medicine.

Conclusion: Based on diagnoses made in a simulated setting, we find suggestive evidence that resident skills at identifying child maltreatment can be increased using targeted lectures. An early qualitative finding from a debriefing session was a request from participants that the combined lecture-simulation be repeated during every year of residency.

Take-home Message: Pediatric residents may overlook signs of maltreatment, without specific training. We find suggestive evidence that a lecture-based training session increased successful detection of child maltreatment in a simulated setting. The increased ability to spot signs of child abuse did not decrease residents’ abilities to detect other underlying health issues.
#8FF13 (1665)
Assessment of Knowledge and Satisfaction after participating in School-based Student-guided Child Accident Prevention Activities

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Background: Because accidents are the most common causes of death among Thai children. Child Accident prevention module was first introduced in pediatrics course for 5th year medical students at Sunprasithiprasong Hospital in 2015. This study was aimed to assess students' knowledge and satisfaction after completing the Child Accident Prevention modules.

Summary of Work: 47 5th year medical students were assigned to develop activities and/or tools to be used in kindergarten or primary school in Ubonratchathani, based on childhood accident and injury prevention guideline. Their knowledge was assessed using pre-and-post-test questionnaire. Results were analysed using paired t-test. Students' satisfaction was assessed after completing the activities.

Summary of Results: There was a significant improvement in students' knowledge on child accident prevention (Mean scores = 10.2 and 12.4 for pre and post activities, mean= 2.2, p <0.001). 30(63.8%) reported high satisfaction after participating the activities. 33(70.2%) admitted improvement in their knowledge and confidence to incorporate anticipatory guidance for child accident prevention.

Discussion: Assigned grouped tasks to develop accident prevention activities and/or tools enhanced students' self-studying and discussion among participants in the group had an effect on students' knowledge. The finding was corresponded with their satisfaction and increasing in their knowledge and confidence to incorporate anticipatory guidance for child accident prevention.

Conclusion: School-based Student-guided Child Accident Prevention Activities helped enhance knowledge of 5th year medical students about child accident prevention.

Take-home Message: School-based Student-guided Child Accident Prevention Activities might be beneficial for reducing risks of accidents and injuries in children.

#8FF14 (1376)
Hand Hygiene: Knowledge and Technique Among Medical Undergraduates

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Background: Healthcare-associated infections (HCAI) are associated with significant morbidity to the patient and cost to the NHS, thus infection prevention is vital. Hand hygiene is a preventative measure against HCAI. There are World Health Organisation (WHO) guidelines on hand hygiene. To assess knowledge and technique of hand hygiene among medical undergraduates.

Summary of Work: 100 participants completed an anonymous questionnaire and then performed hand hygiene as they usually would before (HANDRUB), and after patient contact (HANDWASH). Fluorescent lotion (GlitterBug®) was used to simulate HANDRUB. Technique was assessed using a UV hand-inspection cabinet (Glow&Tell) after HANDRUB and again after HANDWASH to identify missed areas.

Summary of Results: Questionnaire: 49% aware of WHO guidelines; number of steps for hand-rub and handwashing known in 38% and 6% respectively.

Technique: areas missed on dorsal surface after HANDRUB and HANDWASH: left thumb (16, 21), and right thumb (29, 14). Only 16% did not miss any areas on dorsal surface after HANDRUB.

Discussion: Majority of participants were unaware of the WHO guidelines, correct number of steps and duration of either method of hand hygiene. Most commonly missed areas are the digits and nails. Undergraduates exhibited discrepancies in knowledge and technique despite having ‘simulated practice’ and written information available in their Clinical Skills Passport.

Conclusion: Good hand hygiene is one of the most important practices in clinical care as around 80% of diseases are transmissible through touch. Further education and training is essential to emphasize the importance of hand hygiene especially in the clinical stages of undergraduate training and to potentially reduce HCAI in hospitals.

Take-home Message: 51% of clinical medical undergraduates were unaware of the WHO hand hygiene guidelines. Hand hygiene is a key preventative measure against healthcare associated infections. There is room for further education and training of clinical undergraduates in hand hygiene in order to reduce the spread of micro-organisms.
#8FF15 (1597)
**Addressing the needs of health professionals working with children with developmental disability and challenging behaviours: the case for providing training to clinical staff**

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**Background:** Medical curriculums are often tailored for mainstream health consumers. People with developmental disability (DD) experience significantly greater health problems and difficulties accessing health services. This is often due to service infrastructure limitations and lack of experienced healthcare staff. These issues make healthcare interactions stressful and affect treatment success and compliance.

**Summary of Work:** An electronic questionnaire was administered to clinical staff working in two paediatric tertiary institutions in metropolitan Sydney, Australia. Staff were asked to rate statements pertaining to their attitudes, knowledge, skills and experience in relation to caring for people with DD. Data were available for 160 respondents.

**Summary of Results:** Staff reported positive attitudes towards working with children with DD. However, many lacked confidence in knowing how to manage challenging behaviours of patients with DD. Respondents supported the proposition of undertaking further training in DD (96.9%) with preference for an online learning format.

**Discussion:** Our survey revealed that clinical staff have an expressed need for developmental disability awareness training to improve their skills and confidence in managing children and young people with DD. Areas identified as important to address include strategies for managing difficult behaviour and more effective communication skills.

**Conclusion:** Current medical training does not prepare graduates to work with people with DD. Accessible, high quality professional development resources need to be available so that clinical staff can enhance their skills to provide better quality of care for people with DD and learn to mitigate negative experiences.

**Take-home Message:** There is an urgent need to develop high quality and accessible continuing professional development programs and resources for the health workforce caring for people with DD in Australia. Some suggested approaches are discussed that include adult pedagogical methods and program delivery.

#8FF16 (883)
**Students’ attitudes towards the integration of English medium teaching in the clinical years at Lampang Hospital**

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**Win Techakehakij**

**Background:** Although the ability to communicate in English in clinical practice is a key success for physicians to serve non-native patients in Thailand, there was no English-integrated program during the clinical years. The Medical Education Center at Lampang Hospital (MEC) has initiated a program for clinical students with partial English integration.

**Summary of Work:** A survey was conducted among 65 medical students approximately 3 months after launching the English integration program. Three main groups of questions were used to assess students’ attitudes: 1) students’ demand for English learning, 2) provision of an English consultant at the MEC, and 3) challenges concerning the program.

**Summary of Results:** Eighty-seven percent of students agreed that English is important in clinical practice; 63.8% wanted clinical classes in English; over 90% reported that the English consultant helped improve English communication skills; but about half revealed that, due to language difficulties, they sometimes missed important contents and hesitated to ask questions.

**Discussion:** Positive feedback on the provision of an English native consultant was observed. However, challenges concerning the effects on students’ learning uptake and hesitation to ask questions during clinical classes owing to a language barrier are also noted.

**Conclusion:** This study assesses the MEC’s first attempt to integrate English usage partially into medical education. Although students’ feedback points rather in favor of the program, some challenges still remain. Re-evaluation of the program in the next 6 months is planned to gain further understanding about this new intervention.

**Take-home Message:** Despite some challenges, provision of a program with partial English integration seems promising in response to students’ demand to improve their English proficiency in clinical practice.