ABSTRACT BOOK

25th June 2015
HEALTHCARE PROFESSIONS EDUCATION RESEARCH
INAUGURAL ANNUAL SCIENTIFIC MEETING
WHITLA MEDICAL BUILDING, QUB

Pursuing Excellence in Healthcare Professions Education
BOOK OF ABSTRACTS

Centre for Medical Education
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Dear colleague,

On behalf of the SERN conference organizing committee I would like to welcome you to the first SERN Annual Scientific meeting. SERN is a young and ambitious hub for health profession educational research and scholarship. We aim to promote and support all aspects of scholarly activity across the undergraduate, postgraduate and continuing health profession continuum. Whether you are a Committed Educator, Scholarly Educator or Education Scholar - SERN is for you!

Drawing upon strong local, national and international research links, we ultimately aim to benefit student learning and the future patients that they will serve. We are committed to producing internationally excellent health profession educational research and translate our findings into educational practice and policy.

Our underpinning desire is driven by

- Wanting to make a Change through Scholarly activity
- Building and sustaining Capacity for scholarly activity to thrive
- Enhancing our scholarly Culture
- Developing a Cohesive Community of practice
- Supporting individual Career trajectories

We hope you enjoy the conference.

Best wishes

Gerry Gormley
CONFERECE PROGRAMME

SCHOLARLY EDUCATIONAL RESEARCH NETWORK
CENTRE FOR MEDICAL EDUCATION

Scholarship and research:
Pursuit of excellence in health profession education

PROGRAMME

8.30 – 9.00  Registration and coffee
9.00 – 9.10  Opening comments: Dr John Jenkins
9.10 – 10.00 Keynote presentation: Dr Pim Teunissen
10.00 - 11.15 Parallel sessions (A&B) (Oral and Rapid fire presentations)
11.15 – 11.45 Coffee
11.45 – 13.00 Parallel sessions (A&B) (Oral and Rapid Fire presentations)
13.00 – 13.45 ‘Food, conversation and taking stock’
13.45 - 14.00 Plenary, prizes, feedback, attendance certificates and close
## ORAL PRESENTATIONS

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<td>Kathryn</td>
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<td>Lecture flipping- striving to engage, empower and educate students</td>
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GUEST SPEAKERS

Dr John Jenkins

After training in paediatrics and intensive care in Belfast and Toronto, John was appointed Consultant Paediatrician at the Waveney Hospital, Ballymena in 1982 and subsequently Senior Lecturer in Child Health at Queen's University Belfast. He retired from clinical practice in Antrim Hospital at the end of 2010. He was a member of the General Medical Council from 2003 to 2012, and chaired the GMC Postgraduate Board from its inception following the merger with PMETB. He is the President of ASME (the Association for the Study of Medical Education).

Dr Pim Teunissen

Pim studied medicine at Leiden University in the Netherlands. In 2005 he obtained his Medical Doctorate. Next to his medical studies, he followed courses in Law, Politics, and Management at Leiden University. After finishing medical school, he started a research project on workplace learning in medical education. This led to his PhD in February 2009 at VU University in Amsterdam, the Netherlands, entitled: ‘Unravelling learning by doing. A study of workplace learning in postgraduate medical education.’ In October 2008 he started working as a resident in Obstetrics and Gynaecology at VU University and combined this with a position as researcher at the School of Health Professions Education (SHE), Maastricht University, where he now is an associate professor.
# TITLE
BLENDING ART AND SCIENCE IN NURSE EDUCATION; THE BENEFITS AND IMPACT OF CREATIVE PARTNERSHIPS

# AUTHORS
M. Bennett¹, K. M.A. Rogers¹, J. Elliott², Arts Care NI, P. Lavery²

# AFFILIATION
¹Lecturer, School of Nursing and Midwifery, Queens University Belfast; ²Arts Care, Northern Ireland

# INTRODUCTION AND PROBLEM FORMULATION
This paper presents the benefits of an innovative education partnership between lecturers from the School of Nursing and Midwifery, Queens University Belfast and Arts Care, a unique Arts and Health Charity in Northern Ireland, to engage nursing students in life sciences. Nursing and Midwifery students often struggle to engage with life science modules because they lack confidence in their ability to study science. This project was funded by a Teaching Innovation Award from the School of Nursing and Midwifery, Queens University Belfast, to explore creative ways of engaging year one undergraduate nursing students in learning anatomy and physiology. The project was facilitated through collaboration between Teaching staff from the School of Nursing and Midwifery and Arts Care, Northern Ireland. This unique Arts and Health Charity believes in the benefits of creativity to well being.

# RESEARCH OBJECTIVE(S)
To explore creative ways of engaging year one undergraduate nursing students in learning anatomy and physiology.

# METHODS AND METHODOLOGY
Students participated in a series of workshops designed to explore the cells, tissues and organs of the human body through the medium of felt. Facilitated by an Arts Care artist, and following self-directed preparation, students discussed and translated their learning of the cells, tissues and organs of the human body into striking felt images. During the project students kept a reflective journal of their experience to document how participation in the project enhanced their learning and professional development.

# RESULTS
Creativity transformed and brought to life the students learning of the cells, tissues and organs of the human body. The project culminated in the exhibition of a unique body of artwork which has been exhibited across Northern Ireland in hospitals and galleries and viewed by fellow students, teaching staff, nurses from practice, artists, friends, family and members of the public.

# CONCLUSION
The impact of creativity learning strategies in nurse education should be further explored.

# REFERENCES


# Evaluation of a Mental Well-being Workshop for Medical Students: A Brief Intervention

## Authors
C. Donnelly, E. King, C. Mulholland

## Affiliation
Centre of Medical Education, Queens University Belfast

## Introduction and Problem Formulation
In 2013, the GMC developed guidance relating to supporting students with mental health difficulties. It suggested using preventative measures to help reduce mental health problems in students. Also highlighted were some of the misconceptions students can have about seeking support for their mental well being.¹

## Research Objective(s)
To develop and evaluate a workshop for first year medical students, that would highlight the opportunities and challenges associated with being a medical student. To raise awareness of maintaining positive mental well-being and enhancing personal resilience.

## Methods
A 2 hours workshop on mental well-being was delivered to first year medical students. The workshops were facilitated by postgraduate trainees in psychiatry. The workshop consisted of case discussions, video stories from senior medical students, presentations and discussion. The content was developed recognising the diversity of the students. The workshop was then evaluated with an online questionnaire.

## Results
Many of the students provided comments welcoming the opportunity to learn of the experience of more senior students. They commented that it was an advantage to have the workshop facilitated by younger doctors who they could relate to. 119 students responded and 87% were undergraduate. 71% agreed that they had previously considered how to maintain their mental well being as medical students. Yet 54% agreed that before attending the workshop they thought a mental illness would prevent a student from progressing in medical school. 57% agreed that their knowledge of mental well being had changed as a result of the workshop. 65% agreed that the workshop had stimulated their interest in mental well-being and resilience for them as a medical student.

## Conclusion
A brief intervention such as this is effective in helping students to recognise that they will encounter stress and to actively consider their mental well-being. One student commented that it “made you think about how to keep yourself healthy and emphasised the fact that even doctors get ill and need help.”

## References
**TITLE**  
EVALUATION OF MEDICAL STUDENT PERCEPTION OF PERFORMANCE OF A TASK VERSUS THE ACTUAL PERFORMANCE

**AUTHORS**  
G. Davison¹, D. O’Donoghue², L.J. Hanna¹, T. Dornan², M. Stevenson², A. Thompson¹

**AFFILIATION**  
¹Royal Belfast Hospital for Sick Children (RBHSC), Belfast health and Social Care Trust; ²Queen’s University Belfast

**INTRODUCTION AND PROBLEM FORMULATION**  
Approximately 240 4th year medical students from Queen’s University Belfast rotate through paediatric units in N. Ireland each year. Paediatric OSCEs revealed poor performance at prescribing paediatric medication despite attendance at an Interprofessional Pharmacy Workshop.

**RESEARCH OBJECTIVE(S)**  
The aim of this study is to assess perception of task performance, assess actual task performance and compare.

**METHODS AND METHODOLOGY**  
An end of attachment assessment was carried out on 85 students. Students completed a ‘Paediatric Skills Survey’ form, indicating on a 5 point Likert scale their perceived competency at 16 various tasks. Students were subsequently assessed on three reciprocal tasks, which included prescribing common paediatric medication (“Medication”), prescribing paediatric intravenous maintenance fluids (“Fluids”) and plotting growth parameters (“Growth”) on an appropriate centile chart.

**RESULTS**  
1. 51%, 58% and 11% of students gained a pass or above in “Medication”, “Growth” and “Fluids” despite comparative student self-ratings of 96%, 100% and 99% respectively.
2. The Sign Test is highly significant in all 3 areas, with $P<0.001$, which indicates clear bias in the direction of more optimistic expectations than reality.
3. Statistical analysis of perception in respect to actuality gave kappa values -0.010, -0.024 and 0.021 for “Medication”, “Growth” and “Fluids” respectively. All confidence intervals contained zero.

**CONCLUSION**  
1. At the end of attachment, a considerable number of 4th Year Medical Students are unable to complete standard paediatric tasks safely.
2. The assumption that students are able to indicate assurances in skill performance in unfounded.
3. Lack of correlation between perception and performance would put a greater emphasis on continued assessment of medical students and doctors in training to ensure safe practitioners.
4. Enabling students to be “actors in performance”, rather than observers will achieve a higher point Miller’s Pyramid. Therefore, enabling students to deliver more realistic perceptions of performance and better results through active demonstration.

**REFERENCES**  

TITLE EVALUATION OF THE IMPACT OF A PEER ASSISTED LEARNING PROGRAMME ON MEDICAL STUDENT EDUCATION AND EXAM PREPARATION

AUTHORS
K. Ronan, N. Gildernew, B. Haughey, M. Hegarty, M. McCall, A. McCorkell, P. McGuigan, FY-o

AFFILIATION
Centre for Medical and Dental Education, Altnagelvin Hospital, Western Trust, NI

INTRODUCTION AND PROBLEM FORMULATION
Our Trust, at any one time, can host an excess of fifty medical students in years three and five in a medical or surgical placement within a peripheral hospital setting. Whilst there is a high quality and quantity of postgraduate led teaching for the younger medical students, PAL has also been shown to be an effective means of learning for medical students.

RESEARCH OBJECTIVE(S)
To assess the impact of a PAL programme directed at third year medical students, delivered by fifth year medical students post clinical finals, supervised by senior medical staff within the education centre.

METHODS AND METHODOLOGY
Final year medical students, during their FY0 assistanceship were informed about the PAL programme and volunteers were sought. Due to the high interest, selection was required to appoint six project leaders. With senior medical supervision, a questionnaire was produced and given to the third year medical students to identify areas that they would like their PAL teaching to focus on in preparation for imminent university examinations. A weekly timetable was then drafted, whereby the third year medical students received two theory and a clinical sessions delivered by the final year medical students. This ran for five weeks with a mock OSCE designed and delivered, with feedback, on the final week.

RESULTS
Results showed the hugely positive impact that this intervention had on the third year medical students. They feel that as it was directed at their level and they had initial input into desired topics that it has positively impacted on their knowledge and skills. They felt the environment was supportive, non-threatening and ideal for learning. They additionally found the mock OSCE a positive and helpful experience.

CONCLUSION
The PAL teaching programme has been a successful implementation within the education department in the Western Trust. The third year medical students were able to accrue more knowledge and skills that they feel will impact on their university exam performance. Similarly the final year students felt that this experience has increased their confidence, skills and knowledge as clinicians but also as educators of the future.
TITLE EVALUATION OF THE IMPACT OF NON-CLINICAL SKILLS TEACHING AND TRAINING IN FY-o’S DURING THEIR ASSISTANCESHIP PROGRAMME AT ALTNAGELVIN HOSPITAL, WESTERN TRUST

AUTHORS
R. Kehoe

AFFILIATION
Centre for medical and dental education, Altnagelvin Hospital, Western Trust, NI

INTRODUCTION AND PROBLEM FORMULATION
During the FY-o assistanceship programme, the students are enrolled in an eight week programme that prepares them for their future work as FY1’s. Importance is placed on enhancing clinical skills, empowering teamwork and management skills and acquiring knowledge about hospital systems. It was identified by the students themselves and the education staff that there was little focus on developing their non-clinical skills.

RESEARCH OBJECTIVE
To assess the impact of the implementation of non-clinical skills into the FY-o programme.

METHODS AND METHODOLOGY
It was highlighted by a sample of the students that they would like to use some of their time during FY-o, in the absence of imminent university examinations, to be involved and develop their non-clinical skills. Subsequently we sought to arrange audit and quality improvement training for the students and provide them with a list of available projects that they would be able to perform which were registered with the Trust R&D department. Students then volunteered to be part of one of seven groups which were supervised by senior medical staff to monitor the progress of their projects. A collective training session on audit oral and poster presentation was provided halfway through the process. With a time-frame put in place, an undergraduate symposium was arranged to allow the students to showcase all the non-clinical work that had been performed. It was chaired by a local GP with an interest in education and a judging panel of clinical and R&D staff was constructed. A prize was allocated to the best project and presentation.

RESULTS
This project allowed students to be involved in the process, development and presentation of a non-clinical skill at an undergraduate level and supervised by senior medical staff. The undergraduate symposium day was a huge success as noted by students and education staff. It allowed students to showcase the pride in their work: to enhance skills of collecting and designing information for presentation, the ability to use different mediums of presentation (oral and poster), enhance their actual presentation skills to their peers and to experience this under the formal rules of a competition.

CONCLUSION
This project was designed to allow students to enhance and develop non-clinical skills in a supportive and nurturing environment. The initial training provided an enthusiastic base to allow the students to increase their knowledge and skills in areas of audit, quality improvement, teaching, leadership and management. It has since created a collection of future projects that can be reused to enhance these skills for future trainees.
FACTORS AFFECTING CAREER CHOICE

L. Hanna, F. Askin, M. Hall

Queen's University Belfast, School of Pharmacy

Professional bodies and higher education establishments offering degrees in healthcare disciplines should appreciate career aspirations and expectations of future graduates. To date, there has been no other work in this area involving pharmacy students in Northern Ireland.

RESEARCH OBJECTIVE(S)
To investigate why Queen's University Level 1 MPharm students chose to study pharmacy.

METHODS AND METHODOLOGY
Following ethical approval and piloting, all first year pharmacy undergraduate students (n=124) were invited to participate in a self-completed questionnaire. It had 4 sections (influences when deciding to study pharmacy; views on chosen career; career aspirations and demographic information) and was relatively short with mainly a closed-question format to enhance the response rate. Distribution occurred at a compulsory workshop. Descriptive statistics and non-parametric tests were used for data analyses with p<0.05 set as significant a priori.

RESULTS
A response rate of 96.8% (120/124) was obtained (22.5% male; 77.5% female). Most respondents (89.2%) were looking forward to a career in pharmacy. A key influential factor on their chosen career pathway was that they enjoyed studying science during secondary education (mean score 4.6 out of 5). Other main reasons included a desire to improve people’s health and well-being, work in healthcare, and the range of possible careers within pharmacy. Salary was more important for non-EU than EU-students [(89.7%) 35/39 versus (64.2%) 52/81, respectively; p<0.001]. Most short and long-term aspirations involved careers in community and hospital practice, rather than academia or industry.

CONCLUSION
It appears that students value the patient-facing role of the pharmacist and are primarily motivated to choose a career in pharmacy for altruistic and clinical reasons which mirrors other work conducted with medical students. However, this work was only conducted at one point in time with one group of students. This study could be replicated in other Schools of Pharmacy or healthcare disciplines to enable comparisons to be made.

REFERENCES
TITLE FINAL YEAR PHARMACY STUDENTS' PREPAREDNESS FOR HIGH-STAKES OSCES

AUTORS
N. Tenzil¹, S. Haughey², R. O'Hare³

AFFLIATION
¹Final Year MPharm Student; ²Director of Education, Queen's University Belfast; ³Lead Teacher Practitioner Pharmacist, Southern Trust, Northern Ireland (NI) University Network

INTRODUCTION AND PROBLEM FORMULATION
OSCEs are a relatively new assessment method for Pharmacy. This form of evaluation can be used as a formative and/or summative process and allows components of clinical competence to be assessed in controlled environments.¹ In 2013/14 OSCEs in the School of Pharmacy in QUB moved to a high-stakes assessment. Students in the 2014/15 cohorts had already completed summative OSCEs in Level 3 and had a range of support mechanisms available to them.

RESEARCH OBJECTIVE(S)
This project aimed to gain the views and experiences of those students who completed OSCEs in Level 3 and the Level 4 formative OSCEs in Semester 1 preparing for final high-stakes OSCEs in 2015.

METHODS AND METHODOLOGY
All final year pharmacy undergraduate students (n=134) were invited via e-mail to complete an electronic questionnaire consisting of 40 questions relating to OSCEs.

RESULTS
A response rate of 52.0% (81 completed questionnaires) was achieved. The majority of respondents (66.1%) indicated that they felt prepared for summative OSCEs. Over 90% of respondents agreed/strongly agreed to OSCEs assessing their verbal skills (94.3%), clinical knowledge (84.2%), clinical skills (94.3%) and professionalism (80.0%). However 44.0% of respondents thought their performance was affected by variability between assessors.

CONCLUSION
Whilst the majority of respondents indicated that they felt prepared for summative OSCEs, and supported their use in the programme there was a concern around assessor variability and this has been noted in other studies.² The School has an assessor training programme and all stations have strict assessment criteria in place but the student body need to be continuously assured of these processes.

REFERENCES
### TITLE
FINDING THE VALUE IN WORKPLACE-BASED ASSESSMENT IN POSTGRADUATE MEDICAL EDUCATION

### AUTHORS
A. Barrett¹,², R. Galvin³, A.J.J.A. Scherpbier⁴, Y. Steinert⁴, A. O’Shaughnessy⁵, M. Horgan⁶

### AFFILIATION
¹Royal College of Physicians of Ireland; ²School of Medicine, University College Cork; ³Discipline of Physiotherapy, University of Limerick; ⁴Faculty of Medicine, Health and Life Sciences, University of Maastricht; ⁵Centre for Medical Education, McGill University

### INTRODUCTION AND PROBLEM FORMULATION
The introduction and integration of workplace-based assessment into postgraduate medical education has been challenging both in Ireland and internationally. This formative – or assessment-for-learning – practice was originally mooted to provide a structure for feedback on performance in an ‘authentic’ clinical workplace setting. However much of the research published over the last ten years has focused on the psychometric properties of the tools in an effort to establish the role of WBA in summative assessment of competence.

### RESEARCH OBJECTIVE(S)
The aim of this study was to explore the experiences of trainers and trainees in using WBA and consider whether, or how, these experiences have shaped their perceptions of the value of WBA as a learning facilitator. Using Teunissen’s Experiences–Trajectories–Reifications framework, we also set out to determine whether WBA is reified as a formative assessment practice by these users.

### METHODS AND METHODOLOGY
Using an interpretative phenomenological approach to this study, we used a template analysis framework to analyse interviews with nine trainers (consultant) and eight trainees across a number of medical specialities. We also used an online survey to gather additional qualitative information.

### RESULTS
The template analysis revealed similar themes within the two groups including understanding and experience of WBA as a summative judgment or a logbook requirement. Limited learning value was attached to the practice by trainees, linked to their experience (or perceptions) of limitations in the feedback they received.

### CONCLUSION
Trainers and trainees place limited value on WBA as a learning practice, although some individual tools such as the DOPS are viewed as more informative than others. Reification of WBA as a formative assessment practice – designed to provide feedback with the purpose of informing learning – has not evolved out of the experiences of trainers and trainees and this practice remains viewed as a ‘tick-box’ exercise.

### REFERENCES
# Interventions for Improving Pedagogic Outcomes in Ophthalmic and Paraophthalmic Education: A Scoping Systematic Review

**Authors**
M.A. Williams\textsuperscript{a}, M. Boohan\textsuperscript{a}, A. Thurston\textsuperscript{b}

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**Introduction and Problem Formulation**
The prevalence of vision problems and their impact on quality of life make them an important public health problem.\textsuperscript{1} Effective education of relevant professionals underpins provision of quality eye health care.

**Research Objective(s)**
This scoping systematic review had two aims: firstly to investigate the extent and nature of scholarly output published on ophthalmic and paraophthalmic education, specifically determining what proportion consisted of randomized controlled trials (RCTs), and secondly to assess the quality of reporting of any RCTs identified.

**Methods and Methodology**
A search strategy was applied to Pubmed. Any scholarly publications meeting predefined eligibility criteria were selected. Predefined data were extracted on the category of publication, and for RCTs on the study characteristics, quality of reporting according to CONSORT guidelines,\textsuperscript{2} and the relevant effect size.

**Results**
The initial search identified 2188 studies, of which 255 were relevant. The most common type of scholarly publication was a description of an educational innovation, followed by opinion pieces and descriptive studies (i.e. collecting data at one point in time). RCTs made up 5.5\% of the sample. Most of the 14 RCTs failed to report most of the items recommended in the CONSORT guidelines. Effect sizes could not be calculated for 9 of the 14 RCTs due to relevant data not being reported, and for 4 of the 5 others, the effect sizes had large confidence intervals.

**Conclusion**
Clinicians may point to the small proportion of RCTs evident in this study and suggest this represents a deficiency in the thinking of educational researchers, while in fact the result may reflect the real limitations of RCTs as a means to extract relevant pedagogical information. Clinicians regarding or entering the pedagogical arena should not be blind to the merits of non-RCT derived data. However when educational RCTs are done, this study highlights the need for investigators, ethical committees and journal editors to insist on a better quality of RCT conduct than is presently apparent.

**References**
**TITLE**  
IT’S NOT WHAT YOU DO, IT’S THE WAY THAT YOU DO IT: STUDENT PERSPECTIVES OF VIRTUAL PATIENT INTEGRATION INTO MEDICAL EDUCATION

**AUTHORS**  
D. McCarthy, C. O’Gorman, G.J. Gormley

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**INTRODUCTION AND PROBLEM FORMULATION**  
The use and integration of Technology Enhanced Learning (TEL) resources in medical education has attracted considerable commentary and support. Virtual Patients are one such resource. Whilst evidence exists supporting the benefits of these resources, attention needs to be paid to the both the internal and external factors that influence learner engagement with virtual patients.

**RESEARCH OBJECTIVE(S)**  
The principle aims of this study are to identify factors that explicitly and implicitly influence the student’s interaction with a microbiology Virtual Patient resource and how these interactions reflect upon the use of the resource.

**METHODS AND METHODOLOGY**  
A mixed method quantitative (online questionnaire; n=161) and qualitative (student focus groups; N=11) study was undertaken amongst third year medical students enrolled at Queen’s University Belfast in the academic year 2012 – 2013.

**RESULTS**  
OUR FINDINGS supported prior evidence that virtual patients are a useful learning tool that helped students to integrate medical principles with clinical experiences. How students used the virtual patients and the depth of subsequent benefits was dependent upon their perception of the relative importance of the resource. This was influenced by a number of factors including how the resources were presented and positioned within the curriculum (Formal curriculum), whether they were examined or timetabled (Null curriculum) and the importance attributed by peers who had already completed the examinations (Hidden curriculum).

**CONCLUSION**  
Integration of virtual patients into various curricula is widely endorsed and may be considered superior to other methods of teaching. How students use these resources is dependent upon a positive perception of their importance. Educators should be aware of the factors that shape this perception when integrating TEL resources into curricula to encourage student engagement with virtual patients.

**REFERENCES**

**TITLE**  JANE’S STORY: USING A FICTIONAL NARRATIVE AND A SOCIAL LEARNING PLATFORM TO DEVELOP AN UNDERSTANDING OF KEY CONCEPTS IN PATIENT SAFETY AND PROFESSIONALISM AMONG FIRST YEAR MEDICAL STUDENTS

**AUTHORS**  
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**AFFILIATION**  
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**INTRODUCTION:**  
Stories are the oldest and most natural form of sense-making.¹ They facilitate the attainment of vicarious experience,² providing an understanding of human actions that allows readers to distinguish positive models to emulate from negative models to avoid.¹ The GMC used a story-based paradigm, “Julia’s day”, to engage the public when drafting an update to Good Medical Practice.³ In recent years the topics of patient safety and professionalism have grown in prominence in modern medical curricula. Social learning has the potential for a greater role in curricular delivery.

**METHODLOGY:**  
A healthcare journey narrative was written for a fictional character, Jane. Healthcare stories with patient safety errors were gathered to create a fictional narrative spanning an introduction and four ‘episodes’. Each episode was written to correspond to the four domains within the GMC publication “Duties of a Doctor.” Polls and discussion questions were scripted to seed discussion after each episode. A reflective summary was posted each week in response to student questions and comments.

**RESULTS:**  
Students engaged enthusiastically, posting 1,059 comments from a class of 263. In the post-module feedback, one student said “I found this to be an interesting and novel way to teach patient safety, because it encouraged me to identify areas where patient safety is compromised and then think about how that could be avoided. Through answering the questions I had to refer to the GMC’s duties of a doctor and I feel that this familiarized me with these guidelines. I liked that this gave me an opportunity to get away from lecture notes and textbooks.”

**CONCLUSION:**  
Storytelling in an interactive social-learning resource is effective in engaging learners. Delivered in the first year of medical studies, a patient-safety “story” has the potential to be a powerful resource to introduce the topics of patient safety and professionalism to first year medical students.

**REFERENCES:**  
TITLE LEARNING TO LEAD: IS THERE AN UNMET NEED IN UNDERGRADUATE DENTAL EDUCATION AND TRAINING?

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INTRODUCTION AND PROBLEM FORMULATION
Undergraduate education has been identified as having a vital role to play in the development of dental leadership skills alongside a need for the dental profession and dental educators to raise the profile of leadership in a teamwork culture. The GDC’s new curriculum framework document has already introduced Management and Leadership as a core domain. However, the literature indicates that comparatively little research has been undertaken on education for management and leadership in the dental profession and basic issues such as when and how this should be done remain a matter for debate.

RESEARCH OBJECTIVE(S)
To explore dental leaders’ perceptions of the role of education in developing management and leadership skills in the dental profession.

METHODS AND METHODOLOGY
This qualitative, key informant, exploratory research study used semi-structured interviews as the means of data collection. Criteria used to select participants included that they were professional leaders within the dental services; had specialised knowledge of dental leadership; had knowledge of dental services policy. Interviews were audio-recorded, transcribed and analysed using NVivo 8. Interview transcripts were categorized and coded into broad themes. Themes and sub themes were then reviewed and refined and final thematic headings agreed.

RESULTS
Key informants were in agreement that education for management and leadership skills should be provided at undergraduate level and that current programmes do not prepare participants for leadership. There was broad agreement that the role of undergraduate leadership education should be to help educators identify future leaders; help students to discover their own leadership qualities and encourage them to aspire to become dental leaders.

CONCLUSION
Although presently playing only a minor role in undergraduate dental education, dental leaders view education for leadership as an important way forward. The new GDC curriculum provides a framework to encourage and support this but further research is required to optimise future opportunities to fulfil this need.

REFERENCES
# Title: Learning to Pass It On: An Evaluation of a Novel Undergraduate Peershare Scheme

## Authors
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## Introduction and Problem Formulation
We describe and evaluate a pilot student-led scheme in which final year students met in small groups with third year students in order to share knowledge, advice and learning techniques. The aims were to help to prepare third year students for their end of year clinical examinations and to provide interested final year students with an opportunity to mentor and role-model junior colleagues.

## Research Objective(s)

## Methods and Methodology
All final and third year medical students were invited to participate in PeerShare via email. Three final year and 6 third year places were allocated in each of the 5 Hospital Trusts in Northern Ireland on a first-come, first-serve basis. Each final year student was grouped into a triad with 2 third year students. The project ran for 5 weeks from 13th April to 15th May 2015. The 15 final year students were given a one-to-one induction by a member of academic staff. Each triad was asked to meet a minimum of three times during the PeerShare period but the content of each session was completely unique to each group and student-led. Feedback from the scheme was gathered during a focus group session held at the end of the scheme. All those involved received a certificate of participation.

## Results
We plan to present the student evaluation of the scheme in full in June.

## Conclusion
Peer to peer mentoring and teaching is encouraged in medical schools but official schemes are hard to standardise. We will present an evaluation of our pilot PeerShare scheme which involved final and third year clinical medical students from Queen’s University Belfast.
**TITLE** LECTURE FLIPPING: STRIVING TO ENGAGE, EMPOWER AND EDUCATE STUDENTS

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**INTRODUCTION AND PROBLEM FORMULATION**
In restructuring the 4th Year Healthcare of Children module we wished to develop a new course that represented a true integration between online classroom and ward: blended teaching not blended delivery. Key to this was lecture flipping, putting didactic elements online freeing the face-to-face session for in-depth discussion.

**RESEARCH OBJECTIVE(S)**
- Identify barriers to implementation of lecture flipping.
- Determine student confidence, perceived knowledge and experience in Paediatrics.
- Evaluate student feedback.

**METHODS AND METHODOLOGY**
- The Healthcare of Children course was modified to restructure the teaching week and divide learning content into topics. New content was planned to complement and enhance existing talks creating an integrated online provision.
- Student surveys to establish a baseline of confidence, knowledge and experience.
- Student feedback questionnaires to evaluate student experience pre and post introduction of lecture-flipping.
- Barriers to implementation of lecture flipping were identified and discussed.

**RESULTS**
- We have established a baseline of student determined confidence, perceived knowledge and experience in Paediatrics.
- The new course includes seven flipped lectures.
- An early hurdle was the difficulty scheduling clinicians to attend the recording studios. The solution was to take cameras to the hospital site allowing clinicians to fit recording with their daily schedules. Tight timelines meant juggling recordings with building online content. Training a F2 doctor to do recordings freed time for development.
- The F2 doctor addressed problems with consent and variable quality of historic media by filming new materials and consenting on the wards.

**CONCLUSION**
Student satisfaction has been evaluated and hurdles identified. The next stage is to carry out focus groups with students and staff to complete the evaluation and assess the impact on student/staff experience. These results will not only guide further development within Healthcare of Children but it is hoped that it will inform a true blended approach across the curriculum.
TITLE | MEDICAL STUDENTS’ EXPERIENCE OF AND ATTITUDES TO PATIENTS WITH CHALLENGING BEHAVIOUR

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INTRODUCTION AND PROBLEM FORMULATION
Challenging behaviour is any non-verbal, verbal or physical behaviour exhibited by a person which makes it difficult to deliver good care safely. A specific outcome of Tomorrow’s Doctors is that medical graduates must be able to communicate appropriately with difficult or violent patients.

RESEARCH OBJECTIVE
We suggested that students may have limited experience of patients with challenging behaviour. Our aim was determine the frequency with which students encounter such patients and To describe students’ attitudes towards patients with challenging behaviour.

METHODS AND METHODOLOGY
A questionnaire was distributed to medical students beginning 4th year, at a stage when they have sufficient clinical experience to possibly have observed patients with challenging behaviour. The same questionnaire was then distributed to 5th year students nearing completion of the Foundation Year Clinical Assistantship, when they had achieved a greater breadth of clinical experience with hands-on workplace based experience. The final year students also participated in a focus group providing additional qualitative data.

RESULTS
Of the respondents within the 4th year group, 36% (n=16) had encountered at least one type of challenging behaviour. Our results indicated several areas of learning need, with only 25% (n=4) of students being aware of who they could report the incident to or where to seek support. 39% (n=17) did not feel confident of their communication skills when interacting with a patient with challenging behaviour and 59% (n=26) were not confident in their knowledge of the relevant ethical and legal issues. Only 14% (n=6) agreed that patients can become aggressive because of illness. Students described examples of their experiences.

CONCLUSION
Our findings suggest that medical students have limited experience of patients with challenging behaviour and this may influence their attitudes. Yet in the foundation years we know that dealing with ‘difficult’ or ‘violent’ patients is an area in which medical graduates feel the least prepared. Incorporating responses from students, we discuss how this may be addressed within the undergraduate curriculum.

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1. http://www.reducingdistress.co.uk/reducingdistress/background/what-is-challenging-behaviour/ (last accessed 30/04/15)
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<th>METACOGNITION IN PATIENT SAFETY</th>
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<tr>
<td>AUTHORS</td>
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**INTRODUCTION AND PROBLEM FORMULATION**
Clinical decision making is a unique process employing knowledge of pathological conditions, explicit patient information and experiential learning. With increasing emphasis on evidence-based practice, a multidimensional approach to decision making combines information processing and patient-specific elements which may provide clinical cue and pattern recognition. ¹ Cognitive reflective testing is an accurate method for predicting performance and is designed to measure the tendency to override immediate, intuitive (yet incorrect) responses. ² Awareness of cognitive reflective processes may improve performance and decision making.³

**RESEARCH OBJECTIVE(S)**
To determine if cognitive reflection has a positive influence on clinical decision making in undergraduate medical students.

**METHODS AND METHODOLOGY**
153 final year undergraduate medical students completed a 3 hour interactive Safe Thinking Workshop on nontechnical skills and patient safety, incorporating an introduction to metacognitive concepts. All students underwent augmented Cognitive Reflective Testing during the workshop. Students then inspected and interpreted a set of arterial blood gas results relating to a patient with acute respiratory distress, then answered a short questionnaire addressing biochemical diagnosis, clinical diagnosis and effective management. A separate question was embedded in the questionnaire to determine if astute students could determine the severity of the illness.

The study group (n = 78) completed the questionnaire immediately after the Safe Thinking Workshop, whilst the control group (n = 75) completed the questionnaire prior to the Workshop.

**RESULTS**
The mean total score for study students was 80.51%, with a mean total score of 57.9% for the control group (t-test; p<0.05). Correct classification of illness severity was observed in 13.2% of study students, compared with 4.1% of control students (p<0.05).

**CONCLUSION**
These results suggest that clinical decision making and recognition of illness severity can be enhanced by specific teaching in nontechnical skills, metacognition and cognitive reflection.

**REFERENCES**
TITLE NONAGENARIAN SIBLINGS TELL US ABOUT KEEPING ACTIVE PHYSICALLY AND MENTALLY

AUTHORS
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INTRODUCTION AND PROBLEM FORMULATION
Understanding how to 'Age Longer and Age Well' is a priority for people personally, for populations globally and for government policy. Recent research adds to accumulating evidence that maintaining exercise is good for everyone, irrespective of age and that keeping mentally engaged is important in maintaining skills and independence.

RESEARCH OBJECTIVE(S)
Nonagenarians are reservoirs of genetic, life-style and behavioural information, which may help dissect out how to live longer, and better. We asked nonagenarian sibling-pairs about life-styles and behaviours to gain insights into factors which they considered important in their good quality ageing.

METHODS AND METHODOLOGY
The subject group was a purposeful sample of nonagenarian-sibling-pairs, 5 from 4 European countries in the EU-Genetics of Healthy Ageing (GeHA)-study-Italy, Finland, Poland and Northern Ireland (NI), with interviews, using a combination of narrative enquiry, structured questions and thematic analysis.

RESULTS
Themes which emerged from GeHA nonagenarian-sibling-pairs, irrespective of country centred around continuing to keep mentally and physically active. Italian, Polish and Finnish and to a lesser extent N-Irish nonagenarians recalled lives as ‘always working’, ‘full of hard work’ and physical activity, often associated with land and agriculture. N-Irish nonagenarians demonstrated changes in work patterns with the rise of an industrial city, and the 1930 Depression. Most nonagenarians emphasised continuing active mental engagement ‘in reading, crosswords, writing books and activities with family and friends’.

CONCLUSION
The nonagenarian cohort is no longer alone in their belief that one of the secrets of good quality survivorship is maintaining physical and mental activities. In a recent systematic review, we find evidence to suggest that physical activity may help to improve cognitive function and, consequently, delay progression of cognitive impairment in elders. Recent research suggests mechanisms around the effects of brain derived neurotrophic factor (BDNF) on the hippocampal region and stimulation and maintenance of neural networks.

REFERENCES
# PHARMACY STUDENT OPINION OF PEER FEEDBACK ON FORMATIVE OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) PERFORMANCE

**AUTHORS**  
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**INTRODUCTION AND PROBLEM FORMULATION**  
Learners acquire knowledge and develop skills more rapidly when they have a clear understanding of what is required to achieve the expected standard. A report by the Higher Education Funding Council in England (HEFCE) reported that "assessment and feedback" was the category with the lowest student satisfaction and that it had held this position every year since the first National Student Survey in 2006.¹ Academic staff report that feedback is ineffective, with students focussing on their mark paying little attention to the feedback provided. Peer feedback may offer a solution to both encourage student engagement and to support students in the interpretation of tutor feedback provided.

**RESEARCH OBJECTIVE(S)**  
To explore the opinions of fourth year pharmacy undergraduates on the process of delivering and receiving peer feedback on performance in formative OSCE.

**METHODS AND METHODOLOGY**  
Two pre-piloted questionnaires; 31 and 39 item respectively, were developed to evaluate the opinions of undergraduate pharmacy students on peer feedback on OSCE performance. The questionnaires were administered pre and post a workshop on peer feedback which incorporated formative OSCEs. A Likert scale of was used. Analysis was via Fischer’s exact test with free text analysis using thematic analysis.

**RESULTS**  
One hundred and twenty one (out of 134) (90%) and 109/134 (81%) students responded to the pre and post OSCE surveys respectively. Student belief with regard to their professionalism towards each other was not significantly altered pre and post workshop (93.4% pre; 98.1% post). Student opinion regarding the value of peer feedback did alter significantly from the pre to the post workshop questionnaires with 89.3% (pre) believing a lecturers comments should always be included compared to 70.6% post (p=0.0004).

**CONCLUSION**  
In the pre-questionnaire, students underestimated the value of peer feedback in relation to improving their performance, however with appropriate training and support during the workshop, most appreciated the value of developing peer feedback skills.

**REFERENCES**  
TITLE PHARMACY STUDENTS’ OPINIONS ON NON-PRESCRIPTION MEDICINES

AUTHORS
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INTRODUCTION AND PROBLEM FORMULATION
Establishing future pharmacists views on non-prescription medicines is important. There is limited research in this area; this complements other studies conducted by the School involving qualified pharmacists.1,2

RESEARCH OBJECTIVE(S)
To investigate pharmacy students’ use and views on non-prescription medicines.

METHODS AND METHODOLOGY
Following ethical approval, all final year pharmacy undergraduate students at Queen’s University Belfast (n=155) were invited to participate in a pre-piloted, self-completed questionnaire consisting of four sections (personal use and product selection, safety and evidence of effectiveness, deregulations, and demographic information). The questionnaire was developed with reference to the literature; response rate was maximised by having most questions in closed-question format and distributing it manually at an obligatory class. Descriptive statistics and non-parametric tests were used for data analyses with p<0.05 set a priori as significant.

RESULTS
A response rate of 99.4% (154/155) was obtained (41.3% males, 58.7% females). Almost all (n=153) reported using non-prescription medicines, particularly analgesics. Perceived effectiveness and safety were two key factors influencing personal product choice (mean scores of 4.76 and 4.07 out of 5, respectively). Over 95% deemed safety to be the overriding concern for recommendations. While 96.1% considered that an evidence-based approach improved the quality of patient care, 68.0% agreed that they would be prepared to sell unproven non-prescription medicines, provided they would not cause harm. Females were more likely than males to consider it an ethical dilemma to supply medicines that lacked a robust evidence-base [73.3% (66/90) versus 55.6% (35/63), respectively; p=0.023].

CONCLUSION
Safety was a priority during personal and professional decision-making. Students had a theoretical appreciation for the importance of evidence yet many were prepared to recommend unproven products. The data was self-reported but the findings echo previous work conducted with pharmacists.1,2 Our students had received recently training in evidence-based healthcare; further strategies are required to ensure that evidence is valued and routinely implemented in practice.

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<th>PHARMACY STUDENTS’ PERCEPTIONS OF RISK AND PATIENT SAFETY</th>
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<tr>
<td>AUTHORS</td>
<td>M. Hall, M. Morrison, L. Hanna</td>
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**INTRODUCTION AND PROBLEM FORMULATION**

Patient safety and risk are a fundamental concern in today's health service. However, student education in this area is frequently limited, being addressed only in practice-focused modules. Informal and hidden curricular learning experiences often refer to patient safety more explicitly than formal lecture-based learning.¹

**RESEARCH OBJECTIVE(S)**

To ascertain students' views on risk and patient safety and investigate how level of study, gender and country of residence influenced those opinions.

**METHODS AND METHODOLOGY**

Following ethical approval, all pharmacy undergraduates at QUB were invited via email to participate in a pre-piloted self-completed online questionnaire (n=31 questions) that included three sections encompassing risk assessment, attitudes towards risk and demographic information. The questionnaire was open for two weeks; two reminders were sent to non-respondents. Non-parametric tests were used as appropriate for data analyses, with $p<0.05$ set a priori as the level of significance.

**RESULTS**

The response rate was 60% (314/521); 69.7% (219/314) were female and 30.3% (95/314) male. The majority of respondents (94.3% [296/314]) associated dispensing the wrong medicine and dispensing an overdose to be major risks to patient safety, whilst 94.9% (298/314) agreed that if a pharmacist did not keep their practice up to date, they were putting patients at risk. Students in Levels 1 and 2 associated each error with a higher risk to patient safety than those in Levels 3 and 4. International students and females were more cautious than students from the British Isles and male students, respectively.

**CONCLUSION**

Gender can influence student perceptions of risk, although level in the degree had the most significant influence. International students were more cautious than students from the British Isles, although this may be due to higher numbers of international students in lower levels. As the educational experiences of the students had significantly influenced their views on risk, educators need to be aware of this when designing courses and assessments.

**REFERENCES**

**TITLE** SIMPLY STUDENTS OR FUTURE HEALTHCARE PROFESSIONALS?

**AUTHORS**
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**INTRODUCTION AND PROBLEM FORMULATION**
A code of conduct and fitness to practice became relevant to UK undergraduate pharmacy students five years ago. Additionally there is a growing emphasis placed on professionalism within pharmacy.

**RESEARCH OBJECTIVE(S)**
To ascertain students' attitudes and usage of alcohol and social networking sites.

**METHODS AND METHODOLOGY**
Following ethical approval and piloting, questionnaire studies were conducted with pharmacy students at Queen's University Belfast. All undergraduate students were invited via email to participate. Methods used to maximise the response rate included sending reminder emails. Chi-squared and Mann-Whitney U-test were used to determine associations with p<0.05 set as significant.

**RESULTS**
Response rates of 64.5% (375/581), 66.2% (377/569) and 60% (313/521) were obtained for the alcohol and two social networking questionnaires, respectively. With regard to alcohol, 90.4% of the 292 alcohol-users stated they had been drunk since starting the degree and 68.8% reported binge drinking on at least one day of the week. Students who drank alcohol were more likely (than abstainers) to have failed one or more modules [30.5% (89/292) vs 19.3% (16/83); p=0.045].

In relation to the two social networking questionnaires conducted 3 years apart, more students in 2015 believed they had been made aware of their online professional expectations during the pharmacy degree (89.1% in 2015 vs. 71.0% in 2012; p<0.001). Similarly, fewer students (27.1% in 2015 vs 46.2% in 2012, p<0.001) admitted to posting content online they would not want future employers or teachers to see.

**CONCLUSION**
It seems the respondents consider themselves primarily as students rather than as future pharmacists bound by a professional code, however, education about social media appears to be having some influence on behaviour. We appreciate that our results may not be generalisable. Further work could be done with students from non-healthcare or other healthcare disciplines to enable comparisons to be drawn.

**REFERENCES**
TITLE  
STUDENT DIRECTED REINFORCEMENT OF LEARNING

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INTRODUCTION AND PROBLEM FORMULATION
Often the importance of reinforcing learning is under-appreciated in medical education. The onus also commonly falls on the student as an individual rather than the encouragement of group reinforcement of this learning. Group activities allow a variety of different learning and teaching techniques to be employed including practical activities, presentations and problem-based discussions. Such opportunities may empower students to direct their own teaching experiences and could enhance previously acquired knowledge.

RESEARCH OBJECTIVE(S)
To support year three medical students in designing a teaching programme that would reinforce learning using a range of teaching methods.

METHODS AND METHODOLOGY
Over a six week period nine students were given senior led didactic or bedside teaching. Following this, a weekly session was arranged where the students identified topics they felt needed further exploration. As a junior doctor I supported the students in designing a teaching session suitable for each topic. The informal nature of the session encouraged student engagement using presentations, interactive group work, discussion, question and answers and practical sessions. It is important to note that this did not aim to replace senior led teaching but rather to enhance learning in an environment where the students were empowered.

RESULTS
The students completed feedback forms employing a visual scale of ‘very bad’ to ‘very good’ at the end of each session. Feedback focused on interaction within the session, approachability of the teacher, reinforcement of learning, level of student direction and suitability of teaching style. Based on feedback from the students the sessions were extremely useful as they were afforded the opportunity to take control of their learning. This was an evolving project and based on feedback each week the sessions became progressively more suited to their learning needs. They commented that not only was their knowledge reinforced but that their confidence and communication skills were positively impacted.

CONCLUSION
The students directed their own learning in a supportive environment to reinforce senior teaching in an engaging and enjoyable way.

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<th>TITLE</th>
<th>THE SIMULATED EYE CLINIC: WAS IT WORTH IT?</th>
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<td>AUTHORS</td>
<td>M.A. Williams, C. Ross, S. Derbyshire, J. Murray</td>
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### INTRODUCTION AND PROBLEM FORMULATION

In Queen’s University, the main ophthalmology teaching block is in third year, with no further formal ophthalmology teaching. A simulated eye clinic was devised and run for all final year medical students to address the potential for decline in skills.

### RESEARCH OBJECTIVE(S)

1. To disseminate a simulation exercise set in a novel speciality and with some novel aspects.
2. To measure self-reported confidence (SRC) in ophthalmic skills at relevant time-points.

### METHODS AND METHODOLOGY

In the simulated eye clinic, students worked in teams of five worked round four stations. The cases included a case of sudden loss of vision with consequent failure to meet the legal limits for driving in a patient who had just bought a new car. One team had to field urgent on call phone calls on classic ophthalmic referrals. Each student had a specific task, one of which was as the “pseudo-examiner” who paused the scenario and briefly examined their peers practising the examination technique.

SRC was recorded on a Likert scale mirroring that used in another study. Non-parametric analysis methods were preplanned and a power calculation performed.

### RESULTS

Baseline characteristics of the third (n=95 & 45) and final year (n=95 & 96) groups completing the questionnaires were similar. There was a rise in SRC from the start to the end of the third year block of ophthalmology (paired samples, p<0.001), and a subsequent decline in SRC until the simulated eye clinic (unpaired samples, p<0.001). SRC rose (P<0.001) from the start to the end of the simulation exercise, almost to levels seen at the end of the third year block.

### CONCLUSION

Simulation is feasible in an ophthalmic setting. A single session significantly revives atrophying confidence. Some novel aspects could be studied and developed further. A power calculation is essential for all non-pilot studies.

### REFERENCES

   University of Massachusetts Medical School. Senior Scholars Program. Paper 106
**TITLE**  THE STUDENTS’ STORY: A NARRATIVE EXPLORATION OF UNDERGRADUATE MEDICAL STUDENT IDENTITIES

**AUTORS**
M. Corrigan, J.L. Johnston, C. Thomson, K. McGlade

**AFFLIATION**
Queen’s University Belfast

**INTRODUCTION AND PROBLEM FORMULATION**
Socialisation and professional identity development in medical students are primary concerns for medical educators. We use student narratives to explore, from a sociocultural perspective, identity construction amongst medical students in terms of their figured and positional identities within the world of medicine. \(^1\) Student identity construction will be presented in terms of students’ interactional positioning, \(^2\) socio-cultural influences and how they ‘figure’ their identity in relation to the medical community of practice.

**RESEARCH OBJECTIVE(S)**
- Understand how students construct their professional identity and how they figure the world of Medicine.

**METHODS AND METHODOLOGY**
Six first and five fourth year undergraduate medical students acted as student researchers, using video to record peer narratives of their journey through medical school. The student researchers identified peers using network and maximum variation sampling (gender, nationality, graduates and undergraduates). The narratives are being analysed using thematic analysis with discourse analysis being used as a sensitising concept.

**RESULTS**
A total of 42 semi-structured narratives were recorded. The results will focus on the first year narratives (n=21). Their decision to study medicine resembled an ‘epiphany’ that was triggered by personal / family ill-health. The world of medicine was figured as an exclusive and elite club. Whereas school leavers described professional identity in performative terms, postgraduate students perceived professional identity as more enduring based on experience. Postgraduate student discourses emphasised their agency in developing oppositional identities to society’s perception of medical students and to their positioning by their undergraduate peers.

**CONCLUSION**
Professional identity development needs to reflect the changing composition of the undergraduate medical student population with more postgraduates now entering this figured world.

**REFERENCES**

# Towards a Critical Pedagogy of Emotions in Online Social Contexts

**Title:** TOWARDS A CRITICAL PEDAGOGY OF EMOTIONS IN ONLINE SOCIAL CONTEXTS

**Authors:** A. Manca¹, T. Dornan²

**Affiliations:**
¹University of Dundee, ²Queen’s University Belfast

**Introduction and Problem Formulation:**
In order to foster compassionate patient care and protect doctors from the emotional impact of their work, there is increasing attention to the emotional dimension of care. But what is evident, at least in medical education, is an “ever present absence” of emotions.¹ There is increasing use of online contexts in undergraduate curricula to support education; these environments are being analysed as “places” allowing users to express emotions. However there have been no systematic attempts to nurture the management of emotions through the use of online contexts. This research aims to explore how online social contexts could facilitate conversations about emotions amongst medical students, teachers and laypeople, and how this could facilitate the development of a critical pedagogy of emotions.

**Research Objective(s):**
This research is aimed at giving a better understanding of the emotional dynamics of becoming a doctor.

**Methods and Methodology:**
I propose to conduct research using a non-reductionist approach in authentic curriculum settings. An ideal methodological approach would be an iterative, process-oriented one, which combines observational and interventional components through several discrete – but closely linked – studies.

**Results:**
The results to date consist of:

- An accurate research methodology, qualitatively grounded and underpinned by a social constructionist epistemology;
- A detailed theoretical orientation which, acknowledging the key role of emotions in knowledge processes in social contexts,² stems from neuroscientific, social learning and ‘self and identity’ theories.

I propose that the process of managing emotions requires a critical emotional consciousness, which might be fostered by a “critical pedagogy of emotions”. This concept is linked to that of critical pedagogy, theorised by Brazilian philosopher Paulo Freire.

**Conclusion:**
In the discussion of my presentation I would like to focus on possible methods to encourage medical students to examine the dynamics of their emotions, identifying the intersections between practices, power, identity and socio-cultural factors.

**References:**
2. Immordino-Yang, MH, Damasio, AR. (2007). We Feel, Therefore We Learn: The Relevance of Affective and Social Neuroscience to Education. *Mind, Brain, and Education, 1,* 3-10.
**TITLE** “WHAT DO FOURTH YEAR MPHARM STUDENTS THINK OF HOSPITAL EXPERIENTIAL PLACEMENTS?”

**AUTHORS**
M.C. McEvoy, C. Parsons, R. O’Hare

**AFFILIATION**
1 Pre-registration pharmacist; 2 Lecturer of Pharmaceutical Science and Practice; 3 Lead Teacher Practitioner Pharmacist, Southern Trust, Northern Ireland (NI) University Network

**INTRODUCTION AND PROBLEM FORMULATION**
Hospital pharmacy experiential placements within the MPharm illuminate complex subjects via the management of real patient cases, assisting student integration of knowledge into practise. The ‘pharmacist tutor’ has an essential role in ensuring that students complete their placement equipped with the relevant knowledge and skills.

**RESEARCH OBJECTIVE**
To establish fourth year MPharm students' opinions on the quality of clinical teaching provided by pharmacist tutors during their fourth year hospital placement.

**METHODS AND METHODOLOGY**
All fourth year undergraduate pharmacy students (n=134) were invited to complete a pre-piloted, ethically approved questionnaire via email. It comprised 21 questions examining student perceptions of the quality of clinical teaching during their experiential placement in hospital. Data was analysed using SPSS. Descriptive statistics were used (chi square where appropriate with a significance level of p = <0.05). Free-text comments were analysed via thematic analysis.

**RESULTS**
Ninety-two questionnaires were completed (68.7%). A statistically significant association was found between the quality of clinical teaching in all contexts of patient contact: when taking a medication history (p=0.048), the pharmaceutical care plan (p=0.05), and audit project (p=0.004). Over 67% of the sample reported an improvement in their confidence in drug knowledge as well as proficiency in clinical skills by the end of the placement. Over 84% rated each of the tutor characteristics as ‘good’ or ‘very good.’ Respondents who rated quality of clinical teaching highly were more likely to indicate that they had received sufficient feedback from their pharmacist tutor (p=0.002), that it was timely (p=0.001), and that it helped improve OSCE performance (p=0.001). Key themes of professional socialisation and contextualisation of knowledge were identified from freetext comments.

**CONCLUSION**
The results of this study suggest that students valued the support provided by the pharmacist tutor in hospital specifically in relation to the improvement in their confidence in drug knowledge, proficiency in skills post placement, as well as professional socialisation.
## NEXT SERN MEETINGS

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<td>Tuesday 29 September 2015</td>
<td>12.30-2.00pm</td>
<td>Kieran McGlade – Technology Enhanced Learning</td>
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<td>Jim Murray &amp; Michael Williams – Simulation</td>
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