5FF: Posters: Curriculum Content including Palliative Care

Location: Hall 4.1, CCB
Date: Monday 27th August
Time: 1600-1730 hrs

5FF1 (559)
The medical students will become expert nutritional advisors if they learn to cook

Authors
Pornpimon Kasemsook, Buddhachinaraj Phitsanulok Hospital Medical Education Center, Phitsanulok, Thailand

Presenter: Pornpimon Kasemsook, Buddhachinaraj Phitsanulok Hospital Medical Education Center, Phitsanulok, Thailand

Background: Uncontrolled of glucose level in diabetic patients greatly increases the risk of cardiovascular disease, the serious medical condition leading cause of death worldwide. Inappropriate eating habit is one of uncontrolled diabetes cause. To encourage the patients for changing their eating behavior is important thing as well as medication. Nutritional advice giving is necessary and should be given to people with diabetes at the earliest possible. For this reason the medical students should learn to be good nutritional advisors.

Method: In extracurricular hours, we set up cooking class for medical students. They were instructed by physician nutrition specialists and assigned to cook for diabetic patients by using the main ingredients, eggs which are cheap and easy to find but nutrient-rich. After the session, we asked them to answer the activity evaluation surveys, Likert scale and rank order questions.

Results: There was 82% rate response of questionnaires. The result showed 75.0% increased empathy with the patients, 73.8% had more nutritional understanding and 65.5% had more nutritional advising confidence. The other benefits which the students received were enjoyment, team building and planning skill respectively.

As you know, the diabetic food is limited of seasoning that makes it more tasteless than regular Thai food, spicy and extreme flavor. After this session the students realized it is not easy to change the eating habit especially for Thai people. Most of them said they empathized with the patients who have to eat this kind of food for a long time and understood why some patients cannot control their blood sugar level well. Understanding and empathy from direct experiences are important characteristics for someone who wants to be a good advisor.

Conclusion: Cooking class for medical students can help them give better nutritional advice to their patients. Doing is a good way for learning. It not only helps our students understand the medical knowledge intensely but also help them improve necessary skills which are important for being medical experts in the future.

5FF2 (2445)
Human Trafficking: A Curriculum Module for Medical Education

Authors
Laurie Dunn-Ryznyk

Presenter: Laurie Dunn-Ryznyk, Southern Illinois University School of Medicine, Carbondale, USA

Background: Human trafficking is a global problem that may encompass the sex trade, forced labor, domestic servitude, as well as other nefarious acts. This poster presentation will give an overview of core information regarding this problem, educational methods, content, and resources utilized in teaching didactic phase physician assistant students about this topic, with a focus on information about sex trafficking for clinicians. Most medical education programs do not include curriculum on recognizing and treating victims.

Method: A real patient problem-based learning module was developed and served as the anchor for the curriculum module. Lecture-learner, observation of curated videos, and reflection papers were also utilized. A flipped-classroom model helped to solidify and evaluate the richness of students’ knowledge in this discipline. Content included an overview on trafficking, statistics, and information regarding the medical encounter, examination, assessment, and plan options for patients.

Results: Student satisfaction with the learning opportunities, acquisition of knowledge, and activities was positive. Reflection papers revealed a general lack of knowledge about this problem with regard to local, national and global incidence. Level of knowledge improved as evidenced by pre and post-test scores.

Conclusion: It is estimated that 80% of trafficked individuals are female and 50% of victims are minors. In the USA, it is estimated that 88% of trafficked persons have contact with health care workers at some time during their captivity. However, only 5% of health care workers have been trained in the recognition and treatment of these people. Victims of sex trafficking may present with a multitude of health concerns, including sexually transmitted infections, burns, lacerations, pregnancy, fractures, mutilation, abdominal pain, and dental complaints. Additionally, associated conditions include poor mental health, drug and alcohol dependence and abuse. Learners need to be aware of signs and symptoms common in trafficking victims, trauma-informed care, options for assisting patients, action plans for facilities, and resources available at the local, national and international levels.

Take-home message: Human trafficking awareness should be included in medical education programs.
**5FF3 (1822)**

**Are doctors good enough in Sexual Medicine? - Improving Sexual Medicine Curriculum in Asian Medical Schools Based on Competency Levels of Practicing Doctors**

**Authors**
Yi Heng Seow  
Qiuli Angela Tan

**Presenter:** Yi Heng Seow, Lee Kong Chian School of Medicine, Nanyang Technological University-Imperial College London, Singapore

**Background:** Southeast Asia has the world’s highest prevalence of sexual dysfunction, illustrating the need for good sexual medicine (SM) services here. Asian cultural sensitivities can make this personal topic even more difficult to teach. Studies in the West have demonstrated low competency levels amongst practicing doctors and the need for improved undergraduate curricula, but Asian data has been scarce. We aim to evaluate competency levels of Singaporean doctors in SM to explore ways to improve SM curriculum in medical schools.

**Method:** A cross-sectional descriptive study was conducted on practicing doctors. We developed, validated and administered a 13-item questionnaire assessing doctors’ self-reported competency in SM Knowledge and Skills on a 5-point scale (Cronbach’s α=0.871). Respondents’ attitudes towards SM and perceptions of SM teaching were also captured.

**Results:** 55 responses were received from doctors across a range of specialties. Competency levels in SM knowledge (mean=3.32±0.25) and skills (mean=3.15±0.89) were low and were predicted by attitudes towards SM. Lack of time (50.9%), irrelevance to their practice (41.8%) and sexual health (SH) being an ‘awkward topic’ (29.1%) were identified as barriers to approaching SH during consultations. Respondents identifying lack of time and irrelevance as barriers in consultations had lower competency levels (p=0.042, p=0.009). 90.6% reported that they would be more confident in SM if they received more undergraduate training. 58.2% and 32.7% of respondents believed supervised patient encounters and small group tutorials were the best way of learning SM respectively.

**Conclusion:** Our study found ‘awkwardness’ to be a major barrier in SH consultations, a phenomenon uncommonly observed in Western studies which may be contributed by cultural sensitivities. In these challenging settings, it is important to develop awareness, skills and confidence in SM in medical school to better prepare doctors for clinical practice.

We propose a combination of simulated patient encounters to hone students’ clinical skills and interactive small group tutorials with engaging and open tutors to improve awareness and attitudes towards SH while reducing cultural barriers.

**Take-home message:** Sexual medicine curricula should be improved by focusing on attitudes, cultural sensitivities and clinical skills.

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**5FF4 (2019)**

**Undergraduate dermatology course to improve confidence in assessment of skin conditions**

**Authors**
N Jegatheeswaran  
SZ Imam  
A Liakopoulou  
P Solanki

**Presenter:** Nihethana Jegatheeswaran, The Princess Alexandra Hospital, Harlow, UK

**Background:** Dermatology is a complex specialty with over 2000 diagnoses. However, at undergraduate level, student exposure to dermatology is limited to few lectures and clinics. Our aim was to increase the confidence of medical students in dermatology, in preparation for their role as junior doctors.

**Method:** We designed a dermatology course for fifth year medical students, in preparation for their final exams. We ran 4 sessions with different groups of students and constant improvements were made to the course based on the student feedback. The course opened with an introductory lecture, delivered by a dermatology registrar, focusing on the dermatology knowledge required for finals. The students were then split into small groups, where tutorial and assessment style sessions were led by near-peer foundation doctors. These included how to take a dermatology history as well as examining and describing skin conditions. Students received instant feedback from the tutors. The student’s confidence at the beginning and at the end of the course was assessed using the Likert scale. Also, students gave detailed feedback on each teaching session with suggestions on how it could be improved.

**Results:** In total, 27 students attended the course over the 4 sessions. The students were asked to rate the content and the delivery of each teaching session, from 1 to 5 (very poor to very good). The mean average ratings for the content of the three sessions were: introductory lecture: 4.89, dermatology history taking: 4.89, examination of skin: 4.92. The delivery was rated as follows; introductory lecture: 4.89, dermatology history taking: 4.89, examination of skin: 4.85. There was a 31.4% and 32.7% increase in confidence for taking a dermatology history and examination of the skin, respectively (p<0.0001).

Overall, 96% of those who attended would recommend the course to a colleague.

**Conclusion:** The course was successful in improving student’s confidence in both taking dermatology history and in examining skin conditions. The content and the delivery of the teaching sessions were rated highly by the attendees.

**Take-home message:** Dermatology knowledge, skills and confidence can be improved through dedicated, focused teaching courses.
$\text{SFF5 (1663)}$

**Does the undergraduate Public Health curriculum meet the recommendations of the Association of Schools & Programmes of Public Health?**

**Authors**

Dana Vackova, The University of Hong Kong, Hong Kong
Janice M Johnston, The University of Hong Kong, Hong Kong

**Presenter:** Dana Vackova, The University of Hong Kong, LKS Faculty of Medicine, School of Public Health, Hong Kong

**Background:** To evaluate the merit of multidisciplinary public health (PH) teaching and learning for undergraduate medical students (MBBS) in four main domains recommended by the internationally recognised Association of Schools & Programmes of Public Health (ASPPH).

**Method:** Undergraduate PH courses were mapped to the highest ASPPH domain: PH knowledge, skills, social responsibility and applied learning. A mixed method study with qualitative analysis of MBBS Year 4 focus group (N=20) and quantitative analysis of the questionnaires distributed to MBBS Year 1 (N=88), Year 2 (N=197) and Year 3 (N=163) were performed to evaluate PH curriculum and students’ self-perceived competencies in all four domains. Kruskal Wallis and Chi-squared tests were performed to test differences among three cohorts.

**Results:** PH courses arrangements, workload, relevance to clinical practice and assessment methods represented the main criteria for students’ focus group PH curriculum evaluation. Across three cohorts, students self-reported results showed better recognition of PH as a scientific discipline (p<.001) at the end of each school year; and better ability to perform risk communication and development of inter-professional skills with policy makers in Year 2 and 3 (p<.001).

Results brought the valuable insight into the PH curricula showing that after one year exposure to the PH, the MBBS Year 2 and 3, students were more confident to pursue tasks in higher ASPPH domains. However, the arrangement of multidisciplinary subjects and heavy workload were assessed less favourably.

The undergraduate PH curriculum offers PH knowledge, skills, and social responsibilities and applied learning as recommended by the ASPPH.

**Conclusion:** Careful planning of the multidisciplinary PH courses in the undergraduate medical curriculum is needed to ensure students’ confidence in gaining competencies in all four main ASPPH domains. PH learning activities in the highest domains, social responsibilities and applied learning, can be offered in the preclinical years after providing a PH knowledge and skills training.

$\text{SFF6 (411)}$

**Changes in medical student attitudes towards public health following an innovative model of integrated inter-professional teaching**

**Authors**

Samantha Chepkin, University of Buckingham Medical School, Buckingham, UK
Dilly Karunaratne, University of Buckingham Medical School, Buckingham, UK
Kathryn Hollis, University of Buckingham Medical School, Buckingham, UK
Bharathy Kumaravel, University of Buckingham Medical School, Buckingham, UK

**Presenter:** Samantha Chepkin, University of Buckingham Medical School, Buckingham, UK

**Background:** Internationally, medical students struggle to appreciate the clinical relevance of public health (Maeshiro 2010). Feedback following public health units demonstrated students at a new UK medical school shared this difficulty, despite grasping the principles of public health. Public health teaching is therefore being embedded into clinical rotations, forming a longitudinal curricular theme.

**Method:** In the clinical rotations, small group seminars integrating public health with clinical teaching were developed and delivered jointly by clinical and public health professionals. These seminars incorporated interactive lectures, clinical case studies, educational prescriptions and role play. Students later participated in student-led focus groups to share their experiences and perceptions of public health and the integrated teaching. These were audio-taped, transcribed verbatim and analysed using recursive abstraction.

**Results:** Twenty-nine students participated in the focus groups. In contrast with previous feedback, students enthusiastically recognised the clinical relevance and importance of public health, including health promotion and Evidence Based Medicine. Factors which had influenced their views included the integrated case studies, role-modelling by clinicians, clinician-directed educational tasks and joint teaching by clinicians and public health. However, students found applying their public health skills to clinical practice difficult. Barriers included low confidence and competing course priorities. Students valued activities involving guided practice, including role plays, integrated case studies and educational prescriptions, for building confidence. To encourage regular practice, students recommended prompts in each clinical placement, in the form of public health learning outcomes, mandatory exercises or work based assessments.

**Conclusion:** Integrated, inter-professional public health teaching, alongside increased clinical exposure, was successful in changing student attitudes about the clinical relevance of public health. Specific, transferable, factors contributing to this phenomenon were identified. Despite understanding the principles of public health and appreciating the clinical relevance, barriers to applying public health skills remained. Guided practice and regular prompts in clinical placements emerged as methods to
promote application of public health skills in clinical practice.

**Take-home message:** Embedding public health into clinical rotations was successful in helping students appreciate the clinical relevance of public health, overcoming a significant international challenge in public health teaching.

**5FF (1784)**

**Changes in medical students’ attitudes towards HIV/AIDS over the past decade**

**Authors**

Greta Tam, CUHK, Hong Kong, China
Candy Wong, CUHK, Hong Kong, China
SS Lee, CUHK, Hong Kong, China

**Presenter:** Greta Tam, CUHK, Hong Kong

**Background:** HIV epidemiology has changed in the past decade and attitude towards the disease may also have changed. We conducted a survey to compare medical students’ attitudes towards HIV/AIDS in the recent years (2014-2017) to a decade ago (2007-2010).

**Method:** From 2007-2010, we surveyed three cohorts of medical students at the end of clinical training to assess their attitudes towards HIV/AIDS. From 2014-2017, we surveyed another three cohorts of medical students finishing clinical training to compare changes in attitudes towards HIV/AIDS over a decade.

**Results:** From 2007-2010, 546 students were surveyed and from 2014-2017, 504 students were surveyed. All participants were included in the analysis. Significantly less students in recent years were exposed to HIV patients for the first time during their HIV clinic attachment (72% vs 39%, odds ratio (OR) 0.25, 95% CI 0.18-0.34). Significantly more students planned to specialize in HIV medicine (2% vs 11%, odds ratio (OR) 0.46, 95% CI 4.75-18.84), while significantly less students prefer not to work in a field involving HIV/AIDS (17% vs 11%, odds ratio (OR) 0.57, 95% CI 0.4-0.83). Willingness of students to provide HIV care remained the same, with 22% of students unwilling to provide care.

**Conclusion:** Despite more positive attitudes of future doctors towards HIV/AIDS in relation to career choice, the willingness of future doctors to provide HIV care has remained unchanged in the past decade.

**Take-home message:** Stigma towards PLHIV from future doctors still remain, which would hinder access to care. The current medical education curriculum and approach needs to be changed in order to address the issue of stigma.

**5FF8 (1242)**

**Development of a Model to Educate and Train the Future Adolescent Health Workforce**

**Authors**

Patricia Kokotailo, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, USA
Valentina Baltag, World Health Organization, Geneva, Switzerland
Susan Sawyer, The University of Melbourne, Melbourne, Victoria, Australia

**Presenter:** Patricia Kokotailo, University of Wisconsin School of Medicine and Public Health, Department of Pediatrics, Madison, Wisconsin, USA

**Background:** Unprecedented attention is now focused on adolescents with growing appreciation of their disease burden and of the opportunities of investing in adolescent health. New investments are required to build the technical capacity for policy, programming, research and clinical care across the world, especially in resource-poor countries where most adolescents live. Strategies to educate and train the future multi-disciplinary adolescent health workforce are particularly required in these countries, which have until very recently focused on the health of very young children rather than adolescents. Competency-based education and training is the standard of education in health education and medical specialty training. Competency is difficult to quantify and standardize, however, as are the processes that underpin competency-based education and training. The primary objective of this work was to identify how quality education in adolescent health and medicine is determined. This information was used to inform the development of a conceptual framework for institutions teaching adolescent health, which can be used to assess the quality of teaching and learning and to monitor the implementation of adolescent health competencies in undergraduate and postgraduate education.

**Method:** Specific evidence-based teaching modalities and assessment tools used to teach adolescent health were determined to exemplify how an educational program can be delivered and assessed. A conceptual framework integrating core competencies in adolescent health developed by the World Health Organization and health education standards from the World Federation for Medical Education Global Standards for Quality Improvement is described. The framework is informed by relevant adolescent health pedagogy and standards from multidisciplinary sources including nursing and midwifery education.

**Conclusion:** This framework is a step towards the development of a more adolescent-competent health workforce. The model developed is multidisciplinary and is applicable in low- and middle-income countries, as well as high-income countries. Institutional support with financial and other resources to support teaching and training, including development of faculty to implement curricula and educational standards, remains a challenge.

**Take-home message:** This educational framework developed could serve as a model for competency-based...
and multidisciplinary education in adolescent health and as a template for other subspecialty education.

5FF9 (1200)
Does medical school prepare you for difficult conversations? Assessing the impact of a palliative care study day on the confidence of final year medical students

Authors
Alice Copley, Princess Alexandra Hospital, Harlow, UK
Hannah Costelloe, Princess Alexandra Hospital, Harlow, UK
Andrew Greenhalgh, Princess Alexandra Hospital, Harlow, UK
Andrew Foster, Princess Alexandra Hospital, Harlow, UK
Pratik Solanki, Princess Alexandra Hospital, Harlow, UK

Presenter: Alice Copley, Princess Alexandra Hospital, Harlow, UK

Background: There is anecdotal evidence that final year medical students feel unprepared for the palliative care elements of their final year exams and as a junior doctor. Most new doctors will not have practiced completing a death certificate or prescribing anticipatory medications before starting work. The literature describes that breaking bad news insensitively can cause patients additional distress. There can also be consequences to the clinician including guilt, anger, anxiety and exhaustion.

Method: We organised and delivered a palliative care study day for twenty-four final year medical students. The primary aim was to improve students’ confidence by building on current knowledge and facilitating communication skills practice. The course was comprised of ten practical small group teaching, simulation and OSCE-style stations. We evaluated pre- and post-course confidence, measured on a ten-point Likert scale. We also objectively explored the impact of the day by asking participants to complete a validated assessment before and after the course.

Results: The course was highly evaluated with the mean average quality and delivery rated at 4.95 out of 5. 100% of students would recommend the course to a colleague. Confidence improved in all six of the areas evaluated: end of life communication in an OSCE setting (42.2% improvement), end of life communication as a junior doctor (41.7% improvement), filling out a death certificate (43.9% improvement), knowing laws regarding advanced care and treatment withdrawal (47.2% improvement) and being able to confirm death and document clearly (43.9% improvement). All results are significant with a p-value <.0001 on paired T-test. Likewise there was an improvement in assessment marks by 24.7% (p=0.039).

Conclusion: Palliative care is an area in which final year medical students feel unprepared when taking their final year exams and starting work as junior doctors. Our findings demonstrate that small group sessions improve confidence and promote experience in practically dealing with common palliative care situations and therefore are worthy of any medical school curriculum.

Take-home message: Palliative care is best taught via small group learning, including simulation and OSCE-style scenarios, as students prefer practical learning and value communication skills practice.

5FF10 (606)
The comparative study of an effectiveness in Palliative care teaching methods between bedside teaching versus paper based class case study exercises in medical students

Authors
Sukhanit Promrub
Piyabut Taotip
Orathai Seabmuangsai
Weerajit Thipprasert
Napassawan Puripapanpho
Sucheera Amornmahaphun

Presenter: Sukhanit Promrub, Roi et Hospital Medical Education Center, Roi et, Thailand

Background: Palliative medicine is is recently introduced to terminally illed patient treatment in Thailand somehow none of the medical schools have added a subject into the curriculum. This research compare the effectiveness of each teaching style which will contribute to a future curriculum planning.

Method: This quasi-experimental pretest-posttest designs was conducted. We enrolled the 4th and 5th-year medical students and then divided them into 2 groups; bedside teaching (Group I) and paper based class case study exercises (Group II). Both groups took a palliative care pre-test which consists of 50 questions in 5 following modules; concept and assessment, pain management, non-pain management, final hours of life and subcutaneous drug administration, discharge planning referral system and home care then attended the lectures according to these 5 modules. After that each group was taught by a certified palliative care doctors with 2 different methods then took a post-test which is the same as pre-test.

Results: Group I consists of 22 participants while group II has 15. This study reveals that 64.9% of the participants have seen about palliative care and therefore 59.5% believe that it should be taught in medical schools. The mean pre-test score of both groups were not shown significant differences between Group I and Group II with means scores of (19.6(± 3.6)vs20.4(± 3.4); mean difference=0.76; 95%CI:1.59-3.11,P-value=0.514) respectively while post-test score shows a different result where group I had a higher overall scores but still not significant difference with mean score of 28.8(± 3.7)and27.8(± 3.4)(mean difference= -0.98; 95%CI=-3.35-1.39; Pvalue=0.406) respectively. However, after compared post-test scores in each module; group I has a significantly higher score in an assessment and final hours of life modules with the mean scores of (5.9(± 0.8)vs4.9(± 1.5); mean difference=-0.91;95%CI=1.76-0.06; Pvalue=0.056) and (7.7(± 1.3)vs6.4(± 1.5); mean difference=1.35; 95%CI=2.50-0.56 Pvalue = 0.003) respectively.

Conclusion: The bedside teaching is as effective as the case study exercises. Moreover, the bedside teaching group has higher scores than case study exercise in 2 modules included;concept and assessment, final hours of
Conclusions: Undererved community. Students educate community for screening and education for the local, glucose/cholesterol levels. Community by performing physical exam tasks and obtaining blood sciences. Along with interviewing and communication in exposure to patients in a clinical setting during their basic education for each station and partake in conducting and the principal investigator.

Design: The needs of the underserved community in St. Maarten have brought forth the implementation of the “Assessment and evaluation of breast abnormalities in the population of St. Maarten” research project by AUC clinical faculty. The conclusions drawn from this project will be utilized by the local Ministry of Health (MOH) to better serve this population. The design of this project allows students and fellows to be learners in one setting and as educators of medicine in another setting. There is currently no data for breast abnormalities and breast cancer in the Caribbean. While the aim of the project is to ultimately report the risk factors and prevalence for breast abnormalities in this population, the design of the project serves as an educational tool to cascade medical knowledge from the fellows to students who communicate this further to the community.

Design: The need for breast and health education in this community are met via AUC’s “Breast and health screening events” hosted in collaboration with MOH. During the event, medical students partake in stations including consent, breast/health questionnaire, BP/BMI/vision, blood glucose/cholesterol, clinical breast exam by the oncologist and educational talk. Stations are overseen by fellows (graduated physicians in training) and the events are overseen by licensed AUC clinical faculty and the principal investigator.

Educational Components: Fellows-The fellows train students for each station and partake in conducting medical research. Medical students-The students gain exposure to patients in a clinical setting during their basic sciences. Along with interviewing and communication in various stations, the students enhance their clinical skills by performing physical exam tasks and obtaining blood glucose/cholesterol levels. Community-The events are a platform for screening and education for the local, underserved community. Students educate participants on breast health and the importance of a healthy lifestyle.

Conclusion: AUC has identified community based research as an invaluable tool for medical education through which fellows and medical students serve as both learners and educators.

5FF11 Learners as Educators: Education through community research

Authors
Naira Chobanyan, American University of the Caribbean School of Medicine
Dhara R Patel, American University of the Caribbean School of Medicine
Virginia Asin, American University of the Caribbean School of Medicine

Presenter: Dhara R Patel, American University of the Caribbean School of Medicine

Background: To better serve the underserved population of St. Maarten research project by AUC.

Objectives: 1. Validate the Integrated Palliative Care Outcome Scale (IPOS) in the local context.
2. Design and implement a palliative care simulation curriculum.
3. Assess the impact of the simulation curriculum on medical students' knowledge, skills, and attitudes.

Methods: 1. Develop a simulation curriculum with the help of trained medical students.
2. Conduct pre- and post-simulation assessments using the IPOS.
3. Conduct focus groups with medical students to gather feedback.

Results: 1. The IPOS was found to be valid in the local context.
2. Medical students demonstrated improved knowledge, skills, and attitudes after the simulation curriculum.
3. Focus groups indicated positive feedback on the simulation curriculum.

Discussion: The findings suggest that simulation education in palliative care is effective in improving medical students' knowledge, skills, and attitudes.

Conclusion: Simulation education in palliative care is a valuable tool for medical students in the Caribbean.
Euthanasia attitude assessment in thanatology - quantitative and qualitative analysis

Authors
Shiu-Jau Chen, Mackay Medical College, New Taipei City, Taiwan
Jiu-Lu Lin, Mackay Medical College, New Taipei City, Taiwan

Presenter: Shiu-Jau Chen, Mackay Medical College, Taipei, Taiwan

Background: The euthanasia concept is important in life and death education. What is the best method to assess the learning outcomes is still a challenge. Here we propose a combination of quantitative analysis of pre- and post-test and qualitative analysis of the after-school assignments as a way to assess students’ learning effectiveness.

Method: Eighteen students participated in this course. Before the course starts, we conduct pretests to understand their attitudes towards various forms of euthanasia. We make use of patients’ life story and a 10-minute short film to introduce various forms of euthanasia. The students discuss the content of the video and propose their opinions about what is good death and dignity. A post-test was done at the end of the class. A homework was given to let students publish their views on euthanasia. We analyze the homework data to find meaningful words and achieve qualitative analysis.

Results: Students’ acceptance of euthanasia increased significantly (69% to 94%), especially among the elderly with voluntary euthanasia (30.8% to 58.8%). The coding obtained from after-school reports includes: social consensus, autonomy, right to life, boundaries and limitation, supporting measures, pain, quality of life, professional assessment, communication, slippery slope effects, family experience, suicide, murder, etc.

Discussion: By integrating the coding data into an interpretive framework, we can summarize the students’ understanding of euthanasia: This is a conflict of interests between the autonomy and the right to life. Consensus can only be reached through adequate discussion in the community. Opponents think this to be suicide, murder, and will lead to the slippery slope effects. Proponents believe that under clearly defined boundaries and detailed professional evaluation, it is acceptable for those patients who suffer extreme pain and no quality of life such as end-stage patients, vegetative persons, bed-ridden patients, etc.

Conclusion: By quantitative analysis of the pre-and post-test result, teachers get the percentage of attitude change after the class, but not why they change. With qualitative analysis of after-school assignments, teachers can know what they learn, narrow the distance between teaching and learning, and as a reference for curriculum review.

‘Everywhere and Nowhere’: A scoping review of grief support training in medical school and residency curricula

Authors
Genevieve Ferguson, Centre for Addiction and Mental Health, Toronto, Canada
Riley Saikaly, Centre for Addiction and Mental Health, Toronto, Canada
Sarah Bonato, Centre for Addiction and Mental Health, Toronto, Canada
Sophie Soklaridis, Centre for Addiction and Mental Health, Toronto, Canada

Presenter: Sophie Soklaridis, Centre for Addiction and Mental Health, Toronto, Canada

Background: Although grief is a near-universal experience with almost everyone experiencing the death of a loved one in their lifetime, medical students, residents and physicians do not perceive that they have the skills to adequately address issues of grief. Reviews of the literature note that end-of-life education, predominantly presented within the preclinical curriculum, tends to focus on knowledge rather than attitudes and does not often allow important opportunities for students to reflect on their experiences of grief.

Method: We conducted a scoping review of the available scientific literature to understand the extent to which grief support training is offered in the undergraduate medical school and residency curricula and continuing professional development (CPD). The objective of this scoping review was to gain an understanding of the current landscape of grief training, world-wide, in medical school, residency and CPD in the medical disciplines of pediatrics, family medicine and psychiatry in order to improve the way physicians are equipped to support and reassure their patients.

Results: Thirty-one publications were retrieved from the search. The majority of publications (70%, n=21/30) were non-research papers including: curriculum/course descriptions (e.g., development, evaluation) (n=13), workshop/seminar descriptions (n=2), commentaries (n=2), and misc. (e.g., book chapter, poster, questionnaire) (n=4). The remaining 30% (n=9/30) publications were research papers including: explorative studies (n=4), evaluation reports (e.g., pre-post design) (n=4), and one investigative questionnaire-based study. Qualitative thematic analysis explored definitions of grief, rationale for grief training, physician’s response and responsibility to address grief and specific approaches to grief in pediatric care.

Discussion: Grief training must be a component of the medical curriculum that it should begin early in medical education and that it can be successfully based on the death encounters that all students confront. The best foundations for grief training begins early in medical school, are experientially based, and are connected to a variety of supportive opportunities later.

Conclusion: It is important for physicians to not confound grief and depression because many individuals who experience the loss of a loved one will turn to...
pediatricians, psychiatrists and family physicians for support and reassurance, not treatment.

5FF1 (371)
Thanatology in Medical Education: Reflections on Death and Dying

Authors
Naomi Borghi, Federal University of Lavras (UFLA), Lavras, Brazil
Kátia Poles, UFLA, Lavras, Brazil

Presenter: Naomi Borghi, Federal University of Lavras (UFLA), Lavras, Brazil

Background: The debate about the end of life is complex in medical practice, especially during graduation, in which many students perceive the individual as being a mixture of anxiety and frustration. According to 2014’s National Curricular Guidelines for Medical Education, the fundamental curricular contents in should contemplate the understanding of the physiological processes of humans, including death.

Method: The discipline of Thanatology is offered as an elective in the third semester in the Federal University of Lavras-MG, Brazil, whose purpose is to expose academics to an earlier contact with death and build reflections on human finiteness in medical practice. The methodology is to connect theory with practical activities, bringing debates about the process of dying and death itself.

Results: During the course of the discipline, the students can reflect on the fragility and ephemerality of life through the follow-up of necropsies. Thereby, it was possible for the students to see the meaning of signification and re-signification of their professional practice by personal experiences related to death. Besides that, the discipline offers emotional support for coping with death, mainly front to traumatic and violent situations.

Discussion: The role of the medical students in dealing with death should be seen as a competence to be inserted in the medical curriculum. The methodology applying debates about the process of dying and death itself makes it possible for students to see it as something inherent to human life on their professional practice, making it easier for them to deal with future losses.

Conclusion: The discipline brings significant contribution in the preparation of students in the process of dying, aiding in their understanding and acceptance of death. It is concluded that Thanatology is a fundamental part of medical education, generating new possibilities of comprehension and attitudes in situations of death and end of life.

Take-home message: Through contact with death, medical students can develop the ability to witness the reaches and limits of medical intervention in light of the inexorable nature of human death, and also to better formulate their opinions on the subject.