TASME
Trainees in the Association for the Study of Medical Education

ABSTRACT BOOK

TASME ANNUAL SPRING CONFERENCE

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FOREWORD

It is with great pleasure that we present you the abstract book for *TASME25: Clinical Education – What Does the Future Hold?* Our annual spring conference brings together early-career educators, clinicians, and researchers from across the UK and beyond to explore, question, and shape the future direction of clinical education. This year we are focusing on looking to the future and how technology will influence the education and training of healthcare professionals including the use of AI and how we as educators and clinicians use these resources.

The abstracts featured in this collection are a testament to the breadth of talent, curiosity, and commitment within our community. From innovative approaches in simulation and digital learning to thoughtful explorations of wellbeing, mentorship, and equity in education, these submissions reflect the diversity of experiences and the variety of work being undertaken to improve clinical training.

We are deeply grateful to all those who submitted their work for consideration. Your contributions not only enrich this conference, but I hope will continue to drive forward change in the field. We would also like to extend our sincere thanks to our abstract reviewers, session chairs, and the wider ASME team for their tireless support in making this event possible.

As you read through the abstracts and take part in the conference, we encourage you to engage fully with the ideas presented, challenge assumptions, and spark conversations that will carry beyond this event and above all enjoy the event.

Dr Oliver Mercer
TASME Chair

The Abstracts included in this book were presented at TASME25: Clinical Education – What Does the Future Hold? A one-day, national conference held at The Robin Centre, Queen Mary University of London, St Bartholomew's Hospital, London, EC1A 7BE on Saturday 3rd May 2025.

TASME is one of ASME's (The Association for the Study of Medical Education) career groups. ASME is a company limited by guarantee incorporated in Scotland. Company number SC534566.Registered office: Suite 1A, Q Court, 3 Quality Street, Edinburgh EH4 5BP. Scottish Charity Number SC040103.

All abstracts submitted were assessed by the organising committee and either presented as an Oral (10-minute presentation), Compact Communication (4 slides, 4-minute presentation) or Poster Presentation. There was the opportunity for questions for all presentation formats.

ORAL PRESENTATIONS

Enhancing Prescribing Practice Through Peer-Led Pharmacist Teaching: A Prospective Randomised Crossover Study

Presentation type:
Oral Presentation – **JASME Group Innovation Prize Winner**

Author(s):
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Dr Nabeel Hussain - Countess of Chester Hospital NHS Foundation Trust
Dr Shehzar Shah - Royal Albert Edward Infirmary

Background:
Prescribing is a fundamental skill for doctors; however, existing training often lacks sufficient emphasis on practical, simulated experiences, contributing to low confidence and high error rates among newly qualified doctors. This study evaluates the impact of a peer-led pharmacist teaching intervention on final-year medical student's prescribing skills and performance in the National Prescribing Safety Assessment (PSA).

Methods:
A cohort of 74 final-year graduate-entry medical students were enrolled on a peer-led prescribing intervention delivered by qualified pharmacist-peers within the cohort. The course included five weekly 90-minute sessions focusing on simulated prescribing tasks, real-life case discussions and interactive problem-solving. The effectiveness of the intervention was assessed using pre- and post-intervention simulated prescribing safety assessments, confidence questionnaires and performance in the PSA. Qualitative feedback was gathered through semi-structured interviews with a subset of participants and analysed using Braun and Clarke's thematic analysis.

Results:
Students who participated in the course demonstrated significant improvements in simulated prescribing assessment attainment, confidence scores and PSA performance compared to non-participants. Thematic analysis revealed key themes, including the value of peer-led teaching, enhanced learning environments, and the effective integration of practical case-based learning. Students reported improved confidence in managing high-risk medications, navigating clinical resources and understanding their roles within the multidisciplinary team.

Conclusion:
The peer-led pharmacist teaching intervention significantly improved students' confidence, knowledge, and prescribing skills. This demonstrates a novel approach to addressing deficiencies in current prescribing education. Integrating this into medical curricula could better prepare students for clinical practice, foster safer prescribing practices, and improve interprofessional collaboration.

AI Medical School Interview Prep: Cracking The Admissions Code

Presentation type:
Oral Presentation

Author(s):
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Background:
Aspiring medical students from Widening Participation (WP) backgrounds encounter barriers in accessing quality interview preparation, impacting their chances of securing medical school offers. To bridge this gap, The Aspiring Medics developed AVA, an AI-powered interview preparation tool designed to enhance accessibility and scalability. In collaboration with the Sutton Trust, this study investigates whether self-reported self-efficacy improves over time (Weeks 0 to 8) and explores the relationship between platform usage and improved self-efficacy.

Methods:
A longitudinal study was conducted with 100 Year 13 students recruited from low higher education participation areas (POLAR quintiles <2) to use AVA. Self-efficacy was assessed at Weeks 0 (pre-intervention), 4, and 8 using a modified Likert scale (1 = not confident, 5 = most confident). Five domains were assessed: confidence in preparation, understanding complex questions, success in the interview, answering difficult questions, and remembering key information. Changes over time were analysed using paired t-tests, while MANOVA examined the correlation between platform usage and self-efficacy improvements.

Results:
Self-efficacy significantly improved over time, with an average increase of 0.38 from Week 0 to Week 4 ($p < 0.001$) and 0.77 from Week 0 to Week 8 ($p < 0.001$, Cohen's $d = 0.70$). The largest improvements were seen in confidence in answering difficult questions, understanding complex questions, and being successful in the interview. MANOVA revealed a significant effect of platform usage on self-efficacy ($p = 0.004$).

Conclusion:
This is the first study to directly link AI-based interview preparation with self-efficacy improvements over time. The results support AVA's role in addressing educational disparities, advocating for further AI-driven interventions. Future research will examine whether these self-efficacy gains translate into enhanced real-world interview outcomes.

References:
1. Steven K, Dowell J, Jackson C, Guthrie B. Fair access to medicine? Retrospective analysis of UK medical schools application data 2009-2012 using three measures of socioeconomic status. BMC Med Educ. 2016 Jan 13;16:11.
2. Sartania N, Alldridge L, Ray C. Barriers to access, transition and progression of Widening Participation students in UK Medical Schools: The students' perspective. MedEdPublish. [Internet]. 2021 May 17.
3. Zarei M, Eftekhari Mamaghani H, Abbasi A, Hosseini MS. Application of artificial intelligence in medical education: A review of benefits, challenges, and solutions. Medicina. 2024 Apr 1;7(2):100422.
4. Jackson D, Ward D, Agwu JC, Spruce A. Preparing for selection success: Socio-demographic differences in opportunities and obstacles. Med Educ. 2022 Apr 25;56(9):922–935. doi: 10.1111/medu.14811. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9544416/

"The Camera Doesn't Lie". Self-Evaluation Of Video Consultation By Written Reflection: A Realist Evaluation

Presentation type:
Oral Presentation

Author(s):
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Prof Janet Lefroy, Keele University
Dr Alison Irvine, Keele University (recently retired)

Background:
A reasonable assumption is that students' self-reflecting after watching their video-recorded simulated patient interviews will develop their consultation skills. After all, we know simulated videoed consultations and feedback helps, that reflecting is important, but no research studies have combined these factors to date [1,2]. This study aimed to assess the effects of students videoing their roleplay consultation and feedback discussion, using a bespoke 'Self-Evaluation of Video Consultation for learning' (SEVC) reflection form.

Methods:
A realist approach was used to discover what was working for students and why [3]. An initial programme theory, generated from a literature review and discussion with stakeholders, was tested with third year medical students recruited after a video feedback exercise. Data was collected by questionnaire followed by semi-structured interviews which were transcribed and realist coded.

Results:
Of 176 students, 107 (61%) completed the voluntary SEVC reflection. Sixty-four (36%) completed the questionnaire, 81% found reviewing the Simulated Patient (SP) video beneficial. SEVC forms were used by 39 participants (61%); main reason for not using the SEVC was not knowing about the form. SEVC form helped 28 students but 11 (28%) felt it did not add value. Ten students were interviewed; 6 found SEVC added value to their reflecting, 3 did not and 1 did not use it. Most students who completed the SEVC developed their skills in self-assessment and consolidated learning. Videoing provided students with powerful learning material and the SEVC was found to be more than a written record of reflective observations, with prompts that deepen their reflections. A minority of students felt they were able to reflect internally watching the SP video and reported no added benefit from the SEVC.

Conclusions:
Students found videoed consultations beneficial to their learning, and most that engaged with the SEVC form felt that it gave added educational value.

References:
1. Hammoud M, Morgan, Edwards, Lyon, White. Is video review of patient encounters an effective tool for medical student learning? A review of the literature. Adv Med Educ Pract. 2012 Mar;19.
2. Lefroy J, Walters B, Molyneux A, Smithson S. Can learning from workplace feedback be enhanced by reflective writing? A realist evaluation in UK undergraduate medical education. Education for Primary Care. 2021 Nov 2;32(6):326–35.
3. Wong G, Westhorp G, Manzano A, Greenhalgh J, Jagosh J, Greenhalgh T. RAMESES II reporting standards for realist evaluations. BMC Med. 2016 Dec 24;14(1):96.

AI In The Classroom: Observing Preclinical Students' use of ChatGPT During Case-Based Learning at a UK medical school

Presentation type:
Oral Presentation

Author(s):
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Background:
To explore how preclinical students in a UK medical school use ChatGPT in case-based learning sessions. Meta-analyses of ChatGPT's utility in healthcare suggest benefits for scientific writing, research, clinical practice and education.
Methods: Focused Ethnography was used to study 45 undergraduates undertaking seven case-based learning sessions as part of their medical curriculum. In-situ observations, screenshots of ChatGPT conversations and focus group data were collected and analysed using reflexive thematic analysis.

Results:
ChatGPT allowed students to rapidly find bespoke answers to their specific questions. However, its use reduced active learning because students could copy-paste workbook questions into ChatGPT to get answers to questions that could otherwise have provoked group discussion, problem solving and active recall. Additionally, ChatGPT sometimes gave incomplete or false-but-plausible answers, and students were rarely observed independently cross-checking ChatGPT's outputs.

Discussion:
This study suggests that GenAI behaves more like a knowledgeable peer than an educator. If asked a question, ChatGPT simply gave the answer with rationale; it does not engage in scaffolding or encourage higher order cognitive engagement as a clinical teaching fellow (CTF) would. Suggestions that chatbots might alleviate teacher shortages are not supported by this study because their goals are different: the CTF aims to facilitate learning while ChatGPT aims to answer questions.
Conclusions: Generative AI has revolutionary potential as a tool for knowledge acquisition, but having undirected access to chatbots that can immediately provide the answers to any study-related question may negatively impact the effectiveness of active learning sessions. Students must be educated on both the effective use of generative AI and the risk of generative hallucination. Teachers should consider the use of AI chatbots in session design so that ChatGPT's benefits are utilised but its potential to bypass active learning processes is mitigated.

References:
Sallam M. ChatGPT Utility in Healthcare Education, Research, and Practice: Systematic Review on the Promising Perspectives and Valid Concerns Healthcare. 2023; 11(6):887

Lucas HC, Upperman JS, Robinson JR. A systematic review of large language models and their implications in medical education. Med Educ. 2024; 58(11): 1276-1285

COMPACT COMMUNICATIONS

Introducing Pleural Ultrasonography To First Year Health Profession Students Using A 'Hands On Approach' : A Cohort Study In One Medical School

Presentation type:
Compact Communication

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Background:
Point-of-care ultrasonography (POCUS) has become an essential skill across many medical specialties, and its use continues to grow. Its adoption in medical schools supports the learning of basic medical and clinical sciences, however it is rarely a permanent part of the early undergraduate curriculum in the UK [1]. To facilitate its use, there is a need to explore ways of teaching ultrasonography to people with no experience in using ultrasound. Research indicates that early hands-on sessions significantly enhance learning outcomes in ultrasound training [2].

Methods:
A cohort of 685 first-year medical and physician associate students were trained in pleural ultrasound scanning between December 2022 and January 2025. A three-phased Team-Based Learning (TBL) strategy was used, with hands on training that involved team activities followed by supervised practice. This retrospective evaluation includes feedback from learners and faculty.

Results:
Overall satisfaction was 96% over three years, with 97.8% of students satisfied/very satisfied with the teaching method. Qualitative feedback highlighted two major positive themes: the "hands-on experience" and early exposure to this skill. Faculty debriefing covered logistical aspects and the educational method's strengths and weaknesses.

Discussion:
This study highlights that a hands-on approach to learning ultrasonography is received well by both students and trainers, with potential for implementation on a wider scale in UK medical undergraduate education.

Conclusions:
The evaluation indicates that novice practitioners can be taught specific ultrasound skills, providing a strong knowledge base early in their education. Careful planning is needed to align this with prior learning and program outcomes

References:
1. McCormick E, Flanagan B, Johnson CD, Sweeney EM. Ultrasound skills teaching in UK medical education: A systematic review. Clin Teach. 2023;20(5):e13635. doi:10.1111/tct.13635
2. Recker, F., Neubauer, R., Dong, Y. et al. Exploring the dynamics of ultrasound training in medical education: current trends, debates, and approaches to didactics and hands-on learning. BMC Med Educ 24, 1311 (2024). https://doi.org/10.1186/s12909-024-06092-9

Evaluation Of A Student Designed And Led Near Peer Anatomy Teaching Programme

Presentation type:
Compact Communication

Author(s):
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Dr Carrie Adamson, Manchester Metropolitan University

Background:
Commonly cited pedagogic benefits of near peer teaching including social and cognitive congruence between tutors and students [1]. This has been demonstrated specifically in the area of anatomy teaching [2] but there is very limited literature specifically examining the merits of student organised and delivered teaching, which is now anecdotally common in UK medical schools.

Methods:
11 online lectures, a multi-station set of small group teaching sessions, two in person mock exams, and an online mock exam were conducted during the two month study period. Thematic analysis utilising an interpretivist epistemology was conducted on feedback form responses and follow up interview transcripts.

Results:
253 students completed one or more feedback forms, with 875 responses being collected in total. Six interviews were conducted. 99.5% of respondents said that they would recommend these sessions to other students. Qualitative analysis highlighted strengths and weaknesses of the programme. Students overwhelmingly stated that they found the teaching easy to understand. Students also praised the interactive nature of the sessions, with many saying they felt more able to speak up in these sessions than in their faculty teaching. The most common drawback students mentioned was a desire for more help preparing for their exams, especially more practice questions. Issues with the teaching itself often reflected resource limitations.

Discussion and Conclusion:
Reported improvements in student knowledge and confidence as a result of the sessions suggest student organised near peer teaching can be an effective adjunct to faculty anatomy teaching with minimal use of limited faculty resources. This programme has also helped foster an environment where students feel able to ask questions outside of sessions and even get involved with teaching themselves the following academic year.

References:
1. Lockspeiser, TM. O'Sullivan, P. Teherani, A. Muller, J. (2008) Understanding the experience of being taught by peers: the value of social and cognitive congruence. Adv Health Sci Educ Theory Pract. Aug;13(3):361-72. doi: 10.1007/s10459-006-9049-8. Epub 2006 Nov 24. PMID: 17124627.
2. Bruno, PA. Love Green, JK. Illerbrun, SL. Holness, DA. Illerbrun, SJ. Haus, KA. Poirier, SM. Sveinson, KL. (2016) Students helping students: Evaluating a pilot program of peer teaching for an undergraduate course in human anatomy. Anat Sci Educ. Mar-Apr;9(2) pp. 132-42. doi: 10.1002/ase.1543 Epub 2015 Jun 9. PMID: 26060978; PMCID: PMC5033067.

Establishing And Expanding A National Digital Teaching Network For High Quality IMT Training

Presentation type:
Compact Communication

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Background:
Evolving technology supports a new era of medical education moving away from face-to-face training which could be harnessed to provide regular high-quality digital IMT teaching and improve communications.

Methods:
A baseline survey in June 2020 assessed trainee conceptions about digital teaching and concerns about training-related communications.The MTN (Medical Trainee Network) was established to deliver monthly sessions in a protocolled format (webinar, interactive polling, slide template) using a digital platform. It distributes training information through an admin-only posting WhatsApp. Subjective and objective assessment of engagement was measured for each session and the network has developed over multiple PDSA cycles.

Results:
361 doctors completed the baseline survey; 50% reported poor access to information about training and 74% felt training needs were not met. 167 attended the first session. Pre-session, 43% thought digital teaching would be as effective as face-to-face, 36% thought it would be easy to ask questions. In January 2025; 88% felt that it was more or as effective as face-to-face teaching and 0% felt unable to ask questions. Since June 2020, session viewing numbers have increased to an average of 574 between. The MTN WhatsApp Community now has 1936 members. The MTN now provide mandatory training for London. Sessions are available nationally and recordings accessible via the NHS Learning Hub; in January 2025 25% of attendees worked outside London. MTN has developed a sustainable high quality teaching programme using digital technology despite initial trainee concerns. The protocolled setup could be harnessed for other medical educators.

Future Frontline's Revolutionising Leadership Conference: Embracing Diversity and Multidisciplinarity

Presentation type:
Compact Communication

Author(s):
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Miss Maariyah Bajibhai, University of Leeds
Miss Nikki Kerdegari, GKT School of Medical Education, King's College London

Background:
Future Frontline, a registered not-for-profit, supports healthcare professionals and students across the multidisciplinary team (MDT) and aims to reduce hierarchies present within the healthcare system through education on the MDT, leadership and collaboration. The "Revolutionising Leadership Conference: Embracing Diversity and Multidisciplinarity", was created to reflect these objectives teach delegates skills to further progress in the realm of leadership.

Methodology:
The conference, a collaboration with King's Health Partners, was for university healthcare students, apprentices, and professionals.

The aims were as follows:

- Demonstrate the importance of leadership skills and help attendees build and develop these to empower them within the healthcare workforce
- Encourage collaboration between healthcare professionals from various disciplines, promoting a holistic approach to patient care.
- Explore methods to improve communication within multidisciplinary teams, ensuring clarity, understanding, and effective information exchange.
- Foster inclusivity and diversity by embracing diverse backgrounds, experiences, and viewpoints to create more inclusive and dynamic multidisciplinary teams.

A post-conference questionnaire created using Google was circulated, collecting data on delegate demographics and perceptions. Statistical analysis was performed in GraphPad Prism (Version 10.3.1).

Results:
After attending the conference, 15 (68.1%) delegates either agreed or strongly agreed that they connected with other leaders, shared ideas and developed collaborations. 20 (90.9%) delegates agreed or strongly agreed that they were empowered to enact positive change in healthcare. 19 (86.3%) either agreed or strongly agreed that they developed knowledge and skills to make positive change in healthcare.

Discussion and Conclusion:
Delegates felt that the conference demonstrated different leadership roles present within the healthcare workforce and that they had been equipped with tools to effectively lead. This, along with strongly positive qualitative feedback, exhibits the effectiveness of this modality in expanding knowledge of access to healthcare leadership roles: through similar initiatives, we can all help build a more collaborative and inclusive future in healthcare.

Casebook: A Social Media-Style Approach To Case-Based Learning In A Busy District General Hospital

Presentation type:
Compact Communication

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Dr Rajaratnam Mathialagan, The Queen Elizabeth Hospital King's Lynn

Background:
Resident doctors often experience insufficient case-based learning due to heavy workloads and limited time [1]. A baseline survey in our hospital indicated dissatisfaction with existing educational methods within medical specialties, prompting the need for a flexible platform to facilitate clinical discussions.

Methods:
This quality improvement project implemented Casebook, a novel asynchronous, social media-style forum using Microsoft Viva Engage, where clinicians across the Trust could submit and read educational cases, under consultant review to emphasise key learning points. A pre–post survey comparison (Mann-Whitney U, $p<0.05$) assessed changes in perceived learning opportunities. A separate survey evaluated user satisfaction and perceived educational impact. All surveys employed a five-point Likert scale (1=strongly disagree, 5=strongly agree). User engagement metrics were collected to quantify platform usage.

Results:
Over six months, Casebook hosted 25 case submissions, reached 683 users, and accrued 1,874 total views. Every post prompted engagement and comments. The repeat survey showed significant improvements in “sufficient learning opportunities” (mean 3.50 to 4.20, $p=0.0008$) and “opportunity to discuss interesting cases” (mean 3.60 to 4.10, $p=0.0015$). The user survey demonstrated high user satisfaction (mean 4.40±0.75) and perceived gains in clinical knowledge (4.55±0.76).

Discussion:
Asynchronous case-based discussions helped overcome scheduling barriers, engaging users at their convenience. Consultant oversight maintained educational quality and relevance, encouraging confidence in posted content.

Conclusions:
Casebook enhanced perceptions of learning opportunities and stimulated meaningful clinical discussions in a busy hospital environment, highlighting the potential for asynchronous platforms to enrich workplace-based education, disseminate critical lessons (including clinical errors), and enhance diagnostic reasoning despite demanding workloads.

References:
1. Datta ST, Davies SJ. Training for the future NHS: training junior doctors in the United Kingdom within the 48-hour European working time directive. BMC Medical Education. 2014;14(S1). doi: https://doi.org/10.1186/1472-6920-14-s1-s12

CAR SEAT: Supporting The Simulation Journey

Presentation type:
Compact Communication

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Background:
Simulation-based teaching is an integral part of medical training, providing the opportunity to apply clinical knowledge in a realistic, yet controlled environment. Increased medical student numbers pose a challenge of providing equal opportunities. The proportion of observers to active participants in simulation is therefore increasing. However, there is minimal research into optimal ways to engage observers. Studies demonstrate observing simulation has a positive educational value and is as beneficial as active participation [1]. Using a structured guide during observation has been found to enhance learning, support debriefing [2], and improve observer satisfaction [3] amongst healthcare professionals, however this has not been studied in undergraduate medical students.

Methods:
We aimed to evaluate the efficacy of a novel observation tool to improve learning and provide a feedback framework during undergraduate medical student simulation. The tool compiles elements to observe using the acronym 'CAR SEAT': Communication, A-E assessment, Rapport, Situational awareness, Escalation, Application of clinical knowledge, and Teamwork. We implemented a simulation series involving acute deteriorating patients. Participants completed pre- and post- questionnaires. Qualitative data were thematically analysed.

Results:
Analysis of pilot study data (N=19) showed that 89% of learners reported observing simulation was more useful with the tool than without. Preliminary themes were 1) The tool provides structure for giving feedback, and 2) The tool supports focus on specific domains of performance. Analysis from the current study of 40 participants will be complete by April 2025.

Conclusion:
We present a novel tool to enhance learning and quality of peer-feedback when observing peers in simulation.

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Should The Undergraduate Medical Curriculum Include Robotic Surgery? Insights From A Pilot Module At A Single Centre

Presentation type:
Compact Communication

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Background:
Robotic surgery has become the gold standard for various surgical procedures, with expanding applications in most specialities. Despite this, exposure to robotic-assisted surgery remains limited in undergraduate medical education. Current curricula often lack a standardized approach to surgical skills training, especially beyond basic suturing skills. Research suggests that structured training can enhance skill acquisition, improve patient safety, and provide a reliable framework for surgical education [1].

Objective:
Evaluate the feasibility and impact of a novel robotic surgery module designed for medical students at a single institution.

Methods:
Two training approaches were implemented: a four-week structured robotic surgery programme comprising didactic teaching, research components, online modules, and hands-on surgical experience, and a simulation-based course for ten students developed in response to increasing demand. An anonymous online survey gathered perspectives from students and educators.

Results:
Most students reported no prior exposure to robotic surgery. Educators highlighted limited coverage of minimally invasive techniques in the undergraduate curriculum. Preliminary findings indicate that early exposure enhances students' understanding of robotic surgical principles and fosters interest in surgical careers involving robotics. Participants valued the development of both technical and non-technical skills, including teamwork and theatre etiquette. Identified challenges included limited access to robotic systems, high costs, and the need for trained facilitators. Preliminary analysis conducted; further results pending.

Conclusion:
This study highlights the effectiveness of structured robotic surgery training and the need for broader implementation. Virtual reality and simulation-based training can address logistical challenges, enhancing accessibility and scalability [2]. Integrating evolving surgical technologies into medical education is essential to align undergraduate training with modern clinical practice.

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Zero To Doctor: A Novel Initiative To Prepare Final Year Medical Students For UKMLA

Presentation type:
Compact Communication

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Background:
The UK Medical Licensing Assessment (UKMLA) is a mandatory exam that all those who wish to practice medicine in the UK are required to pass from 2025 [1]. However, existing evidence suggests variable preparation among students between medical schools, leading to anxiety, unpreparedness, and lack of assessment equity [2].

Methods:
"Zero to Doctor" is a novel, peer-led UKMLA teaching programme developed by final-year medical students in collaboration with practising residents in the UK. Weekly sessions were conducted virtually over four months for all penultimate and final-year students. Quantitative and qualitative data were collected using pre- and post-session feedback questionnaires.

Results:
A total of 151 students attended the four-month course, with 129 filling out the questionnaire (85% response rate). 98% reported that the content reflected the UKMLA curricula, fostered clinical reasoning, and improved their theoretical knowledge and practical skills for safe practice as foundation trainees. This is evident by self-rated knowledge scores improved significantly (pre-session median 4/6 [IQR 3-5]; post-session median 5/6 [IQR 5-6]; $p<0.001$). 94% rated the teaching quality as excellent/good, and 88% found it to be better than lectures delivered by the medical school faculty. 92% expressed interest in attending similar future sessions. Content analysis of qualitative responses highlighted participants' appreciation for interactive Q&As and actionable UKMLA preparation strategies.

Discussions and Conclusions:
"Zero to Doctor" successfully addresses the inequity in UKMLA resources and preparedness, with strongly positive feedback and evident knowledge gain. We urge educational institutions to improve future graduates' preparedness through widening access to such programmes and evaluating their long-term impact on clinical competencies and UKMLA outcomes.

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Messy SIM: What Are The Benefits Of Running Unpredictable, Complex Simulation Scenarios Combining Clinical And Communication Skills For Higher-Year Medical Students?

Presentation type:
Compact Communication

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Background:
Simulation-based training has been shown to enhance medical students' application of clinical knowledge and develop communication skills [1,2]. While both are essential for clinical practice, they are often taught separately, with limited evidence evaluating their integration. Combining clinical and communication skills in complex, unpredictable scenarios may better prepare students for the multifaceted challenges of real-life practice. Messy SIM is a novel approach that bridges this gap by providing medical students with the opportunity to develop both skills in an authentic yet controlled environment.

Method:
We developed a simulation series for higher-year medical students that required integration of clinical and complex communication skills. Participants first completed a 'standard' simulation involving the management of an acutely unwell patient. They then took part in Messy SIM, which added an ethical dilemma and complex communication to reflect the challenges of real-life clinical practice. Participants completed pre- and post- simulation questionnaires to evaluate changes in confidence, preparedness for clinical practice, and ability to manage uncertainty.

Results:
Pilot data showed that 67% of participants found Messy SIM more useful than 'standard' simulation. Participants reported increased confidence in managing acutely unwell patients, handling complex communication, and navigating clinical uncertainty. Preliminary themes identified that Messy SIM provides opportunities to practice: (1) communication in challenging scenarios, and (2) managing realistic clinical situations beyond the students' comfort zones. Full results will be available in April.

Conclusion:
By bridging the gap between theory and clinical practice, Messy SIM improves students' confidence and preparedness for clinical practice.

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Using Role Play By Near Peer To Teach Introduction Of Community Medicine For Non-Clinical Years

Presentation type:
Compact Communication

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Background:
Non-didactic teaching methods such as role-plays are becoming more prominent in medical teaching. Although this more interactive method is widely used in clinical years, it is less applied in non-clinical years conventionally. For the introduction of community medicine, the application of role-plays needs to be considered despite its challenges such as student resistance or discomfort [1]. To bridge these constraints, near-peer teaching (NPT) has been proven to be an effective teaching method by exploiting the principle of cognitive and social congruence which can enhance the learning experience for community medicine in non-clinical years [2].

Method:
24 students from non-clinical years were exposed to central faculty-led lectures and patient interviews, and NPT-led lectures and role plays. Post-session feedback comparing these teaching methods was collected.

Results:
Primarily all students rated their confidence of patient encounter as 0 or 1.0 out of 10. After the NPT-led lecture and post-teaching reflection, the confidence of the students went up to an average of 3.0. However, after NPT-led role-play and post-teaching reflection, this rating went up to 7.5. In comparison to Central faculty-led teaching, 50% of students felt more comfortable asking questions in post-teaching reflection sessions in NPT-led teaching whereas 50% did not observe any difference.b80% of students agreed that NPT-led role-play/patient interview sessions can potentially reduce performance pressure than central faculty-led role-play/patient interview sessions. 20% of students were not sure about any difference in this parameter.

Key messages:
NPT-led non-didactic teaching methods by role plays can help enhance student learning in non-clinical years.

Discussion:
Our results show that NPT by sharing social and cognitive congruence between learner and teacher impacts student perception and increases their participation consequently enhancing the non-didactic learning experience.

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An Analysis Of The Educational Environment For Foundation Doctors Using The Postgraduate Hospital Educational Environment Measure (PHEEM)

Presentation type:
Compact Communication

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Background:
We aimed to evaluate our DGH's educational environment, as perceived by F1 doctors. The Postgraduate Hospital Educational Environment Measure (PHEEM) questionnaire was used to rate 3 domains of the clinical learning environment: perceptions of role autonomy, perceptions of teaching, and perceptions of social support [1].

Method:
An anonymous questionnaire was distributed to the F1 trainee cohort. Trainees responded to each of the 40 PHEEM statements using a 5 point Likert scale ranging from strongly agree (4) to strongly disagree (0). The mean score for each statement was calculated and as per the established PHEEM interpretation any statement scoring <2 was indicative of a problem area.

Results:
The average total score was 95/160 indicating the overall educational environment is "more positive than negative but there is room for improvement.Specifically, 'Perceptions of Role Autonomy' scored 34/56 suggesting that F1 doctors had "a more positive perception of one's job" but still not "excellent". 'Perceptions of Teaching' scored 33/60 indicating that clinical teachers are "moving in the right direction" but are not yet "model teachers". 'Perceptions of Social Support' scored 28/44 suggesting the clinical environment has "more pros than cons" but cannot yet be regarded as a "good supportive environment".

Discussion:
It is crucial to strive to achieve an overall supportive environment for Foundation doctors, especially given the current trend of doctors leaving the UK [2]. Reasons cited by foundation doctors leaving UK medicine include support at work, task interdependence and workplace bullying along with a perceived inability to raise concerns [3].

Conclusion:
Teaching and social support are the areas where improvement is most required. A multi-pronged approach is needed to address this including taking steps to ensure protected teaching time, development of improved teaching timetables and more training opportunities for teachers. Hospitals also need to pro-actively address bullying and work-place toxicity.

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Inter-Uni Sim: Perceptions And Attitudes Of Medical Students Towards Inter-University Learning

Presentation type:
Compact Communication

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Background:
Simulation typically involves students from the same university, year group, and clerkship. In reality, doctors work with colleagues from many undergraduate programmes. Great Western Hospital has the unique opportunity to explore inter-university learning as it serves three universities. This project aimed to understand the attitudes of medical students towards Inter-University Simulation (IUS).

Methods:
Six students were allocated into 2 groups where at least two were from different universities. Each group undertook one simulation scenario and observed the other. Quantitative data were collected in the form of a pre- and post-session questionnaire, and qualitative data in the form of a focus group to evaluate inter-university perceptions and attitudes to collaborative working which underwent thematic analysis.

Results:
Pre-session responses showed mixed positive and negative attitudes around IUS whereas post-session, all responses were positive. After the session, all students disagreed or strongly disagreed that working with medical students from other universities is unnecessary. Focus group data highlighted university stereotyping and, via IUS, the students challenged these biases. Additionally, students valued doing simulation with colleagues at different stages of their medical school careers. Thematic analysis identified five themes: perceptions and stereotypes, preparedness for career, course differences, self-reflection, and educational development.

Conclusion:
IUS was shown to be an effective learning method which better reflects postgraduate work. Zhang et al. describes the challenges of teaching the affective domain however IUS successfully demonstrated changes in attitudes, shifting away from negative university stereotypes. Unanticipated results highlighting benefits of inter-year simulation warrants further study.

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Decoding The Collaborative Landscape: Exploring Undergraduate Medical Students' Perceptions And Understanding Of Medical Associate Professions

Presentation type:
Compact Communication

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Background:
Medical associate professions (MAPs) are relatively new roles within the national health service (NHS) that work across multidisciplinary teams (MDTs). As a result of ongoing doctor shortages, the number of MAPs is being expanded at an unprecedented rate. This expansion may result in significant role overlap with doctors which, anecdotally, is causing tension between the professions. Already, several studies have identified that role overlap and role misunderstanding results in a detriment of care for patients [1,2]. Therefore, assessing if members of the MDT understand these novel roles and exploring if supposed misunderstanding of the roles is resulting in negative perceptions of MAPs is of paramount importance. Explorations in understanding and perceptions of MAPs have already occurred in qualified healthcare providers, but no research has been carried out into medical student understanding and perceptions of MAPs. This study attempts to address this gap in the literature.

Methods:
Unlike the majority of the studies in this field, I used qualitative methods in my research. I conducted semi-structured interviews with 8 undergraduate medical students and employed thematic analysis [3] to explore my findings.

Results:
Following a thorough analysis process, I identified 3 overarching themes from the participant responses: profession, potential and introspection. Of particular note, all participants stated they were receiving no university teaching on MAPs despite the expansion of these roles in the NHS. As a result of this lack of teaching, students were learning about MAPs from other sources such as social media which was fuelling their negative perceptions.

Conclusions:
The study findings suggest that a lack of understanding of MAPs may be one cause for the negative perceptions identified. To challenge these negative perceptions additional interprofessional education about MAPs is necessary in medical school. This will ensure better collaboration in MDTs in the future and reduce negative perceptions of MAPs.

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Medical Students' Interest In A Career In Urology - A Pilot Study

Presentation type:
Compact Communication

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Introduction:
Urology is a surgical specialty involving the management of diseases of the urinary tract and male genitalia [1]. No UK studies have explored the views of medical students on careers in Urology, opening the opportunity for research to ensure the specialty's continued success.

Methods:
The study was carried out at a teaching hospital after discussion with the research office. An online survey was created using Google Forms. Final-year students were invited to take part after Undergraduate Medical Education activity by scanning a QR code. Nineteen students consented and took part. Likert 5-point scale questions were used to determine interest in surgical and urological careers. Free-text questions investigated the motivating factors and barriers students consider when thinking about a career in urology. Data was analysed in Google Sheets.

Results:
The average score for interest in any surgical career was 2.4, and for urological careers, 1.87. Interest in urology was lower than other surgical specialties but did not reach statistical significance (P = 0.19). Thematic analysis revealed mentorship as the most frequently cited factor influencing a career in urology, followed by increased exposure. Barriers for entering urology included lack of interest in surgical careers, perception as a 'male-dominated' profession, and unpleasant sensations (smelly/wet).

Discussion:
Interest in urology may be lower than other surgical careers, but further data collection is ongoing. Thematic analysis showed comparable themes with worldwide studies [2,3] This pilot study will inform a larger qualitative study, which will be used to guide a multi-centre quantitative study.

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Medical Students' Academic Performance: A Cross-Sectional Study On Key Influencing Factors

Presentation type:
Compact Communication

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Background and Aims:
Various factors affect medical students' academic performance including study habits, motivation, and mental health. The COVID-19 pandemic has exacerbated these challenges [1], leading to burnout [2,3] and affecting students' academic performance. This study aims to identify the key factors influencing medical students' academic performance. It also explore how perceptions differ by gender and phase of study in order to provide recommendations to enhance academic performance.

Methods:
A cross-sectional, anonymous online survey was conducted using the Qualtrics platform. The survey targeted University of Southampton medical students who had completed at least one summative exam. A mixed-methods approach was employed, collecting both quantitative and qualitative data. Statistical analysis was conducted using Chi-squared and Fisher's Exact Tests, while thematic analysis was applied to qualitative responses. Ethical approval was obtained.

Results:
The study included 172 respondents. Significant factors influencing academic performance included gender ($p = 0.050$), phase of study ($p = 0.013$), mental health ($p = 0.004$), time management ($p = 0.010$), and sleep ($p = 0.001$). Clinical-year students scored higher academically than early-year students, and students with better time management and sleep patterns performed better. While peer support was highly rated (70.4%), 45.2% of students felt unsupported by faculty.

Conclusion:
Improving academic and pastoral support, promoting sleep hygiene, and addressing time management challenges can positively impact student performance. These findings provide actionable recommendations for medical schools to foster a supportive learning environment and enhance student wellbeing, ultimately improving patient care in future clinical practice.

Keywords:
- Medical Education
- Academic Performance
- Student Wellbeing

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Comparison Of Online Peer-Assisted Learning And Faculty-Led Teaching For Short Answer Questions

Presentation type:
Compact Communication

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Introduction:
Peer-assisted learning (PAL) is a well-recognised pedagogical approach in medical education; however, research on its effectiveness in online settings remains limited [1]. Multiple-choice questions have been the predominant method for assessing PAL outcomes, despite Short Answer Questions (SAQs) being the superior tool for evaluating knowledge and comprehension [2,3]. This study compares online peer and faculty teaching in enhancing medical students' higher-order thinking skills and assesses students' perceptions of these methods.

Methods:
Third-year medical students undergoing surgical placements were consented and recruited for the study. Three pre-defined cohorts were randomised to the following arms: no intervention (n = 41), online PAL teaching (n = 37), and online faculty teaching (n = 35). Peer teaching was delivered by fourth-year students (n = 6) and faculty teaching by Clinical Teaching Fellows (CTFs) (n = 6). Academic outcomes were assessed using end-of-block SAQ formatives and teaching quality was evaluated using the validated SEEQ questionnaire. Knowledge gain and self-perceived confidence were assessed through pre- and post-session tests, developed by medical educators and validated with a reference group of learners.

Results:
Consent for SAQ exam scores was obtained from n=19 (no intervention), n=29 (PAL), and n=21 (CTF). No significant differences were seen between the groups (p=0.650). SEEQ completion was n=24 (PAL) and n=30 (CTF). CTF tutors received significantly higher ratings in domains of Learning (p=0.017) and Group Interaction (p=0.036). Pre- and post-session tests showed no significant differences in scores (p=0.957) or self-perceived confidence ratings (p=0.454).

Conclusion:
This study shows that online PAL is a viable alternative to faculty-led teaching for enhancing SAQ skills and knowledge acquisition, though faculty-led teaching offers a superior educational experience.

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Teaching How We Learn, And Learning How We Teach: Training In Medical Education For Anaesthetists

Presentation type:
Compact Communication

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Abstract:
As per Good Medical Practice, doctors must 'be willing to share knowledge, skills and experience with colleagues, whether informally or through teaching, training, mentoring or coaching' [1]. The Royal College of Anaesthetists 2021 Curriculum expands on this [2,3]. Within our school of anaesthesia, a Regional Training Day (RTD) was devised to facilitate attainment of these key capabilities. This project aimed to assess whether focussed teaching about medical education supports curriculum requirements by improving participant confidence in:

- Understanding educational theory
- Planning and delivering teaching and feedback Supervision of clinical skills
- Providing support to learners in need of additional support

Participants were surveyed before and after a Medical Education RTD at Northwick Park Hospital in May 2024. This was available to Stage 2 and 3 anaesthetic trainees from the North London Anaesthetic Programme. Participants were asked to rank their confidence levels (I= not confident, to 5 = very confident) for six statements regarding educational theory, teaching, feedback and mentorship. Median confidence scores were compared.

	Median Confidence Score	
	Pre-Teaching	Post-Teaching
Number of respondents	15	18
I understand educational theory which underpins teaching in the workplace	3	4
I can provide safe patient care and an excellent educational experience in theatre	3	4
I am able to supervise a learner performing a clinical skill	4	4
I am confident to provide constructive and effective feedback	3	4
I am able to plan and deliver a teaching session	3	4
I can provide support to learners who need additional support	3	4

Targeted teaching efforts improved confidence in teaching and supporting others. This pilot programme suggests there may be benefit in incorporating such events regularly into the schedule of RTDs. Analysis of the types of teaching found to be most effective for acquiring this knowledge would help to facilitate design of the sessions provided.

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The Environmental Impact Of Rotational Training In Undergraduate And Postgraduate Medical Education

Presentation type:
Compact Communication

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Background:
Sustainability in healthcare is a growing field within research, and a common theme for conferences and events. Despite this, the sustainability of the provision of medical education has received little focus. This study aimed to assess the environmental impact of undergraduate medical education, and the beliefs and behaviours of students and doctors on sustainability in medical education.

Methods:
Undergraduate medical students were invited to complete an online survey to assess the carbon footprint of travel to attend placement. These students, and their teaching fellows, were then invited to attend focus groups or interviews to identify behaviours and beliefs regarding the sustainability of medical education.

Results:
Medical students had a mean carbon footprint of 1082g CO_2, travelling to the hospital each way. 40% walked or cycled and 57% travelled via car. Medical school (p=0.020) and year of study (p=0.040) influenced distance travelled, whereas age, gender, and environmental consciousness did not. Medical students and doctors value sustainability in healthcare and seek ways to be sustainable. Benefits of rotational training include some improved learning opportunities and chances to explore new places. Negatives included loss of autonomy, commuting environmental impacts, and some poor training and workplace cultures. Participants expressed many barriers to sustainable behaviour change. Analysis identified feelings of frustration, pessimism, and anxiety, despite wishes to prioritise sustainability and accept individual responsibility.

Conclusion:
Students and doctors want to take responsibility for the climate, but need better support from universities and employers, or from organising bodies, to improve the sustainability of medical education. A concerted effort is needed to fulfil the NHS net-zero promise, and students and doctors need help to fulfil their environmentally conscious capabilities before they are placed at risk of moral injury.

Thematic Analysis Of Simulation Feedback

Presentation type:
Compact Communication

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Aims:
Establish factors influencing medical students' experiences of Acute Care Simulation.

Methods:
Simulation feedback was prospectively collected from medical students at the University of Southampton between 2021 and 2023. Thematic Analysis [1] was performed before defining key themes.

Results:
2755 items of feedback were reviewed across 16 teaching blocks. The mean response rate was 51.92%.
86.53% of feedback was positive, 5.43% negative, and the remaining neutral. 13 codes were generated. These were “content”, “facilitators”, “interactivity”, “practical application”, “structure”, “consolidation”, “timings”, “environment”, “equipment”, “confidence”, “pitch”, “collaboration” and “repetition”. Core themes were identified through the relationships between codes. These included a palpable anxiety of the wards, and subsequent desire for practical learning, as well as a facilitator fostered environment progressing student confidence. Another interesting theme was “contradictory feedback”. A specific issue for educators. Some feedback “suggests change”, whilst other feedback doesn’t. For example, of the 54 items of general feedback for Block 3 2022, 11 items “suggested change”. Of these, 3 suggested returning to an iteration that had just changed due to prior feedback. The remaining 8 suggested other changes, that once made, resulted in two thirds of subsequent relevant feedback again requesting a return to a previous iteration.

Conclusions:
Synergy between facilitators and interactive, practical content predictably drives positive student experiences. An interesting issue for educators was also raised. Directly actioning feedback that “requested change” was sometimes met with negativity. In the context of predominantly positive feedback, maybe we do not need to individually address every item of more negative feedback.

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Reimagining Traditional Curricula: Enhancing Medical Student Well-Being Through Innovative Interventions – A Systematic Review Of Outcomes

Presentation type:
Compact Communication

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Introduction:
Medical students frequently experience high levels of stress, anxiety, and depression, which can adversely affect both their well-being and professional growth. Given that resilient and empathetic practitioners are vital for optimal healthcare delivery, this systematic review explores how students perceive well-being and evaluates the effectiveness of various welfare interventions, highlighting key barriers and facilitators. The review also emphasizes the reimagining of traditional curricula to better support student wellness.

Methods:
A systematic review was conducted in accordance with PRISMA guidelines by searching Scopus, Embase, and MEDLINE, supplemented with citation tracking. The protocol was registered on PROSPERO (CRD42023471022). We employed thematic analysis and assessed study quality using the Mixed Methods Appraisal Tool (MMAT). Out of 5150 records, 32 studies met the inclusion criteria.

Results:
The review found that students view well-being as encompassing mental, physical, social, and spiritual dimensions, alongside personal challenges. Interventions such as mindfulness and compassion training demonstrated significant benefits—reducing stress by 32% ($p<0.001$) and improving long-term empathetic patient care [1]. Additionally, peer mentoring and faculty-led support were associated with enhanced understanding of professionalism [2]. However, mental health stigma deterred 72% of students from seeking help, and 58% reported that academic pressures negatively impacted their physical health. 55% of students valued flexible counseling services, 20% higher than national average student satisfaction rate. Accessibility issues such as limited resources and rigid structures reduced engagement. There was also a strong preference for student-led initiatives, with calls for protected wellness days and financial support.

Conclusion:
This review provides actionable insights for educators aiming to foster sustainable, student-centered well-being in medical education. By addressing mental health stigma, expanding peer support, integrating wellness initiatives into the curriculum, and reimagining traditional curricula, educational programs can better enhance student resilience, reduce burnout, and ultimately improve the quality and sustainability of healthcare delivery.

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Overwhelmed? Overstretched? Undertaught? Developing A Task Prioritisation Workshop For Final Year Medical Students

Presentation type:
Compact Communication

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Background:
Newly qualified doctors report feeling insufficiently prepared, particularly in non-technical skills (NTS) [1]. Doctors consider task prioritisation a vital NTS, but its importance may be underappreciated by students [1]. Failure to address these skills leaves a gap in undergraduate medical education, potentially compromising patient safety [1,2]. Tactical decision games are suitable for teaching NTS as they encourage independent decision making within a safe non-clinical environment [3]. This pilot study aimed to address this curriculum gap by creating and evaluating two task prioritisation workshops.

Methods:
We created facilitated card games where small groups of final year medical students prioritised ward round or out-of-hours tasks by arranging them along a timeline. Outcome cards were issued depending on the timing of task completion. A subsequent debrief discussed their rationale and potential outcomes if tasks were prioritised differently. Students completed feedback questionnaires which included pre- and post-session confidence ratings on a scale of 0-10, Likert scales and white-space questions.

Results:
87.5% of students strongly agreed that the workshop was useful for developing prioritisation skills and the card game format was appropriate. 75% strongly agreed that the session was enjoyable. Confidence ratings increased from 4.5% (1/22) selecting a score ≥8 prior to the teaching, to 87.5% (7/8) following the sessions.

Conclusion:
As poor prioritisation by newly qualified doctors could contribute to increased mortality rates at changeover period in August, it is crucial to introduce this skill before graduation[2]. Given the promising results of this pilot study, we plan to formally evaluate the efficacy of this teaching strategy.

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Evaluating The Impact Of A Peer Teaching Programme In Undergraduate Medical Education

Presentation type:
Compact Communication

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Background:
The UK Foundation Programme Curriculum outlines that Foundation Year One doctors are expected to plan and deliver formal teaching sessions [1], emphasising early development of teaching skills. Peer-teaching, where "one student teaches one or more fellow students", can be used to facilitate this [2]. This study aimed to enhance medical student confidence in delivering small group teaching whilst developing their surgical knowledge.

Methods:
Medical students were grouped and assigned surgical topics to develop educational posters and deliver 10-minute teaching sessions to their peers. A surgical teaching fellow observed and provided written feedback on engagement, delivery, resource quality, and topic understanding. Pre- and post-session questionnaires assessed programme effectiveness, with quantitative data analysed using t-tests.

Results:
There was a statistically significant increase ($p < 0.05$) in student confidence in delivering a teaching session, with mean scores increasing from 3.35 to 3.95 on a five-point Likert scale. Specific gains were observed in structuring sessions, creating resources, delivering content, and answering questions. Additionally, students reported an increase in their surgical knowledge (4.1/5). Feedback suggested improvements, including clearer learning objectives and extended teaching time.

Discussion:
These findings highlight the benefit of integrating peer-teaching initiatives into undergraduate medical education. By fostering these skills early, such programmes can support the development of future educators. Despite the immediate improvements in confidence, further research evaluating the long-term impact of a peer-teaching programme on readiness for clinical practice is required.

Conclusions:
This study demonstrates that structured peer-teaching enhances both teaching confidence and surgical knowledge, underscoring its value in medical training.

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Spectators At A Duel: Is Vicarious Learning An Effective Way To Deliver Very Small Group Teaching To Large Numbers Of Medical Students? – An Experimental Study

Presentation type:
Compact Communications

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Background:
Small-group-tutorials are used to teach clinical reasoning and decision making, two fundamental aims of medical education with poorly understood pedagogies. The time and resource costs of small-group-tutorials are major factors limiting broader utilisation in medical schools. This study compared learning outcomes and affective attitudes amongst students who actively participate in small-group-tutorials ('participants') with those who observed the learning encounter ('spectators'). The aim is to understand if vicarious learning (by watching others learn) can deliver the benefits of small-group-tutorials to larger numbers of students.

Methods:
37 final-year-medical-students took part (males=11, females=26) at a DGH attached to a research-intensive UK medical school. Students attended weekly online tutorials on various surgical cases led by a clinical teaching fellow using a non-didactic pedagogy, emphasising discussion. Each week five students were randomly selected to actively participate while the remainder of the cohort observed.

Results:
Across all five tutorials there was a statistically significant increase in both self-reported knowledge and understanding scores for both participants and spectators. The effect size varied with topic ranging from +1.25 for the understanding score in the Hernia tutorial spectator group to 3 for the understanding score in the Venous Disease participant group. Hence all effect sizes observed were educationally relevant. With three exceptions, effect sizes were greater among participants. However, the differences between the participant and spectator groups were not statistically significant for any of the tutorials. There were also strongly positive affective responses to the tutorials. Participants and spectators responded "Strongly agree" or "Agree" at comparable rates to statements exploring depth and complexity of understanding and confidence in clinical discussions following the tutorials.

Conclusion:
Learning by spectating is an effective method for delivering small-group-teaching to larger numbers of students. Students who were spectators reported gains in knowledge and understanding with no significant difference to gains reported by participants.

Exploring The Attitudes Of UK Final-Year Medical Student Towards In- Person And Online Tutorials

Presentation type:
Compact Communication

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Background:
The landscape of medical education has undergone a significant transformation with the increasing adoption of online tutorials for clinical education, accelerated by the COVID-19 pandemic [1-3]. Limited research exists on the attitudes of final-year medical students towards online and in-person tutorials in the post-pandemic era.

Materials and Methods:
This cross-sectional study assessed the attitudes of final-year medical students at a single UK medical school towards in-person and online tutorials using an online survey derived from sections of the Dundee Ready Education Environment Measure (DREEM) [4]. The questionnaire consisted of 22 items. Data analysis included descriptive statistics for quantitative data and thematic analysis for qualitative responses.

Results:
The survey included 35 final-year medical students from the UoE. Participants comprised of 40% Men (n=14) and 60% Women (n=21), with the majority (60%, n=21) falling within the 18-23 age group. Most participants (85.7%, n=30) preferred in-person tutorials. Students rated in-person tutorials higher in terms of achieving learning objectives (M=4.0, SD=0.77), interaction (M=3.63, SD=1.03), and teaching quality (M=3.89, SD=0.76) compared to online tutorials. Thematic analysis revealed that in-person tutorials were favoured for engagement while online tutorials were preferred for convenience. In-person tutorials had fewer distractions but were less flexible. Online tutorials had technical issues but offered a comfortable learning environment. To enhance both in-person and online tutorials, participants suggested interactive methods and technical considerations.

Conclusion:
Both Tutorial formats offered unique advantages, with the strengths of one format addressing the weaknesses of the other. Integrating these recommendations

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Approaches To Research On The Self-Regulated Learning Of Non-Western Learners In Medical Education: A Scoping Review

Presentation type:
Compact Communication

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Background:
Self-regulated learning (SRL) is a known predictor of academic success in medical education [1,2]. Despite evidence supporting cultural sensitivity in SRL enaction [3], existing models of SRL of western origin do not directly acknowledge the influence of culture. Thus, the universal use of scales based on western theorisation (imposed etic research perspective) has questionable validity, risking the ignorance of cultural nuances. Contrarily, indigenous qualitative studies (emic perspective) have limited practical utility. Multi-perspective research cycles (emic-etic-emic) have been suggested as an approach to developing universally-applicable culturally-sensitive models of SRL [3]. The first step in this research agenda is an initial understanding of research approaches to SRL in the non-western world.

Method:
A scoping review using the JBI methodology to map the research on SRL amongst non-western learners in ME focusing on research perspectives and methodological choices was performed. Systematic searches of western and non-western databases (Medline, CINAHL, ASSIA, CKNI, and LILACS) and grey literature (Google Scholar, ProQuest Theses and Dissertations) were performed for the last decade (2014 onwards) with no language restrictions. Following title and abstract screening, 2 reviewers screened full texts against inclusion criteria (Population: non-western learners set in Global South, Japan and South Korea, Concept: SRL, Context: medical education). Extracted data was analysed using descriptive statistics and inductive analysis.

Results:
Of the 42 included papers, the imposed etic perspective using quantitative, original/adapted western self-report measures was predominant(n=21, 50%). Emic (9.5%) and combined perspectives (7.2%) were less common. The derived etic perspective identified in 33.3% (n=14) used newly developed scales based on both western theorisation (etic) and results of qualitative studies (emic) of the target population.

Discussion:
The emerging use of the derived etic perspective demonstrates a significant shift towards improved cultural validity in measuring SRL in non-western learners, heralding the development of universally applicable culturally-sensitive models of SRL.

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Mitigating Racial Disparities In Healthcare : The Critical Need For Representation Of Diverse Skin Tones In UK Medical Education

Presentation type:
Compact Communication

Author(s):
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Background:
Racial disparities in healthcare diagnostics are a persistent challenge, particularly in the field of dermatology, where people of colour (POC) may experience delayed diagnosis or misdiagnosis due to challenges of physicians being unable to identify the unique symptoms and presentations. Medical education contributes to these health disparities as a lack of teaching on various skin tones reduces diagnostic confidence and accuracy in identifying unique symptoms on POC.

Methods:
To address this in the UK context, two investigations were conducted by myself at the University College of London (UCL): a focus group study and an evaluation of some dermatology resources from the UCL Medical School's (ULCMS) Y5 MBBS dermatology curriculum to assess the representation of teaching of skin tones in a UK Medical school and its impact on medical students' confidence.

Results:
Chi-squared results from the quantitative analysis of the curriculum reveal a general underrepresentation of various skin tones in educational resources, although there has been a gradual improvement over time. Focus Group Study findings indicate that incorporating a variety of skin tones into examinable materials may enhance learning outcomes. Additionally, the evaluation of the curriculum highlights a better representation of various skin tones in examinable resources like "GP Workshop station" materials, indicating awareness of the issue within UCLMS.

Conclusion:
The overarching conclusion from mixed-methods study is the critical impact from the limited exposure to various skin tones in medical education on racial disparities in healthcare diagnostics. This limitation reduces the confidence of physicians in accurately diagnosing conditions on POC. Whilst progress is being made, further efforts are necessary to ensure comprehensive exposure to various skin tones in medical education, ultimately as a step to mitigating racial disparities in healthcare diagnostics effectively.

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Educational Interventions To Prepare Undergraduate Students For Out Of Hours Practice As A Newly Qualified Doctor In The United Kingdom: A Scoping Review

Presentation type:
Compact Communication

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Background:
Newly qualified doctors in the UK face significant challenges when working out of hours (OOH), with increased patient safety risks and limited senior support. Emergency admissions during OOH periods are associated with higher patient mortality, and new doctors often report feeling underprepared for this responsibility [1]. Despite guidance from regulatory bodies, there is no standardized national approach to preparing medical students for OOH work [2].

Objectives:
This scoping review aimed to: (1) describe educational interventions available to prepare UK undergraduate medical students for OOH work as newly qualified doctors, and (2) evaluate their impact on perceived and actual preparedness.

Eligibility Criteria:
Studies included medical students in UK-accredited programs, assessing educational interventions targeting OOH skills. Only full-text, English-language studies from 2009 onward were considered.

Sources of Evidence:
Seven databases, including MEDLINE, CINAHL, and Web of Science, were searched on January 4, 2023. Grey literature was reviewed from General Medical Council (GMC) and Medical Schools Council websites. Citation tracking was conducted via Google Scholar.

Charting Methods:
Data were extracted using a standardized form, including study design, intervention type, outcomes, and Kirkpatrick's hierarchy levels [3].

Results:
Sixteen studies met inclusion criteria. Interventions primarily used simulation-based learning, with emphasis on prioritization, clinical decision-making, and communication. Most studies assessed immediate post-intervention self-reported confidence and skills (Kirkpatrick Levels 1–2). Few studies evaluated long-term behavioral changes (Level 3), and none examined patient outcomes (Level 4).

Conclusions:
OOH educational interventions improve students' perceived preparedness but lack robust evaluation of real-world competency. Standardized national curricula incorporating longitudinal assessments are needed to ensure effective preparation.

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How Do Medical Students And Doctors In The UK Health System Reach Decisions About Specialty Choices Through Their Undergraduate And Postgraduate Training?

Presentation type:
Compact Communication

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Background:
The process of making a specialty choice is dynamic and multifaceted, with important contributing decisions made at various career stages. In order to understand the complexities behind these career decisions and help target recruitment of undersubscribed specialties, we must understand the influences on specialty choice.

Aims:
This research aimed to define what influences these decisions, and uniquely denote how these influences evolve as trainees' careers progress. I investigated three components: what decision-making processes do participants use at different times, how they weigh up different factors and influences, and does the importance of these factors and influences change at different career points.

Method:
Using a naturalistic qualitative approach, semi-structured interviews were conducted with nine participants at various career stages, from final-year medical students to post-CCT doctors. I analysed the data thematically and used the data gathered to produce an informative model.

Results:
My research demonstrated that as time progresses within careers, their reliance on stereotypes and other wider social narratives to inform specialty choice reduces, whilst conversely, the influence of wider social roles increases. This model also hypothesises four phenotypes of specialty decision making – early committers, re-thinkers, repeated re-committers, and late committers. Other themes of influencing factors included interest in the specialty, placement experience, and gender.

Discussion:
These findings show the complexity of factors affecting specialty choice and illustrate the dynamic nature of the decision. The variance of specific influences with age, such as wider social narratives, indicate implications for both medical schools and the Royal Colleges with regards to both career support and recruitment.

Conclusion:
This area of research is continuously evolving, as the dynamics of gender and social roles, and the training programmes change. Although this research has highlighted some key features of the decision-making process and elaborated on the theory behind it, more research is needed.

From Privilege To Possibility: Tackling Inequality In UK Medical Education

Presentation type:
Compact Communication

Author(s):
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Introduction:
Access to UK medical education remains significantly unequal, disadvantaging students from lower socioeconomic backgrounds. We, at In2MedSchool, help students from disadvantaged backgrounds get into medical school and act as a grassroots initiative addressing this issue. Despite medicine's core values, the path to becoming a doctor disproportionately favours affluent families, with applicants from wealthier postcodes vastly outnumbering those from the poorest [1]. Expensive preparatory resources create substantial financial barriers reinforcing medicine's perception as inaccessible [2]. Addressing these inequalities is crucial for widening access, upholding the NHS principle of "everyone counts," and creating a representative medical workforce.

Methods:
We presented a free, open-access webinar addressing a critical gap: preparation for ethics and NHS hot topic interview questions, often poorly covered by schools/colleges. 365 aspiring medical students participated.

Results:
Using pre- and post-webinar feedback (5-point Likert scale), we found substantial improvement in understanding (68.6% increase, 48% to 82%) and confidence (60.9% increase, 47% to 75%). Critically, participants rated the webinar's impact higher than school/college support (4.28/5), strongly agreeing (4.37/5) on the need for widening participation initiatives.

Conclusion:
These results underscore the effectiveness of targeted interventions. The significant improvements highlight the potential of free resources to empower disadvantaged students. Expanding access to such resources, through collaboration between medical schools, policymakers, and outreach organisations, is essential for a truly equitable pathway into medicine. Learning together is paramount for clinical excellence and an inclusive healthcare system.

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Beyond The Manikin: The Evolving Role Of Simulation-Based Training And The Educator-Learner Dynamic In Medical Education

Presentation type:
Compact Communication

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Background:
Simulation-based training has become a cornerstone of non-technical skills (NTS) development in undergraduate medical education, enhancing teamwork, leadership, communication, and decision-making. As technology evolves, so too do the roles of educators and learners. Traditional instructor-led approaches are being redefined by high-fidelity simulations, virtual case-based learning, and peer-driven educational models. This review explores how these shifts influence NTS acquisition and the educator-learner dynamic in a tech-enabled environment [1-3].

Methods:
A literature review of existing literature on simulation-based NTS training was conducted. Studies examining different instructional strategies, simulation modalities, and educator roles were analyzed to identify emerging trends and their impact on medical education.

Results:
Findings highlight a transition from passive, didactic instruction to dynamic, experiential learning environments. Pre-simulation briefings and structured debriefings remain critical for reinforcing NTS. However, expanded use of high-fidelity simulations, interprofessional team-based exercises, and student-driven scenario design has enhanced engagement and skill retention. Educators now serve as facilitators rather than direct instructors, fostering self-directed learning and reflection. The integration of virtual simulations and asynchronous learning tools has further transformed the accessibility and adaptability of training.

Discussion:
These advancements have led to a more learner-centered approach, empowering students to take ownership of their NTS development. However, challenges persist, including maintaining faculty expertise in evolving technologies, ensuring cognitive load is balanced, and addressing resource disparities in simulation access. Additionally, structured feedback and peer-led debriefing strategies are essential to maximize learning outcomes.

Conclusions:
Simulation-based education continues to redefine the training of NTS in undergraduate medical curricula. As learners take on more active roles in their training, educators must adapt by refining facilitation techniques and integrating emerging technologies to support experiential learning. Future research should focus on optimizing simulation frameworks to ensure effective and equitable NTS acquisition.

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Demystifying The Multidisciplinary Team: A Simulated Workshop To Enhance Medical Students' Confidence And Knowledge Of Interprofessional Care

Presentation type:
Compact Communication

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Abstract:
The multidisciplinary team (MDT) is salient to delivering safe healthcare and doctors are expected to recognise the roles of Allied Health Professionals (AHPs) and seek their input where appropriate [1]. Clinical placements provide valuable learning opportunities for medical students, but these seldom involve joining MDTs alongside AHPs. This study examines the impact of a simulated MDT workshop on medical students' knowledge and confidence in working with AHPs, reinforcing the value of interprofessional care.
As part of their Older People and Integrated Care placement, fourth-year medical students worked with five AHP students (nursing, nursing associate, and dietetics) to develop a patient care plan. Sixteen medical students completed pre- and post-workshop Likert scale questionnaires (1 = strongly disagree, 5 = strongly agree) assessing their confidence and knowledge of the MDT. A paired t-test compared responses before and after the workshop.

Results showed significant improvement, with mean score increases ranging from 0.49 to 1.12 ($t = 7.76$, $p = 0.0015$). The greatest improvements were in understanding AHP roles (+1.12) and preparation for MDT work (+0.90). Overall, students' perceptions improved after the MDT workshop and responses shifted towards 'agree' or 'strongly agree' with feeling confident in communicating with AHPs and understanding what an MDT entails. Qualitative feedback highlighted appreciation for AHP perspectives and input to patient care.

The simulated MDT workshop is an effective way to build medical students' confidence in working with AHPs and their understanding of interprofessional care. However, not all AHPs were represented, including occupational therapists and physiotherapists. Coordinating timetables with placement supervisors so that AHP students can attend workshops could mitigate this and ensure a more representative MDT experience.

References:
General Medical Council. Working with colleagues. Accessed [29.01.2025]. Available from: https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/working-with-colleagues

Teaching Medical Students How To Use An Interpreter In A Paediatric Medical Consultation

Presentation type:
Compact Communication

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Background:
Interpreters are crucial in our multicultural society & as health professionals; we must address language barriers to ensure good quality care is delivered. However, the use of interpreting services is a skill often overlooked in formal education. Given this short-fall in undergraduate medical education, we delivered a workshop to our medical students on how to use an interpreter in a consultation.

Methodology:
Using members of the undergraduate team, we were able to facilitate sessions for the students with no cost implication. We used two members of staff who both spoke Urdu. one non-medical member, played the part of the parent, giving a scripted history. The other member of staff was a clinician and acted as the interpreter. The students took it in turns to take a history through the interpreter and/or relayed a management plan, whilst experiencing the challenges faced on using an interpreter, in particular in a paediatric consultation.

Results:
100% of students found the session useful and agreed that it should be included in medical school curriculum. The learning taken was: How to effectively use an interpreter by briefing them before the consultation & debriefing afterwards. Reminded students that interpreters are non-medical professionals & emphasised the importance of discussing confidentiality. Additionally, it provided an opportunity for students to learn how to prepare interpreters for sensitive/difficult consultations.

Discussion/Conclusion:
Very few medical schools incorporate this into undergraduate training, leaving a void. All participants found the session useful & gained new skills to apply to their clinical practice. Although we didn't use a professional interpreter/simulated patient, access to these resources would enhance the sessions for larger groups & would benefit all. Opening the session to other allied health professionals would also be advantageous. Furthermore, this session should be available to both undergraduate and postgraduate doctors in training/qualified allied health professionals.

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Assessing Human Factors Skills In Internal Medicine Trainees Through Simulation Training

Presentation type:
Compact Communication

Author(s):
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Background:
Human factors skills are necessary for safe and effective patient care. This includes skills like communication, teamwork, and leadership. Simulation training offers a practical way to assess, discuss, debrief and develop these skills, but its impact on Internal Medicine Trainees (IMTs) hasn't been fully explored. This study evaluates how a one-day simulation workshop affects IMTs' confidence in key human factors skills.

Methods:
IMTs took part in a simulation with scenarios such as managing deteriorating patients and leading multidisciplinary teams. Before and after the course, participants completed surveys rating their confidence in 12 human factors skills. The data were analysed using statistical methods, and feedback was reviewed for common themes.

Results:
Participants showed significant improvements across all 12 assessed skills. Notable gains were observed in managing negative emotions (5.8 to 7.5), communicating effectively with colleagues (6.3 to 8.0), and prioritizing tasks under pressure (6.4 to 8.1). Improvements were also seen in requesting help from other professions (7.3 to 8.7), speaking up as part of a team (6.5 to 8.2), and involving colleagues in decision-making (7.0 to 8.5). Participants demonstrated better ability to deal with uncertainty (6.2 to 7.8), ask for information in busy environments (6.8 to 8.3), and recognize leadership opportunities (6.6 to 8.0). Additionally, they showed enhanced skills in monitoring the big picture (6.4 to 8.0), anticipating next steps in clinical situations (6.4 to 8.0), and working effectively with new teams (6.5 to 8.2). Feedback highlighted the value of realistic scenarios and debriefing sessions, with many participants reporting increased confidence and readiness to apply these skills in their clinical practice.

Conclusion:
Simulation training clearly improves IMTs' confidence in human factors skills. These results suggest that such training should continue to be integrated into IMT programmes to better prepare trainees for clinical practice and subsequently better patient care.

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The Global Emergency Care Grand Rounds: A Model For International Medical Education

Presentation type:
Compact Communication

Author(s):
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Abstract:
The Global Emergency Care Grand Rounds (GECGR) were initiated by resident doctors as a feature of a partnership between Bristol Royal Infirmary (UK) and Nanyuki Teaching and Referral Hospital (Kenya), known as Dharura Global Emergency Care. This virtual monthly event fosters cross-national collaboration, bringing together healthcare professionals from both countries to share knowledge on clinical cases, quality improvement projects, and healthcare initiatives. Each session features two speakers—one from the UK and one from Kenya—who present on local challenges, innovative solutions, and shared learning opportunities.

Launched in December 2022, the Grand Rounds have hosted 22 events, engaging up to 47 participants. Attendees report that the sessions are highly helpful and relevant to their local healthcare contexts, with strong demand for future sessions. Themes have included trauma care, HIV, seizure management, and clinical-based education.

Challenges in planning and delivering the Grand Rounds have included ensuring session accessibility, disseminating information, speaker recruitment, programme evaluation, and promoting diversity and inclusion. Solutions implemented to address these challenges include moving the virtual platform from Medall to Zoom, adjusting session timings, utilising WhatsApp, creating an expanded network of speakers, and issuing certificates of attendance upon completion of feedback forms.

Future focus will be on enhancing sustainability, promoting gender equality and social inclusion, and developing impact measurement strategies to ensure the long-term effectiveness and relevance of the initiative for both local and international audiences. The GECGR initiative provides a model for international medical education that is adaptable and responsive to the needs of diverse healthcare systems.

A Robotic-Assisted Laparoscopic Surgery Teaching Series For Medical Students: A Qualitative Study

Presentation type:
Compact Communication

Author(s):
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Miss Amelia Snook, University College London
Ms Pamela Nwangwu, University College London Hospital
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Introduction:
Robotic-assisted laparoscopic surgery (RALS) is a field of increasing notoriety and implementation. Despite this medical students are provided little exposure, formal teaching or assessment [1].

Objectives:
The aim of this study was to explore UK-based medical students' perceptions of RALS teaching and trial methods for implementation of teaching into the medical curriculum.

Methodology:
We surveyed UK medical students and FY1 doctors about their perceptions and exposure to RALS during their time at medical school. We identified curriculum gaps and devised a novel teaching series alongside educators at our institution. This was a series of webinars followed up by a robotic observation and simulation day at a specialist tertiary referral centre. Places were fully-funded, via a grant, to maintain accessibility. To ensure maximal time on the simulator 10 students were accepted. We assessed and compared pre- and post-attendance confidence and capability.

Results:
In our initial survey 70.9% of 93 medical students surveyed were interested in the field of robotic surgery but only 14.0% agreed that they had opportunities to learn more about robotic surgery in medical school. Qualitative feedback from our webinars was promising. We are currently running focus groups with our simulation day attendees and are analysing performance from the standardised tasks undertaken on the simulator.

Conclusion:
The onus is on medical school's to maintain their training standards to a level that reflects the changing landscape of medicine. We have identified a gap in the national medical school curriculum and highlighted one way to increase student exposure to robotic surgery to foster the next generation of surgeons on the cutting edge.

References:
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Exploring The Role Of Generative Artificial Intelligence In Medical And Dental Education: A Qualitative Study On Student Perspectives And Future Expectations

Presentation type:
Compact Communication

Author(s):
Mr Rawand Shado, QMUL
Miss Girija Negi, QMUL
Miss Melissa Charifo, QMUL
Miss Catherine Mclean, QMUL
Dr Cassandra Lewis, QMUL

Background:
While quantitative studies dominate the literature, there is a lack of qualitative research that explores the perceptions of healthcare students regarding Generative AI (GenAI) in education. This qualitative study aimed to explore the perspectives, experiences and expectations of undergraduate and postgraduate medical and dental students concerning the current and future roles of GenAI in education at a University in London in 2024 (IPREC170124.LEW).

Methods:
A qualitative methodology, adopting a constructivist relativist paradigm gathered student experiences through 3 online focus groups of 13 medical and dental students. Reflexive thematic analysis [1] was used to review the transcripts independently and then collaboratively, followed by consensus-building discussions by a research team of students and staff to interpret patterns within the data.

Results:
Five themes and eleven subthemes were interpreted, including: 1) Trust, 2) Student Experiences, 3) AI Awareness, 4) Future Expectations and 5) Concerns regarding GenAI use. Trust appeared to influence the extent to which healthcare students were comfortable integrating the use of GenAI within their education and ultimately into their professional practice.

Discussion:
Students expressed uncertainty about GenAI's role in education, centred around mistrust [2], misconduct, accountability, public perception, ethical considerations and concerns regarding the diminishing of functional skills [3]. They shared the expectation for clearer guidelines, training and standardised practices. While GenAI was felt to offer advantages through automation of routine tasks, data gathering, personalised learning and revision, concerns regarding erosion of competency skill development is particularly pertinent to healthcare professions. These perspectives, alongside ethical considerations, highlight the need for a nuanced exploration and careful introduction within healthcare education.

Conclusion:
This study adds to existing literature and emphasises the need for embedding AI literacy into healthcare curricula to 'future proof' our trainee healthcare professionals while not losing sight of traditional foundational skills.

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The Digital Divide In Medical Training: Exploring Augmented Reality's Potential And Limitations

Presentation type:
Compact Communication

Author(s):
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Abstract:
Augmented reality (AR) is gaining prominence in medical education, offering interactive learning experiences that enhance diagnostic, surgical, and patient interaction skills [1]. However, disparities in access, technological limitations, and institutional challenges pose barriers to equitable adoption. This study explores the impact of AR on medical students' learning experiences, engagement levels, and the potential digital divide it may create.

A total of 93 medical students participated in a survey assessing AR immersion, benefits, and challenges. Using the Augmented Immersion Measurement Index (AIMI) [2], the study found moderate immersion levels (3.9/5), with emotional engagement scoring highest (4.2/5) and behavioral engagement lowest (3.5/5). Key benefits reported included improved diagnostic skills (32%), enhanced patient interaction (28%), and refined surgical skills (20%). However, 30% of students cited limited access to AR-enabled devices, and 27% identified a lack of institutional support as primary barriers. Furthermore, 53% agreed that AR could exacerbate digital inequality, disproportionately impacting students from lower-income backgrounds.

The findings highlight a pressing need for institutional interventions, including investment in AR resources, technical training programs, and cost-reduction strategies to improve accessibility [3]. While AR has the potential to revolutionize medical education through immersive simulations and real-time feedback, concerns over affordability and infrastructure gaps must be addressed to ensure inclusive adoption.

This study underscores the importance of equitable AR integration and calls for further research into funding solutions, accessibility measures, and faculty training to support effective implementation. By addressing these challenges, medical institutions can foster a more inclusive learning environment, ensuring that all students—regardless of socioeconomic background—can benefit from AR-enhanced education, ultimately leading to improved clinical preparedness and patient care outcomes.

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Are Medical Students Feeling Ready To Be Doctors? A Reddit Perspective

Presentation type:
Compact Communication

Author(s):
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Dr Amy Maitland, NHS England North-East

Introduction:
We aimed to use Reddit, a social media platform, to uncover an honest, unfiltered insight into incoming foundation year 1 (FY1) doctors' perceived preparedness for practice and highlight issues and questions from their initial working weeks.

Method:
Reddit posts categorised as 'foundation' between 1st July and 18th August 2024 on the subreddit r/doctorsuk were selected, alongside comments on a post titled 'Incoming Foundation Doctors Megathread.' Although users remain anonymous, this subreddit focuses on UK-based doctors. Thematic analysis was undertaken by three independent authors with finalised themes and sub-themes categorised through collaborative discussion.

Results:
106/184 posts were included for analysis (78 were excluded). Six themes and 15 sub-themes were categorised. Sub-themes relating to queries before starting FY1 included questions around the junior doctors' contract, ARCP preparation and general role preparation advice. Sub-themes arising following commencement of FY1 included true and perceived unpreparedness, interactions with colleagues (both positive and negative), limited senior support, unmet basic needs and the impact of new FY1 job allocations.

Conclusions:
This study offers a valuable, unfiltered insight into pressures facing FY1s which could re-frame their transition processes and also generalise to doctors moving hospitals or joining the NHS. The questions raised should be used to shape inductions, and awareness of job-related difficulties should prompt supervisors to ensure the correct support is provided. As a large number of doctors described feeling 'unprepared', 'overwhelmed' or having unmet basic needs, we have a responsibility to respond to ensure adequate preparedness for practice and improve retention of doctors.

The Development Of Targeted Plain Film Workshops To Increase University Of Leeds Medical Student Confidence In Interpretation

Presentation type:
Compact Communication

Author(s):
Dr Nathan Blott, Bradford Teaching Hospitals

Background:
Medical students and Foundation trainees often lack confidence and aptitude in interpreting plain films [1], leading to potential errors [1,2], patient harm, and anxiety for the students and doctors involved [3].

Objectives:
To improve 4th year medical students' self-reported confidence in interpreting CXRs.

Methods:
A new workshop on CXR interpretation was developed, building on previous university teaching and giving students the chance to interpret X-Rays in a gamified style and as part of case studies with clinical histories. Cases were discussed in a facilitated group format.
describing findings on a CXR before and after the teaching on a five-point scale. Scores were gathered via an online Microsoft form and transformed into numerical values (strongly agree = 5, strongly disagree = 1). The change in average score represented the change in student confidence.

Result:
The following are the average self-scored confidence scores:

- For systematically interpreting CXRs Pre: 3.45/5.0 Post: 4.44/5.0
- For spotting common pathologies on CXR. Pre 3.36/5.0 Post 4.33/5.0
- For systematically describing findings. Pre 3.0/5.0 Post 3.78/5.0

This represents an average increase of 29%, 29%, and 26% respectively. Students scored “I feel that the teaching format and methods were suitable for my learning” 4.40/5.0.

Discussion:
Students identified describing CXRs as an area they felt less confident in compared to spotting common pathologies. This was also the area with the least improvement. There would be value in establishing wether the greater confidence in spotting pathologies aligns with student competence. In qualitative data, students highlighted a lack of confidence in MSK plain films, which has been incorporated into the next part of the programme.

Conclusion:
Interpreting X-ray plain films remains a challenge for medical students. Interactive sessions can effectively enhance confidence in this skill.

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POSTER PRESENTATIONS

Understanding The Motivations Of UK Medical Students Teaching In A Peer-Assisted Learning Scheme

Presentation type:
Poster Presentation

Author(s):
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Introduction:
Peer-assisted learning (PAL) is a common teaching modality utilised in the medical school curriculum, with benefits to the tutor including developing communication skills and knowledge [1]. Despite this, few studies have investigated the motivations of medical student tutors undertaking PAL. This study explores the motivations of medical students partaking in a PAL scheme at a UK medical school between October 2023 and June 2024.

Methods:
35 students who completed the scheme were invited to fill in a questionnaire, and were asked to rank 8 pre-defined factors (1 being highest). Information was collected regarding initial motivating factors, overall motivation, previous PAL sessions taught, consideration of future speciality training, and consideration to work within medical education.

Results:
23 tutors completed the questionnaire. Development of teaching skills (median 2, IQR 1-2.5) and refreshing clinical knowledge (median 4, IQR 2-5) were ranked highest. Developing portfolios for speciality training were ranked highly (median 4, IQR 2.5-6), and significantly higher than for Specialist Foundation Programme (SFP) portfolios ($p = 0.0011$; SFP median 7, IQR 5-8). Professional identity was ranked second-lowest (median 7, IQR 4-8). Past experiences as a PAL tutee was ranked significantly higher by tutors more motivated to complete the scheme ($p = 0.045$; highly motivated median 2.5, IQR 1.25-4.5; non-highly motivated median 5, IQR 3-6).

Conclusions:
Within our cohort, most tutors were highly motivated to develop teaching skills and knowledge, aligning with previous notable literature [2]. Motivations relating to professional identity were however valued less, comparative to other studies [3]. Tutors were more motivated to develop portfolios for speciality training than the SFP, emphasising the growing foresight of medical students planning for the longer-term. The finding of motivated PAL tutors, valuing the importance of experiencing PAL as a tutee, further highlights the ever-significant role of PAL within the medical education curriculum.

References:
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Novel Opportunities For Utilising Educational Jigsaw Puzzles To Reinforce Protocol Based Learning

Presentation type:
Poster Presentation

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Background:
A core component of postgraduate medical education is resuscitation and life support training. With Advanced Life Support (ALS) qualifications valid for four years, and depending on the working environment of individuals, relevant emergencies might be relatively infrequent. There is thus a risk of knowledge loss, de-skilling and diminished response over time, which could contribute to worse patient outcomes. Opportunities must therefore be sought to reinforce this learning, whilst considering both time and cost efficiency; educational games being one such opportunity. Evidence has shown educational games can improve CPR knowledge retention [1], and also that serious gamification can be more efficacious than conventional learning [2], having a particular advantage in that it can be used as a competitive tool [3].

Methods:
Multiple jigsaw puzzles were created based on the current ALS algorithms, and a group of junior emergency medicine registrars were invited to play various educational games, both solo and competitive. A focus group was then conducted to receive qualitative feedback, which was then subject to coding and thematic analysis.

Results:
Feedback from candidates was generally positive, commenting on the enjoyability of use, variation in possibilities for application and how they worked well for both solo and group use. It was noted though that colour pattern recognition might hinder desired learning.

Conclusions:
Educational jigsaw puzzles present a novel and variable tool to reinforce protocol based life support learning, with relatively minimal time and cost implications. Further research is needed to assess how this can be applied across broader subjects, and heterogeneous learner groups.

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Simulated Case Series - A Staggered Simulation For First Clinical Year Undergraduate Medical Students

Presentation type:
Poster Presentation

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Background:
Simulation is increasingly used in medical education: it enhances engagement, reflective practice, and assessment skills [1,2]. Simulated case series improve clinical reasoning and help students 'think', 'talk', and 'perform' as doctors. However, virtual patients appear more effective for learners with higher prior knowledge [3]. We designed a teaching series that combines simulation, and case-based learning (CBL) for first clinical year undergraduate medical students with intervals for independent research to address knowledge gaps.

Methods:
The series comprises three sessions per case, covering history-taking, examination, investigation, management planning, and communication. Students rotate through roles including history taking, physical examination, ordering and interpreting investigations, explaining diagnoses, and agreeing on management plans. Breaks between steps allow for feedback, group discussion, and self-directed research. Data collection includes pre-, mid-, and post-series questionnaires assessing confidence, clinical reasoning, and professional development.

Results:
Quantitative analysis will assess changes in confidence and learning using paired t-tests or Wilcoxon rank tests, while qualitative feedback will be analyzed thematically to capture student perspectives. Comparisons with traditional CBL will evaluate engagement, learning, and clinical relevance.

Discussion:
This staggered simulation approach offers a low-cost, high-impact method that could transform early clinical training. The series meets key learning objectives and promotes professional identity formation. Findings will guide curriculum development and offer a framework for similar models in medical institutions.

References:
1. Keskitalo et al., 2014: Benefits of simulation in reflective learning.
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The Cost Of Sustainability? What Is The Waste, Cost And Time Difference Involved In Re-Using Catheter Packs As Opposed To Using Pre-Made Packs, For Undergraduate Medical Student Teaching?

Presentation type:
Poster Presentation

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Dr Elizabeth Tighe, University Hospitals Bristol and Weston NHS Foundation Trust/University of Bristol
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Background:
It is recognised that healthcare produces significant amounts of waste, especially within medical education. The NHS in England produces 5.4% of the total carbon emissions in the country, of which a significant proportion is attributed to procured goods [1]. Within the teaching of clinical skills, there is an associated financial and environmental cost to the use and disposal of medical equipment. South Bristol Academy currently makes up its own catheter packs for medical student teaching, reusing certain elements of the catheter pack in order to avoid waste and reduce financial cost. Research already exists regarding the financial savings associated through reuse of clinical equipment for teaching [2]. However, this work has not considered the processing costs involved in reusing specific equipment. This includes the time involved in preparing the necessary materials prior to session delivery. This work will explore the value of any financial and environmental savings through re-use, compared to the costs (person, packaging, cleaning and preparation of previously used items) involved.

Methods:
Data will be collected on the physical amount of waste (in Kg) generated after each session. Furthermore, the cost of the catheter equipment will be estimated from figures taken from the procurement website used by South Bristol Academy. Time to prepare the sessions will be measured in minutes. Finally, the costs involved in preparation will be measured, such as cleaning, packaging and the personnel cost of using a Clinical Teaching Fellow during this preparation time. Comparisons will be drawn using the data between the two sessions. Data will be gathered on weight (in Kg), total cost (in £) and the time taken to prepare the sessions (in minutes). This data will be analysed to illustrate any differences.

Results, discussion and conclusions:
Data collection is currently in progress, with results hoping to be processed in April 2025.

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Enhancing Clinical Placement Evaluation For Medical Students At Imperial College London

Presentation type:
Poster Presentation

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Abstract:
Medical education at Imperial College London continually evolves to meet the demands of dynamic clinical training. Unfortunately, the current evaluation system, SOLE (Student Online Evaluation), suffers from low participation rates, limiting its ability to improve student experience. Without comprehensive feedback, adapting and refining clinical placements to improve student experience and learning is challenging [1].

Our project aims to improve medical student experience using a new, anonymous evaluation tool to gather more representative and constructive feedback from medical students following their clinical placements.

We plan to introduce an anonymous questionnaire at the end of each 8-week placement, allowing students to provide honest feedback on areas such as teaching quality, organisation, staff engagement, and overall experience. Students will complete the questionnaire during their final teaching session, ensuring timely feedback on their experience. The questionnaire design, informed by established survey checklists and King's and EDU toolkits [2], will provide clarity and relevance while minimising completion time. Questions will be reviewed by an expert before piloting the evaluation tool with a cohort of third-year medical students across medicine and surgery placements.

We anticipate a significant increase in student participation; completing evaluation in-session avoids barriers associated with retrospective online completion. The anonymous nature of evaluation will encourage honest and specific comments. The data collected will guide targeted change to enhance student learning and engagement and influence 'faculty-student interaction' [3].

The project provides a structured approach to improving medical education by modifying evaluation methods, in turn, optimising the effectiveness of clinical placement and student experience.

References:
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Developing Final Year Student Confidence In Radiology In Preparation For Medical Practice Using The Royal College Of Radiologists Undergraduate Curriculum

Presentation type:
Poster Presentation

Author(s):
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Background:
The use of radiology in clinical practice in continuously expanding. However, teaching in undergraduate education is variable, with students and junior doctors expressing often low levels of confidence in different domains. The Royal College of Radiologists (RCR) has created an undergraduate curriculum [1], with coverage of key domains mapped to the new General Medical Council (GMC) medical licensing assessment (MLA) exam [2]. It has been advocated to integrate this curriculum into undergraduate education [3]. This project aims to develop Final Year student confidence in key domains as outlined by the RCR undergraduate curriculum in advance of beginning clinical practice as FY1s.

Methods:
This project will be delivered at Northwick Park Hospital for approximately 50 Final Year Imperial Medical Students, who are post-final year exams and undertaking their 'Preparation for Practice' module. Students will fill a pre-programme questionnaire, answering Multiple Choice Questions (MCQs) without immediate feedback, followed by self-rating confidence in areas related to the RCR curriculum. The programme involves blended teaching, active learning and longitudinal assessment to facilitate longer learning and preparation for practice. First an interactive in-person lecture will be delivered, covering key topics. This will be followed by 14 short online quizzes on different domains utilising clinical imaging. Lastly, the initial questionnaire will be repeated post-programme with comparisons made between pre- and post-programme quiz scores and confidence ratings.

Anticipated results and discussion:
We hope to identify improved confidence in the domains preparing students for clinical practice. This may also demonstrate utility in applying the RCR curriculum in undergraduate radiology education.

References:
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Improving Departmental Induction For Safe Medical Practice: Supporting New Doctors, With A Focus On International Medical Graduates (IMGs), At University Hospitals Of Leicester (UHL)

Presentation type:
Poster Presentation

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Background:
At the start of each rotation, approximately 60% of doctors at University Hospitals of Leicester (UHL) are new to the Trust, some of whom are scheduled for out-of-hours (OOH) work during their first week. New doctors, particularly International Medical Graduates (IMGs), face challenges integrating into UHL in the early stages of their placement.[1] Patient safety concerns have occasionally been raised, with reports of inadequate preparation and difficulties using electronic systems.

Methods and Results:
To identify systemic deficiencies, we conducted four rounds of anonymous surveys with new residents and interviews with Junior Doctor Administrators. We received 88 responses, 70% from new residents, with 35% reporting OOH work in their first week. The findings guided the development of actionable recommendations, which were submitted to the Director of Medical Education.

Discussion:
These include offering unpaid shadowing opportunities, particularly for IMGs, prior to their start dates, and minimising OOH work during new residents' first week. They also involve incorporating a dedicated IMG induction covering procedures and skills revision; providing early access and training for IT systems; and standardising departmental inductions using innovative and accessible platforms such as Padlet.

Conclusion:
Inadequate induction is a significant safety concern, as unprepared doctors may contribute to medical errors and delays in care.[2] Improving induction can enhance preparedness, confidence, and clinical efficiency, creating a safer and more supportive environment for new residents.[3] The impact of these changes will be reassessed through follow-up surveys, refining the process further. Once implemented, these recommendations could serve as a model for enhancing induction programs across the NHS.

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Saving The Planet, One Lesson At A Time: An Evaluation Of Teaching Methodologies Used To Integrate Sustainable Healthcare Education Into Medical Curricula

Presentation type:
Poster Presentation

Author(s):
Dr Maddie Runagall, University Hospitals Dorset

Background:
Sustainable Healthcare Education (SHE) is becoming an increasingly important topic, with the population affected both physically and mentally by climate change increasing year-on-year [1]. A large driver of poor environmental health is the healthcare industry [2] highlighting the necessity of education about the effects of the environment on health, but also healthcare's impact on the environment. We have identified this need, however, there is little research to help inform how to integrate the topic into teaching. This systematic review aims to investigate which teaching methodologies are most effective to integrate SHE into medical curricula.

Methods:
A systematic search, reference chaining and searching of grey literature was used to identify all relevant research. Narrative synthesis was then conducted, using the convergent integrated approach, followed by thematic analysis.

Results:
285 articles were identified, of which 24 were deemed relevant. These looked at a variety of teaching methodologies, including case-based/problem-based learning, real-life experience, e-learning, game-based learning, role-play and lectures.

Discussion:
All methods were effective at improving the learners' understanding and attitudes towards sustainable healthcare. Thematic analysis identified real-life experience, case-based and game-based methodologies to be most effective. Real-life experience and case-based methods were empowering, engaging and relevant; whilst game-based methods best facilitated reflection and peer-learning.

Conclusions:
Real-life experience, case-studies and game-based designs are most effective at integrating SHE into medical curricula. Due to limited data and high levels of heterogeneity, further research is needed; however this review provides a good foundation to guide the design of future climate-based programmes in medical training.

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The Benefits Of Near-Peer Teaching For Anaesthetic Trainees Sitting The Primary FRCA

Presentation type:
Poster Presentation

Author(s):
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Dr Henry Somers, Barts Health NHS Trust

Abstract:
A key concept within medical education is near-peer teaching (NPT). This is defined as "a trainee one or more years senior to another trainee on the same level of medical education" [1]. Part of the anaesthetics Primary FRCA is an oral exam (viva). Oral exams in general can evoke fear and anxiety amongst candidates [2]. In preparation, candidates are encouraged to practice speaking aloud, often with consultants. This can induce additional anxiety given the seniority of the colleague and the wish to avoid showing a lack of knowledge. NPT has been shown to improve learner confidence in sitting other oral exams as well as improving the teaching skills of the trainers [3].

We have created a near-peer online viva practice course with the aim of improving confidence in the oral exam format and providing a less stressful practice environment. We also felt extra benefits of NPT in this context could include the up-to-date content of the course and the relatability of the course facilitators to the candidates due to them having sat the same exam recently. There are also benefits to the trainers themselves through development of presentation and teaching skills along with increased retention of specialty-specific clinical knowledge.

We have run two cycles of this course so far. Our pre-course data showed that 93% preferred near-peer practice compared to with a consultant. Preliminary post-course data shows a significant increase in confidence in exam format understanding and delivery, as well as a reduction in overall anxiety.

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See It To Believe It: Improving Medical Student Confidence In Direct Ophthalmoscopy

Presentation type:
Poster Presentation

Author(s):
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Background:
Direct ophthalmoscopy is an important skill aiding the diagnosis of various ophthalmic and systemic conditions. The General Medical Council (GMC) recognises that newly qualified doctors must be able to perform direct ophthalmoscopy and identify common abnormalities under indirect supervision [1]. Despite its importance, studies have consistently show that medical students and non-ophthalmic clinicians often lack confidence and proficiency in performing fundoscopy. Factors contributing to this include limited practical exposure, inadequate training during medical school, and technical challenges associated with the procedure [2,3]

Methods:
To address these challenges, we implemented a two-stage teaching intervention aimed at improving fundoscopy competence among final-year medical students. The first stage involved a practical workshop where students practiced direct ophthalmoscopy on each other after pupil dilation with tropicamide 0.5% eye drops. The second stage consisted of a didactic session featuring clinical images to enhance recognition of common ophthalmic abnormalities. Pre- and post-workshop questionnaires assessed student confidence in performing fundoscopy, identifying papilledema, and making appropriate ophthalmology referrals.

Results:
Prior to the workshop, a significant proportion of students reported low confidence in their fundoscopy skills and in identifying critical findings such as papilledema. Post-workshop assessments demonstrated a marked improvement, with most students expressing increased confidence in both performing the examination and recognizing key pathologies.

Conclusion:
A structured teaching approach that combines hands-on practice with pupil dilation and targeted didactic sessions significantly enhances medical student confidence in fundoscopy. This method addresses previously identified barriers in fundoscopy education and aligns with GMC competencies, serving as an effective model for integrating essential ophthalmic skills into undergraduate medical curricula. Future developments include distribution of this teaching model to be delivered by other clinical centres locally.

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Clinical Educators Of The Future: A Program Of Faculty Development In Medical Education For Foundation Doctors

Presentation type:
Poster Presentation

Author(s):
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Background:
Interest in medical education for early career doctors is on the rise, but medical education training is limited [1]. Medical education faculty development programmes that include foundation year doctors (FDs) are needed to continue to train the clinical educators of the future.

Methods:
A group of clinical educators designed a curriculum collaboratively based on medical education pedagogy and experience, and interested foundation year doctors were recruited to a pilot. A pre-programme questionnaire established teaching practices and needs of FDs. Faculty reflection and peer review informed evaluation of the course.

Results:
The curriculum designed included key areas of medical education practice, divided between two days. First involved tutor-led discussions on pedagogy, feedback, and lesson planning. Secondly, FDs lead medical student teaching on clinical skills, with feedback given by faculty. 12 FDs were recruited, with 9 attending (75% retention). The pre-course questionnaire (88% response rate, n=8/9) showed frequent bedside teaching (87%, n=7), confidence (75%, n=6) but not often satisfaction with their teaching (75%, n=6). FDs' engagement with post-course evaluation was low (response rate of 25%, n=2). Faculty reflection was a positive approach and generated ideas for improvement.

Discussion:
The doctors had high levels of engagement with students, but confidence did not translate into satisfaction, and knowledge gaps were identified. Reflection and peer review provided good insights into the programme and its need. Engaging doctors in post-course evaluation requires development and the results are limited by the sample size. Such programmes are feasible to continue faculty development of FDs and facilitate development of clinical educators from the start of clinical practice.

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Using Bespoke Simulations To Improve Preparedness Of Final Year Medical Students For Foundation Year Training

Presentation type:
Poster Presentation

Author(s):
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Introduction:
The transition from students to practitioners often causes anxiety and feelings of unpreparedness [1]. The assistantship programme, a requirement by the General Medical Council before starting as Foundation doctors [2], typically limits students to one specialty. This focus may not align with their first rotation and can leave them unprepared for scenarios they find challenging. Simulation can effectively bridge knowledge gaps in a risk-free environment, enhancing both confidence and competence [3]. Consequently, bespoke simulations were developed to address students' specific needs and concerns.

Methods:
A questionnaire was administered to final-year medical students at the University of Southampton regarding their assistantships at Poole Hospital. This survey identified clinical scenarios that caused anxiety or feelings of unpreparedness. Based on the responses, high-fidelity simulations using a computerized manikin were created to replicate relevant scenarios. Each session included debriefing tailored for self-reflection and feedback. A post-simulation survey assessed changes in confidence levels using a rating scale, while students' knowledge was evaluated with multiple-choice questions (MCQs) before and after the simulations.

Results:
Students reported a significant increase in confidence and preparedness for clinical scenarios. Additionally, there was a notable improvement in average MCQ scores, rising from 46% to 85%.

Conclusion:
This project highlights the effectiveness of bespoke simulation as a targeted educational tool, combined with debriefing to enhance learning and reflection.

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RHC Paediatric Orthopaedic Teaching Programme Audit 2024

Presentation type:
Poster Presentation

Author(s):
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Background:
The Royal Hospital for Children (RHC), Glasgow, implemented a Paediatric Orthopaedic Teaching Programme for Foundation Year 1 (FY1) doctors from September to December 2024 to address gaps in their knowledge and competency regarding paediatric orthopaedics, which were identified via pre-feedback forms.

Aim:
The primary aim was to enhance their understanding of common presentations, pathologies, and examination techniques to provide knowledge and help meet the requirements for the Annual Review of Competence Progression (ARCP) and provide an opportunity for FY1s to complete necessary Supervised Learning Events (SLEs), aimed at covering requirements listed in the GMC's Good Medical Practice [1].

Methods:
A pre-teaching feedback form [2] assessed the FY1s' baseline knowledge, followed by a series of targeted teaching sessions, and a post-teaching questionnaire evaluated the effectiveness of the programme. The teaching schedule included sessions on history taking, examination techniques, post-operative care, fracture management, and x-ray interpretation, delivered by Clinical Development Fellows.

Results:
The results indicated that the majority of the FY1 cohort showed improved confidence in their knowledge of paediatric orthopaedic conditions, post-operative care, and fracture patterns. For instance, FY1s reported increased competence in caring for paediatric orthopaedic patients post-operatively, with the average score rising from 2.6 to 4.33 (out of 5). However, the examination of orthopaedic patients showed less improvement, potentially due to limited attendance at bedside teaching sessions 3.4 to 3.33 (out of 5).

Conclusion:
The completed first stage audit suggested the teaching programme was beneficial, with positive outcomes in feedback in four of five areas assessed. Areas for improvement include starting the teaching earlier in the rotation, increasing bedside teaching opportunities, and incorporating more regular SpR involvement. Re-auditing is recommended after these adjustments to further enhance the teaching programme's effectiveness in meeting the FY1s' educational needs.

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Empowering Resident Doctors New To The ITU: A Starter Guide To Drugs And Equipment In Intensive Care Medicine

Presentation type:
Poster Presentation

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Description of problem:
Many of the resident doctors rotating to Intensive Care Medicine reported lack of familiarity with many of the drugs and equipment used on ITU, in terms of awareness or experience with adjustment criteria. This mostly related to the fact that many drugs and equipment used on ITU are different to those used in other specialties, especially for Foundation Doctors and Core Trainees. It was determined that giving the doctors awareness of some of these drugs and pieces of equipment from the start of their rotation would to enable to them to have a strong foundation to further their knowledge across the remainder of their rotation on ITU.

Project Idea:
A pocket-sized introduction booklet was created, with information including the common drugs and equipment used as standard on the ITU – drugs (e.g. sedatives, paralysing agents, inotropes), equipment (e.g. ventilation, renal filtration), and monitoring (central lines, arterial lines, observation charts). The booklet is divided into these sections and is focussed on colour co-ordination and imagery to aid association with the real-life equipment on the unit. There is a further reference section at the end to assist with further reading and reference material.

Question to discuss with audience:
- How accessible is your current specialty to rotating resident doctors?
- Is there anything you could do to ease the transition process and enable the new residents to build on their knowledge and confidence more efficiently?

References:
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Paediatric Emergency Simulation: The Creation & Implementation Of A Functional MDT Simulation-Based Training Faculty

Presentation type:
Poster Presentation

Author(s):
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Introduction:
Paediatric simulation-based team training is becoming more common over the last years [1-3]. This is defined as simulation that aims to mimic real acute situations. Our paediatric emergency (PEM) department had simulation led ad-hoc by Consultants without MDT's involvement. We decided to implement a new simulation faculty, improving the quality of simulation-based training.

Methods:
We created an MDT simulation-based training framework in the PEM department at St Marys Hospital, with approval from Imperial College NHS Trust's Simulation directive. The framework included: 1) in-situ routine simulations 2) MDT faculty's hierarchy, 3) a curriculum, and 4) an online rota, from September 2024 to February 2025. Feedback was obtained using a Likert-scale questionnaire assessing: a) relevance, b) content, c) learning, and d) Faculty's performance, scoring in a scale from "1" to "10", "1" being not good to "10" being very good.

Results:
A total of 6 simulation sessions were conducted in 6 months, with 31 feedback surveys obtained. In terms of relevance, 25 (81%) responders scored "10", while 3 (9.6%) and 2 (6.45%) scored "9" and "8" respectively. Whan it came to content, 24 (77.4%) responders scored "10", and a score of "9" and "8" was obtained in 2 (6.4%) and 4 (13%) cases. In terms of learning, 21 (68%) of 31 responders scored "10", and 4 (13%) scored "9" with 3 scoring "8" while scores of "6" and "7" shared 1 (3.2%) responder respectively. Finally, the faculty performance was rated as "10" in 28 (90.3%) cases, scoring "9" and "8" in 2 (6.45%) and 1 (3.2%) in each case. No scores below 6 were obtained.

Conclusion:
Our Framework proved successful delivering simulation, obtaining good feedback in: a) relevance, b) content, c) learning, and d) Faculty's performance. This framework could be replicated and implemented by other departments that lack structured simulation faculty.

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3. Fernandez R, Vozenilek JA, Hegarty CB, et al. Developing expert medical teams: toward an evidence-based approach. Acad Emerg Med 2008;15:1025–36.

Kahoot! And Medical Education: A Systematic Review

Presentation type:
Poster Presentation

Author(s):
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Introduction (missing start of the text):
Technology-enhanced learning (TEL) has seen a surge in its development and use over the last decade. However, traditional didactic teaching remains a dominant method used by educators in medical school[1] with little interactivity built in. Incorporating TEL in medical education has been shown to encourage motivation and engagement, which is necessary for retention and application of information[2]. One of the platforms, Kahoot!, has been used for teaching, quizzes and assessment of learning[3]. This review aims to evaluate the currently existing evidence on perceptions of using Kahoot! as a learning tool and its impact on academic performance.

Methods:
A systematic review was performed to explore the use and perceptions of Kahoot! in the education of medical students and evaluate its impact on academic performance. A search of PubMed, Cochrane database and SCOPUS was conducted from 2021 to 2025.

Results:
Thus far, the search yielded 175 articles, of which 17 studies were included in this systematic review. Five studies were based on survey feedback, three studies were based solely on objective assessment, and nine studies had a combination of survey feedback and objective assessment. Many studies reported a positive response and engagement with Kahoot! based on student feedback. Additionally, the majority studies demonstrated that medical students favoured the incorporation of Kahoot! over only attending traditional lectures with no interactive technology. Regarding the impact on academic performance, the results were varied. Some studies showed an improvement in assessment score while others showed no statistically significant difference.

Conclusion:
TEL using Kahoot! encouraged motivation and learning amongst medical students. However, the impact on academic performance was varied. Therefore, a meta-analysis may need to be conducted to accurately demonstrate these data. Additionally, further searches, such as using Google scholar, will allow the inclusion of grey literature in this study, which we will incorporate.

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Quality Improvement Project: Tap In 24 Hours! Improving The Number Of Early Ascitic Taps Using Simulation-Based Training

Presentation type:
Poster Presentation

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Background:
Early Ascitic tap within 24-hours of admission for Decompensated Liver Cirrhosis (DLC) is essential to rule out Spontaneous Bacterial Peritonitis (SBP), reducing morbidity, mortality and hospital stay [1,2]. At Princess Royal University Hospital, 14.2% of DLC patients had timely Ascitic taps between 1st March-1st April 2024. Questionnaires revealed 79.3% of Resident doctors had never performed an unsupervised Ascitic tap, and 63% had not performed one under supervision.

Aims:
- Increase Ascitic taps (within 24-hours) for DLC patients by 50% over 6-months.
- Improve Resident doctors' confidence and competence in performing Ascitic taps.

Methods:
A two-cycle Plan-Do-Study-Act approach was implemented. Cycle 1 introduced a monthly simulation-based 'Ascitic Tap and Paracentesis Workshop' (August-December 2024). Outcomes measured included teaching quality, self-reported confidence (pre/post-workshop questionnaires), and the proportion of Ascitic taps performed within 24-hours. Cycle 2 involved restructuring the workshop, delivering teaching at Grand Round on DLC and ascites management, and developing a poster emphasising timely Ascitic taps. Questionnaires were refined to identify barriers (e.g. awareness of indications and complications).

Results:
After Cycle 1, confidence in performing unsupervised Ascitic taps improved from 2.6 to 4.5 (1=low, 5=high; n=15) and timely Ascitic taps increased from 14.2% to 25%. Following Cycle 2, timely Ascitic taps rose to 57.1%. Among 30 doctors, 90.9% strongly agreed the workshop was well delivered, and 100% felt it would improve their clinical practice. Confidence improved for new attendees (1.88 to 4.4), including awareness of indications (2.3 to 4.3) and required investigations (2.41 to 4.8). No procedural complications were reported.

Conclusion and Discussion:
Our simulation-based workshops significantly improved confidence and competence in performing timely unsupervised Ascitic taps in DLC patients. This evidence-based practice will likely improve patient care. Nationally, the significance of early Ascitic taps for SBP should be promoted similarly to the Sepsis 6 approach [3], which has become deeply embedded into medical practice.

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1. British Society of Gastroenterology (BSG). Guidelines on the management of ascites in cirrhosis. Gut. 2021;70(1):9-29. doi:10.1136/gutjnl-2020-321026.
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Enhancing Clinical Education With Appreciative Inquiry: A Peer Exit Interview Pilot In The ELHT Foundation Programme

Presentation type:
Poster Presentation

Author(s):
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Abstract:
Postgraduate medical trainees in the UK face a myriad of challenges, ranging from inadequate support systems to inconsistent educational practices [1]. Due to rotational training their perspectives are often overlooked, missing valuable opportunities to enhance educational programmes. Recognising good practice is key to improving medical training. The Learning from Excellence (LfE) interview framework, which applies appreciative inquiry methodology, offers a structured approach to highlight positive training experiences [2,3]. This pilot project explores how peer exit interviews, guided by the LfE framework, can help enhance clinical education, through supporting and listening to foundation doctors to generate potential foundation programme improvements. It also evaluates the LfE framework as an interview tool.

The pilot, conducted within an NHS trust in Lancashire, invited foundation doctors to voluntary peer exit interviews. The interviews were facilitated face-to-face and captured anonymised reflections on their training experiences.

Findings from ten interviews demonstrated strong engagement and insightful contributions. Key themes highlighted the importance of mentorship and structured clinical teaching, alongside persistent concerns about senior support and staffing challenges. These insights will inform targeted improvements to the local foundation programme and contribute to discussions for further research in postgraduate medical education.

This pilot highlights the potential of peer exit interviews in fostering a culture of continuous improvement in post-graduate medical training. By focusing on successes and areas for change, this approach supports recommendations on trainee-led feedback and offers a scalable model for enhancing foundation training across the UK. It also highlights the need for further integration of appreciative inquiry to improve clinical education.

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Developing Compassionate Relational Approaches In Multidisciplinary Healthcare Education

Presentation type:
Poster Presentation

Author(s):
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Abstract:
Relational compassionate care is at the heart of medicine amidst the experience of life-changing and life-limiting illness. It is recognised that this care also impacts on the wellbeing of healthcare professionals. However, patients and families recognise the value of compassionate care and the identification of their values alongside their psychological and spiritual needs as part of holistic whole-person care. How relational empathy and compassionate approaches to care are taught in medical curricula remains fluid with wide divergence in how it is integrated into teaching and learning in medical education.

As part of a new masters level programme in palliative care the inclusion of novel approaches to compassionate relational care were introduced with multidisciplinary participants from the disciplines of medicine, nursing, socialwork, physiotherapy, spiritual care and clinical nurse specialists as part of a shared multidisciplinary approach to medical education.

Various learning methodologies were used to provide an experiential and reflective approaches to patient care which emphasised the importance of the 'self' as practitioner and how this can impact on the experience of care. Drawing on the scholarship of teaching and learning, participants engaged in reflective practice activities, experiential learning opportunities and integrated approaches to learning to develop relational and compassionate competencies and confidence as healthcare professionals.

The feedback from this approach has been overwhelmingly positive and participants expressed appreciation for how these approaches to learning enhanced their clinical skills, empathic awareness and an acknowledgement of their own values as healthcare professionals to suggest greater role satisfaction and potentially lower risk of burnout amidst emotionally challenging healthcare interventions. The growing developments of Artificial Intelligence raises the importance of how healthcare professionals continue to develop what are essentially 'human' relational skills. This presentation aims to share these experiences and to highlight how compassionate relational approaches in healthcare can be fostered in medical education.

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Sepsis: Code Red-emption - Beat the clock!

Presentation type:
Poster Presentation

Author(s):
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Background:
Escape rooms are increasingly used in medical education to create immersive learning experiences [1]. These interactive environments enhance clinical skills, promote diagnostic and management abilities, and simulate real-world pressures [2]. This project developed a sepsis-themed escape room, Sepsis: Code Red-emption, set in a catastrophe scenario with logistical pressures, such as limited senior support. Unlike traditional simulations, this approach allows participants to perform practical skills in real time, assess and diagnose while adhering to the critical 1-hour sepsis guideline [3].

Methods:
A escape room flow which incorporated puzzles covering the full spectrum of sepsis care—from recognition to management and handover was designed. Current literature was consulted to ensure effective development. It was focused on simultaneous management of practical tasks such as cannulation, phlebotomy, catheterisation, real-time prescribing, and consulting local guidelines as well as clinical decision making under logistical pressures. The escape room was first piloted with a trained doctor and nurse, refining the flow before delivery to fourth-year medical students from the University of Cambridge. Evaluations included surveys and semi-structured interviews to assess the learning experience.

Results:
Formal sessions with medical students are scheduled from March to April. Preliminary feedback from the pilot highlights the escape room's effectiveness in mimicking real-life challenges, including balancing practical tasks and communication to consolidate information gained by different participants and different points during the flow (mimicking a flash team in an emergency scenario).

Discussion:
Data analysis will evaluate how well the escape room supports learners in managing practical and clinical tasks under tight time constraints. The study will explore whether this method boosts confidence in the non-technical aspects of emergency scenarios.

Conclusions:
Final results are pending.

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3. National Institute for Health and Care Excellence (NICE). Sepsis: Recognition, Diagnosis and Early Management. NICE Guideline. 2023

Empowering Students In Surgical Theatre: The Role Of Tiktok In Medical Education

Presentation type:
Poster Presentation

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Background:
Social media platforms, such as TikTok (ByteDance, China), are increasingly utilised in medical education, providing students with engaging ways to collaboratively learn and share knowledge [1]. The surgical theatre environment can be intimidating for undergraduate medical students, often limiting engagement. This study explores the use of TikTok to increase student familiarity and confidence with the theatre setting to encourage greater attendance at surgical cases.

Methods:
Five short TikTok videos (@medteachertok) were created, covering topics including a 'Theatre Equipment Guide', '5 Top Theatre Tips' and 'Introduction to Scrubbing'. These videos were distributed to third-year medical students at the start of their surgical placement.
theatre environment, and attendance at surgical cases using a 5-point Likert scale. Two open-ended questions were included for qualitative feedback.

Results:
Over eight weeks, the TikTok videos gained 19,000 views, 823 likes, and 47 shares. Provisional survey data (n = 12) revealed 100% of students attended surgical cases. Additionally, 92% of students agreed or strongly agreed that watching the surgical TikToks was useful for understanding the theatre environment, 83% felt the videos increased their confidence in how they should approach observing surgical cases, 75% felt the videos encouraged them to attend theatre and 92% felt watching educational TikToks a helpful way to learn.

Discussion:
This data reveals that TikTok is an important tool that can be utilised in medical education, enhancing undergraduate's familiarity with surgical environments and boosting their confidence to engage in theatre. The videos will be distributed to future surgical rotation students and further results will be collected.

Conclusions:
In conclusion, TikTok can be an effective tool in medical education, offering a modern approach to learning in surgical settings.

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Introduction Of A New Teaching Session For 3rd Year Medical Students: 'A To E Approach Of A Critically Ill Surgical Patient' - A Quality Improvement Project

Presentation type:
Poster Presentation

Author(s):
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Background:
Third-year medical students on their first clinical rotation often struggle to implement history-taking and physical examination skills in the fast-paced emergency setting, especially when dealing with critically ill surgical patients. The chaotic environment, time constraints, and urgency of patient care make it difficult to conduct a comprehensive assessment. To adapt, students should focus on gathering key information efficiently and the physical examination should be targeted, prioritizing the ABCDE approach (Airway, Breathing, Circulation, Disability, Exposure) to quickly identify life-threatening conditions.

Methods:
At the end of the rotation of the first cohort of the academic year 2023-2024, feedback was collected and it was found out that students were struggling with the real patients at the surgical wards. Then, it was decided to introduce a new session to their weekly timetable, called 'A to E approach to critically ill surgical patients'. This session aimed to help students practice the A to E approach in simulated surgical emergency scenarios. All students had 2 sessions of 1.5-hour during their placement. Explanation of the scenario and feedback were given at the end.

Results:
Trying to follow a structure similar to CCrISP surgical course, emergency scenarios, such as cholangitis, pancreatitis, rectal or upper GI bleeding and trauma, were given to students and asked them to coordinate and 'run' the scenario like in real settings using models. At the end, 89% of students found the session useful, understandable and engaging while 72% felt more confident to apply the skills learned in the session to a real clinical setting.

Discussion/Conclusions:
Continuing the sessions to the next cohorts and trying to increase them up to 4/cohort are our goals. Staying calm and following the taught systematic approach will help students build confidence and improve their ability to assess and manage critically ill patients in high-pressure situations.

References:
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Full Circle Anatomical Teaching: Adaptation And National Expansion Of An Intercalator-Led Anatomy Teaching Programme To Supplement The Anatomy Education Of First- And Second-Year Medical Students

Presentation type:
Poster Presentation

Author(s):
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Introduction:
In 2023, we introduced a novel near-peer anatomy teaching programme [1,2] at Bristol Medical School, in which graduates from the Anatomy intercalation programme taught anatomy to first- and second-year students. This mutually beneficial programme was extremely well received by both tutors and students. The insight and contacts gained following presentation at TASME 2024 allowed for expansion and adaptation of the scheme to run at multiple different medical schools this year.

Methods:
Having reached out to medical schools delivering an anatomy-related intercalation in the UK, we formed an organising group alongside students from Hull-York and Exeter Medical Schools. We met with each organiser to understand how the scheme could be adapted to fit with their unique early-year curriculum. We utilised WhatsApp for communication between organisers, and collected pre- and post-session feedback from students and tutors.

Results:
Seven in-person teaching sessions were delivered at 3 different campuses simultaneously (Bristol, Hull and York) between September 2024 – January 2025, for first-year students. Sessions for second-year students are currently ongoing at Bristol and Exeter. Feedback was extremely strong from students, which alongside high attendances of 25-50 at each campus, demonstrates the demand for supplemental anatomy teaching for those learning for the first time. Feedback from tutors showed an improvement in confidence of teaching, public speaking and anatomical understanding.

Conclusion:
The success of this novel teaching concept at a national level exemplifies the adaptability of such a scheme, and the benefit it can have for medical students across the UK. We strongly believe this has the potential to be further adapted for other domains of medical education including physiology and research. Finally, presentation and discussion at TASME 2024 provided insight and contacts, which ultimately lead to expansion of this scheme. Thus, we highlight the benefit of such conferences for novel teaching concepts such as ours.

References:
1. Evans DJ, Cuffe T. Near-peer teaching in anatomy: An approach for deeper learning. Anatomical sciences education. 2009 Oct;2(5):227-33.
2. Ten Cate O, Durning S. Peer teaching in medical education: twelve reasons to move from theory to practice. Medical teacher. 2007 Jan 1;29(6):591-9.

Empowering Surgical Teams: The Development And Evaluation Of The Physician Associates Surgical Skills And Assisting Course (PASSAC)

Presentation type:
Poster Presentation

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Miss Joanna Miles, Guy's and St Thomas' NHS Foundation Trust
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Background:
Surgical teams within the National Health Service (NHS) face workforce challenges. The Physician Associates Surgical Skills and Assisting Course (PASSAC) is a blended teaching programme developed to train allied healthcare professionals (AHPs) in the etiquette of surgical assisting through simulation-based learning (SBL). This study evaluates the course's design, delivery, and outcomes, with a focus on participants' confidence, knowledge, and practical skills.

Study Design:
The one-day PASSAC course combined theoretical instruction with hands-on practice, covering key competencies including instrument handling, basic surgical procedural skills, and aseptic techniques. High-fidelity simulations replicated real-world operating environments, fostering teamwork, communication, and decision-making. A pre-course textbook was provided for learners to review content offsite from the simulation lab. Delegates completed pre- and post-course questionnaires to assess the course's impact on their knowledge, skills and clinical practice.

Results:
Significant improvements were noted across all domains, with participants reporting increased confidence in assisting during surgery and better understanding of intraoperative protocols. Qualitative feedback highlighted the value of SBL in reducing anxiety and enhancing readiness for clinical practice. PASSAC employs evidence-based educational theory resulting in high participant satisfaction with the course structure, content, and relevance to their roles in surgical care. By equipping AHPs with these skills, PASSAC supports multidisciplinary collaboration and optimises NHS workforce utilization.

Conclusions:
PASSAC demonstrates the potential of SBL to address workforce gaps, improve surgical team effectiveness, and enhance patient care outcomes. Further research is recommended to assess the long-term impact of this educational intervention on clinical practice across NHS institutions.

Assessing Pre-Clinical And Clinical Medical Student Exposure To Oral And Maxillofacial Surgery In A London-Based Medical School

Presentation type:
Poster Presentation

Author(s):
Dr Kellie Stevens, Barts Health NHS Trust

Abstract:
This study evaluates medical student exposure to Oral and Maxillofacial Surgery (OMFS) at both pre-clinical and clinical levels in a central London medical school. The aim is to assess OMFS inclusion in the curriculum in Trusts with OMFS centres. Previous studies suggest inadequate exposure to OMFS in UK medical schools.

Two cohorts of students were surveyed: one at the end of their clinical years and pre-clinical training. The primary outcome assessed whether students were aware of OMFS and whether this knowledge came from their medical education or other sources. Secondary outcomes included depth of knowledge, interest in pursuing OMFS, and awareness of training pathways.

Among 33 participants, 19 were final-year students, and 24 were in their third year. Awareness of OMFS was reported by 94.7% of final-year and 41.7% of third-year students. However, only 8.3% of third-year students recalled any OMFS teaching during pre-clinical years, with none of the final-year students reporting such exposure. During clinical years, 26.4% of final-year students had some OMFS exposure. Awareness of the OMFS training pathway was reported by 52.6% of final-year and 20.8% of third-year students, with 10.5% of final-year and 8.3% of third-year students having already studied dentistry. A majority (75% of third-year and 52.6% of final-year students) expressed a desire for more information on OMFS.

OMFS remains significantly underrepresented in medical school curricula, leading to limited exposure and understanding among students. Greater efforts are needed to integrate OMFS education into medical training to improve awareness and interest in the field.

The Role Of Chatgpt In Enhancing Undergraduate Medical Education: A Review Of Its Utility And Impact On Exam Performance

Presentation type:
Poster Presentation

Author(s):
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Background:
ChatGPT's integration into undergraduate medical education harnesses advanced natural language processing to deliver interactive, personalised learning experiences. However, its precise impact on examination performance, theoretical knowledge acquisition, and student engagement remains to be fully elucidated.

Methods:
A systematic literature review was conducted in accordance with PRISMA guidelines. Comprehensive searches were undertaken across the Web of Science, Cochrane, and MEDLINE databases from inception until May 2024. Studies were included if they evaluated ChatGPT's impact on exam preparation and performance in undergraduate medical education. Quality assessments were carried out using the Newcastle-Ottawa scale, the Cochrane risk of bias tool, and the GRADE criteria.

Results:
The initial search yielded 638 articles, with 121 duplicates removed. Following abstract screening and full-text analysis of 18 studies, 5 met the inclusion criteria. These studies indicate that ChatGPT-based learning can enhance theoretical understanding and examination performance, as evidenced by improved standardised test scores and practical assessments. Student satisfaction and engagement also appeared to increase when ChatGPT was integrated into blended teaching approaches. Nevertheless, occasional inaccuracies in AI-generated content were noted, and variations in learning environments were identified as potential confounding factors.

Discussion and Conclusions:
This qualitative review suggests that ChatGPT holds considerable promise as an adjunct to traditional teaching methods in undergraduate medical education. Its benefits appear context-dependent, underscoring the need for tailored integration strategies to address issues of accuracy and reliability. Further research is warranted to explore long-term outcomes and to refine ChatGPT's role in shaping future medical curricula.

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Araji T, Brooks AD. Evaluating the role of ChatGPT as a study aid in medical education in surgery. J Surg Educ. 2024;81(5):753-757. doi:10.1016/j.jsurg.2024.01.014

Wu C, Chen L, Han M, Li Z, Yang N, Yu C. Application of ChatGPT-based blended medical teaching in clinical education of hepatobiliary surgery. Med Teach. 2024;1-5. doi:10.1080/0142159X.2024.2339412

SUTURE-3D – Suturing Using Traditional Equipment vs 3D-Printed Models for Skill Acquisition, A Cross-Over Trial for Medical Students

Presentation type:
Poster Presentation

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Background:
Recent reviews have highlighted a deterioration in the quality of surgical education following the COVID-19 pandemic [1]. Concerns were raised by trainees and students alike surrounding reduced opportunities for learning basic surgical skills, such as suturing [2]. 3D printing is an emerging technology that has been used successfully in surgical disciplines, including medical education, showing promise in improving fidelity and expanding learning opportunities for students and doctors [3].

Methods:
We developed 3D-printed models designed to improve manual dexterity and suture practice, drawing on insights from microsurgical training. A cross-over trial was designed with two sessions at least one week apart, with students randomised to either the standard Limbs and Thingsã suturing pad or the new 3D printed models at the first session and crossing-over at the second session. Students were assessed at the beginning and end of each session using the marking rubric developed by the Royal College of Surgeons for the Basic Surgical Skills Course.

Results:
The trial is currently ongoing with results and statistical analysis planned prior to the conference date.

Discussion:
Surgical education is uniquely positioned to benefit from cost-effective methods of increased dexterity, which is especially important in a resource constrained system.

Conclusion:
This study evaluates the impact of bespoke 3D printed models on medical student suturing ability compared to standard teaching analogues assesses the impact on the development of medical student surgical skills. Key considerations include dexterity development, sharps safety, suturing effectiveness, and cost efficiency.

References:
1. Ravi K, Anyamele UA, Korch M, Badwi N, Daoud HA, Shah S. Undergraduate Surgical Education: a Global Perspective. Indian J SurgApr 2022;84(Suppl 1):153-161. doi:10.1007/s12262-021-02975-z

2. Glossop SC, Bhachoo H, Murray TM, et al. Undergraduate teaching of surgical skills in the UK: systematic review. BJS Open. Sep 5 2023;7(5)doi:10.1093/bjsopen/zrad083

3. Ye Z, Dun A, Jiang H, et al. The role of 3D printed models in the teaching of human anatomy: a systematic review and meta-analysis. BMC Medical Education. 2020/09/29 2020;20(1):335. doi:10.1186/s12909-020-02242-x

Maximising The Medical School Experience: The Importance Of Early Awareness In Preparing For Future IMT Applications

Presentation type:
Poster Presentation

Author(s):
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Background:
With Internal Medical Training becoming more competitive [1], future applicants need early awareness of application processes to increase their chances of success. Many points at the application stage are attainable in medical school.

Purpose:
Our aim was to increase awareness of how students can utilise their time and opportunities to maximise their future application scores. For instance, most medical school curricula mandate an audit or quality improvement project (QIP), many of which lead to a poster presentation. This would score points in multiple categories if students gain the appropriate evidence.

Methods:
We organised a voluntary careers fair at New Cross Hospital in the West Midlands, consisting of a lecture discussing specialty pathways and applications, followed by stations on QIPs, evidence gathering and alternatives to training. We asked students to fill out pre- and post-session questionnaires and compared this data to determine if the session was beneficial.

Results:
The session proved useful with 84% of students understanding how to score points, compared to 22% pre-session. 100% are now actively working on scoring points. The session also highlighted the mental health aspect of career planning. Pre-session, only 39% of students felt hopeful about their future career, this improved to 63%, however 100% felt stressed after the session, although some stress can enhance motivation [2].

Conclusions:
Students engaged well and commented that the session helped in preparing them for future applications. The questionnaire highlighted the mental health impact of careers planning. Medical curricula would benefit from incorporating more careers based sessions to students.

References:
1. NHS England. Document library. IMT Recruitment. [Internet]. https://www.imtrecruitment.org.uk/documents. Published 2025. Accessed February 21, 2025.
2. Cohen, R.A. Yerkes-Dodson Law. In: Kreutzer, J.S., DeLuca, J., Caplan, B. (eds). Encyclopedia of Clinical Neuropsychology. New York: Springer; 2011. p. 2737-2738.

Rheum To Reason: Can Medical Students Apply Diagnostic Reasoning?

Presentation type:
Poster Presentation

Author(s):
Dr Emily Jones, University of Liverpool
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Abstract:
Clinical Decision making is an integral part of medical practice. Medical teaching has been criticised for focussing education methods on developing knowledge alone, with fears that some students fail to master sound clinical decision making by the time they graduate.
This poster focuses on the use of an interactive teaching session using a non-specific presentation of systemic lupus erythematous (SLE) to enhance clinical decision making and encourage consideration of the interplay between different organ systems. A video-based teaching resource, co-produced with a patient diagnosed with SLE, was delivered to a student cohort and its effectiveness in developing clinical decision making was analysed.

A total of 24 students engaged in the teaching resource ranging from 5 to 12 participants in each session. Each student group developed similar differential diagnoses encompassing infective, rheumatological and malignant causes of presentation. All participants agreed that the resource was influential in developing clinical decision making, improving confidence in approaching complex patients.

Impact Of Mock OSCE Workshops On The Confidence Levels Of 5th Year Medical Students

Presentation type:
Poster Presentation

Author(s):
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Introduction:
Objective Structured Clinical Examinations (OSCEs) are widely used by medical schools to assess students' clinical competence [1]. However, OSCEs often induce significant stress and anxiety in students [2], potentially affecting their performance. We hypothesised that participating in mock OSCE workshops would enhance students' confidence levels in preparation for their summative OSCE.

Objective:
Our study aims to evaluate students' level of confidence prior to the OSCE workshop and compare this to their post-session confidence.

Method:
5th year medical students from the University of Leeds participated in structured mock OSCE workshops. Before and after the sessions, students completed self assessment surveys rating their confidence on a scale of 0 to 10 in key clinical competencies, including diagnosis, decision-making, clinical reasoning, professionalism and procedural skills.

Results:
The average pre-workshop rating was 4.97/10 which increased to 6.57/10 post-workshop across all the assessed domains, reflecting an overall 32% rise in confidence levels. Notably, the domain with the highest improvement was time management, which saw a 71% increase in confidence, followed by problem-solving with a 47% rise. Additionally, 95% of participants agreed or strongly agreed that the workshops enhanced their confidence and about 97% indicated they would recommend it to a colleague or friend. These results highlight the workshop's effectiveness in boosting confidence levels in preparation for OSCEs.

Conclusions:
This study has shown that the OSCE workshops increased the confidence levels for the majority of students in our cohort. The analysis shows that this is a useful and valued teaching method for our students. However, this study does not assess whether increased confidence translates to improved examination performance. This may be something to consider in future research.

References:
1. Zayyan M. Objective structured clinical examination: the assessment of choice. Oman Med J. 2011 Jul;26(4):219-22.
2. Brand HS, Schoonheim-Klein M. 2009. Is the OSCE more stressful? Examination anxiety and its consequences in different assessment methods in dental education. Eur J Dent Educ. 13(3):147–153.

Exploring The Benefits Of Ultrasound-Guided Cannulation Teaching For Junior Healthcare Professionals In A London Based District General Hospital

Presentation type:
Poster Presentation

Author(s):
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Dr John-Paul McNally-Reilly, King's College Hospital NHS Trust

Background:
The development of ultrasound (US) has revolutionised medical practice. Specifically, it's use in facilitating peripheral vascular access has helped to improve the efficiency of patient care, and prompt administration of medication in patients with poor vascularity [1]. For many years, ultrasound-guided cannulation was a skill predominantly done by senior medical doctors or anaesthetists, with huge clinical pressures. Working as a foundation doctor in a busy district general hospital highlighted the potential value of this skill in reducing clinical pressures and benefitting healthcare teams and patients, by allowing junior members of the team with a baseline knowledge of regular cannulation, to learn this skill in a supervised clinical environment.

Methods:
Alongside the Anaesthetics department, we delivered five practical small group sessions, to 19 healthcare professionals, including 9 Foundation Year 1 Doctors, 5 Foundation Year 2 Doctors, 3 Core Medical Trainee Doctors, and 2 Physician Associates. We set up 3 stations in a simulated clinical setting, using phantom models to mimic the site of cannulation. All participants filled out a survey before and after the session, to compare their confidence and knowledge on ultrasound-guided cannulation, in order to assess the effectiveness and usefulness of our session.

Results:
Mean confidence increased from 34% before the session, to 73% after the session (p<0.001). Participants reporting confidence carrying out ultrasound-guided cannulation independently increased from 27% before the session, to 100% afterwards. Finally, 100% of participants felt the session was useful for their clinical practice.

Discussion & Conclusion:
The outcome of this session highlights the benefit and demand for more widespread ultrasound-guided cannulation teaching across healthcare teams, to improve the efficiency of patient care, through transferrable skills. This could perhaps be implemented within the Foundation Programme teaching curriculum, as doctors progress through their training, and enhance their skillset.

References:
Tran QK, Fairchild M, Yardi I, Mirda D, Markin K, Pourmand A. Efficacy of ultrasound-guided peripheral intravenous cannulation versus standard of care: a systematic review and meta-analysis. Ultrasound in Medicine & Biology. 2021 Nov 1;47(11):3068-78.

We Want More SIM: Increasing Exposure Through Simulation Case-Based Learning

Presentation type:
Poster Presentation

Author(s):
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Abstract:
Simulation-based learning is an essential tool in medical education, enhancing students' medical knowledge and improving performance in acute scenarios. Traditional simulation sessions require a large faculty for roles like mannequin control, plant, patient voice, and debriefers, limiting the frequency of these sessions. Undergraduate students at St Bartholomew's Hospital expressed a desire for more simulation-based practice. To address this, I developed a case-based learning simulation session designed to increase efficiency and offer more exposure to simulation.

The session consisted of three patient presentations (Horner's syndrome, aortic stenosis, and anaphylaxis) each pre-programmed to change every 15 minutes on a high-fidelity mannequin. This allowed students to practice history-taking and physical examination within a time limit, emphasising time management and teamwork. Students rotated through the scenarios, with one allocated as the patient, and used a workbook to document their assessment findings, proposed investigations and management plans. They then presented their work to a tutor which was followed by a group debrief to discuss any missed findings and refine clinical decision-making.

This model enabled four groups to engage in simulation-based learning within four hours, compared to the previous four half-day sessions with faculty required reducing from four to one. It also allowed exposure to conditions not always encountered in clinical placements. Post-session feedback indicated that 100% of students found the session useful, relevant to their training, and would recommend it to their peers. Future iterations could incorporate multiple mannequins in different rooms, followed by a group debrief, increasing student access to simulation-based learning.

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Okuda Y, Bryson EO, DeMaria S, et al. The Utility of Simulation in Medical Education: What Is the Evidence? Mount Sinai Journal of Medicine: A Journal of Translational and Personalized Medicine. 2009;76(4):330-343. doi:https://doi.org/10.1002/msj.20127

Human Factors Education Delivered by Multi-Mannequin Simulation

Presentation type:
Poster Presentation

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Dr Nicole Hill, Keele University School of Medicine
Dr Edward Hearne, Keele University School of Medicine
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Abstract:
Background:
Human Factors in medicine encompass the interactions between healthcare professionals, patients, and the healthcare system. These interactions can affect work performance and consequently impact patient care and safety. One in twenty hospital admissions are affected by a preventable error [1]. Nevertheless, medical students receive limited teaching on this topic[2]. Our aim was to improve the delivery of Human Factors teaching in medical education.

Methods:
We designed a four-session cycle teaching programme. Sessions included an introduction to Human Factors, communication skills, and prioritisation. Gamification was applied to enhance student engagement and reinforce learning outcomes. The final session was a Human Factors-focussed multi-mannequin simulation aimed to replicate the pressures of the ward environment with bleeps and patient handovers. A post-programme questionnaire explored whether our teaching resulted in an increased overall understanding of Human Factors.

Results and Discussion:
On self-assessment prior to the course, only 33.3% of students ranked their ability to recognise Human Factors in the workplace as a four out of five, and 9.5% as a five. After the course, this increased to 38.1% and 57.1% respectively. This demonstrates that recognition of Human Factors in the workplace rose substantially following completion of our programme. Qualitative feedback emphasised positive learning experiences.

Conclusion:
We have shown that our teaching programme is an effective method of delivering Human Factors education to medical students. This design could be expanded more widely across medical education in a standardised manner, reducing preventable harm attributable to Human Factors and improving patient outcomes.

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2. Conroy M, Chilaka J, Colucci G. The Education of Medical Students in Human Factors – A National Survey. International Journal of Medical Students. 2022;10(2). doi:https://doi.org/10.5195/ijms.2022.1189

Creating a video-based educational tool to help doctors pass the PSA exam

Presentation type:
Poster Presentation

Author(s):
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Dr Aaro Kari, University Hospitals Leicester

Abstract:
The Prescribing Safety Assessment (PSA) [1] is a computer-based exam designed to evaluate a doctor's ability to prescribe safely. FY1 doctors must pass this exam as part of their ARCP. University Hospitals of Leicester NHS Trust has seen an increase in International Medical Graduate doctors as well as UK graduate doctors having to sit the exam at the start of FY1. We have also observed an increase in the number of doctors failing their first attempt of the PSA exam.

To address this, we developed an educational tool comprising four instructional videos aimed at helping these doctors pass on subsequent attempts. The videos provide detailed, practical advice on revising for the exam, with guidance on approaching different question types. Also included in the videos is an in-depth overview of the British National Formulary website through the use of an on-screen interactive video demonstration. The tool was created by two FY2 doctors who have successfully passed the PSA. Thus the videos also offer detailed insights from recent personal experience.

The project has generated regional interest, as other hospital trusts face similar challenges, and the inherent scalability of the tool offers potential for broader application across the NHS. The videos have been distributed to doctors sitting the upcoming exam and feedback will be gathered via a mixed methods survey from those doctors who watch the videos. The purpose of this will be to assess its effectiveness, informing future improvements and broader implementation.

References:
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