All-Wales Curriculum Conference 2017

Novotel Cardiff Centre, Schooner Way, Atlantic Wharf, Cardiff CF10 4RT

8.30am – 4.30 pm Wednesday 24 May 2017

This event is now fully booked but a waiting list for cancellations is available online:
https://curriculumconf2017.eventbrite.co.uk

Advance registration for this event is essential. No registration will be available on the day.
## All Wales Curriculum Conference 2017 – Programme At-A-Glance

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Plenary Speakers

Dr Amanda Coffey

Professor Amanda Coffey is Pro Vice-Chancellor, Student Experience & Academic Standards, Cardiff University. She is responsible for the University’s teaching and learning portfolio, programmes of study, academic standards and the quality of the student experience. As Pro Vice-Chancellor, Professor Coffey is also a member of the University Executive Board.

Professor Coffey is a sociologist, with a distinguished track record of research in a range of social science areas including education, young people, transitions to adulthood and adoption studies. In particular, she has built an international reputation for excellence in qualitative research development and qualitative methodologies. She directed the Cardiff node of the ESRC National Centre for Research Methods from 2005-8, leading a research and capacity building programme directly benefitting professional researchers, predominantly within the social sciences, but from other disciplinary areas too. She was also one of the founding co-directors of the Wales Institute of Social and Economic Research, Data and Methods (WISERD), an interdisciplinary research centre which is continuing to undertake an ambitious data integration, primary research and capacity building programme across Wales. Amanda has also served as the editor of leading social science journals including Sociology and Sociological Research Online, and as an executive editor of the British Journal of Sociology of Education.

Professor Nisha Dogra

Nisha Dogra is Professor of Psychiatry Education and an honorary consultant in child and adolescent psychiatry at the University of Leicester. Nisha is Chair of Diversity in Medicine and Health (www.dimah.co.uk) and Associate Dean of Equality, Diversity and Inclusion for the Royal College of Psychiatrists. She graduated from the University of Southampton and after preregistration house jobs, undertook some paediatric training before taking up psychiatry training posts. After completion of basic psychiatry training she moved to Leicester to specialise in child psychiatry and also began her academic career. Her clinical interests include working with adolescents, service improvement and development and audit. Her academic interests are training in psychiatry and diversity for which she was awarded a University Teaching Fellowship. She has led innovative teaching programmes and evaluations in both areas. Nisha was a Harkness Commonwealth Fund Fellow in Health Care Policy in 2005-2006 and explored how different health care organisations implemented cultural competency training in various US contexts. In 2007 she was awarded a Health Foundation Leaders for Change Programme Award to implement service improvements. In 2011 she was runner up at the Times Higher Education Award for Innovative Teacher of the Year. Nisha has various publications on diversity teaching in medicine and has also worked with similar issues for US lawyers and Spanish nurses.
Dr Judith Ibison

Dr Judith Ibison is a senior lecturer in primary care, educational lead for the personal and professional development theme for the MBBS programme at St George's Hospital, University of London, and is also a GP partner in Brixton, London. She is head of general practice in the undergraduate curriculum St George’s and deputy dean for students. She has strong clinical interests in women’s health and mental health, and does regular talks for the PCOS charity Verity.

Professor Ian Weeks

Ian is Dean of Clinical Innovation and presently acting Head of the School of Medicine, College of Biomedical and Life Sciences, Cardiff University. He has undertaken research, development and manufacturing of novel biochemical diagnostic tests for human disease for over thirty years in academic, NHS and commercial environments. He has authored over 120 publications, books and patents. Technologies of which he is an inventor have been licensed and used by global companies as the basis of in vitro clinical diagnostic tests many hundreds of millions of which are used annually worldwide. His research has resulted in the formation of three spin-out companies. Research undertaken by Ian and colleagues earned a Queen’s Anniversary Prize for the Medical School in 1998 and was also cited by Universities UK in 2006 as one of the top 100 life-changing discoveries of the past 50 years. Ian is a Fellow of the Royal Society of Medicine, the Royal Society of Chemistry and the Royal College of Pathologists.
Abstracts for morning and afternoon parallel sessions (sign-up sheets and room information will be available on the day)

**MORNING 1045-1215**

**Session 1: West 1**
**C4ME Medical Education Orientation Programme (MEOP)**
Helen Sweetland

This is an intra-conference workshop session for participants who previously booked online when registering for the conference. (Continues with part 2 during the afternoon: see session 7). It is for Cardiff University medical teaching staff only.

This is an opportunity to complete **MEOP Session 1: An introduction to contemporary medical education**. The remaining three sessions will be offered at intervals during the year. Registrants for the Curriculum Conference must attend BOTH morning and afternoon sessions to complete session 1.

This session will provide information on regulatory frameworks and standards (GMC, QAA), contemporary curriculum design, patient centred education, student-centred learning and the student experience, learning through experience, simulation and reflection. The key features of the C21 programme will be highlighted and used as an example to demonstrate the key principles.

The session will be interactive and participants will be encouraged to share their experiences of teaching. Come prepared to engage in discussing what you think are the key features are of the curriculum you are currently involved with and its educational philosophy.

**Session 2: WORKSHOP - - East 1**
**Practical Approaches in Equality and Diversity Teaching**
Liz Forty, Paul Brennan, Sam Hibbitts

In the learning environment we are reviewing the C21 cultural diversity programme with four aims:

- Map delivery in the current curriculum
- Develop and enhance the curriculum
- Investigate the alignment of the assessment with the curriculum
- Assess curriculum and assessment against General Medical Council/Professional and Linguistic Assessments Board blueprint.
Informal feedback from some students indicates that they do not recognise the equality and diversity teaching delivered in C21 MB BCh. This workshop aims to explore the practical scenarios used across Phases 1 & 2 to capture your feedback & help guide future activities.

We are planning to discuss the hidden curriculum, which includes the skill sets of the trainer and the practice students witness during training, and to discuss how we can be effective role models.

Session 3: WORKSHOP – West 2

Teaching Bytes: the use of innovative teaching videos to enhance training for trainees and trainers

Shouja Alam

AIMS  Teaching Bytes are specifically scripted, professionally developed video media aiming to improve concerning areas of practice for trainees and trainers as identified by national surveys. METHODS  Areas of training requiring improvement were identified via analysis of feedback from national surveys and the Deanery. Identified areas included ‘handover’, ‘induction’, ‘feedback’, ‘supervised learning events’ and ‘preparing for educational supervision’. Generic relevant scenarios were scripted, incorporating Royal College guidance, acted-out by colleagues, professionally filmed and edited. Thereafter, Teaching Bytes are delivered in an hour-long structured, interactive session to trainees and trainers involving group work and discussions. The following link demonstrates a Teaching Bytes ‘handover’ video: https://drive.google.com/file/d/0B8B4LEZzNC-waWprckFxVIYOIRIU/view?usp=sharing  All teaching resources are made freely available via the Wales Deanery website for widespread national use. A competitively obtained grant from the Deanery has facilitated dissemination. RESULTS  Teaching Bytes were delivered through varying study days to 93 trainees and trainers. Qualitative and quantitative feedback was gained from participants: on a scale of 1-10 from worst to best possible, the sessions were rated 8.2 for content, 8.4 for teaching style and 8.3 for relevance. The videos received 8.7 for usefulness, whilst the perceived impact upon practice measured 8.2. Comments included “very effective teaching tool”, “the video aspect makes it more memorable”, “stimulated lively discussion, very useful to generate ideas”, “better than talking through it” and “motivation”. CONCLUSION  Teaching Bytes are relevant, well-received, innovative quality improvement and education tools driven by trainees and trainers with the potential to motivate widespread improvement in training and improve measurable national outcomes. The project is in its dissemination phase aided by a Deanery grant, which involves distribution to key educators and presentation at national conferences – a Teaching Bytes tutorial will be delivered in a workshop at the RCPCH 2017 national conference. Future developments include producing e-learning resources for incorporation with Royal Colleges.

Session 4: WORKSHOP – West 1

Facilitators

Abstract

Session 5: WORKSHOP – East 2

English - the language of medicine? Medical Education in a Bilingual Nation
Whittam S, Iorwerth A

What place do Welsh language tuition and language learning have in science and medicine? This session, facilitated by staff and students, discusses the developments in Welsh medium education which has drawn on lessons learnt in Canadian medical education in developing a socially responsible and moral approach to equipping students to best meet local population needs. Students will share their experiences of bilingual education and their reasons for pursuing part of their degree in Welsh. The session will be interactive with participants asked to contribute their own perception of the challenges and opportunities that exist to ensure that all students are equipped to meet the needs of the Welsh speaking population in Wales. Participants will also be asked to reflect on the opportunities that exist to use the unique linguistic landscape in Wales as a real world learning tool to develop cultural literacy and better equip our students to meet the complex demands of an increasingly diverse population.

Session 6: WORKSHOP – West 3

Enhancing Tomorrow’s NHS Workforce through Postgraduate Education

Stephen Greenwood, Fiona Rawlinson and Ann Taylor

Maintaining and updating knowledge and skills in today’s high pressure NHS is a challenge for individual health workers and the workforce as a whole. Given the burden of patient complexities and the long-term condition agenda, universities need to develop innovative, flexible learning opportunities to support staff in enhancing quality in patient care.

Postgraduate education has an important role in supporting a resilient and sustainable NHS workforce to meet these challenges. The drive to create high quality flexible learning opportunities is paramount to deliver high quality, patient-centred care. Designing such opportunities in the current time-pressured NHS climate is challenging. The workshop is therefore structured to engage with and obtain the views of our participants.

The facilitators have many years’ experience designing and delivering online, blended and face-to-face interprofessional postgraduate education for health professionals. During the workshop, we will share numerous valuable tips and tricks for effective postgraduate teaching and learning. We are also, however, keen to learn from delegates about their hopes and suggestions for how postgraduate education can enhance the NHS workforce.

By the end of this workshop delegates will be able to:

1. Describe current provision and possibilities in postgraduate education for the NHS.
2. Reflect on possibilities to deliver targeted interprofessional education though innovative learning activities and technologies.
3. Contribute to proposals for future design and delivery that will meet the needs of learners’ and organisations in the NHS.

Session 7: WORKSHOP – East 3

Accommodating Student Choice in Swansea & Cardiff: Provision & Assessment of Student Selected Components (SSCs) -
Rees S, Powell E

This session will provide an overview of how the independent intellectual development of students is supported through Student Selected Components (SSCs) in Swansea and Cardiff. The purpose and provision of these project will be described, and the challenges in providing and assessing SSCs will be discussed.

Session 8 – WORKSHOP - Warehouse

Responding to Students’ Written Reflections
Weston C, Hayward C, Morris J, Rees J

During their course, Swansea University medical students must submit about 500 words of 'reflective' writing after each five-week long clinical placement. The submissions vary in content, format and style – some contain creative writing, others are mere evaluations of the placement, some are reflective and deeply personal. Subjects often include inter-professional relations, medical hierarchy, identity, feelings of uselessness, and perceptions of professional practice. We have not imposed any particular model of reflection, nor do we award a mark or grade. Rather, one of a small group of clinical and nonclinical academics provides a bespoke response to each written piece. This time-consuming commitment, generally, appears appreciated by faculty and students. In the workshop, participants will be encouraged to read through some examples and produce their own responses. This will allow a deeper understanding of the activity and its potential in other programmes. Briefly, we will consider the role of reflective writing in clinical professional education and then focus on the possible added value, to both student and respondent, of writing and receiving a response. We will discuss practical aspects and potential pitfalls of this activity, and how its educational value, within the curriculum, could be maximised.

AFTERNOON 1415-1545

Session 9: West 5

MEOP 1 (part 2)

Professor Helen Sweetland

This is an intra-conference workshop session for previously participants who booked online when registering for the conference. (See Session 1, page 6, for further details)

Session 10: SHORT COMMUNICATIONS – West 1

Widening access
Chair – Sue Emerson

A. Can measures of personality and emotional intelligence inform the design of the admissions process?
Greenwood S

Multiple Mini Interviews (MMIs) have been introduced at Cardiff Medical School for the selection of medical students. Using OSCE-style stations assessing various domains, MMIs have been shown in the literature to be a more standardisable and robust mechanism than traditional interviews and are becoming established as an
acceptable format for medical student selection. The domains assessed include various ‘non-cognitive’
domains including communication, ethical awareness, empathy and resilience. Since MMIs are a new format
for assessing such things, it was decided to investigate the extent to which established psychometric measures
could inform the design of the process. Therefore, correlations are being explored between standardised
personality measures (Trait Emotional Intelligence, Emotional Competence and ‘Big Five’ personality traits)
and scores on the Multiple Mini Interview (MMI) selection process at Cardiff University Medical School. It is
hoped this will inform and further validate the MMI process and identify possible adaptations or improved
selection techniques. The study design will be described and initial results arising from the project discussed.
Discussion is invited on the role of emotional intelligence and personality traits in the training of future
doctors.

B. Doctors for Wales: a prospective study of feeder stream course undergraduates
Wallace MJ, Davies NA, Fletcher JF, Healy MA, Croxall J
In 2017, Swansea University Medical launched the Applied Medical Sciences (AMS) BSc Honours course. The
aim of the programme is to prepare future medical research scientists, biomedical entrepreneurs as well as
serve as a ‘feeder stream’ for Swansea University’s Graduate-entry Medicine MBBCh course. To this end, the
course includes 3 three employability strands: Medical Science Research, Enterprise and Innovation, and
Medical Science in Practice. The shortage of doctors in Wales has been well documented, with number of
general practitioners especially lacking. The objective of the Medical Science in Practice employability strand
is to familiarise students with topics including the role of the doctor in the healthcare team, the Welsh NHS,
and particular health challenges faced by the Welsh population. It is our hope that by grounding students in
the Welsh healthcare landscape early in their premedical training, they will be more likely to apply to Welsh
graduate-entry medical schools and, once their training is complete, stay in Wales to practice. To track this,
we are proposing a prospective study of the retention trajectory of our first four AMS student cohorts. Some
of our research questions include: do we attract more Welsh-domiciled applicants than non-Welsh domiciled?
At the start of the AMS course, how many of each group intend to go on to study medicine? Does this change
over the course trajectory? Do they intend to stay in Wales? Does the ability to speak Welsh play a role in their
plans? What is their intended specialty? Data will be sourced primarily using admissions data and student
questionnaires. At the conference, we will describe our study design as well as present analyses of our initial
research questions.

C. Motivational factors in graduate entry medical students
Morris JJ, White TA, Keane OJ
BACKGROUND  Motivation is important in self-regulated learning. Understanding what motivates and
demotivates our medical students may influence teaching methods, attitudes and environments. The purpose
of the study was to find out what factors motivate or demotivate our graduate entry medical students
hopefully encouraging facilitators and tutors to better understand student perspective.
SUMMARY OF WORK  A short questionnaire was distributed amongst all (years 1 – 4) graduate entry medical
students at Swansea University Medical School (n = 270) with a two week window in which to reply. They were
asked what had motivated them to study medicine, what motivated them during medical school and what
demotivated them.
SUMMARY OF RESULTS  138 data sets were analysed. Over 80% of students cited challenging jobs, job
satisfaction and the ‘greater good’ as motivating factors to become a doctor, whilst just 2% cited family
pressures as their motivation. Debt (60%), competition for ranking and teaching by humiliation (both 40%)
were the main demotivating factors.
DISCUSSION  Results suggest that graduate entry medical students primarily pursue a place in medical school
based on intrinsic motivating factors. Students’ free comments suggested that additional factors such as
support and empathy from tutors can be important motivational and demotivational factors. External factors
may also have a big impact on motivation.
CONCLUSION  Graduate entry medical students (from data gathered) are already highly motivated and
primarily intrinsically. Is it the role of medical educators to enhance motivating factors and attempt to reduce
the demotivating factors identified? Further analysis of data and investigation is needed including data from
non-graduate entry students and other institutions. TAKE HOME MESSAGE  Motivating factors may have an
important role to play on recruitment to medicine and the learning environment whilst in medical school.
Many demotivating factors are out of the control of academic and clinical staff but awareness and acknowledging demotivating factors may go some way to improving learning experience for students.

D. How can we support medical students to deliver evidence-based widening access interventions to schoolchildren?

O’Rourke J, Stanton N

BACKGROUND Medical school applicants are not representative of the demographics of the UK population. The number of applications from schoolchildren in low socioeconomic areas is consistently very low. To increase applications in these groups, medical schools must use widening access interventions that target both primary and secondary school children. These interventions should be evidence-based seeking to address key barriers, as well as being sustainable. The delivery of these interventions by medical students is recommended.

AIMS
- To outline evidence-based widening access interventions that can be delivered by medical students
- To develop, pilot and evaluate interventions in two secondary school year groups
- To discuss how to ensure sustainability and equity across schools in Wales

METHODS An initial literature review identified current practice and provided initial themes. Focus groups were held with Year 8 and Year 10 pupils at Treorchy Comprehensive School, a state school in the South Wales Valleys, to understand perceptions of university and medicine. All medical students at Cardiff University were invited to participate in an anonymous online questionnaire, and take part in focus groups, about their experiences of applying to medicine. Themes from the focus groups and questionnaire were integrated into the design of the interventions. Medical students across all years were recruited to deliver, and then give feedback on, interventions to Year 8 and Year 10 schoolchildren

RESULTS AND DISCUSSION Lack of information about university and misconceptions about applying for medicine were common themes from all focus groups, and were addressed through the interventions. Delivery of the interventions by medical students appeared effective. Feedback was used to develop a framework for future widening access interventions. Further research is needed to understand how delivery of these interventions could be embedded within the medical school curricula, and how their delivery can be achieved sustainably on a wider scale.

E. Language proficiency, academic success and learner support

Greenwood S

UK universities set minimum English Language requirements (using standardised proficiency tests such as ‘IELTS’) for applicants whose first language is not English. This is problematic. Higher scores might better reflect the proficiency demands of courses but can reduce the number of eligible applicants. Conversely, lower scores may necessitate deploying additional resources to support students who struggle with the level of English proficiency required in the discipline. It was decided to explore any association between IELTS scores and subsequent academic performance. IELTS scores for 639 students enrolling since 2010 were obtained and matched anonymously with students’ module assessment scores. IELTS sub-scores were available for 603 students (94%). Average marks were calculated for 372 students (58%) who also had IELTS scores. Overall IELTS scores showed a significant association with average module marks (M(IELTS<=7)=63.6 vs M(IELTS>7)=68.1, t(370)=5.706, p<0.001; F(7,364)=6.529, p<0.001). Similar results were found on all subscales. Exploratory regression analysis indicates that further analysis may enable the predictive value of IELTS scores to be examined and exploited to set justifiable ‘cut-score’ criteria for selection or plan effective learner support. [First presented at AMEE 2016, Barcelona]

F. Swansea student project on widening access (title and abstract tbc)

David Rogers, Rhian Priestland, Jessica Michael, Annika Mills and Michael Nangalia (supervised by Dr Heidi Phillips)

Session 11: SHORT COMMUNICATIONS– East 1

Interprofessional learning
A. Sepsis: let’s hear it from the patient’s perspective
   Cann C, Frost P

BACKGROUND    Cardiff University encourages engagement with their communities. Patient stories are a powerful and provocative way for healthcare professionals (HCP) to understand the impact of illnesses and healthcare. We invited people who had experienced sepsis to share their stories with HCPs in a symposium designed to improve the care of patients who present with this devastating condition.

WHAT WE DID AND WHY    We designed our annual ‘Acute Care Teaching and Simulation Symposium’, programme around the theme of sepsis (June 2016). The programme included three, simulation scenarios which demonstrated the healthcare journey of a patient suffering from sepsis due to pneumonia. Scenario 1 was of the initial presentation to the GP’s surgery. Scenario 2 was of the patient’s transfer to and assessment in the accident and emergency department. Scenario 3 was of the patient’s on-going management in the intensive care unit. Each scenario was followed by a short tutorial and Q & A session with the relevant specialists (GP, emergency physician and intensivist) respectively. The next session was dedicated to patients’ stories, these were delivered by a man who had survived an episode of severe uro-sepsis, his wife, and the brother of a man who had, unfortunately died from sepsis. (Following this session time was allowed for questions). These speakers were also part of a panel which included medical experts for a Q&A session which concluded the symposium. An evaluation form with 9 questions was distributed to all attendees at the end of the symposium. The questions were scored using a six point Likert scale (0: not at all – 5: very much indeed). Attendees were asked, ‘What did they like most about the Symposium?’.

WHAT WE FOUND    We collected 44 responses. Responses were overwhelmingly positive across all questions, The patient’s perspective session scored highest (see Graph 1). The most ‘liked session’ was overwhelmingly that of the patients perspective, 32 of 39 responses. Graph 1. Attendees opinions (0: not at all – 5: very much indeed).

KEY MESSAGES  Simulation was an effective way to demonstrate the healthcare journey of a patient with sepsis and was well received by an audience of HCP’s. Attendees particularly valued real experiences of sepsis described by ex-patients and relatives. We plan to routinely incorporate patient stories in future symposiums.

B. Do students value Interprofessional Acute Care Simulation Teaching?
   Jones H and O'Donnell L; Cann C, Frost P, Hawker C, and Jenkins A

BACKGROUND  Health Care Professional (HCP) graduates are expected to work effectively in multidisciplinary teams (MDT). The clinical competencies required by the healthcare team can be rehearsed and assessed utilising simulation. Currently undergraduate curricula provide limited opportunities for interprofessional learning (IPL). Therefore, a series of IPL acute-care simulation sessions were provided for final year HCP students from Cardiff University.

WHAT WE DID AND WHY    The schools of Healthcare Science and Medicine ran ten, 3-hour simulation sessions, each was attended by 14 medics and 1-4 nursing students. Two of the sessions were designed in collaboration with the School of Pharmacy and were additionally attended by 8 pharmacy students. Eight sessions included three scenarios where 2 medics role-played FY1 Doctors and one nursing student role-played a newly qualified nurse. Two sessions also included a pharmacy student role-playing a ward pharmacist. Faculty were embedded in the scenarios as patients, senior nurses and doctors. The medical student received a brief patient history before entering the scenario where handover was given by the nursing student. Together the students managed the patient using an ABCDE approach whilst other students observed. A debrief followed, facilitated by faculty, allowing student reflection. To explore whether students valued this experience, feedback forms were completed. Seven questions were scored using a 6-point Likert scale (0=not at all–5=very much indeed) and comments were encouraged.

WHAT WE FOUND    We collected 121 responses which were overwhelmingly positive. Two themes were noted in the comments. 1. IPL enables MDT working. “Experience of working with medical students prepares me for practice.” 2. Debrief provides opportunity to identify areas for personal improvement. “Feedback really useful to discuss different approaches.”

KEY MESSAGES  IPL simulation is highly valued by HCP students. We hope this work encourages earlier and more widespread integration of IPL into HCP curricula.

C. Medical students’ perceptions of the impact of the medical curriculum on their interprofessional team working with nurses
Laws E, Samuriwo R, Bullock A, Webb K

BACKGROUND Medical education has undergone significant reform, reflecting the dynamic nature of healthcare. In recent years, the General Medical Council (GMC) has emphasised inter-professional relationships and team working in medical education; ineffective team-working is directly related to diminished patient safety (1,2). Greater inter-professional education (IPE), introduced in more modern curricula, is expected to facilitate effective collaboration and delivery of high quality, safe patient care (3). The aim of this study was to explore medical students’ perceptions of the impact of the medical curriculum on their inter-professional team working with nurses.

METHOD Data were gathered through semi-structured, narrative interviews with medical students (n=12). Half had engaged in a “traditional” medical curriculum while others engaged in a modern, integrated curriculum. Initial purposive sampling was performed before progressing to theoretical sampling. A narrative approach to data collection and analysis was adopted enabling socio-cultural context to be considered, using NVivo. Since an intended outcome of curriculum change in the UK is to meet the GMC’s guidance, results were mapped against IPE related components of their key document, “Promoting Excellence” (2).

RESULTS Research is on-going. Initial findings highlight the value of spending a full week acting as nursing students, experienced by students on the traditional curriculum. This influenced their understanding of nurses’ roles and they viewed its removal from the curriculum as a negative outcome. However, some perceived the range of placements experienced on the modern curriculum to be beneficial in widening understanding of nurses’ roles. The importance of good inter-professional relationships in providing safe patient care was acknowledged by both groups. A difference in nurses’ attitudes towards male and female students was widely recognised.

CONCLUSION Findings of this study provide insight into impact of curriculum change on medical students’ inter-professional working with nurses. The findings can be used to inform future curriculum change management.

D. Development of an Inter-Professional Clinical Assessment Support Network

Metcalf EP, Jenkins S, Goodfellow R, Jones A, Dummer P

BACKGROUND: Six Schools within the College of Biomedical and Life Sciences, Cardiff University use OSCEs and related clinical assessments to assess students registered on health related programmes. It was identified that differing approaches to clinical assessments were in place and therefore there was an opportunity to learn from the diverse expertise of our inter-professional colleagues.

AIM: A collaborative approach was implemented to improve the quality assurance, efficiency and student experience of clinical assessments in Cardiff identifying academic and administrative best practice.

Method: In 2015 the College OSCE Project Group was established with representation from all Schools with the aim of:

- Highlighting and sharing best practice to support the ongoing development of OSCEs based on best evidence from the education literature
- Identifying risks and solutions
- Adopting similar written policies
- Collaboration with Registry to review logistics and quality assurance requirements
- Promoting best practice through training and peer observation
- Developing coordinated requirement specifications for an IT solution to manage OSCEs, with the primary aim of reducing administrative workload and minimising risk

RESULTS: Achievements to date:

- A high-level map of OSCE activities that represents individual School processes
- OSCE template distributed to all schools
- Requirement specifications agreed. Engagement with commercial IT product demonstrations
- One-year pilot of chosen e-OSCE provider underway
- Standard setting workshop
- Policy guidance- OSCE Guidance, Safety alert, Specific Provisions, Continuity guidance (for unexpected events during exams)
- Development of cross-discipline OSCE scenarios for use across schools
- Peer observation across the College

CONCLUSION: Feedback from the group has highlighted the benefits of inter-professional collaboration in a clinical setting, enriching and strengthening the quality of OSCE and related assessments. It has also identified the challenges of establishing an inter-professional education platform.
E. Choosing Wisely Wales
Flynn PM
Choosing Wisely is an international movement promoting better conversations with public and patients, particularly about interventions of doubtful value. Choosing Wisely Wales is a multidisciplinary initiative aiming to embed shared decision-making as the norm in clinical practice. Undergraduate training should aim to support this and to equip clinicians to develop shared decision-making skills. As well as incorporation into the curriculum, clinical skills training and project-based learning can also be used to embed shared decision-making.

F. Interprofessional prescribing and therapeutics education between medical and pharmacy undergraduates. A follow-up qualitative study of medical students’ views and experiences
Richards C, Coulman SA, Routledge PA, John DN
BACKGROUND Many undergraduate IPE studies have reported satisfaction and/or short-term outcomes. There is a lack of research reporting longer-term effects of medico-pharmacy undergraduate IPE sessions. Cardiff University has a 2 hour case-based session for 3rd year medics working with pharmacy students on prescribing and therapeutics involving role-play of medicines history taking and involved identifying and solving problems relating to drug-drug interactions, adverse drug reaction reporting and prescription writing.
AIM To explore the application of learning in the two years following the therapeutics/prescribing IPE session.
METHOD Following ethics approval, medical students were invited to participate in one-to-one semi-structured interviews (audio-recorded with consent, transcribed and analysed using thematic analysis). Eligible students were those in their 5th year or 4th year (having intercalated) and who attended the specified IPE session. Interviews explored views regarding the IPE session, suggestions for improvements and what they perceived to be the learning from the session they had applied subsequently.
RESULTS & DISCUSSION Twenty medical students were interviewed two years following the specific 3rd year IPE session. The session was useful, some session content had been applied during subsequent clinical placements and assessments and believed that IPE could improve communication and teamwork skills. Suggestions for session improvements were also made. Using a modified version of Kirkpatrick’s model of evaluating learning (Hammick et al., 2009), level 1 (reaction), 2a (modification of attitudes), 2b (acquisition of knowledge or skills) and level 3 (behavioral change) had been reached. There were no examples at level 4 (organisational change) or 5 (improved patient outcomes). This was an expected finding as current undergraduates were interviewees. Accepting the potential limitation of recall bias, medics were able to explain circumstances where they had applied their learning to practice. A similar study of pharmacy participants is planned later this year.

Session 12: WORKSHOP—East 3
Promoting Clinical Reasoning - Some tools from literature
Da Silva, AL.
BACKGROUND The importance of clinical reasoning for the competency of healthcare professionals and the quality of care they provide to patients has long been established (Stiegler et al., 2011; Graber et al., 2005; Norman & Eva, 2010). However what educational activities contribute to the promotion of such competency is far from consensual.
OBJECTIVES/AIMS The current workshop aims to present the audience with examples of various teaching strategies identified in the literature as tools to promote the development of clinical reasoning, and discuss how useful those would be for the participants’ own contexts. Six types of tools will be presented: Case discussions. Cognitive forcing strategies; De-biasing strategies; Reflection based strategies; Stop-think strategies and Virtual learning patients.
CONCLUSIONS Strategies such as Cognitive forcing strategies; De-biasing and virtual learning patients seem, so far, to gather more empirical support. However all the types of strategies identified can be adopted by educators in a wide range of contexts.
Session 13: WORKSHOP – East 2

Building the resilient doctor

Vogan C, Horn C

It is well recognised that medical training and the career that follows is mentally demanding and results in high levels of stress and burnout. As a result many undergraduate programmes are now incorporating elements of resilience training into their curricula thus equipping their students with the skill-sets to enable them to have long, successful and enjoyable careers as doctors.

This workshop will:
• Explore the concept of resilience
• Look at the qualities that make a resilient doctor
• Examine the different ways of promoting resilience in our undergraduate students

Session 14: WORKSHOP – West 3

GMC Skills: using apps to support learning

Hill C, Pugh C

BACKGROUND Numerous medical apps are available for physiology and anatomy but none have been found for the GMC practical skills. Being able to carry this information in your pocket within your mobile phone means that the opportunities for assessments are never missed.

SUMMARY OF WORK A clinical skills app accessed via phone, tablet or PC, was developed that lost none of the positive benefits of a handbook. This served to enable students to carry out their assessments in the clinical workplace at any time without having to think about carrying around clinical assessment forms/books.

SUMMARY OF RESULTS Clinicians benefit by having email confirmation of the assessments that can be added to their portfolios. Students found it an immediate resource for guidelines and reassuringly pleasant that their skills list was always up to date. The medical school has immediate data that can be audited easily.

WORKSHOP ACTIVITIES Working as a group, we can discuss how we went about planning the GMC skills app, the difficulties we encountered along the way and how you can think about using our experiences to take back to your work place. We can also look at ways to take the app to the next level.

Session 15: SHORT COMMUNICATIONS – West 2

Postgraduate education-

Chair: Llinos Roberts

A. Training for a new kind of doctor: analysis of interview data

Wride D, Bullock A, Webb K

BACKGROUND AND AIMS The 2013 Greenaway report called for a new training programme for doctors to address the growing number of older patients with multiple co-morbidities. The Broad-Based Training (BBT) programme, rolled out by the Academy of Royal Medical Colleges (AoMRC) in 2013, involves 6-month rotations in Core Medical Training, Psychiatry, GP and Paediatrics following Foundation training. This study is part of a wider evaluation of BBT commissioned by Health Education England and the AoMRC, specifically
looking at whether BBT better fulfils the need for more “generalist” doctors compared with traditional training routes.

METHODS To explore the longer-term impact of BBT, telephone interviews (n=22 to date) were conducted with doctors in their first year of training after BBT and their current educational supervisors (n=9). Interviews were recorded, transcribed and analysed thematically using Nvivo. Ethical approval was gained from Cardiff University. Results The study is on-going. Data analysis has revealed unintended benefits of BBT, including trainees’ understanding of specialty limitations and the need for better communication between them: “it’s all this technical language, the GP doesn’t need to know any of that. ...If the patient comes back to you [the GP] with this, we need to see them again”. BBT enabled trainees to better communicate information that other specialties would need to know. Trainees felt better able to effectively mobilise knowledge across disciplinary boundaries.

DISCUSSION AND CONCLUSION BBT is fulfilling its aims in developing doctors with better understanding of how specialties inter-relate, for the benefit of patient care. Data suggests that the programme fosters a more holistic outlook with both trainees and supervisors highlighting tangible benefits of system-wide understanding in managing patient care across specialties. These initial findings will be explored in further interviews.

B. Enabling Our Educators to Support Career Challenges
Blake S, Bullock A, Mort R

BACKGROUND Fifteen years ago career support for medical students and doctors was fragmented and unsatisfactory. Although improvements followed post-MMC career initiatives, current students and trainees have a range of queries and questions about their careers. Wales Deanery set out to establish how equipped our medical education faculty feel to respond to these reported needs.

METHOD Online and paper-based versions of a survey “Enabling Educators to Provide Career Support” were distributed amongst Wales Deanery faculty, located both centrally and in Local Health Boards across Wales. This encompassed all with Deanery or GMC-recognised roles and Postgraduate Centre staff. Respondents were asked to report:
- Available resources they made use of in supporting trainees with career thinking
- Their confidence in helping with common career topics
- What questions they were asked most frequently

Free text comments were thematically analysed and coded and all data were analysed in SPSS.

FINDINGS Of 197 responses, 82% had a role as an Educational Supervisor and more than half of these were also Named Clinical Supervisors. Most commonly they were approached for careers advice from trainees of all grades as well as medical students. In spite of readily accessible and useful careers resources available both nationally and via the Deanery, awareness was highly variable. In addition, educators reported lack of confidence in dealing with some of the most common career topics (including flexible training options, opportunities overseas or outside the NHS). No significance differences were shown by specialty or educator role except that significantly more respondents in Programme role were confident to advise on flexible training.

MAIN MESSAGE AND NEXT STEPS We cannot assume that medical educators are confident and fully equipped to meet demand for a diverse range of careers support. This study will inform targeted development of resources and CPD in career management support.

C. Supporting Trainees in Wales
Walsh L, Gasson J

Progression through postgraduate training is often challenging. Research shows that complex factors can affect trainees’ ability to complete a training programme. The Professional Support Unit (PSU) Wales Deanery, supports all doctors and dentists in training. This includes a provision of training, advice, guidance, information and resources to trainees and trainers. For trainees the PSU provides confidential meeting including primary assessment and a support plan. Our experience shows that to maximise attainment, remediation plans need to be established early on. The PSU has met with and supported more than 1,270 trainees to date. Our data indicates that +/-10% of trainees in Wales are undergoing support at any one time. The reasons for the referrals vary but the outcome data shows that 90% of those who received support are signed off with a positive outcome. The PSU approach through a combination of training trainers, informing trainees and realistic, timely and local support is proving as a successful model. We believe that the individual
support provided by PSU is a valuable commitment to supporting the needs of trainees and enabling them to successively progress through training programmes and minimise attrition.

D. An Evening to Support Career and Life Choices for Women Medical Students
   Gray L, Sullivan C

INTRODUCTION/BACKGROUND    Over 50% of medical students are women yet there are many myths including difficulties with medical careers for women, training whilst being a mother and getting a good work–life balance. Our objectives were to dispel these myths.

METHODS    Under the umbrella of the Wales branch of the Medical Women’s Federation, an evening event was organised for the Swansea Graduate entry students entitled ‘The Realities of being a Female Doctor’. We arranged eight short talks starting with a previous Deanery less than full time (LTFT) advisor imparting her knowledge and experience, followed by:

- Obstetric and gynaecology Consultant, full time (FT) with children
- GP partner, teenagers and elderly parents (the sandwich generation)
- Consultant Histopathologist, with several career path changes, LTFT returning from maternity leave
- Adult respiratory/research Consultant FT with small children
- Several paediatric trainees with children, working as FT, 80% and 60% LTFT, one working her entire training career LTFT.

RESULTS    30 attended and feedback was excellent. Women doctors are very resourceful, with varied experiences not only within medicine. Several Consultants had worked overseas (for medical and non-medical roles) despite being advised this would be detrimental to their career, yet they were positive experiences and helped their CVs and careers. Other recurring themes were that with children you need a supportive partner, easier if they are not medical, and a network of friends. It is also important to get the right child care for you. It is possible to do your whole training as LTFT but it takes a very long time, and it is possible to work full time with children.

CONCLUSION     Women doctors are here to stay and careers as GPs or hospital doctors are possible with a family. Medical students need to know this in order to make informed future career choices.

E. TalkCPR Project
   Taubert M, Edwards SB

OVERVIEW    The TalkCPR campaign in Wales has sought to improve learning resources for patients and healthcare practitioners on the issue of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions among patients with a terminal illness.

CONTEXT:    CPR is an emergency procedure with the aim of restarting the heart and breathing when they have ceased to function. The procedure can be brutal, and is usually unsuccessful (less than 2% leave hospital). Talking about CPR is important when a patient has a palliative, terminal illness, and it is best to hold discussions when a person still feels reasonably well and can express an opinion. There is a need to explain CPR and its low success rate in people with advanced palliative illness better within society, and to create reproducible ways of giving clinicians opportunities to gain confidence in talking about this difficult topic.

WHAT WAS DONE: The ‘TalkCPR’ project in Wales aims to improve communication and dialogue between patients and their healthcare professionals with regard to DNACPR orders. It is a collaborative effort between all NHS Wales health boards and trusts, the Dying Matters in Wales charity, Byw Nawr, and support from the Bevan Commission. Two videos (in English and Welsh) are for patients and carers who want to know more about this topic. Two further videos were developed to provide healthcare professionals with tips and approaches to start this difficult conversation. The resources can be found on all Welsh NHS health board/trust intranet sites, HOWIS, on YouTube, and the main resource sites is English and Welsh. We are currently trialling small video catalogues, and an example will be brought to the conference.

RESULTS AND BENEFITS: The impact of these videos on patients, nurses and doctors was measured through pre- and post-video surveys and a focus group session. Survey results showed a significant increase in the confidence of staff to openly discuss DNACPR with patients and carers after watching the videos. A media campaign has made the TalkCPR project highly prominent in the public domain.

KEY LEARNING:    It is hoped that the use of video and website information for healthcare students, staff and patients around difficult areas such as CPR wishes can inform part of a more sharing and involving approach, allowing patients and their proxy to understand key decisions and providing good quality information. The TalkCPR website and videos are open source http://talkcpr.wales We have created a social media campaign to promote this work. The hashtag is #TalkCPR
F. Radiotherapy Planning - A Small Group Teaching Session for Specialty Trainees and Dosimetrists
Nicholas OJ, Etheridge D, Mathews E, Gwynne S

INTRODUCTION: Radiotherapy is a rapidly progressing field of medicine with advancing technologies leading to increasingly complex radiotherapy planning. The Royal College of Radiologists (RCR) Clinical Oncology Curriculum states that trainees should have knowledge of radiotherapy treatment planning principles including radiation physics, beam arrangements and normal tissue planning constraints (1). These skills can be difficult to obtain as radiotherapy planning is undertaken by dosimetrists not clinicians, leading to some new consultants feeling inadequately trained in newer radiation techniques (2). In our centre, we developed a programme of monthly small group sessions between trainees and dosimetrists as a novel method of meeting this training need.

METHODS: The sessions are divided into two sections: Section 1) Two dosimetrists facilitate a session where trainees attempt beam arrangements and critique ‘flawed’ mock plans on a treatment planning system. Trainees receive real-time constructive feedback from dosimetrists. Each session covers a particular tumour site and typically covers 5 or 6 plans. (Duration: 60mins approx.) Section 2) Each session a trainee delivers a presentation to the radiotherapy planning department covering the clinical aspects of the tumour site i.e. presentation, diagnosis and management, focusing on aspects relevant to radiotherapy planning. (Duration: 30mins approx.)

DISCUSSION: This is a programme that benefits both trainees and the radiotherapy planning team. Radiotherapy departments are often compartmentalized to clinical and non-clinical staff. These sessions promote sharing of skill-sets and knowledge with both parties reporting an improvement in their respective professional practice. Additionally, this creates an atmosphere of togetherness and synergy which overflows into everyday clinical practice, stimulating further collaborations.

CONCLUSION: We feel this is an effective and reproducible model that can be adopted by other cancer centres in the UK. It meets the learning needs of specialty trainees and reciprocates the learning experience to other health care professionals in the department.

Session 16: SHORT COMMUNICATIONS – Warehouse

Assessment

Chair: Sarah Rees

A. The MCQ Project: An Update
Best RR, Walsh JL, Denny P, Smith PE, Harris BHL

BACKGROUND PeerWise is a free online platform that enables students to create and respond to multiple-choice questions (MCQs) relating to their course. PeerWise is a popular tool at Cardiff University School of Medicine, where over the past two years, around 600 students wrote more than 4000 questions. However, students have raised concerns over the quality of questions written by their peers. We set out to see if these concerns were justified.

METHOD Questions from PeerWise were sent first to medical students (peers, n=3) and then to faculty/clinicians (experts, n=16) for review. Two methods were used to examine whether this double-review approach improved question quality. Firstly, 50 randomly selected questions were assessed using a 20-point MCQ quality checklist before review, after peer review and after double-review. Secondly, students (n=82) and faculty/clinicians (n=34) completed a questionnaire rating the quality of questions before and after review. The questionnaire comprised two versions (before and after review) of eight randomly selected questions. Respondents were asked to rate the quality of each version on a 1-5 scale (1 = poor quality) and identify which version they thought had been reviewed.

RESULTS Original student-written questions had a mean score of 17.1 on the MCQ checklist. Double-review significantly improved the mean score to 19.7 (Welch Two Sample t-test, p<0.05), demonstrating that review improved question quality according to the Nemec and Welch checklist. In addition, survey respondents were able to correctly identify the question that had been reviewed.
reviewed 79.5% of the time. At the end of the survey, 97.4% of respondents stated that they thought double-review of student-written questions was a valuable use of resources.

CONCLUSION    The double-review approach improves question quality with limited expert input. We are creating a website to allow this approach to occur online and house a database of double-reviewed questions.

B. Teaching with patients present

Williams K, McCarthy A, Westlake K, Goddard S, Arnaoutakis K, Warren N
The majority of surgical training offered by WIMAT is through simulated models or cadavers, but in some cases, for the trainee to gain a true understanding of what is expected of them, working with real patients is invaluable. Running a training course at a hosting hospital strengthens our links with the NHS, and between the patients and future surgeons. It also gives us the opportunity to see how our training is implemented on the ward. The patient’s welfare is fundamental. If the patient is due to have surgery, we ensure that any trainees involved with operating submit mandatory documentation and honorary contracts are completed. In some cases, surgery is shown via live link, so the patient is made fully aware that their operation is contributing to part of someone’s training. For other courses, WIMAT liaise with the patient directly. We have offered patients to undergo pioneering surgery, and while this is exciting with anticipated positive outcomes, it can be quite daunting for the patient. It is important for us to have a reassuring presence, and provide a pleasant and comfortable experience for them. Our Pectus Masterclass saw the first procedure of its kind to be undertaken in the UK, and was covered nationally in the news. One of our most popular training courses involves clinical cases in Trauma Clinic. This receives excellent feedback from the trainees, and gives the patients insight to how they can help the surgeons of tomorrow. Many find the experience very rewarding, returning regularly to assist depending on their condition. Simulation provides a safe reproducible way of training clinicians in a controlled environment. However combining this method of training with real patients in a hospital setting provides the best of both worlds.

C. A Non-blinded, Controlled, Cross-over Study on the Effect of Simulation Teaching on Confidence and Performance of Final-Year Medical Students in the Management of Cardiac Arrest

Srikanthan K, Murphy D, Bellamy L, Pugh R, Banfield P
RATIONALE: Final-year medical students and FY1 doctors are often the first attendees to cardiac arrest (CA) calls. Given early intervention in CA results in improved outcomes, effective training of medical students is essential. Anecdotally, medical students lack both knowledge of CA guidelines and the confidence to apply them in clinical settings.

OBJECTIVES: To determine the effect of regular formal CA simulation teaching on self-rated confidence and observer-rated performance in a CA simulation assessment.

Methods: This was a non-blinded, controlled, cross-over study. At week 1, both groups were tested for baseline confidence levels in managing CA with a written questionnaire (CQ1) and clinical performance by a formal clinical simulation assessment (As1). The control group (Gp1) received the normal curriculum simulation sessions, which did not include CA. The intervention group (Gp2) received 3 simulation teaching sessions on CA, on top of their normal curriculum sessions. Simulation assessment (As2) was repeated at week 4 for both groups. Gp1 then crossed over to receive the same CA teaching as Gp2. Repeat confidence testing (CQ2) was carried out in both groups at week 6.

RESULTS: CQ1 and CQ2 showed a significant increase in student confidence (p=0.0002). 10/17 (58.8%) students rated “slightly confident” in CQ1 and 11/15 (73.3%) rated “confident” in CQ2. Mean As1 and As2 scores for Gp1 remained stagnant at 30.6% and 33.3% respectively. Mean As1 and As2 scores for Gp2 showed significant improvement from 29.9% to 75.7% (p=0.001).

CONCLUSIONS: Regular CA simulation teaching significantly improves the confidence and performance levels of final-year medical students in the management of CA. We believe it is an essential part of any final-year medical student curriculum, and if incorporated universally, can potentially improve CA outcomes.

D. Perceptions of low and high performing students of the curriculum content of the first term of medical school.

Allen TJ, Riley SG
The C21 curriculum in Cardiff uses a Case Based Learning (CBL) approach. To “prime” students for CBL, introducing key science knowledge and learning skills, the first semester Platform for Clinical Science (PCS) was designed. PCS uses plenary lectures, tutorials, clinical skills and practical activities to support transition to higher education. We assessed whether low and high academic performers differ in their perception of PCS. Yr1 students were surveyed anonymously, self-reporting formative exam results. Yr2 were not anonymized so summative exam results were used. “Low” and “High” performers were identified as below and above the 1xSD boundaries from year cohort results. Yr1 low performers reported utilising less PCS material in CBL than high performers (utilised: 54.6% vs 67.6%, P<0.05). This difference persisted into Yr2. Low performers were less likely to appreciate the spiral curriculum by suggesting moving material from PCS to CBL (agree: 23.1% vs 2.4%), a view maintained in Yr2. These results suggest that low performing undergraduates place less value on this introductory phase of the curriculum compared to high performing students. Alignment between curriculum design and student perception is important so that all students can achieve their potential. It remains to be determined how student perceptions affect academic performance.

E. Title to be confirmed  
Govier R, and Capey S

F. Summative clinical assessment of medical students’ ability to provide immediate care in a simulated medical emergency  
Metcalf E, Goodfellow R, Kinnersley P, Williams S, Sillars A, Stechman M

BACKGROUND: There is clear evidence patient harm results from inadequate early clinical care, when patients present as an emergency1. The GMC stipulate graduates must be able to provide immediate care in emergencies2, recognise and assess the severity, formulate appropriate diagnoses and provide immediate life support.  
AIM: To develop an assessment tool that ensures medical graduates have demonstrated the necessary clinical skills to provide emergency care to patients beyond graduation.  
METHOD: Students must demonstrate their ability to manage medical and surgical emergencies- integrating communication and technical skills, with clinical reasoning and care planning. Students take a brief history from a simulated patient, before reviewing clinical data, performing a skill and answering questions regarding diagnosis and management. Actor training is key to the effectiveness of these stations and is led by the clinical assessment lead in conjunction with critical care colleagues as necessary in order to ensure authenticity.  
RESULTS: Reliability psychometrics are positive, as is feedback from external examiners.  
CONCLUSION: As a result of the evolving assessment, and in response to content expert recommendations, we have a novel, authentic, valid, reliable and feasible test of acute clinical skills.
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Twitter hashtag for the meeting will be: #C4ME
 FREE Novotel WIFI is available: no password required to register.

Thanks to Tony Carlisle, Paul Yeboah-Afari and the Academy of Medical Educators for their assistance in organizing and supporting this event.

www.medicaleducators.org
The Academy Offices are based on the second floor of Neuadd Meirionnydd, Heath Park Campus. Contact: info@medicaleducators.org or 02920 687206

DISCLAIMERS: Please note that this programme was correct at time of publication but may be subject to change without notice.

A photographer may be present. Any photographs may be used for publicity purposes. If you do not wish your photograph to be taken, please inform the photographer.

VENUE DETAILS

Meeting venue: Novotel Cardiff Centre
Schooner Way
Atlantic Wharf
CF10 4RTCARDIFF - UNITED KINGDOM
Tel (+44)292/1132800 - Fax (+44)292/0481491

Directions
M4 westbound from London: take J29 onto the A48(M) for approx. 6 miles. Bear left, signposted "Newport Road/Docks/Cardiff Bay". At the roundabout, take the first exit (A4232) and bear left following signs for the city centre. At the roundabout take the second exit (A4161). After 1.9 miles turn left at the traffic lights onto Fitzalan Place (A4160), and continue to Windsor Road. At the roundabout take the third exit onto East Tyndall Street, then at the lights turn left in to Schooner Way.

A limited amount of complimentary on-site parking is available: please take a ticket at the barrier as normal and have it validated at the reception desk during the day.

Cardiff Central station is ten minutes' walk away. For further information, public transport advice and an interactive map, please go to: http://www.novotel.com/gb/hotel-5982-novotel-cardiff-centre/index.shtml#popinMap

CPD
Five category 1 (External) CPD points from the Royal College of Physicians apply to this event, reference 108937. Attendance certificates will be available for collection after the event. Please note that duplicate or missing certificates may not be supplied unless you have signed the attendance register on the day.

Assessment for Healthcare Educators

Tuesday, 11 July 2017  Aberdare Hall, Cardiff CF10 3UP

A one-day event delivered by Cardiff University C4ME and the Academy of Medical Educators, aimed at all those interested in monitoring, feeding back and deciding on students' and trainees' educational and personal progress.

Keynote speakers:

Professor Richard Fuller, Director of Medical Education Programmes, University of Leeds and
Professor John Cookson, Emeritus Professor at Hull York Medical School and former Foundation Professor of Medical Education and Undergraduate Dean

Range of interactive workshops facilitated by experienced practitioners on useful topics, posters and exhibitors' stands.

Full details and registration at www.medicaleducators.org/Assessment-for-Healthcare-Educators

Psychometrics

Psychometrics Measurement and Quality in Assessment Social Interest Group of A4ME