Interrobang?!

An interprofessional medical education conference for curious people

AoME ACADEMY OF MEDICAL EDUCATORS

Programme

Event 1: Tuesday 12 January 2021 17:50 – 20:20 (GMT)
Event 2: Tuesday 9 February 2021 17:50 – 20:20 (GMT)
Event 3: Tuesday 9 March 2021 17:50 – 20:10 (GMT)

EVENT 1 – 12 January 2021

Keynote Speaker

Julie Browne is a Senior Lecturer in Academic Practice, course lead for the intercalated BSc in Medical Education at Cardiff University and co-Chair of Cardiff University Press's Editorial Board. In 2015 she was awarded the President's Silver Medal of the Academy of Medical Educators for outstanding and sustained contributions to medical education. Her professional background is in academic publishing and in more recent years she has been prominent in a number of national initiatives to improve the training and recognition of professional healthcare educators: she was one of the developers of the Academy of Medical Educators' Professional Standards for Medical, Dental and Veterinary Educators. With Alison Bullock, she wrote the Essential Guide to the Recognition of Trainers, published by the General Medical Council and the COPDEND Standards for Dental Educators. She is currently working with the Cardiff Unit for Research in Medical and Dental Education (CUREMeDE) on a nationally funded project to develop a framework for the recognition of healthcare educators. She is a Fellow of the Academy of Medical Educators and was elected Vice Chair of its Council in 2015. She is a Senior Fellow of the Higher Education Academy and has been a GMC Education Associate since 2010. She has a successful publication record in medical education, including co-authoring two books, the most recent of which, Educators of Healthcare Professionals: agreeing a shared purpose, is due to be published

Time	Session
17:45 -17:50	Log in open
17:50 – 18:00	Welcome by the Interrobang?! Team
18:00 – 18:40	*KEYNOTE* *Saying yes to the mess – leadership for the future of inter-professional education* Julie Browne, AoME and Cardiff University
18:40 – 18:50	Login to workshop and break
18:50 – 19:20	Parallel workshops (click on the workshop zoom link to join) A: What makes a successful interprofessional educational programme? A joint JASME/TASME workshop for the Interrobang?! online international conference.

	Stevenson K, Cullum R, Devlin R B: Breaking tradition - using the virtual learning environment to deliver team building and Leadership teaching. *Rawlinson F, Gallard S, Griffiths J, Harris D, Hayes J, Grose J*
19:20 – 19:30	Log back in to main session and break
19:30 – 20.15	Parallel Short presentations **SESSION A** i. IPE by name, IPE by nature? Reflections on establishing an interdisciplinary simulation program. *Hendon-John L, Madigan S, Watts N, Burfield S, Fisher J* ii. The Enhancing Interprofessional Collaboration in Intensive Care (EIC-ICU) toolkit: one institution's experience with a new quality improvement initiative to improve Interprofessional Education' *Partington J, Cochrane A* iii. Virtual Aortic Dissection Patient Information Day the Waikato Experience. *Gormling S* ***SESSION B*** i. Improving health services in a refugee camp. *Li Z, Zosmer M* ii. Enhancing the inpatient interdisciplinary referral process among doctors in a district general hospital. *Carter J, Eckley B, Diaz ME, Ganesananthan S, Niina A, Patterson I Sethi M, Thomas H* iii. Mouth Care Matters – an interdisciplinary approach to oral care within the hospital setting. *Pahal S, Doshi M* **SESSION C** i. Putting the Team in Microsoft Teams. *Hawksley J, Smith E, Powrie S* ii. Introducing a Multi-Disciplinary Approach to Teaching within a Liaison Psychiatry Team. *Grafton-Waters H, Bashford O* iii. Exploring interprofessional learning opportunities in the clinical setting for UK-trained Physician Associate and medical students. *Kernan NG, Patel H, Hunukumbure AD*
20.15 -20:20	Closing remarks

Poster presentations are available to view at your convenience throughout the micro-series.
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EVENT 2 – 9 February 2021

Keynote Speaker

Sylvia Langlois is an Associate Professor in Occupational Science and Occupational Therapy, Temerty Faculty of Medicine and the Faculty Lead – Interprofessional Education and Scholarship, Centre for interprofessional Education, University of Toronto. She is responsible for leading the development, implementation, and evaluation of the Interprofessional Education Curriculum for eleven health profession programs. Sylvia has a keen interest in educational innovation, the engagement of patient partners, and the integration of health, arts and humanities in health profession education. She holds multiple grants in the exploration of learning and evaluation of educational initiatives in the interprofessional field.

Time	Session
17:45 -17:50	Log in open
17:50 – 18:00	Welcome by the Interrobang?! Team
18:00 – 18:40	*KEYNOTE* *Setting our sights on moving targets – Considerations for leading interprofessional education* Sylvia Langlois, Associate Professor Department of Occupational Science and Occupational Therapy, University of Toronto
18:40 – 18:50	Log in to workshop and Break
18:50 – 19:20	Parallel workshops (click on the workshop zoom link to join) A: Delivering a multiprofessional study day focussed on learning disability for professionals across adult healthcare settings. *Lane N, Tedd HM, Elverson J, West S, Thomas R, Andrew M* B: Using team-building to create multi-professional education in perioperative care. *McNally S, Bates L*
19:20 – 19:30	Log back in to main session and Break
19:30 – 20.15	Parallel Short presentations **SESSION A** i. Multi-disciplinary teaching in a deployed military setting - flattening the hierarchy. *Capella S* ii.Trauma unit-focused course transforms confidence and knowledge for all multidisciplinary team members *Teh E, Brown R, Burke E, Whiticar R*

	iii. "Never underestimate the power of just listening to someone": Developing a Peer Support Programme in an Emergency Department. *Vidal M, Collini A* ***SESSION B*** i. Reflections on Social Presence and Learning in Online Interprofessional Education during COVID. *Ford C, Hadlett N, Botsford K, Lindqvist S* ii. Virtual Neurorehabilitation Placement for Medical Students. *Desai A* iii. Thinking on Our Feet: Nurturing Interprofessional Non-Technical Skills through Simulation during the Coronavirus Pandemic. *Shahid H, Webber H, Lim V, Weight N, Baskar V.* **SESSION C** i. No I in Team – Improving working relations at Watford General Hospital. *Prabhakar M, Jothibal B.* ii. Delivering a remote cross-speciality course supporting healthcare professionals back into the clinical work place after a period of shielding. *Tedd HM, Stock N, Waddilove L* iii. ProfComS: An Exploratory Qualitative Study. *Edwards LJ, Crisewell T*
20.15 -20:20	Closing remarks

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EVENT 3 – 9 March 2021

Keynote Speaker

Richard Pitt MPhil BSc (Hons) Dip N (Lond) Cert Ed FET Cert RMN RGN FHEA
Richard is the current Chair of the Centre for the Advancement of Interprofessional Education in the UK (CAIPE www.caipe.org). An active CAIPE member since 1997 and has served six years as Board member and three years as Vice Chair. As CAIPE Chair Richard engages in promoting interprofessional education and collaborative practice with the UK health and social care regulatory and professional bodies, Higher Education Institutions and National Health Service practice Trusts and educational bodies. Richard previously was Associate Professor and Director of the Centre for Interprofessional Education and Learning at the Faculty of Medicine and Health Sciences, University of Nottingham (UK). Following a varied and distinctive 41year career expanding both adult and mental health nursing practice and latterly higher education he has had extensive experience in curriculum design and development in undergraduate health and social care programmes. Richard is experienced in: leadership; facilitation of learning; group work; workshops; interprofessional education & learning; collaborative practice; team

building & working; interviewing; teaching; and managing meetings. He has attended many national and international conferences presenting on IPE and has a number of publications.

Time	Session
17:45 -17:50	Log in open
17:50 – 18:00	Welcome by the Interrobang?! Team
18:00 – 18:30	TALK *Embedding equality and diversity In you educational practice* *Sasha Henriques, Principal Genetic Counsellor, Genetics Engage*
18:30 – 18:40	Break
18:40 – 19:20	KEYNOTE *The past, present and future of IPE* Richard Pitt, CAIPE Incoming Chair, CAIPE
19:20 – 19:25	Break
19:25 – 20.05	PANEL DISCUSSION *Why hasn't IPE happened yet, and how can we make it happen?* Jacky Hayden, President AoME; Debra Humphris, Dean of Brighton and Sussex Medical School; Hossein Khalili, UW Center for Interprofessional Practice and Education, University of Wisconsin-Madison; Richard Pitt, Chair CAIPE.
20.05 -20:10	Closing remarks

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Poster Presentations

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Poster Number	Title
1	Pharmacy and Medical Students as Peer Mentors: Learning together, supporting each other. *Joekes K, Romito A, Barker S, Thomas T, East M*
2	Honduras First National Training Survey: The importance of training surveys in training and patient safety *Solano Velasquez JV*
3	SimFridays: Nailing common presentations in the ED *Keitley J, Jaobs L, Garlick R*
4	Workforce Redistribution and Inter-professional Working During a Time of Crisis *Riley T, Kausar A*
5	Providing Clinical Education during the COVID-19 pandemic: the development of a novel virtual teaching ward round *Srikantharajah M, Ibison J, Annear NMP*
6	Introduction of Weekly Teaching Programme for Physician Associates at a District General Hospital *Ridley-Fink F, Wilkinson J*
7	Smoking cessation in pregnancy *Li Z*
8	STITCH and B**** - a Novel Programme Combining Pastoral Support and Basic Surgical Skills *Lochab S, Stanier P, Rooker J*
9	Just wait a moment: The benefits experienced from a delayed evaluation strategy *Gallard S, Rawlinson F, Stacey M, Richards J*
10	The impact of COVID on medical education from the perspective of a medical educator *Takyi C, Taswar R, Ahmed S*
11	Fresh off the boat: confidence and competency in new clinical starters *Li D, Patel C*
12	Developing a 'Virtual On-Call' Programme to Complement Final Year Assistantships for Medical Students *Burrows A, Ra A, Annear N*
13	Development of a high-fidelity simulation course to improve transgender patient healthcare: A Pilot Study *Dale E, Sharma A, Mercer SJ, Brown AM*
14	Implementing a Simulation Training Programme for Physician Associates *Cowan A, O'Brien R, Oliver N*
15	Bleep 111 for the Right Medical Attention *Al-aidarous S, Mahmood A, Khan B*
16	"Escaping" the didactic approach to learning: Introducing a novel interactive task-based session to facilitate active learning on the senior medicine placement

	Srikantharajah M, Mathias K, Mirza R, Banerjee D, Annear NMP
17	Factors influencing the delivery of constructive and meaningful feedback in clinical dentistry training *Modha B*
18	Evaluating the efficacy of coloured filter systems to improve the reading ability of individuals with dyslexia: A systematic review. *Tompkins B*
19	Education Lessons from COVID-19: Enhanced Transition from Medical Student to Doctor through FY1 led Teaching Program for Foundation Interim Year 1 Doctors in Destination Hospital *Knudsen G, Banks J, Forbes A*
20	‘‘Can you hear me?’’: a student-led adaption of objective structured clinical examinations (OSCEs) to the virtual setting *Gulati R, McCaffrey D, Bailie J, Warnock E*
21	Improving antimicrobial prescribing through interprofessional education: a closed loop audit *Ng ZH, Kamran T*
22	Virtual Clinical Teaching for Quarantined Medical Students *Allen TC, Simpson EM, McKenzie EM, Moulds YM*
23	A Systematic review of randomised control trials (RCT) on how effective simulation training is for developing confidence in health care students for clinical practice. *Kharel M*
24	Which educational appraisal tools are most appropriate for utilisation when evaluating studies reporting training programmes aimed at clinicians in poor resource settings? *Hassan S, Khan A*
25	Introduction of a Flexible Teaching Programme in the Paediatric Department of a District General Hospital During Covid-19 *Fiddes C, Rendall L*
26	Medical student virtual teaching: a positive experience? *Nyeko-Lacek M, Nelson-Rowe E, Jegina H*

Abstracts

Workshop Abstracts

	12 January 2021
Workshop A	**What makes a successful interprofessional educational programme? A joint JASME/TASME workshop for the Interrobang?! online international conference.** Stevenson K[1], Cullum R[2], Devlin R[3] *[1] Plymouth University Peninsula Schools of Medicine and Dentistry, [2] Lincolnshire GP Specialty Training Scheme, [3] University of Edinburgh* Over thirty years ago, the World Health Organisation identified that when healthcare students learn together they are more able to work collaboratively when qualified to deliver safer, holistic patient care (1). Despite this guidance, reports investigating adverse events within the NHS still question the ongoing paucity of interprofessional education at a University level, and the lack of healthcare professionals' team-working abilities within clinical practice (2). The proposed interactive, experiential workshop on 'What makes a successful interprofessional educational programme?' will incorporate current guidance on interprofessional learning, organisational case studies from Undergraduate and Postgraduate interprofessional education curricula to cultivate group reflection and learning. The proposed workshop will be delivered by a group of students and qualified healthcare professionals from the Junior and Trainees in the Association for the Study of Medical Education (JASME/TASME) Committees, and will be aimed at individuals who are interested in creating and improving interprofessional learning within their organisations at all levels. By the end of the proposed workshop, the participants will have the tools to design their own 'successful' interprofessional educational programme. JASME and TASME's main aims are to stimulate participants to consider their role in the development of evidence-based interprofessional education within their own organisations in order to cultivate an ethos of collaborative learning to enhance the delivery of quality patient care during all stages of training and beyond. 1 World Health Organization. Learning Together to Work Together for Health. Report of a WHO study group on multiprofessional education for health personnel: the team approach. Technical Report Series. Geneva: World Health Organization; 1988. 769: 1–72. 2 Way, S., Dixon, LA. Applying interprofessional education to the practice setting. British Journal of Nursing. (2019). 28 (17).
Workshop B	**Breaking tradition - using the virtual learning environment to deliver team building and Leadership teaching.** Rawlinson F, Gallard S, Griffiths J, Harris D, Hayes J, Grose J *Cardiff University* BACKGROUND/ INTRODUCTION Interaction between learners is integral to interprofessional education, and especially when discussing team working and Leadership. Previously taught F2F using Lego , COVID-19 restrictions meant a transition to virtual learning for a Palliative Medicine MSc. We explored the use of a specific task in 'breakout rooms' on a virtual learning platform to stimulate interaction, create discussion and create a community of practice. METHODS students were given 10 minutes in 'breakout rooms' in which to create a 'shape' on zoom and take a screenshot to share with the rest of the larger group . Open

	discussion and reflection within the larger group , using direct conversation and the 'chat function was facilitated. RESULTS each group contributed information reflection and discussion and valued the technology and its relevance to team working and leadership ("More breakout rooms", "really good"). Translating the learning to the clinical workplace especially in view of the COVID-19 pandemic and its impact on teams and the workplace was evident throughout the discussions and reflection. CONCLUSIONS. The virtual environment , including the facility of breakout rooms, with specific tasks and facilitation can be used to stimulate interprofessional reflection and learning on team working and Leadership. In the current clinical workplace, COVID-19 continues to impact on rapid and unpredictably changing teams. Encouraging interprofessional, fun and creative activities with facilitated reflection can enhance understanding about team dynamics and leadership which helps to deliver effective patient care. Using all aspects of technology to successfully support delivery of interprofessional education supports continued professional development during this time when F2F education is not possible.
	9 February 2021
Workshop A	**Delivering a multiprofessional study day focussed on learning disability for professionals across adult healthcare settings.** Lane N, Tedd HM, Elverson J, West S, Thomas R, Andrew M *Newcastle upon Tyne NHS Foundation Trust* Introduction The annual learning disability mortality review 1 (LeDeR) highlights excess mortality in patients with learning disability (LD) from treatable causes of death (34% compared to 8% in the general population). However, there is little training available for adult healthcare providers on managing patients with LD. The aim was to develop a mutidisciplinary study day, in order to improve knowledge regarding appropriate management of patients with LD within adult healthcare settings. Methods A study day covering relevant health problems, including respiratory management, epilepsy, spasticity, feeding issues and emergency health care planning, was delivered. Results 78 delegates from broad clinical backgrounds attended (respiratory medicine, acute medicine, intensive care medicine, palliative care, neurology, rehabilitation medicine and primary care). Delegates reflected the multidisciplinary team involved in managing this patient group, including doctors, specialist nurses, physiotherapists, and community care teams. Delegate feedback was universally positive: the range of topics, information regarding specialist services available, and the delivery of learning breaching knowledge gaps across specialities were most appreciated. Conclusion Despite excess mortality in patients with LD compared to the general population, there is a lack of training on supporting patients with LD for adult healthcare professionals. Delivery of a remote study day covering a range of relevant topics received universal positive feedback from delegates from a broad range of professional backgrounds. The further development learning resources on the management of adults with LD is necessary to improve quality of care for adults with LD. 1 Learning Disability Mortality Review (LeDeR) programme (2019). Annual review.
Workshop B	**Using team-building to create multi-professional education in perioperative care.** McNally S[1], Bates L[2]

	[1] Centre for Perioperative Care, [2] Royal College of Anaesthetists Prevention of ill-health is better than cure. Yet health education that prioritises complex knowledge can build silos of specialists, disempower other staff and downplay the importance of simple interventions to patients. Perioperative care is the patient journey from contemplation of a surgical operation until full recovery at home. When this occurs as a defined pathway, length of stay is reduced by 2 days.(1) Patients who prepare for surgery reduce their risk of complications by 30 – 80%.(1) Over half the patients currently treated as inpatients could have care as a day case with good planning and optimisation. Rather than create a formal educational package, an approach that encourages team-working allows a local curriculum to develop organically.(2) Staff from different parts of the pathway can be encouraged to meet as a team, sharing goals and understanding each other's roles. This builds on the Academy of Medical Royal College's concept of 'transdisciplinary working',(3) where specialist staff share their skills, creating a 'blended' team. Each staff member is empowered to help patients optimise their health and to anticipate difficulties. Specific skills and knowledge can be highlighted, including: discharge planning; shared decision making (benefits, risks, alternatives and doing nothing); health optimisation (nutrition, exercise, sleep, alcohol); motivational interviewing; risk assessment; psychological preparedness; team working; human factors and surgical safety. Clinical, managerial and administrative staff can learn together from each other. Following the pandemic, ensuring each patient has the best preparation for surgery and outcome is essential. Good interventions at this 'teachable moment' can improve future health. 1 Centre for Perioperative Care (2020) Impact of perioperative care on health resource use https://www.cpoc.org.uk/about-cpoc-cpoc-policy/proving-case-perioperative-care 2 Centre for Perioperative Care (2020) Multidisciplinary working in perioperative care https://www.cpoc.org.uk/about-cpoc-cpoc-policy/multidisciplinary-working-perioperative-care 3 Academy of Medical Royal Colleges (2020) Developing Professional Identity in Multidisciplinary teams https://www.aomrc.org.uk/wp-content/uploads/2020/05/Developing_professional_identity_in_multi-professional_teams_0520.pdf

Short Presentation Abstracts

	12 January 2021
Session A	**IPE by name, IPE by nature? Reflections on establishing an interdisciplinary simulation program.** Hendon-John L[1], Madigan S[2], Watts N[2], Burfield S[2], Fisher J[1] *[1]Royal Surrey County Hospital, [2] Frimley Health Foundation Trust* During my role as a Clinical Teaching Fellow (CTF), my colleague and I were tasked with running the medical student simulation program. This involved leading weekly high fidelity sessions on a series of topics. Historically these sessions were also opened up to student nurses to attend and was praised for providing interprofessional learning opportunities. While these sessions did allow medical students and student nurses to undertake simulated scenarios together, we felt these sessions were still gear very much toward the learning of the medical students, with the nurses there simply to assist the learning for the medical students. This was reflected in the attendance of these sessions, which were

	optional for the student nurses. My colleague and I set out to improve this program to ensure it was one that provided a truly interdisciplinary approach. The program was extended to include physicians associate (PA) students and we worked with educators from the nursing and PA student program to ensure we were also addressing their learning outcomes. The proposed presentation will reflect on the work done and changes undertaken to make this program not just interprofessional in name, but interprofessional in nature.
Session A	**The Enhancing Interprofessional Collaboration in Intensive Care (EIC-ICU) toolkit: one institution's experience with a new quality improvement initiative to improve Interprofessional Education'** Partington J[1], Cochrane A[2] [1]University of Plymouth, [2]St Helens and Knowsley Teaching Hospitals NHS Trust Effective Interprofessional collaboration (IPC) in Intensive Care Units (ICUs) has been associated with better patient outcomes such as reduced mortality rates and length of ICU stay1,2. Reeves et al. (2016)3 published a toolkit to aid IPC improvement efforts in intensive care. Taking inspiration from this toolkit, we undertook a quality improvement project to increase the level of IPC in our ICU. Qualitative data was collected through observation and interviews. Field notes on interprofessional interactions were collected during 20 hours of observation across varied shift patterns. Members of the ICU team were then invited to semi-structured interviews. Questions explored their perception of different professions' roles and responsibilities, their relationships with different healthcare professionals and their perceived barriers to effective IPC. Our findings indicated that good relationships existed between physicians and nurses and that conflict seldom occurred. Physicians interacted less frequently with the other members of the intensive care team such as physiotherapists and dieticians. Barriers to these interactions were time constraints, workload, different priorities in care across professional group, and frequent staff rotations without introductions. These results were used to design an interprofessional workshop during various educational and team building activities were based upon the previously collected data and suggestions for improvement were then offered from the team. Feedback for this session was very positive. The outcomes of the workshop included a number of suggestions for improvement, which we grouped into four themes (Educational, Handover, Teamwork, and Induction). Staff then undertook a prioritisation exercise to identify which interventions to implement first. 1 Baggs JG, Schmitt MH, Mushlin AI, Mitchell PH, Eldredge DH, Oakes D, et al. Association between nurse-physician collaboration and patient outcomes in three intensive care units. Crit Care Med. 1999;27(9):1991-8. 2 Boyle DK, Kochinda C. Enhancing collaborative communication of nurse and physician leadership in two intensive care units. J Nurs Adm. 2004;34(2):60-70. 3 Reeves S, Ditto S, Alexanian J, Grant R. The EIC- ICU Toolkit: Enhancing Interprofessional Communication in the Intensive Care Unit. Reeves S, editor. United States of America: The Gordon and Betty Moore Foundation. 2016
Session A	**Virtual Aortic Dissection Patient Information Day the Waikato Experience.** Gormling S *Waikato Hospital, New Zealand* Aortic dissection is a potentially life threatening condition. For patients who experience aortic dissection simply surviving the event is a triumph. Many people

	survive years and even decades after the event. However survivors have to make significant lifestyle changes and experience long term psychological and emotional side effects. September 19th was the New Zealand Aortic Dissection Awareness day. The Waikato aortic centre held an online event for survivors of aortic dissection. As a result of the COVID 19 pandemic the usual in person events, hospital education days and grand rounds were replaced by a virtual learning event. The event is supported by the voluntary contribution of healthcare professionals including cardiothoracic and vascular surgeons, radiologists, clinical nurse specialists and patient advocates. Talks included informative sessions on Aortic Disease in New Zealand, Aortic Dissection Surgery, Endovascular Interventions for Aortic Dissection , Diagnosis & Missed Diagnosis, Structure & Function of the Aorta and on Imaging of the Aorta. In addition there are sessions dedicated to past patient experiences where survivors and families share their journeys post aortic surgery. The event is an opportunity for survivors to connect with fellow patients and ask questions to specialists.
Session B	**Improving health services in a refugee camp**. Li Z[1], Zosmer M[2] *[1]Morriston Hospital, [2]North Middlesex University Hospital NHS Trust* Moria is one of the largest refugee camps in Greece, holding thousands of adult and children fleeing conflict and unrest in Syria, Afghanistan, Iraq, DRC. The peak of the migration crisis saw thousands of refugees arrive every week on the shorelines of Lesvos in 2015, and daily boat landings continue in the present day. Primary and urgent care is predominantly delivered by several NGOs operating within and near to Moria refugee camp. We share our experiences of improving health services in Moria refugee camp, involving a wide range of stakeholders including Greek public health authorities, camp management team, legal advice charities, and other NGOs including MSF. Specific challenges included: - Setting up a pharmacy stock based on international donations of medications - Developing clinical guidelines appropriate for the local context of a refugee camp - The ethics and challenges of working with refugee and volunteer interpreters, and training for medical interpretation - Improving clinical governance e.g. setting up an adverse event and near-miss logbook - Developing basic life support courses for non-medical volunteers We share the lessons learnt and reflections gained from working with multiple professions and stakeholders, which included a constantly evolving, diverse international team of medical and non-medical volunteers (doctors, nurses, paramedics, translators, students). We highlight the challenges of delivering care in a low resource and politically charged setting, and reflect on the transferable skills and lessons learnt relevant to the NHS.
Session B	**Enhancing the inpatient interdisciplinary referral process among doctors in a district general hospital.** Carter J, Eckley B, Diaz ME, Ganesananthan S, Niina A, Patterson I Sethi M, Thomas H *Cardiff University* Background: Interspecialty referrals are essential to ensure optimum patient care and safety. In Glangwili General Hospital, communication between specialties is done using paper referral forms. We carried out a Quality Improvement project to assess the usability and limitations of the current referral form. Methods: We circulated two questionnaires to survey opinions on the current form to those

	who mainly complete (junior doctors) and receive (registrars/consultants) them. We implemented changes to the current form based on these responses and focused literature searches. The two questionnaires were re-circulated together with a new referral form for feedback. The data were analysed using unpaired t-tests and Mann-Whitney U-test. Results: Doctors of different grades and specialties (n=45) responded across all four questionnaires. 51.6% of responders believe that the current referral form impacts negatively on patient safety. For doctors who mainly complete referral forms (n=31), the new form had improved space for findings and referral reasons, facilitated referrer details and had an improved satisfaction rating, $p<0.0001$ for all comparisons. Doctors who mainly receive the forms (n=14) were more satisfied with the new form (3.6 to 9.0 on a 10-point scale, $p<0.03$), although the response-rate was low for this group. Conclusion: We highlight potential areas to improve work-flow efficiency and patient care within our hospital by targeting referral forms. Our project emphasises the value of feedback as a driving force towards quality improvement and eventual change, even within a short period of time and limited resources.
Session B	**Mouth Care Matters – an interdisciplinary approach to oral care within the hospital setting.** Pahal S[1], Doshi M[2] *[1] Birmingham Dental Hospital, [2] Special Care Dentistry, East Surrey Hospital* The aim of this presentation is to make healthcare professionals aware of the Mouthcare Matters (MCM) scheme and encourage healthcare professionals to promote oral health within their trust. MCM is a training initiative aimed at improving the oral health of hospitalised patients. The MCM team have provided training to over 80 trusts in England. Oral health promotion is typically led by dental professionals; however, the aim of this training initiative is to increase awareness of the importance of oral health issues amongst all health professionals involved in the care of hospitalised patients. This includes nursing staff, speech and language therapists, dieticians, occupational therapists and pharmacists. There is evidence that hospitalisation is associated with deterioration in oral health of patients. This can subsequently lead to an increase in hospital-acquired infection, malnutrition and longer hospital stays. There has also been significant evidence to show that mouth care is frequently not a priority for hospitalised patients. This is related to lack of knowledge, training and equipment. MCM deliver training covering common oral health problems and how to manage them, identification of patients at increased risk of poor oral health, appropriate tools for mouth care on the ward and record keeping of mouth care for hospitalised patients. MCM has a number of online toolkits which can help deliver training and enable healthcare professionals to become MCM leads within their trust and spread positive oral health messages in their place of work.
Session C	**Putting the Team in Microsoft Teams.** Hawksley J, Smith E, Powrie S Derriford Hospital University Hospitals Plymouth NHS Trust The GMC states that part of the doctor's role is to be an educator(1), however, working in a busy Emergency Department (ED) this is difficult. In 2020 we faced a global pandemic (COVID-19). The resulting social distancing changed how we could provide teaching. Meanwhile as a newly formed education team we wanted

	to provide teaching that was accessible to the whole MDT and had good capture rates across all staff disciplines. Specifically regarding skills needed within the ED primarily around triaging and decision making. We consequently created "EM bites". Weekly, online teaching (through Microsoft teams), which had applicability to the whole MDT. The sessions were thematic, and followed the departmental simulated sessions. But how could we teach something in 15 minutes and how could we capture the whole MDT? We will use qualitative data from questionnaires and surveys to assess whether: it reflected the diversity of our MDT; improved knowledge and learning; team morale and relationships; it could be a lasting resource. We found that Emergency Nurse Practitioners, Acute Care Practitioners and both junior and senior doctors have been attending the sessions. We hope to find that teaching improves wellbeing as well as, the perceived skillset. Using Microsoft Teams has meant that sessions could be recorded and accessed by all from home. We will discuss the challenges we have faced in providing engaging 15 minutes teaching sessions online and show how this is improving team education. 1 GMC (2019) Good Medical Practice, Domain 1 Knowledge skills and performance. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-1---knowledge-skills-and-performance
Session C	**Introducing a Multi-Disciplinary Approach to Teaching within a Liaison Psychiatry Team.** Grafton-Waters H[1], Bashford O[2] *[1]Surrey and Sussex Healthcare Trust, [2] Surrey and Borders Partnership Trust* Background: Multi-disciplinary teams are fast becoming the standard practice in the NHS. However, little is known about the benefits of postgraduate multi-disciplinary teaching, particularly in liaison psychiatry teams. Method: This study aims to determine the benefits of a multidisciplinary teaching program in learning and group dynamics. This Liaison Psychiatry team consists of 20 individuals from varied training backgrounds, including Psychiatric Liaison Practitioners, junior doctors, students, administration staff and consultants. The teaching program consisted of one hour lectures weekly for six weeks in early 2020. The topics were identified and delivered by the team members, such as 'Medical Assessment of Delirium' and 'Music Therapy'. A survey was completed (n = 14) at the end, which consisted of a series of statements using a 5-point Likert scale from strongly disagree to strongly agree. Results: Before the program, 64% agreed or strongly agreed that they could seek advice from other members of the team and 43% felt confident in giving a presentation. Afterwards, it was 100% and 86% respectively. All team members felt they gained knowledge and two-thirds of them had since applied that knowledge in their practice. 86% of team members felt it had a positive impact on team cohesion and morale. All felt it supported their educational development and would recommend a multidisciplinary teaching program to colleagues. Discussion: The results demonstrate that multi-disciplinary teaching creates a positive impact on the team dynamics without a detrimental effect on individual learning. For our team, this program has continued as webinars since the pandemic.

Session C	**Exploring interprofessional learning opportunities in the clinical setting for UK-trained Physician Associate and medical students.** Kernan NG, Patel H, Hunukumbure AD *The Hillingdon Hospitals NHS Foundation Trust* Introduction: Physician Associates (PA) were introduced into the UK healthcare system in 2003 and are increasingly utilised to provide high-quality care, with studies suggesting they are an economic addition to the workforce(1-2). It is estimated there will be over 2,800 PA graduates by the end of 2020(3). PA training in the UK typically involves a two year course combining theory and clinical placements. PA and medical students can find themselves sharing clinical attachments. Previous research has considered challenges faced by PA students in their training, however few studies have looked at how PA students learn in comparison to medical students and if there are benefits of interprofessional learning. Aim: We are conducting qualitative research to explore the experiences and perspectives of PA and medical students with regard to learning alongside each other in a clinical setting. We aim to identify interprofessional learning opportunities which could be integrated into future training programmes to enrich the education of both professions. Methods: PA students from Brunel University London (n=6) and medical students from Imperial College London (n=7) were interviewed during clinical placements at Hillingdon Hospital between March and June 2020. Qualitative data were collected using semi-structured interviews; audio interview recordings were transcribed using third-party transcription services. Thematic analysis of the qualitative data is in progress and will be completed in December 2020. The study has received ethical approval through IRAS. Progress: We will present the results of our analysis as a short oral presentation and invite discussion of the overarching themes identified. 1 Drennan VM, Halter M, Joly L, et al. Physician associates and GPs in primary care: a comparison. British Journal of General Practice. 2015; 65 (634): e344-e350. 2 Drennan VM, Halter M, Wheeler C, et al. What is the contribution of physician associates in hospital care in England? A mixed methods, multiple case study. BMJ Open. 2019;9:e027012. 3 NHS England. NHS Long Term Plan: Interim NHS People Plan (Published 2019). Available from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf (Accessed 28th November 2019)
	9 February 2021
Session A	**Multi-disciplinary teaching in a deployed military setting - flattening the hierarchy.** Capella S *Frimley Park Hospital* Military healthcare practitioners are regularly deployed to remote environments to work as part of a small and multi-disciplinary team (MDT). They must remain up to date with current literature and will be exposed to variety of acute and chronic pathologies, similar to their NHS counterparts. Teaching is a valuable tool that is regularly utilised in the deployed environment to encourage team building and improve knowledge across the MDT. When deployed in the Falklands a teaching programme was coordinated and delivered to the MDT; comprising healthcare professionals with differing roles and a breadth of experience. This was delivered

	through consistent small group teaching and culminated in simulation sessions. Feedback identified a mean 'relevance' and 'content' of 5/5. Visual aids scored a mean of 4.75/5 with some comments stating that they preferred 'pictures rather than drawings.' Some of the technical aspects traditionally used in medical education sessions were noted on verbal feedback to be exclusionary to some members of the MDT. This was reflected upon, and there was a greater emphasis on the importance of language within future sessions. Within the military, MDT teaching is regularly encouraged with protected time scheduled weekly. The NHS could utilise similar weekly MDT teaching programmes to promote real-life working together. It is essential to understand individual learning needs and to flatten the hierarchy in order for everyone to benefit from the session. This can be challenging when teaching is delivered across professions. Feedback is imperative to adapt teaching and ensure future sessions are tailored appropriately.
Session A	**Trauma unit-focused course transforms confidence and knowledge for all multidisciplinary team members** Teh E, Brown R, Burke E, Whiticar R *Gloucestershire Royal Hospital* Background Trauma units (TUs) and Major Trauma Centres play complimentary but different roles within the trauma network. TU performance is increasingly monitored by the Trauma and Audit Research Network (TARN). Multidisciplinary staff confidence in managing TU-based trauma was identified as a potential area of improvement within our trust. A "Trauma Team Member" course was designed by trainees aiming to increase multidisciplinary knowledge and confidence of TU-based trauma management. Methods Eleven healthcare staff members (doctors, nurses, paramedics and healthcare assistants) attended. The day consisted of lectures, workshops, and simulation. Topics included the role of the TU, being a trauma team member, human factors, major haemorrhage and silver trauma. Pre- and post-course questionnaires assessed knowledge and confidence levels using Likert scores and free-text. Results 9 attendees (81.8%) had no previous trauma training. Confidence significantly increased in recognising the need for a trauma call, being a trauma team member, effective communication, and completing paperwork. Knowledge increased in all topics covered. Attendees reported an increased appreciation of the role of TUs within the trauma network. 100% attendees met their learning objectives and would recommend the course. Conclusion This pilot course showed the requirement and benefit of a TU-specific trauma course in confidence and knowledge for all multidisciplinary team members. Further work will focus on assessing the impact this course has on trust TARN outcomes. We recommend that these simple courses be organised at other trauma units to broaden access to trauma education.
Session A	**"Never underestimate the power of just listening to someone": Developing a Peer Support Programme in an Emergency Department.** *Vidal M, Collini A* During the first peak of the COVID-19 pandemic, the wellbeing needs of all healthcare staff was considered paramount to both patient and staff safety1. This included the consideration of peer support and strengthening connections within teams2. The area of emergency medicine is already a highly pressured environment where staff are at risk of compassion fatigue, secondary trauma and

	burnout3 therefore highlighting the importance of creating a culture of asking for help. 1 The BPS. The psychological needs of healthcare staff as a result of the Coronavirus pandemic British Psychological Society Covid19 Staff Wellbeing Group; 2020. 2 Billings J, Kember T, Greene T, Grey N, El-Leithy S, Lee D, Kennerley H, Albert I, Robertson M, Brewin C & Bloomfield M. Supporting Hospital Staff During COVID-19: Early Interventions. Editorial. Occupational Medicine. 2020; doi:10.1093/occmed/kqaa098. 3 Howard L, Wibberley C, Crowe L & Body, R. How events in emergency medicine impact doctors' psychological well-being. Emerg Med J. 2018;35:595–599. doi:10.1136/emermed-2017-207218
Session B	**Reflections on Social Presence and Learning in Online Interprofessional Education during COVID.** Ford C, Hadlett N, Botsford K, Lindqvist S *University of East Anglia* Introduction: COVID-19 highlights the importance of interprofessional education (IPE) while posing new challenges for delivery. Web videoconferencing can enable social presence, since it underpins collaborative inquiry and mediates cognitive presence1 but not always learner satisfaction2. We used student and facilitator feedback to reflect on the impact of moving IPE online on social presence and learning. Method: An interprofessional group of academics and students re-developed an IPE opportunity for ~1100 new students across 10 courses. Comprehensive asynchronous pre-session materials were accessible on Blackboard. Four sessions were delivered using Zoom. Each session comprised: a 'live' presentation to all in the 'main room'; random allocation of students to ~36 interprofessional groups; diverse vignettes triggered small group (n~8) discussions supported by trained staff and student facilitators, who as 'co-hosts' moved across two groups. Results: Sessions were well-attended, each with ~280 students. Randomisation of students generally worked well, with most groups having a good mix of professions. Feedback indicated two distinct experiences: 1) valuing: seeing faces, hearing about other professions, discussing vignettes; 2) a sense of discomfort, division and unfairness when group members did not share ideas, audio and/or video. Discussion: Social presence, in terms of students sharing video, audio and ideas, and facilitators providing structure and reassurance, proved critical to the learning experience. It enables groups to move from generating ideas to convergence3. Difficulties with broadband2, digital skills, or student engagement affected social presence for some groups. Where these factors were in place, this online IPE opportunity appeared successful for learners and facilitators alike. 1 Garrison. R. E-learning in the 21st Century – a community of inquiry framework for research and practice. 3rd edition. 2016. New York: Routledge/ Taylor & Francis. 2 Giesbers, B., Rienties, B., Gijselaers, W. H., Segers M. & Tempelaar, D. T. Social presence, Web videoconferencing and learning in virtual teams. Industry & Higher Education, 2009: 23(4), 301–309. 3 Harasim, L. Learning theory and online technologies. 2012. New York: Routledge/Taylor & Francis.
Session B	**Virtual Neurorehabilitation Placement for Medical Students.** Desai A, Wong S *Wolfson Neurorehabilitation Services, St. George's Hospital NHS Trust/ St George's University London* Background: Neurorehabilitation is an interdisciplinary (IDT), problem-solving approach to the process of recovery based on a biopsychosocial model1. We

	provide services along the neurorehabilitation pathway to patients with neurological disorders for SW London. Aim: To provide an online virtual neurorehabilitation placement day for medical students due to COVID-19. Methods: Patients were filmed during therapy sessions to recreate shadowing a patient in all aspects of their neurorehabilitation. Learning objectives included understanding principles of neurorehabilitation, MDT, IDT working and role of Doctor in Rehab Medicine. The placement was organised to provide synchronous and asynchronous learning; supplemented with written information (handbook) prior as well as additional resources material. Taught in weekly groups of 12-15, students fed back via online questionnaire. Descriptive and thematic analysis of feedback between September-December was undertaken (n=127). Results: Formal analysis has not been completed yet, but preliminary findings include: • Knowledge improved on average from 3/10 to 8/10. • 95% rated content as good or excellent. • Positive themes: seeing more and wider aspects including MDT roles and how IDT works in practice than they would have F2F; structure of the day with group learning consolidating self-directed learning and being able to see the journey of a patient. • Negative themes: video clips felt too long making it difficult to concentrate for the time allocated. Conclusion: Virtual placements are possible without compromising learning and offers a novel way of teaching IDT practice; allowing students to see more than they would F2F and ensures consistency. However, it is important to think about pedagogy of online learning particularly asynchronously. 1 Wade D. T.,What is rehabilitation? An empirical investigation leading to an evidence-based description. Clinical Rehabilitation. 2020;1–13. https://doi.org/10.1177/02692155209051
Session B	**Thinking on Our Feet: Nurturing Interprofessional Non-Technical Skills through Simulation during the Coronavirus Pandemic.** Shahid H, Webber H, Lim V, Weight N, Baskar V *South Warwickshire Foundation Trust* The advent of the coronavirus pandemic transformed medical education, with students given a leave of absence from clinical placements. Upon return, they discovered compressed curriculums, reduced exposure on the wards and virtual outpatient clinics; considerably reducing clinical experience and interprofessional interaction. As educators, we sought innovative pedagogical techniques to continue delivering teaching excellence under significant time pressure. Although simulation is far from a new teaching tool, it had traditionally been the remit of emergency care, with less focus on multidisciplinary team working. We, therefore, designed a hi-fidelity simulation series immersed in interprofessional working for Buckingham University undergraduate medical students, basing our development on experiential learning theory. Clinically, we focused on curriculum topics hard to experience in the current climate. Feedback was analysed to ascertain the students' perception of the novel teaching. Sessions were facilitated by education fellows; adopting a multiplicity of interprofessional roles including liaison psychiatry, nurse practitioners and physicians. Each scenario incorporated assessment, task prioritisation, live prescribing and emergency management. Students were required to interact with allied healthcare professionals to foster skills in interprofessional communication, inspiring a culture of collaborative working. Adopting the experiential learning theory stimulated a focused debrief, encouraging learning through reflection. Preliminary data from feedback

	demonstrates the high perceived educational value of the course, where 80% of our students described increased confidence in interprofessional working. By using robust pedagogical techniques, we targeted integrated learning of interprofessional skills training in a low stakes environment, demonstrating in a post-Covid era, teaching excellence can be maintained, and even enhanced.
Session C	**No I in Team – Improving working relations at Watford General Hospital.** Prabhakar M, Jothibal B *Watford General Hospital* Interprofessional education (IPE) improves collaboration between healthcare professionals (HCPs), facilitates holistic care and improves patient satisfaction. Despite this, IPE has seen limited uptake in hospital settings, particularly in postgraduate teaching. The aim of our project was to understand current working relations between HCPs and address these issues through IPE presentations workshops. A preliminary survey including qualitative and quantitative questions was disseminated amongst HCPs in Watford General Hospital including doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians and pharmacists. A secondary survey was circulated to Foundation Year 1 doctors (FY1s). We collected 32 responses from our initial survey to HCPs. 96.9% (31) felt communication between doctors and other HCPs required improvement. 93.8% (30) felt these problems affected job performance and patient care. 90% (27) of FY1s regularly worked with other HCPs although when asked how comfortable FY1s felt understanding terminology used by other HCPs the average score was 4.6/10 (10 as very comfortable). Most of the cohort felt they would benefit from tailored teaching on this (average score 8.0/10, 10 as very useful). Ultimately, collaboration between HCPs is lacking at Watford General Hospital despite regular multidisciplinary team meetings. There is a lack of knowledge regarding terminology in each specialty, equipment used and individual roles of HCPs. To address this, we organised six presentations delivered by various HCPs for FY1s and we are arranging case-based interactive IPE workshops. This project is ongoing and results from our intervention will be available at the time of presentation. 1 Reeves S, Perrier L, Goldman J, Freeth D, Zwarenstein M. Interprofessional education: effects on professional practice and healthcare outcomes. Cochrane Database of systematic reviews. 2013(3). 2 World Health Organization. Framework for action on interprofessional education and collaborative practice. World Health Organization; 2010.
Session C	**Delivering a remote cross-speciality course supporting healthcare professionals back into the clinical work place after a period of shielding.** Tedd HM, Stock N, Waddilove L Newcastle upon Tyne Hospitals NHS Foundation Trust Introduction On the 21st of March 2020, the UK government identified a subgroup of people who were deemed to be extremely clinically vulnerable to COVID-19 and introduced the idea that this group should ‘shield’1, resulting in many healthcare professionals working from home. Survey data2 showed high rates of anxiety around returning to clinical work in this unique group. Aim We aimed to develop and deliver a remote study morning, relevant across grades, specialities and professions, in order to improve confidence in shielding healthcare professionals in preparation for their return to clinical work. Method We delivered

	a study morning which was open to healthcare professionals from across specialities, grades including non-training grades in order to upskill shielding clinicians prior to their return to clinical practice. A range of topics were included (managing confidence issues, PPE, an update on ALS guidelines in the COVID-era and an open forum session) that would be relevant to all. Outcome 13 shielding healthcare professionals attended (12 doctors and 1 physiotherapist). Doctors came from a broad range of specialities and from a variety of grades from interim foundation year (FiY) doctors through to consultants. Feedback from the delegates was universally positive, rating all sessions as either good or excellent. Conclusion In recognition of the high rates of anxiety in shielding healthcare professionals, we developed and delivered a multi-professional, cross-speciality remote course which was well received. If future situations require healthcare professionals to work from home for prolonged periods of time, then further generic courses that are relevant to such a breadth of professionals should be considered in order to prepare them for the return to the clinical workplace. 1 UK Government. Guidance on shielding and protecting people defined on medical grounds as being extremely vulnerable to COVID-19. March 2020. 2 Supporting the shielded – results from a national survey of shielding doctors. Anaesthesia news (pre-print) 2020.
Session C	**ProfComS: An Exploratory Qualitative Study.** Edwards LJ, Crisewell T *Frimley Park Hospital* The Foundation Program curriculum calls for Foundation Year 1 (FY1) doctors to work well at the interface with other healthcare professionals (1), whilst the General Medical Council's Outcomes for Graduates guidance clearly states the importance of being able to communicate clearly with colleagues (2). Despite this, medical students feel ill-prepared for practice, particularly in the realm of professional communication (3). To our knowledge, there are no educational interventions that address professional communication in medical students; furthermore, there is a paucity of research in the area. Final year medical students on placement at Frimley Park Hospital were invited to take part in a voluntary focus group. Four students, representing two different medical schools, took part in the focus group led by one of the researchers. The discussion was voice-recorded and later transcribed manually. Simple content analysis was performed on the transcript, with context derived from written notes taken at the time and the recorded audio. This exploratory study revealed that final year medical students believe that professional communication skills are of the utmost importance, owing to their role in patient care and team dynamics. They recognise that a significant proportion of a junior doctor's workload relies on effective professional communication at both the intraprofessional and interprofessional interfaces. Practical experience is limited and majoritatively opportunistic while on clinical placement. Based on these findings, we hope to design a short Professional Communication Skills (ProfComS) course to address this gap in the curriculum and supplement final year assistantship placements. 1 United Kingdom Foundation Program. The Foundation Program Curriculum [Internet]. 2016. Available from: https://foundationprogramme.nhs.uk/curriculum/curriculum-e-portfolio-documents/ 2 General Medical Council. Outcomes for Graduates [Internet]. 2018. Available from: https://www.gmc-uk.org/-/media/documents/outcomes-for-graduates-2020_pdf-84622587.pdf

	3 Illing J, Morrow G, Kergon C, Burford B, Spencer J, Peile E, Davies C, Baldauf B, Allen M, Johnson N, Morrison J. How prepared are medical graduates to begin practice? a comparison of three diverse UK medical schools. Final report to GMC. 2008.

Poster Abstracts

Poster Number	Abstract
1	**Pharmacy and Medical Students as Peer Mentors: Learning together, supporting each other.** Joekes K[1], Romito A[1], Barker S[2], Thomas T[2], East M[2] *[1]Kent & Medway Medical School, [2]Universities of Kent and Greenwich* The new Kent and Medway Medical School and the Medway School of Pharmacy share a commitment to providing their students with interprofessional learning as well as 'peer' support. An 'Interprofessional Peer Mentor' (IPM) scheme was introduced in the 2020/2021 academic year. It connects students to work together on clinical vignettes, allowing exchange and building of knowledge on medications, prescribing and the role of different healthcare professionals for safe patient care. Furthermore, students will exchange ideas on study skills and managing stress associated with being a healthcare student. The aim is for students to learn from and with each other, developing their interprofessional awareness and networks at an early stage. The importance and benefits of interprofessional learning are well documented. This project will consider whether introducing the IPM scheme early in respective healthcare programmes is well received by students and aids interprofessional awareness, team-working and support. Evaluation of the scheme will be embedded in overall module evaluation. Two questions, scored on a 5-point Likert scale, will capture agreement or disagreement with statements regarding the students' experience of interprofessional working. This presentation/short communication will outline the detail of the IPM scheme, including learning objectives, format, student tasks and reflections. In addition, lessons learned about setting up an IPM scheme across two Schools are considered. Limitations of the scheme will be explored.
2	**Honduras First National Training Survey: The importance of training surveys in training and patient safety** Solano Velasquez JV *Honduras Medical College, Central America* The Honduran medical training program lacks a proper feedback system to address current challenges. Currently, the national health system is in a state of collapse and the impact of this on the medical workforce, particularly trainees, has never been assessed. In collaboration with the Honduran Medical College, I developed a cross-sectional survey of junior doctors, specialty trainees, and medical professors using a five-point Likert scale. The instrument comprised nine domains: demographics, patient safety, training satisfaction, clinical supervision and experience, bullying, punishment, sexual harassment, emotional support, and burnout. We found structured handover of patients

	between shifts took place only half of the time (54%). Overall, half of the doctors reported having to perform unfamiliar procedures without any supervision. Trainees felt senior supervision was adequate on only half of occasions with 18% of trainers unaware that teaching was part of their contract. The quality of education and training for junior doctors and specialty trainees was rated by 45% of respondents as poor or very poor. Correspondingly, 59% of trainers felt teaching time allocated in their contracts was insufficient. Verbal (64%), physical (10%) or psychological (70%) bullying was reported. Sexual harassment was experienced by over a third of trainees. Almost two-thirds of doctors felt affected significantly by the death of a patient but only 3% (9) received any psychological support. Over a third of trainees reported that they had been penalized with illegal sanctions. 129 (42%) cases of severe burnout were reported. Burnout was mainly attributed to work overload and unreasonable sanctions. The results of this first training survey showed that bullying, sexual harassment, and staffing issues are rife in the medical system in Honduras. In addition, trainees report significant problems with lack of supervision, trainee wellbeing, and high patient numbers impacting their ability to provide safe care for patients.
3	**SimFridays: Nailing common presentations in the ED** Keitley J, Jaobs L, Garlick R *University Hospitals Plymouth NHS Trust* Simulation is commonly used for training in emergency management and team working(1). In-situ simulation offers the benefit of training within the environment that the real clinical events occur, also enabling identification of logistical problems that might otherwise go uncorrected. In this busy emergency department (ED) there was no established simulation training programme. Clinical fellow posts with protected educational time plus supporting a healthcare assistant to work as a simulation technician for two days per week allowed the development of new weekly multidisciplinary simulation sessions focusing on common ED scenarios with realistic outcomes. Sessions were organised around monthly themes, and sourced participants from those already working clinically. Learning outcomes were created as per HEE guidance(2). iTrust debriefing was used to facilitate reflection. Inspired by #EM3(3), blog posts summarised the learning outcomes for frontline staff and wider department. Qualitative feedback evaluated the teaching and departmental-working in general. So far, weekly sessions have gathered feedback from ~70 staff. Feedback is overwhelmingly positive. Specific points of improvement included acquiring equipment and clarification of processes. Clinical fellow roles can make significant increases to the educational output of the emergency department. In-situ training on fundamental ED presentations was well received and sustainable to run weekly. Blogs widened access to the learning. COVID19 social-distancing restricts attendance, and there is consistent support for a greater session frequency. Therefore, funding has been sought for equipment to increase ease of running ad hoc sessions whenever departmental pressures allow, as well as equipment required to live stream sessions. 1 Spurr J, Gatward J, Joshi N, Carley SD. Top 10 (+1) tips to get started with in situ simulation in emergency and critical care departments. Emerg Med J. 2016 Jul;33(7):514-6. doi: 10.1136/emermed-2015-204845. Epub 2016 Mar 11. PMID: 26969169. 2 Health Education England. 2018. National Framework for Simulation Based Education (SBE) [online]. Available at: https://www.hee.nhs.uk/sites/default/files/documents/National%20framework%20for%20simulation%20based%20education.pdf. 3 East Midlands Emergency Medicine Educational Media. 2020. Homepage [online]. Available at: https://em3.org.uk/

4	**Workforce Redistribution and Inter-professional Working During a Time of Crisis** Riley T, Kausar A *Health Education England, Northwest Deanery* Introduction The COVID-19 pandemic has necessitated a widespread inter-specialty redistribution of the medical workforce. This survey aimed to quantify the extent to which foundation year (FY) doctors have been redeployed, assess whether training had been provided and evaluate the impact on wellbeing. Methods An electronic survey was emailed to all FYs in the Northwest of England during the initial peak of the pandemic between 09/04/2020 – 23/04/2020. A follow-up survey was sent three months later. Results 292 FY doctors responded to the survey of which 31% had been redeployed. The principal specialties of redeployment were: general/acute medicine (29%), A&E (21%), dedicated COVID-19 wards (21%), and critical care (15%). While some examples of good training were reported, 69% had received no formal training prior to redeployment and only 33% of doctors felt prepared. The follow-up survey received 133 responses. 43% of redeployed doctors did not receive an induction, 29% believed they were asked to work above their competency level and 17% reported regularly seeing patients without adequate PPE. 83% were worried about passing COVID-19 to family and friends, 57% reported low mood, 62% heightened anxiety and nine doctors reported accessing psychological support services. Conclusion There has been a high rate of redeployment of FY doctors but provision of training has been limited and a worrying impact on wellbeing was observed. These issues highlight the importance of inter-professional working in a time of crisis to enable us to adapt to a rapidly evolving situation whilst safeguarding the mental health of our workforce.
5	**Providing Clinical Education during the COVID-19 pandemic: the development of a novel virtual teaching ward round** Srikantharajah M, Ibison J, Annear NMP *St George's University of London* The COVID-19 pandemic has resulted in a rapid transformation in the way we deliver teaching in medical education, consequent upon national social distancing guidelines. In particular, advances in virtual learning technologies have facilitated this transformation. During the full UK lockdown, between March and July 2020, during which all on-site clinical placements were suspended for all medical students, we developed a novel 'virtual teaching ward round' for penultimate year medical students. 69 medical students were taught over a 12-week period during a 'virtual' clinical medicine placement. Microsoft Teams was used as the online interface to connect with students (groups of 5-10) and the virtual ward rounds were conducted using PowerPoint, supported by the CANVAS virtual learning platform. Patients discussed on the virtual ward round were selected from a fictional ward list on the online student learning platform. The virtual caseload broadly reflected conditions core to the learning outcomes from the students' year-specific curriculum. Students were presented with tasks including critiquing ward-round documentation, interpreting investigation results, and exploring a patient clerking to highlight important concepts such as clinical reasoning. Roleplay simulation was also employed for tasks such as history taking and interaction with the multidisciplinary team. Of 23 students surveyed, 70% found virtual teaching of good or of high value. Our study suggests that the virtual teaching ward round may be an effective way of delivering remote clinical teaching, that will be central to support ongoing restrictions to clinical placements necessitated by social distancing during the ongoing pandemic.

	1 Ahmed H, Allaf M, Elghazaly H (2020). COVID-19 and medical education. Lancet Infect Dis. S1473-3099(20)30226-7 2 Bearman M, Palmero C, Allen L, Williams B (2015). Learning empathy through simulation. Simul Healthc. 10(5):308-19 3 Krishnan D, Keloth A, Ubedulla S (2017). Pros and cons of simulation in medical education: A review. International Journal of Medical Health and Research. 3(6): 84-87
6	**Introduction of Weekly Teaching Programme for Physician Associates at a District General Hospital** Ridley-Fink F, Wilkinson J *Guy's and St Thomas' NHS Foundation Trust* Intro: The Royal Surrey County Hospital forms part of an acute NHS Trust serving 330,000 people. The Trust welcomed its first Physician Associate (PA) students in 2017 and has subsequently incorporated five substantive PAs as part of its medical workforce. A new programme was developed to address the need for regular structured teaching sessions targeted to this valuable new addition to the multidisciplinary team. Methods: Existing PAs were consulted in the design of the programme. A cycle of teaching sessions was designed around the existing PA matrix specification. Topics perceived to be more challenging or less frequently encountered in clinical practice were selected to maximise educational value. Sessions were initially delivered by Senior House Officers who had demonstrated an interest in education in weekly slots lasting one hour. Feedback was collected after each session via an electronic feedback form. Results: 100% of respondents to the PA survey gave the teaching sessions a maximum score for interactivity and pitching at an appropriate level. 90% gave a maximum score for tutor enthusiasm, pacing of the session and overall quality; 80% for relevance of content. Conclusion: The introduction of the PA teaching programme has been well received and clearly fulfils an important educational need. As the PA role further expands in the hospital, the programme aims to broaden its curriculum to cover a greater range of medical specialties and to include session facilitators who are themselves qualified PAs. This programme could form an educational template for Trusts which are looking to introduce PAs.
7	**Smoking cessation in pregnancy** Li Z *Milton Keynes University Hospital* Smoking is the single biggest modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health. Whilst smoking amongst adults in Milton Keynes is comparable to the national average, clinical commissioning group (CCG) data indicated that Milton Keyes had a higher percentage of women smoking at the time of delivery (11.7%) compared to the national average for England (10.5%), and that this prevalence was increasing. A quality improvement project was designed to reduce the number of women who smoke during by pregnancy. I share the experiences of being a Foundation Programme trainee reaching out to develop a multidisciplinary strategy to target this important issue. The key aim was to engage as many stakeholders as possible, including not only healthcare stuff but also the local council and CCG: 1. Undertaking an analysis of push and pull factors for smoking in pregnancy with the public health team 2. Designing a knowledge, attitude and practice survey for maternity unit staff. 29 staff members were surveyed including midwives, doctors, maternity care assistants and Early Pregnancy Unit nurses. This identified key areas of improvement such as supporting women's partners for smoking cessation, streamlining the smoking cessation referral

	service, and identifying earlier time points for intervention 3. Working with the local council to increase access to antenatal smoking cessation services 4. Introducing carbon monoxide monitors into the early pregnancy unit to promote smoking cessation in early pregnancy 5. Meeting with the local CCG to ensure regional commitment
8	**STITCH and B**** - a Novel Programme Combining Pastoral Support and Basic Surgical Skills** Lochab S, Stanier P, Rooker J *Great Western Hospital, Swindon* Background Foundation training can often be a challenging time, especially for FY1s. Starting a new job, shouldering responsibility and working in a new environment can be a stressful and a taxing thing to navigate independently. Objective This programme aims to create a friendly environment to facilitate discussion and provide pastoral support to Foundation doctors alongside teaching them new surgical skills. Method Four sessions were organised between August and November 2020. Foundation doctors working within the Trauma and Orthopaedic department at the Great Western Hospital (GWH), Swindon were invited to attend. Sessions were facilitated by senior SHOs and focussed on a different set of surgical skills. Opportunities to discuss frustrations and challenges, as well as positive occurrences were promoted by the facilitators. A questionnaire was distributed at the final session to evaluate participant experience. Results 100% of attendees strongly agreed that they found their FY1 rotation challenging. 100% scored 9/10 when asked how comfortable they were talking about their concerns at these sessions. All the participants strongly agreed that the session provided them with a listening ear, helpful advice, support and reassurance. 100% of the attendees scored that their confidence at suturing had improved (average: 4 points on a scale of 1-10). Discussion Through these sessions, practical changes and improvements were achieved in the running of the surgical department at GWH. Additionally, key issues were escalated to supervisors (with consent). There do not appear to be any similar programmes run that combine directed pastoral support alongside surgical skills teaching.
9	**Just wait a moment: The benefits experienced from a delayed evaluation strategy** Gallard S[1], Rawlinson F[1], Stacey M[2], Richards J[1] *[1]Cardiff University, [2]Cardiff and Vale University Health Board* Background: Delayed evaluation is a useful strategy to explore learning, particularly within healthcare education. Knowledge on the ability of participants to retain and utilise the concepts taught in a session is of significant interest. We explored using a delayed evaluation strategy to evaluate a Palliative Medicine masters programme. Methods: A two-week virtual teaching block for a Palliative Medicine masters programme was evaluated. Participants were invited to complete a short online evaluation at the end of each teaching session, with questions relating to their understanding of the concepts taught in the session. 2-3 weeks later the participants were asked to rate their current understanding of the concepts taught, along with detailing whether they had used this knowledge and any barriers they faced in doing so. Results: 11 sessions from a six-day teaching programme were evaluated. 211 responses were received for the initial evaluation (45% response rate). The delayed evaluation had a response rate of 29-39%. All respondents had either used the concepts taught in the sessions or intended to do so after 2-3 weeks. Level of understanding had frequently increased. The most common barrier faced in using the concepts was lack of time. Conclusions: Delayed evaluation can establish if learners feel they have retained understanding of the concepts taught during a session, along with identifying barriers for utilising knowledge when learners are back

	in their working environment. This evaluation strategy sparked curiosity and stimulated ideas for course development.
10	**Fresh off the boat: confidence and competency in new clinical starters** Li D, Patel C *University Hospitals Birmingham* Background: We evaluated the implementation of a peer-led teaching programme to complement trust induction in improving new clinicians' (n = 46) confidence at University Hospitals Birmingham Trust. Methods: Twelve weekly sessions covering common tasks performed by junior doctors were delivered face-to-face and via video conferencing. Peer tutors were recruited from the outgoing junior doctor cohort. Open-question and quantitative feedback using linear numerical scales (1 - 10) were collected after each session and at the end of the programme. Data was analysed using paired two-tailed t-test and thematic analysis. Results: Mean confidence pre-teaching was 65.7%, and post-teaching was 87% (CI 17.4-25.3%; p <0.0001; n=44). Mean relevance to practice was 97.5%. Mean scoring of peer tutor's knowledge was 96.6% and teaching ability was 94%. 100% of trainees recommended this programme. This programme was more relevant than trust induction (85% vs 57.5%; p = 0.00681; n=14) and peer tutors more knowledgeable on the role of a new clinician (83.4% vs 76.3%; p = 0.04794). Open-question feedback reiterated this. Suggestions of improvement focussed on technical difficulties and requests for crib sheets. Key Messages: This study emphasises the need for a peer-led teaching programme as part of new clinical starters' induction. Video conferencing has been established as an effective method of delivery. The hope is to establish this as a key part of annual induction for new starters and collect regular feedback to enable continual improvement.
11	**Developing a 'Virtual On-Call' Programme to Complement Final Year Assistantships for Medical Students** Burrows A, Ra A, Annear N *St George's University Hosital NHS Foundation Trust* Responding to bleeps for the first time as a new doctor can be both exciting and daunting. Traditional medical school curricula prepare students for clerking and forming clinical management plans, but rarely offer the practical experience of answering bleeps, and responding to common emergency situations, that require rapid decision-making. We developed a "Virtual On-Call" programme for final year medical students at St George's Hospital. Our aim was to improve confidence in responding to bleeps, and prioritising clinical situations in the on-call setting. We offered the opportunity to practice prescribing for common emergencies and utilising the SBAR tool to handover patients. Nine Final Year students were recruited, with each student allocated to a foundation year doctor. The students were given a bleep and called to virtual scenarios across the hospital. Students had to assimilate information from notes and prescription charts, managing or escalating each scenario appropriately. Following the simulation, students would receive constructive feedback. Student feedback was universally positive, with sessions described as "the best learning experience at medical school," and "ideal practice for becoming an F1". Amongst the most useful aspects were: SBAR handovers, prescribing, and discussing clinical situations over the phone. The "Virtual On-Call" programme offers medical students effective practice for an important aspect of life as a junior doctor, and an equally valuable opportunity for foundation doctors to develop their clinical teaching skills. We plan to adapt this programme sustainably into the

	undergraduate curriculum for medical and surgical assistantships, for maximal student benefit.
12	**Development of a high-fidelity simulation course to improve transgender patient healthcare: A Pilot Study** Dale E[1], Sharma A[2], Mercer SJ[2], Brown AM[1] *[1] Royal Liverpool Hospital, [2] Aintree University Hospital* Introduction: Transgender persons frequently experience healthcare disparities. A lack of training has been identified as a key barrier to culturally competent care.(1) Educating medical professionals in transgender health can improve knowledge and address factors contributing to health inequities.(2) We developed a simulation course involving high-fidelity scenarios with video-assisted debrief. Objectives: This course was evaluated to determine if simulation was a useful method of increasing doctors' awareness and confidence in managing transgender patients. Methods: The following scenarios were conducted at the Royal Liverpool Hospital's education centre using a Laerdal SimMan 3G: 1) Ectopic Pregnancy involving a transgender male 2) Pulmonary embolism involving a transgender female Content was developed by two junior doctors and underwent validity checking. Seven trust-grade A&E doctors consented to participation. Pre- and post-course questionnaires were completed to compare self-reported confidence in managing transgender patients. Results: There were 85.7% of participants who reported no previous training, although 66.7% reported caring for a transgender patient. Pre-course 66.7% felt " not at all confident" in their knowledge of transgender healthcare, with 33.3% "slightly confident". Post-course, perceived confidence improved, with 85.7% "quite confident" and 14.3% "moderately confident". Pre-course, 50% were "unsure" if simulation was an effective way to learn about transgender healthcare. Post course, 100% "very strongly" or "strongly" agreed. Conclusion: This project highlighted a need for transgender healthcare education. Participants reported improved confidence, indicating that simulation can facilitate learning effectively. Further research is required to gather more data, with a view to broader implementation in the trust and wider healthcare curriculum. 1 KORPAISARN, S. and SAFER, J. D., 2018. Gaps in transgender medical education among healthcare providers: a major barrier to care for transgender persons. Reviews in Endocrine and Metabolic Disorders. 19 (3), pp. 271-275 2 MARTINS, R. S., SALEH, R., KAMAL, H., GILLANI, M., MERCHANT, A. A., MUNIR, M. M., IFTIKAR, H. M., SHAH, Z., HUSSAIN, M. H. and AZHAR, M. K., 2020. The Need for Transgender Healthcare Medical Education in a Developing Country. Advances in Medical Education and Practice. 11, pp. 405-413
13	**Implementing a Simulation Training Programme for Physician Associates** Cowan A, O'Brien R, Oliver N *NHS Lothian* Implementing a Simulation Training Programme for Physician Associates Background Physician Associates (PAs) are an increasingly important professional group in the NHS that contribute to the multidisciplinary workforce. Confidence in assessing acutely ill patients can be low in newly qualified PAs, particularly when working in new clinical environments. Simulation training is an effective tool for developing technical and non-technical skills in other groups of clinicians. To our knowledge, there is no PA specific simulation training available in the UK to prepare PAs for assessing and treating acutely unwell patients. We describe the development and implementation of a novel PA specific simulation training programme and present the evaluation of our initial work. Methods We designed and implemented a bespoke simulation training programme based on

	existing training for junior doctors, compromising three scenarios focusing on major haemorrhage, hypoglycaemia and the acutely unwell patient and the sepsis six protocol. Fifteen PAs have undergone simulation training using scenarios modified to be consistent with PAs scope of practice. We sought immediate feedback after training sessions via questionnaires using Likert scales. Results Results showed improved confidence and team working, and a perception of improved patient safety following the simulation training. The majority of PAs found the simulation training beneficial to their practice. Conclusion The introduction of a novel PA simulation training programme has demonstrated improvements in technical and non-technical skills. This supports our aim of improving postgraduate PA training. Work continues to further develop our PA simulation programme and further evaluate its effectiveness.
14	**Bleep 111 for the Right Medical Attention** Al-aidarous S, Mahmood A, Khan B *Darent Valley Hospital* Introduction: The RCP report 'Guidance on Safe Medical Staffing' states that "patients have a right to expect safe, timely and effective medical care." It recognised the increased workload of doctors and the role of non-medical staff in tasks previously considered the domain of doctors. One aspect of this is the increasing number of bleeps for out of hours inpatient reviews. Aims: Assess the benefits of a 'Bleep 111' filtering system. Methods: Cross-sectional data analysis on all bleeps received by the Bleep 111 holder: number of bleeps; nature of request; whether these were passed on to doctor; amount of time taken to resolve any requests not passed on. Results: In the 2017 pilot of 152 bleeps received, 77 were filtered to the doctors; this proof-of-concept enabled the service to be established. In 2020, only 42% of the 75 bleeps were passed on to the on-call doctor; saving 260 minutes spent on resolving these issues and the 158 minutes in answering bleeps. Conclusion: A 'Bleep Filter' system is one effective way of reducing the workload on the ward cover on-call doctors; reducing the number of bleeps received by more than half and saving almost 7 hours in time across one weekend. 1 Royal College of Physicians. Guidance on safe medical staffing. Report of a working party. London: RCP, 2018
15	**"Escaping" the didactic approach to learning: Introducing a novel interactive task-based session to facilitate active learning on the senior medicine placement** Srikantharajah M, Mathias K, Mirza R, Banerjee D, Annear NMP *St. George's University of London* The evolution of clinical teaching has led to a shift away from traditional 'didactic' styles toward more 'active learning' modalities. Penultimate year medical students undertaking their senior medicine placements at our institution are provided a front-ended one-week series of 'introductory' lectures, prior to their clinical attachment. In a follow-up survey, 100% of students were found to prefer a more interactive approach, contrasted with the existing series of didactic lectures. A novel task-based modified 'escape-room' format was designed and tested on a small group (5) students, before conducting the pilot session. The session was designed for sixty students, and run at the end of the lecture week, to promote learning consolidation. The session focused on a single case, highlighting management of key medical emergencies, mapped to learning covered during the preceding lectures, and affecting fictional patients throughout a hospital admission. Students unlocked padlocks on successful completion of each task, to allow progression through the scenario. To decipher padlock codes, students had to complete a

	range of simulated clinical tasks, relating to a broad range of medical specialties. Tasks included taking focused patient histories, formulating differential diagnoses, interpreting investigations, prescribing skills and management, appropriate for student level of attainment. Feedback showed 90% of students felt they had learnt new information; 100% found the session both useful and well presented. This novel modified 'escape-room' demonstrates a popular and interactive method to complement didactic teaching sessions, and promote active learning in medicine, and has been formally adopted into the introductory week for medicine. 1 Swanick T (2014). Understanding Medical Education: Evidence, Theory and Practice, Second Edition (Chichester: Wiley Blackwell).
16	**Factors influencing the delivery of constructive and meaningful feedback in clinical dentistry training** Modha B *School of Dentistry, University of Leeds* Background The aim of feedback is to enhance students' knowledge, skills and behaviour, and to enrich their learning experiences. During clinical dentistry training, the delivery of feedback becomes an essential component of the learning process. Within dental settings, feedback from clinical teachers is considered a vital asset in teacher-student interactions. Receiving both accurate and constructive feedback can help learners traverse from their actual performance to a desired performance. My research explores the area of feedback within clinical dental education. It draws upon general literature, current guidelines and my own experiences. Factors An array of factors may impact on the effectiveness of the feedback process. These include the use of the General Dental Council's 'Standards for Education' document; the availability of relevant guidelines set by the educational establishment; theoretical perspectives and models for giving feedback; clinical teachers' own knowledge, skills, attitudes, teaching experience, training and peer review; the length of supervision and familiarity with particular student groups; clinical teacher to student number ratios; qualitative versus quantitative gradings; timing of feedback; 'feedback-in-action' versus 'feedback-on-action;' end-of-term feedback sessions; group feedback sessions; written feedback versus verbal feedback; clinical logbook use; reflective practice, and multisource feedback, among others. Conclusions Overcoming barriers to constructive and meaningful feedback requires both individual and institutional efforts. To be effective, the teaching of feedback skills could form a part of student and faculty professional development programmes. When both students and clinical teachers understand the purpose and structure involved in feedback, the effectiveness of the educational process may be increased.
17	**Evaluating the efficacy of coloured filter systems to improve the reading ability of individuals with dyslexia: A systematic review.** Tompkins B *University of East Anglia* Dyslexia affects up to 12% of school-aged children and, if untreated, can have serious adverse effects on individual's wellbeing. Coloured filters were first claimed to improve reading performance in 1958 and, since then, there has been inconclusive evidence both supporting and opposing their use. Through appraising the quality and results of the current literature, this research aims to understand the effectiveness of coloured filters to improve reading ability amongst dyslexic individuals Databases were systematically searched in January 2020 with a successive search in May 2020 to identify newly

	published data. Studies that followed any methodological design, involved participants with an official dyslexia diagnosis and investigated the efficacy of coloured filters to improve reading performance were eligible for inclusion in this review. Eight studies were included in the review. All studies involved a crossover element and five studies used a control group. Narrative synthesis was used for data analysis; four of the studies reported improvements with coloured filters however they were at high or concerning risk of bias and results had a small effect size. The studies deemed to be at lower risk of bias failed to identify a beneficial effect. GRADE assessment concluded that certainty of evidence was 'very low'. This review concludes that due to the inconsistency, imprecision and high risk of bias of included studies there is insufficient evidence to support the use of coloured filters to improve reading performance in dyslexic individuals. Supportive anecdotal claims suggest that rigorous large-scale clinical trials are needed to produce significant evidence. 1 Lyon, G.R., Shaywitz, S.E. and Shaywitz, B.A. A definition of dyslexia. Annals of Dyslexia. 2003; 53:1–14 2 Jansky, J. A case of severe dyslexia with aphasic-like symptoms. Orton Society. 1958; 8 8–11 10.1007/BF02657600
18	**Education Lessons from COVID-19: Enhanced Transition from Medical Student to Doctor through FY1 led Teaching Program for Foundation Interim Year 1 Doctors in Destination Hospital** Knudsen G, Banks J, Forbes A *Frimley Park Hospital* Background: The COVID-19 crisis offered a unique opportunity for final year students to take part in the Foundation interim year 1 (Fiy1) program in the hospitals they will start work in. Assistantships have been recommended by the GMC since 2009 and are well recognised to increase confidence prior to starting work as a doctor, [1,2] but there has been little investigation of the benefits of siting these assistantships in future places of work. Aim: To assess whether an Fiy1 assistantship and teaching programme led by FY1s at their future place of work can prepare incoming doctors for FY1. Methods: Frimley Park Hospital (FPH) hosted 14 Fiy1s. All FiY shadowed FY1s and attended a teaching program that consisted of 8 sessions over 3 weeks covering a range of topics. The FiYs completed a pre and post-course questionnaire using the same statements a 7 point likert scale. Results where statistically assessed with Shapiro-Wilks and subsequently the non-parametric Wilcoxon Signed Ranks accordingly. Results: Post course feedback was improved vs its pre-session counterpart, (p=0.0002) with a 36.55% improvement in scores. Conclusions: An Fiy1 shadowing block in the hospital where FY1 will be carried out is both well received and improves feelings of preparedness starting work as an FY1. Further multicentre assessment is needed to establish whether this is a nationwide finding, but we would propose that assistantships in destination hospitals final year students is beneficial. Hospital specific systems teaching by current FY1s is an effective way of acclimatising incoming doctors to their future workplace. 1 Braniff C, Spence RA, Stevenson M, Boohan M, Watson P. Assistantship improves medical students' perception of their preparedness for starting work. Med Teach. 2016;38(1):51-58 2 Crossley JG, Vivekananda-Schmidt P. Student assistantships: bridging the gap between student and doctor. Adv Med Educ Pract. 2015;6:447-457.
19	**''Can you hear me?'': a student-led adaption of objective structured clinical examinations (OSCEs) to the virtual setting** Gulati R, McCaffrey D, Bailie J, Warnock E *Queens University Belfast*

	Background: With medical education disrupted due to COVID-19, medical students organised virtual, mock OSCEs for 2nd-5th year students to aid clinical skills revision. Content presentation: RG and JB wrote each station, with RG, DM, JB and EM coordinating each OSCE session on Zoom™(Zoom Video Communications Inc, San Jose, California). Medical students and doctors acted as examiners and simulated patients (SPs). 'Breakout rooms' were used to simulate stations, with examiners and SPs remaining in the same room and students rotating. Each circuit consisted of 7 stations (6 active, 1 rest). Each station took approximately 12 minutes (1 minute reading time, 5-6 minutes for the skill, 5 minutes to rotate students). Stations focused on history-taking, counselling and data interpretation (e.g. X-ray, NEWS and urinalysis interpretation). Participants were provided with training materials. After the OSCE, an online survey was distributed. Outcomes: Over one month, we ran 10 circuits for 59 students, 31 examiners and 23 SPs. Before the OSCE, students and volunteers retrospectively described feeling "anxious", "concerned" and "nervous" about the virtual platform. However after the OSCE, participants found Zoom™ to be easy to use, useful for their learning and reported being confident in using a virtual platform for summative OSCEs. Only 13% of students and 19.6% of volunteers had problems using Zoom (e.g. WiFi and microphone difficulties). As students we gained early career exposure to teaching and developed organisational, leadership and problem-solving skills. The 'flipped classroom' approach allowed informal, bidirectional learning between medical students and established doctors.
20	**Improving antimicrobial prescribing through interprofessional education: a closed loop audit** Ng ZH, Kamran T *Borders General Hospital, Scotland* Background: Compliance to local hospital antimicrobial guidelines is important to ensure antimicrobial efficacy as well as reduce potential for toxicity and antimicrobial resistance. The primary aim was to assess the impact of interprofessional educational interventions on the adherence to local antimicrobial prescribing guidelines in Borders General Hospital, Scotland. Methods: Preoperative antimicrobial prescribing in consecutive adult patients aged ≥ 16 years undergoing appendicectomy were audited against recently published local guidelines from March 2019 to July 2019. Interprofessional educational interventions comprising antimicrobial prescribing teaching for both the surgical team and anaesthetists were carried out. The change was prospectively evaluated through a re-audit from December 2019 to February 2020. Results: The baseline audit demonstrated 68.8% (n=11/16) compliance to the new local antimicrobial guideline in patients undergoing appendicectomy. The remaining patients had gentamicin prescribed in different doses. Gaps were identified in prescriber awareness of antimicrobial guidelines. Following targeted departmental teaching sessions regarding antimicrobial prescribing and the use of the dosing calculator, the re-audit showed 93.8% (n=15/16) compliance to the local antimicrobial guideline among prescribers in the surgical team and anaesthesia team. Conclusion: Interprofessional education sessions were instrumental in improving adherence to antimicrobial prescribing guidelines. This highlights the importance of regular audit and prescriber education in the promotion of antimicrobial stewardship in hospitals.

21	**Virtual Clinical Teaching for Quarantined Medical Students** Allen TC, Simpson EM, McKenzie EM, Moulds YM *NHS Ayrshire and Arran* Aims Due to COVID-19, medical students were required to isolate for half of their emergency medicine placement. To enable them to pass it, an innovative virtual learning plan was required to provide as close to a real-life clinical experience as possible. It needed to adapt to the students' individual needs, and it needed to start immediately. Methods Daily tutorials covered even more than the key patient presentations set out in the university's curriculum. Half of each day was reserved for self-directed learning. Crucially, this was consolidated with dedicated daily time for the students to teach each other about what they had found most interesting or helpful. A clinical teaching fellow answered questions, facilitated discussion, and provided context. A digital random patient generator was adapted from McCormick's original (1). A student then talked through assessment of the patient. The other students were encouraged to contribute, question, and offer feedback. This enabled both casebased discussions and informal assessment of the students' understanding and decision-making skills. Results Social constructivist principles combined with self-directed learning (2) maximised learning by respecting the students as adult learners, engaging them, and individualising the teaching as much as possible. 100% of the anonymous feedback from all students was positive. The random patient generator was "fun and challenging" and an "insightful" way of challenging biases and "system 1" thinking (3). Upon their return, the students were able to focus on clinical examination and procedures. All passed the placement. *1* McCormick S. Broken Toy. Available from: https://brokentoydotblog.wordpress.com/ [Accessed 10th September 2020]. *2* Kaufman DM. Applying educational theory in practice. BMJ. 2003;326(7382): 213-216. *3* Kahneman D. Thinking, fast and slow. New York: Farrar, Straus and Giroux; 2011.
22	**A Systematic review of randomised control trials (RCT) on how effective simulation training is for developing confidence in health care students for clinical practice.** Kharel M *University of East Anglia* Background: Simulation-based learning is increasingly being integrated within healthcare students' curriculums. However, its impact on self-confidence within healthcare students has not been explored in many reviews. Self-confidence underpins clinical competency and it is essential to instil within healthcare students when dealing with decisions that affect the lives of others. Objective: This study reviews the recently available evidence evaluating the effectiveness of simulation training to improve self-confidence amongst healthcare students, in order to add to the body of evidence already available. Methods: Studies of an RCT design that have been published between January 2015 and July 2020 involving healthcare students exposed to simulation training, of any fidelity level, were included in this review. The literature of four databases was reviewed (CINHAL, ERIC, MEDLINE, SCOPUS). Data extraction and quality appraisal were conducted independently by the researcher using tools suggested from the Cochrane handbook. Analysis of data followed a narrative synthesis methodology due to the heterogeneity of data collected. Result: Ten RCTs containing 598 participants met the inclusion criteria. Six of the studies provided evidence that undertaking simulation training improved self-confidence more than the control group receiving another form of educational training. The other four studies provided evidence that simulation training increases self-confidence just as much as the control groups. Conclusion: This review found updated evidence that supports

	simulation training to be an effective teaching method, in order to improve the self-confidence of healthcare students. The results of the studies reviewed indicated simulation training of any fidelity can be just as effective, if not more, than other educational training techniques in improving healthcare student's self-confidence. To increase confidence within this review's findings, a repeated review is recommended once a greater body of primary research, measuring self-confidence using an established and validated measurement tool, becomes available.
23	**Which educational appraisal tools are most appropriate for utilisation when evaluating studies reporting training programmes aimed at clinicians in poor resource settings?** Hassan S, Khan A *Leeds Institute of Medical Education, University of Leeds* Background There is a significant void in literature reviewing teaching programmes for local clinicians in poor resource settings. Delivery of training programmes is effective in building local healthcare capacity and a constructive alternative to short-term foreign medical aid(1). We completed a self-designed research project with the following objectives: 1. Identify studies which describe training programmes 2. Report on types of training programmes and instructional methods adopted 3. Evaluate studies using a range of recognised appraisal tools to assess their appropriateness Methods We conducted a systematic review of 57 articles exploring training programmes delivered in poor resource settings, including studies aimed at local clinicians and also identifying training delivery methods. We then appraised each paper according to study design using the following educational appraisal tools: MERSQI, JBI Checklist for Quasi-Experimental Studies, JBI Checklist for Qualitative Studies, NOS-E, CEBMa and MMAT. Results Most studies (89%) used multiple teaching methods and didactic teaching was the most prevalent method (65%). Furthermore, most (77%) training programmes enhanced knowledge or skill among participants. MERSQI and NOS-E were the only tools to appraise educational aspects of the studies. Discussion We found that MERSQI and NOS-E were appropriate to analyse these training programmes as they evaluated educational aspects of the studies. We are unable to comment on the appropriateness of the JBI Checklist for Qualitative Studies and the CEBMa tools as they could only suitably appraise two papers each. Delivery of training programmes in poor resource settings is feasible and aids skill and knowledge attainment among clinicians. *1* World Health Organization. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. [Internet]. 2010 [cited 2020 Jul 25]. Available from: https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf
24	**Introduction of a Flexible Teaching Programme in the Paediatric Department of a District General Hospital During Covid-19** Fiddes C, Rendall L Royal Alexander Hospital, Scotland At the onset of the Covid-19 pandemic, NHS work changed drastically, including disruption of training. We faced a big challenge… how could we deliver teaching safely? Could we improve on the programme that was in place before the pandemic? Our aim was for teaching to be flexible, inclusive, sustainable, multidisciplinary, delivered in bite size chunks; to improve knowledge while providing opportunity to develop teaching skills. We introduced a new teaching programme modelled around a 'Theme of the Week', which represented a common presenting complaint in paediatrics or neonatology. Various teaching sessions were utilised to cover this theme, such as 'Ten Top Tips' led by

	the junior trainees, middle-grade led teaching, and a weekly quiz to consolidate learning. Learning points from attendees were collected and shared via email with further resources. Video technology was employed to involve those shielding or working from home; and allow for social distancing in the ward. A post-intervention survey showed the teaching programme had a positive impact on the department; 100% of those surveyed stated it had been useful for their day-to-day work. Our teaching programme has demonstrated it is possible to continue providing quality medical education, even in a pandemic!
25	**Medical student virtual teaching: a positive experience?** Nyeko-Lacek M[1], Nelson-Rowe E[2], Jegina H[2] *[1] Morriston Hospital, Swansea, [2] Cardiff University* Background: the emergence of COVID-19 pandemic has meant that government advice has been to minimise contact between individuals and social distance wherever possible (1). This has led to a large amount of education and teaching being delivered online. This study looked at medical student experiences of an online clinical revision series. Method: the sessions were focussed on common conditions encountered in placement blocks and included use of 'Mentimeter', which allowed participants to vote on answers to multiple choice questions. A link to an online feedback form was posted after every session, asking students to rate on a scale of 1-5 their experience of the session. There was also a 'free-text' section for students to express their thoughts more generally. Results: attendees engaged with feedback after each session, which revealed an overall positive experience. The majority of students found the sessions helpful, with 97.4% rating the sessions as engaging and interactive, and 97.3% saying the sessions had improved their understanding of the topics delivered. The majority of 'free-text' comments were positive. Conclusion: online revision sessions can be beneficial in a pandemic setting. They allow teaching and learning to take place whilst also keeping students and staff safe. Further, they minimise disruption to education, which would otherwise be the case if large groups of students were having to regularly isolate 1 Department for Education. Further education (FE) operational guidance [Internet]. 2020 [cited 2020 Nov 28]. Available from: https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-further-education-provision/what-fe-colleges-and- providers-will-need-to-do-from-the-start-of-the-2020-autumn-term

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