



Centre for Medical Education: Research News

MITS Scoops Prestigious Award

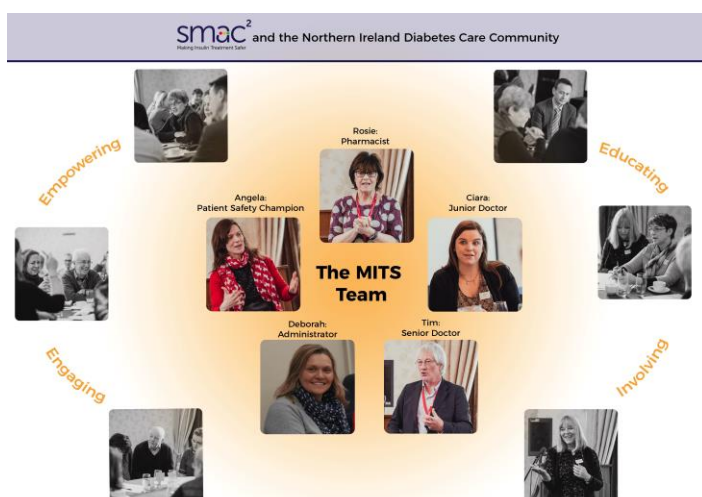
Angela Carrington, Rosie Donnelly, Tim Dornan, Ciara Lee, and Deborah Millar

At an awards ceremony in London on 29th May, MITS (the 'Making Insulin Treatment Safer' project) received the 2018 award for Clinical Excellence in Medical Education from the Royal College of Physicians. Readers of CME News will likely have heard of MITS, perhaps more than they would have chosen! But for those who would like to know more about it, here is the explanation Tim Dornan gave to an audience from across the UK, including the current President and the President-elect of the RCP.



Eminent psychologist of error, James Reason said 'every time a human being touches something it's likely to go wrong'. Funny though this is, it has a deadly serious message. Systems are only simple and error-free when they deny people freedom of choice. But freedom of choice is integral to most clinical acts, particularly if patients have any influence over these. Despite that, much current medical education assumes that students and doctors will respond robotically in an error-free way if enough knowledge and skills are crammed into them and pay little more than lip-service to patient involvement.

Another of James Reason's illuminative ideas is what he calls the 'Three-Bucket Model of Error Likelihood'. The model is very simple: 'the probability of unsafe acts is a function of the amount of bad stuff in three buckets; the self, the context and the task.' This puts the currently dominant model of medical education (and regulation) in an unfavourable light because it focuses mainly on eliminating bad stuff from learners and pays scant attention to context. The recent high-profile case in which a paediatrician was struck off is a case in point – the context was toxic, but 'the self' took the rap.



What has all this got to do with MITS? The novelty of our form of education is that it simultaneously addresses all three buckets by empowering 'the self' to identify and respond appropriately to bad stuff in the task and context. Moreover, it does not regard 'the self' as being full of bad stuff. Whilst acknowledging that none of us are perfect, it recognises the good stuff that exist within learners, and helps them make even better use of it.

The RCP award is a welcome boost to the MITS team's efforts to embed this novel approach to medical education in the Northern Irish healthcare system.

Arts in Health

Mr Ian Walsh, Clinical Academic QUB

A 2-day Arts in health Research Symposium was held in the MBC in late May. This was a collaborative effort involving colleagues from University of Florida Centre for Arts in Medicine, QUB SMDBS, QUB School of Nursing, QUB Renal Arts Group, ArtsCareNI and University of Ulster. This also represented another strand of the ongoing collaborative work being undertaken by the Transatlantic Arts Humanities and Health (TAHAH) group, which I co-lead.



The symposium involved keynote presentations and roundtable discussions across platforms representing visual and performance arts, poetry, narratives and medical humanities. The group have already published a White Paper in this arena:

Sonke, J, Lee JB, Helgemo M, Rollins J, Carytsas F, Imus S, Lambert PD, Mullen T, Pabst M, Rosal M, Spooner H, Walsh I. Arts in health: considering language from an educational perspective in the United States. *Arts and Health* 2017 1-14.

<http://dx.doi.org/10.1080/17533015.2017.1334680>



IDEA

Dr Richard Conn

May saw the second edition of IDEA, a student-led conference for doctoral researchers in medical education in Ireland. Brainchild of our very own CME doctoral group, the meeting was developed in response to rapid growth in doctoral-level medical education research, both within Queen's, and across the other universities in Ireland. Its stated purpose is to allow students to present their ongoing work and get practical, formative feedback from peers as well as senior medical education researchers. Besides that, it provides a forum for medical educators to meet, learn about each other's work, share good practice, and reflect on common problems encountered.

Participants from Belfast, Cork, Galway and Dublin convened in RCSI, who generously hosted the meeting. We felt as though we had wandered into an episode of *Grand Designs* as we wandered the halls of their stunning new medical school building! The



programme spanned two half-day sessions, with an opening workshop from Esther Helmich from the University of Groningen.

She discussed use of rich pictures, a form of data collection in which participants depict complex situations diagrammatically (top tip: it sounds like it's just drawing, but it is actually a fantastic way to boost your qualitative interviewing). The remainder of the meeting was dedicated to student presentations. It was fascinating to see the range of topics on offer: OSCEs (of course!), patient-centred care (at both ends of the age spectrum), preparedness, communication skills, technology-enhanced learning and (all-important) prescribing education, to name a few.

Unsurprisingly, these topics generated much discussion, hopefully of benefit to those presenting, but also (and this, to me, is the real value of IDEA) massively useful to the rest of the participants, as we critically evaluated work and brainstormed the best ways to research complex issues. It was heartening, too, to see how almost all the research presented was intended to have direct impact within the medical schools where it was taking place.

So, a massive thumbs up from me for another great IDEA conference, and a hearty thank you to RCSI for organising. I will throw in my COI declaration at this point: I co-ordinated last year's meeting and lead the organising committee – but don't let that put you off. If you are involved in supervising student research, and are interesting in attending in 2019, drop me an e-mail (rconno2@qub.ac.uk). Hope to see you there.

ACHIEVEMENTS/AWARDS

Congratulations, Helen



As CME's first DfE funded PhD student, I was delighted to graduate on Saturday 30th June. My thesis - 'Examining OSCEs: critically exploring discordant voices' - was the culmination of three years' work. I used both primary and secondary research approaches to explore the dominant position of OSCEs within health professions education. My viva in May (with external examiners Professor Karen Mattick of the University of Exeter and Dr Rachel Isba of Lancaster University) was actually an enjoyable experience where, for once, no one was trying to stop me talking about OSCEs!

I would like to thank sincerely my supervisors Dr Mairead Corrigan, Prof Pascal McKeown and Prof Tim Dornan for their support through this stage of my academic development. Many other colleagues within and beyond CME, as well as my research participants and broader support networks also played a vital role.

Balancing my time as a PhD student with a developing clinical career in general practice (not to mention a busy life outside of work) has certainly had its challenges, but I thoroughly enjoyed the opportunity. I hope it will stand me in good stead as I embark on my new role as a Clinical Teaching Fellow in CME.

Congratulations, Hannah

Hannah Gillespie has confirmed that medical students can become first class education researchers, after relatively brief training. A second article resulting from her intercalated BSC has been accepted by an internationally eminent journal (Medical Education).

The topic of her work is caring, an important topic because it has, for centuries, been regarded as a core quality of medical practice. The premise of Hannah's two articles is that the 'great and the good' have been much readier to define caring than allow patients' experiences to trouble their preconceptions. Whilst typical of the field, this is undemocratic to say the least.

Hannah's first article martialed all published research based on patients' lived experiences of caring. A US Physician, Francis Peabody, famously put caring at the heart of medical practice with the aphorism that 'the secret of the care of the patient is in caring for the patient' yet most of the published research came from nursing and little came from medicine. Medicine, her first article suggests, has rather lost its grasp on caring as a core value. The second article addressed this.

Supported by Gerry Gormley and Drew Gilliland locally, Martina Kelly in Canada, and Nigel King in England, Hannah's second study recruited a relatively unselected sample of patients attending GP surgeries and qualitatively analysed their experiences of (un)caring. She used interpretive phenomenology to provide a rich description of the essence of caring. Perhaps the single most important finding was that, whilst we train doctors to do ever more complex things, caring means doing seemingly 'little things' well.

Referees and editors made the task of getting the work published challenging by asking us to give a precise definition of caring in the introduction of the paper, which was completely at odds with the exploratory nature of the work. We finally won them over by citing the legendary US Supreme Court Judgement by Justice Potter Stewart in 1964. Modesty prevents us saying what it was that led Justice Stewart to say 'I know it when I see it'. It certainly wasn't caring!

CME wishes Hannah good fortunes in her ACF, starting soon. We hope it will not be long before she is researching with us again.

Preventing Psychosis in Young People - A feasibility study

Clare Howie

As part of my PhD project, my supervisory team (Dr Mulholland – QUB CME, Dr Davidson – QUB SSESW, Dr Shannon – NHSCT) and I recently completed a screening feasibility pilot study within a school in May. We had two classes of Year 11's complete a number of questionnaires, including the Prodromal Questionnaire-16 – a screening tool designed to identify those potentially at-risk of developing psychosis.



We had expected a very small number of individuals to rate above the threshold on the PQ-16, however the number has been higher than anticipated. The pilot study will contribute towards the development of the main study, but from an initial look at the data collected so far it has highlighted the need for further study in this area. We look forward to sharing the results further as the main study progresses.

Upcoming Events



CME Research Training Sessions – New day, new time.

The training sessions will recommence in September. They will now take place on Fridays from 12 – 1pm in the Boardroom, second Floor, WMB.

Friday 14 September

Friday 12 October

Friday 9 November

Friday 7 December

Topics will be confirmed in advance.



SERN Lunchtime sessions have concluded for this academic year, thank you to everyone who contributed and attended these sessions. We will recommence in September. Keep an eye out for email communication with further details.

To book a place for either SERN or Training Sessions please contact Deborah.millar@qub.ac.uk

CALL FOR CONTENT

We would be delighted to feature a wide range of topics in this newsletter. If you would like to contribute a recent success, interesting development, future event etc, please forward to Deborah.millar@qub.ac.uk