ABSTRACTS

Session 1: Plenary – Teaching excellence in focus

Professor Lesley Roberts, Pro Dean Education and Deputy Dean, Warwick Medical School (WMS)

Lesley is Professor of Medical Education and holds the roles of Pro Dean Education, responsible for the Warwick Medical School education portfolio, and Deputy Dean. Starting academic life as an epidemiologist she has spent over two decades within the education sector undertaking roles across all areas of student experience, pastoral support and course development, delivery and evaluation, but her happiest work life moments occurred in the classroom.

Session 2: Plenary – Student initiatives in medical education

Mystery Shoppers: An effective way to enhance feedback for lecturers?

Alicia Hardy & Kate Owen

The aim of the presentation would centre on how to ensure that the feedback given to teachers can be as effective as possible. I would look at what teachers in medical education can do to enhance feedback (how they can phrase questions, what to ask etc) and how students might be trained to give useful feedback.

Abstract for written report: Many in the field of Medical Education expound the value of student evaluation, but very little has been written of its application, and the value those receiving it place on it. Based loosely on Paton's model of utilisation-focused evaluation, this study judges the value of the feedback on its ability to cause intent to change in lecturers. The concept of the study was to compare how valuable lecturers found feedback from three different sources. One set of feedback was provided by students who had received an hour of training ('Mystery Shoppers'), another set by students who had not received training, and 3 of the lectures were supplemented by peer feedback. The way that many medical education courses are structured means that collecting reliable, consistent data can necessitate long studies; the design of this research aimed to overcome that challenge. A proxy outcome measure, namely, how likely the lecturers were to change the lecture based on the feedback they had received was devised to determine the quality and usefulness of feedback from students. The findings suggest that not only is student feedback rated useful for lecturers, it can be made even more effective with only a short session of training.

Identification of career aspirations by MBChB students: Focus on academic medicine

Joanne Wallace & Judith Klein

In order to understand the lack of gender equity in academic medicine, a better understanding of "supply" and "demand" for female clinical academics is needed. This study aims to survey career aspirations of current Warwick Medical School (WMS) students. We studied what influenced these choices and what their opinions on academic medicine are. This will help to understand the leakage of potential female researchers. Medical students of WMS were surveyed using an anonymous online electronic questionnaire. Forced and free choice questions were used. Responses were analysed both quantitatively and qualitatively for gender and year group differences using a convergent study design. Female students rated "Lifestyle factors" as more important when deciding on their future career, however there were no gender differences in attractive specialities among medical students. Both male and female students were interested and participated in teaching, in contrast students were less interested in research and conduct less research during medical school. There were no gender differences in aspects of academic medicine that were attractive or unattractive, however twice as many male students are interested in academic medicine compared to female students. The decision by females not to pursue a career as a clinical academic appears to have already been made prior to entering medical school and "lifestyle factors" have greater influence over their career choices. Perhaps with targeted information and education to medical students as well as increased opportunities to conduct research at medical school academic medicine may become a more attractive option that female students see as a compatible career alongside family commitments. The researchers hope that the findings of this study can be utilised to support medical students and improve gender equity in academic medicine.

Medicine for the Non-Scientists: Peer-to-Peer Teaching Among Medical Students With a Background in Non-Biological Science

Sachin De Stone, Bridget McManamon & Paul O'Connor

Aims: Evidence indicates that peer-to-peer teaching is effective for a wide range of goals. This is the first study to assess viability, acceptability and effectiveness of peer-to-peer teaching by tutors from non-biological science backgrounds to students from non-biological science backgrounds on the UK's largest graduate medical MBChB course.

Methods: Teaching format included pre-module sessions focusing on cell and tissue biology, as well as weekly teaching on biological content from the preceding week, and was designed using focus groups. The importance of the peer environment was assessed using a comparison of teaching groups consisting of teachers and students from exclusively non-scientific backgrounds versus a mix of backgrounds. Data was collected quantitatively and qualitatively using anonymous online questionnaires. By May, 30 participant and teacher data sets will be completed.

Results: Provisional results suggest 89% of participants 'agree' or found it 'essential' to their learning that attendees were from similar backgrounds, with over half finding it 'essential' to their feeling comfortable in raising questions. 100% 'agree' or found it 'essential' to their understanding of formal lecture content if they had already been taught material in a peer-to-peer environment. Qualitative feedback included, 'as a non-scientist I find both the pre-block and weekly sessions to be essential in not only preparing me for the upcoming lectures, but for also revisiting lectures and breaking them down into easier to understand material. Without the non-science seminars I feel as though I would not be as active or as confident a participant in the formal teaching offered by the university'. Participants were less concerned by the tutors' backgrounds.

Discussion: Teaching has grown to include 24 weekly attendees, representing the vast majority of first year non-biological science students. Peer-to-peer teaching targeting non-biological science students is a viable, acceptable and effective way of teaching students on a graduate medical course.

Session 3: Parallel sessions

3.1. Spoken presentations: Improving outcomes through partnership and participation in medical education

Graduate Entry Medicine: good for Widening Participation?

Emily Roisin Reid, Paul Matthews & Deborah Biggerstaff

Exploratory research into the impact Graduate Entry Medicine has on Widening Participation here at Warwick.

The study consisted of two phases. Phase I gained benchmarking data via a quantitative survey with qualitative insight, which was completed by 46% of the student population (n=326). Phase II consisted of a series of in-depth semistructured interviews (n=22) and focus groups (n=2). The main findings, which will be published in due course, are an exposition of the barriers students from 'Widening Participation' backgrounds have faced throughout their journey into medicine. The data in full demonstrates that graduate-entry medicine enables students to enter the profession who otherwise would not have been able to.

Analysis into the barriers faced by those students not only confirms factors already known in extant WP literature e.g. the impact of structural determinants on career choice (i.e. fees and bursaries), but also elucidates other interesting factors, such as the demonstrable role of 'media' (in particular, TV programmes) on career choice, 'luck', the acute impact of either being explicitly told that 'you are not good enough' or not being recognised as having the 'potential' to be 'good enough', which serves to demotivate and disengage otherwise 'bright enough' students. This paper calls for us to think more critically about: how should we widen our own reach to help others enter the profession? We propose acting as a 'surrogate medical family' to best support candidates not only on entry, but throughout their careers.

Junior doctor-led clinical teaching for Finals: a useful resource?

Aiesha Alexander, Patrick Elder, Isabelle Svahnström, Clara Farque & Oliver Putt

Aims: To investigate the effectiveness of near-peer mock tutorials as a tool to prepare final year medical students for their OSLER clinical exams.

Methods: A near-peer revision course was developed for final year students to aid preparation for their OSLER clinical exams. Junior doctors, recruited as volunteer teachers received training in the OSLER assessment method and giving feedback. Cases were written by the authors to include common clinical scenarios. All final year students (n=150) were invited to participate, with places randomly allocated to 40 students. Tutorials were taught weekly in a classroom setting three months prior to the exams. Pre- and post-teaching questionnaires were administered to students using a 10-point Likert scale, with free-text questions for qualitative feedback. A two-tailed student's t-test, carried out at the $\alpha = 0.05$ level, was used to determine statistically significant differences in confidence pre and post course.

Results: Of the 40 attendees, 35 students (87.5%) completed feedback questionnaires. Responses to pre-course questions (n=31) showed 61% felt unprepared for the OSLER exam, mainly due to lack of opportunities to practice. Additionally, students lacked confidence in history taking (10%), examination skills (25%) and answering viva style questions (33%). Following the course, 97.1% (n=35) stated they found the tutorials a helpful way to learn, with 100% of students stating they felt better prepared for the final year OSLER exam. Students reported higher levels of confidence in their history taking (mean 6.67; SD 1.38 vs mean 7.97; SD 1.54, $t(62) = 3.75$, $p = <0.05$), examination skills (mean 5.29; SD 1.53 vs 7.31; SD 1.67, $t(62) = 4.99$, $p = <0.05$) and answering viva style questions (mean 5; SD 1.57 vs 7.62; SD 1.64, $t(62) = 6.46$, $p = <0.05$).

Conclusions: This study demonstrates classroom based tutorials, delivered by junior doctors, significantly improved student confidence for all aspects of their final year OSLER exams. Our results suggest that junior doctor lead teaching is a useful resource for increasing teaching opportunities available to students and offers a valuable and feasible adjunct to faculty teaching.

Student-developed videos to improve course information

Jonny Kaberry & Louise Davis

Due to the fast paced nature of the MBChB it sometimes quite difficult to find out the essential information on the next steps in the course. Feedback from the current 2nd year students demonstrated a need to have more information on the transition from Phase 1 to Phase 2. This information was traditionally given as a lecture at the end of phase 1, however students indicated that they prefer to have an online resource that they can access at any time.

This is an innovative project that uses an educator-student partnership to develop a resource tailored to student requirements. We have created a video guide to Advanced Cases 1 (AC1) for the current Phase 1 students. Using a handy iPhone and limited video editing skills, we have created short videos covering a variety of topics including what to expect, life in the hospital and how to access support.

We felt that by having the majority of the information coming from current Phase 2 students we could provide a reliable insight into life as the AC1 student and answer some of the questions that may be crossing the minds of current Phase 1 students. The added benefit of the video is that students will be able to watch at their leisure through Moodle.

3.2. Workshop: "As a clinical teacher, how can I get feedback from students?"

Alicia Hardy, Kate Owen & Catherine Bennett

Clinical teachers want more specific feedback from students on their individual performance so that they can develop themselves as teachers and gain evidence for appraisal and revalidation. Students have concerns about being identified in feedback to clinicians.

Developing a solution that works for students and teachers is mutually beneficial as it will improve standards of clinical teaching, give encouragement to great teachers and provide opportunity for further development. We will explore what clinicians want feedback on, and how this might work, including technological solutions.

3.3. Workshop: Novel approaches to teaching clinical skills to first year medical students

Lindsay Muscroft, Laura McDonaugh, Samantha Robinson, James Gill & Vinod Patel

Aims: To form links between phase I and trust teaching of clinical skills, by demonstrating some of our teaching, and showcasing some of the novel resources we have created to aid with the learning of clinical skills.

Relevance: We have chosen to include a microteaching session on the cardiovascular examination as we feel this is an examination students might commonly be observed performing on patients whilst on their hospital placements, and informal feedback from colleagues based at hospital trusts has sometimes been that they are unsure how the students are being taught in phase I.

Outcomes: That delegates will leave with a better understanding of phase I clinical skills teaching, including a copy of the proformas that we use. We also hope to gain some new ideas about different methods we could incorporate into our teaching.

Plan for workshop:
5 mins - Introduction
20 mins - Microteaching session on cardiovascular examination (including the option for delegates to practise if they wish!)
15 mins – A showcase of some novel resources we have created to aid with teaching clinical skills; including a “tree of knowledge” powerpoint presentation that takes proformas; agreed by the consensus of different experts; of what should be included in the different examinations that medical students need to be able to perform, and expands them with illustrations of relevant anatomy and clinical signs; a set of Warwick medical school you tube videos of examples of “gold standard” examinations, and a proforma known as the i-Compat Worksheet that allows students to record clinical notes on real cases they have seen.
15 mins - An informal “Q&A” session on any of the resources we have created, or teaching we do, but also to gather ideas on different methods we could incorporate into our teaching.
There will then be the opportunity for delegates to try out some of the other resources and models that we use in our teaching.

Session 4: Plenary

“I could be a great clinical teacher if only life didn’t get in the way…”

Chaired by Dr Kate Owen, with:

Zoe de Souza, Midwife lecturer, SWFT
Claire Gibbons, Clinical Teaching Fellow, UHCW
Pijush Ray, Undergraduate Education Lead, UHCW
Claire Keith, Final year student, WMS
Andy Owen, Consultant Psychiatrist, CWPT
Sue Davies, GP Lead, WMS

In a utopian world with unlimited time, eager students and willing patients with perfect histories and amazing clinical signs, it would be easy to be a clinical teacher. But life’s not like that, so how can we be the best clinical teachers we can, within an imperfect clinical environment? Panel members will discuss their approach to some of these challenges. Good practice suggestions from the floor will also be invited.

Session 5: Parallel sessions

5.1. Workshop: OSLER calibration: Develop your skills in observation of and feedback to students undertaking OSLERs

Sue Davies & Anita Rai

The aim of this workshop is to allow participants to partake in a session identical to that run annually to update and calibrate GP tutors' skills in observation of and feedback to students undertaking OSLERs.

1. The workshop will start with a short Power Point presentation that covers both the importance of feedback and the Leicester Assessment Package criteria.
2. The delegates will watch a video of a student interviewing a simulated patient and will record their observations on the LAP tool provided. They will then discuss their observations in small groups with the aim that each group will share 2-3 learning points that they would wish to give to the student at the end of the feedback.
3. The groups feedback the main points they would feed back to the student and their learning points.
4. Final summarizing Power Point

5.2. Workshop: Case Based Discussion (CBD) to enhance student learning

Louise Davis

Do Case Based Discussions provide helpful feedback for medical students? There is plenty of guidance on the Case Based Discussion for graduates but very little for use at medical school. The case based discussion and other supervised learning events are excellent opportunities for students to get feedback on their progress whilst in clinical placements. Working in small groups this workshop will generate ideas for how the CBD can be used as a tool for development and feedback. We will be looking at the various CBD forms used in our medical school and in foundation and core/specialty training and gathering ideas for a medical student CBD ePortfolio form that will have instructions and questions that enable students and supervisors to easily focus on the discussion and to document constructive feedback.

5.3. Workshop: Storyboarding authentic clinical encounters – developing clinical cases for teaching

Cath Fenn, Helen Jones & Jas Matharu

Structured clinical cases are a key feature of modern medical school curriculums and may be delivered in a variety of formats, such as facilitated group work and simulated patient encounters. The challenge lies in creating a clinical case which is both authentic and sufficiently complex in order to promote the development of clinical reasoning skills.

The purpose of this workshop is to help attendees develop an understanding of how to develop complex clinical cases that accurately represent real-world patient encounters. They will do this by working in teams to create a visual ‘storyboard’ for a clinical case. Attendees are also encouraged to share their experience and ideas of using clinical cases in their own teaching.

Engaging hands-on workshop. In just 55 minutes using a game format teams will work together to create a visual ‘storyboard’. This will outline the type and sequence of screens required to simulate an authentic patient encounter via a virtual patient. The focus here is on development of clinical reasoning skills not digital skills. Many of the ideas discussed could be equally applicable to face to face teaching. Teams start by agreeing a very short summary to highlight the unique aspects of this brief clinical scenario. Next the teams discuss the options available in creating their storyboard through the use of the six game cards: Narrative, Branching, Enquiry, MCQ, Text response and a "wild card" option to suggest something new. This is not to suggest that a sixth option is required but to stimulate a structured conversation among the team. Now the teams are ready to create their storyboards with a minimum of 5 game cards. Assessment/feedback points highlighted. Teams pitch the case for further development of their patient encounter. Wrap up will include nomination of up to two storyboards to be further developed into virtual patients encounters.

Outline plan:
Activity -Instructions Time/role
Welcome and Introductions -A simple description of essential elements for a structured educational clinical scenario. Specific aspects of MedEd that lend themselves to learning from simulated patient encounters (face-to-face and online).10 minutes (facilitators)
Activity 1 -Case summary – agree a brief description of your case and an overview of envisaged activities (activity types and learning areas).10 minutes (groups)
Activity 2 -Groups select the activity cards and arrange them in sequences on the timeline.10 minutes (groups)
Activity 3 -Points of assessment/feedback are then highlighted and the storyboard. The storyboard is agreed as a representation with an action plan.15 minutes (groups)

Activity 4 -Each group pitches case to the room. Vote on which are the best cases to take forward and develop for use in MB ChB curriculum. 10 minutes (groups)

Session 6: Plenary

Key themes from the day

Professor Lesley Roberts, Pro Dean Education and Deputy Dean, WMS

National issues in medical education

Professor Colin Macdougall, Head of Medical Education, WMS

Colin is Head of Medical Education for Warwick Medical School, with his core responsibility being the MBChB. He still spends a day a week as a Consultant Paediatrician with a special interest in allergy. He has been are Warwick Medical School from about 18 months after it opened its doors and has formally held the roles of lead for clinical skills, for phase 2 and as deputy head, for assessments and learning and teaching. He currently chairs the Association for the Study of Medical Education (ASME) Educator Development Committee (EDC).

Posters

P1. Career-Related Experiential Learning: Developing Success in the Academic Foundation Programme (AFP) at the University of Warwick

Emily Roisin Reid, Harvinder Mann, Patrick Elder, Claire Edwin & Catrin Wigley

Historically, % of Warwick students successful in AFP performance was relatively low (27/33 Medical Schools in 2016, 32/33 in 2015). As an exclusively Graduate-Entry course, with many students possessing significant previous research and teaching experience, this seemed counter-intuitive. 'Why were good students not getting appointed to AFP?' An evaluation was undertaken[1], which revealed a need for MB ChB students to be taught essential career management skills (including preparing for applications and interviews). Careers was thereafter integrated into the MB ChB curriculum, bolstered by provision of career guidance, in order to improve career decision-making.

Within wider curricula efforts, a resultant programme of support for AFP was created, based on the premises of 'Experiential' and 'Reflective' Learning. Those applying to AFP attended a programme of support that enabled them to develop key skills through abstract conceptualisation (lectures), experimentation (small group teaching), concrete learning experiences (giving and receiving feedback from peers and Drs), reinforced by reflection in and on action. This was underpinned throughout by 1-1 careers guidance and support. The cycles repeated, building on each subsequent career session.

The results for the past two years have transformed Warwick's success rate, with last year Warwick ending in joint 5th place out of 33 Medical schools, (69% applications/offers), and this year with the highest amount of students having accepted places than ever before (n = 16, full results yet to be published). Feedback was unanimously positive (n=17). Students strongly valued the opportunity to practice these skills (n=17) and believed that these would be important throughout their career. Feedback from students demonstrates the impact these careers interventions have on their learning, and ultimately, on their careers.

P2. Wellbeing and support for medical students with a non-biological science background: the role of a near-peer teaching community

Thomas Long, Ewan Ross & Isabel Rimmer

Introduction: There is increasing recognition that student support and wellbeing aids learning and success in medical education. Warwick Medical School's (WMS) Graduate Entry MBChB program accepts students from all educational backgrounds. Student led near-peer teaching (teaching provided by senior students on the same curriculum) is widespread at WMS, functioning as both learning reinforcement and a mechanism of

support. We evaluate the impact of a near-peer taught seminar, designed to meet the specific needs of students with non-biological science (NBS) backgrounds, focussing on student wellbeing and support.

Methods: An anonymous online questionnaire collected quantitative and qualitative feedback from first year students who attended the seminar covering Blocks 1-4 of 5 in Phase 1, with 24 respondents. Questions focused on their experience of engaging in an NBS near-peer teaching community.

Results: 83% of participants 'agree' or found it 'essential' to their learning that attendees were from similar NBS backgrounds, with 63% finding it 'essential' to their feeling comfortable in raising questions. 88% "agreed" or found it "essential" to have a community of people with similar NBS backgrounds. All students felt there were no other sources of support in WMS targeted at students from a NBS background. Qualitative feedback included: "As a student from an arts background I ... don't know if i'd still be here without the teaching and support of the non-science teachers and the friends I've made in the seminars".

Discussion: Near-peer teaching is a valuable tool in medical school teaching, for educational reinforcement and as a source of peer feedback and wellbeing support for students in Phase 1. This evaluation highlights the need for NBS student support and we have found that this format addresses this need. This model could be used successfully in other graduate medical programmes and could assist in the recruitment of students from diverse backgrounds.

P3. 'The 4 Ps': A new feedback model

Lucy Elliott & Prisca Chimkupete

Traditionally, feedback has been thought of as a process focusing on negative aspects highlighted for improvement. Couple with a lack of sensitivity in approach, this often results in a disheartening process (1). Pendleton's Rules minimise this; promoting self-evaluation and emphasising strengths as well as highlighting areas of improvement in a collaborative way. The main issue with this model is that it can be formulaic and the discussion of strengths can feel forced at times. Some students will only be interested in finding out how they can improve and will not hear the positive (1).

Agenda Led Outcome-Based Analysis (ALOBA): is an alternative model starting with the student setting an agenda prior to the observed action. This is beneficial as the feedback becomes more focused and personalised. In theory this method is more time-efficient and may reduce defensiveness (1).

We propose a new feedback model: 'The 4 Ps' which incorporates features of the models discussed above. 'Purpose' indicates the setting of an agenda specific to the students' learning needs. 'Perception' allows for collaborative and constructive comments. The openness of the term 'perception' attempts to dissuade formulaic responses, as it covers both positive and negative comments on the students' overall performance. 'Proof' ensures specific examples are given to highlight and clarify the points made, essentially justifying 'Perception.' 'Plan' warrants a specific action to be planned for further active learning to take place.

Preliminary use of this model has received encouraging feedback from Warwick Medical students thus far. We plan to continue assessing response to this model using a questionnaire given following a supervised learning event. We will undertake statistical analysis of data obtained and present the findings in poster or oral presentation.

(1) Brown J, Kidd J, Noble L, Papageorgiou A. Clinical Communication in Medicine. John Wiley & Sons. 2015.

P4. Students learning objectives and bedside teaching

Aidin Khobjou, Yvonne Chang & Sam Cook

The Clinical Education Fellows (CEF) at George Eliot Hospital (GEH) provide bookable teaching sessions for medical students. However, students have often turned up to these sessions without any learning objectives. It has been shown that self-directed learning can be improved with learning objectives (Spencer). So we looked at how we could facilitate this. We did this in two ways, we opened up a CEF email address and also created a short document explaining to the students that they may want to create a learning objective before they attend the session. We have found that of the students that did attend a CEF session with a learning

objective, half were prompted to by the document. We have also seen students use the email address and inform CEFs beforehand of their learning objectives. The CEFs have felt that there has been a subjective improvement in sessions as they can be better prepared and match learning objectives better. We have felt that the action we have taken has shown an improvement in student and CEF experience.

P5. Calling for Help: Teaching Medical Students about SBAR

Claire Gibbons & Rebecca Darge

Aims: To pilot a tutorial to improve medical students' confidence in using SBAR (Situation, Background, Assessment, Recommendation) for clinical communication.

Methods: During high-fidelity simulation sessions for final year medical students several staff observed that students struggled to handover. We designed a tutorial to teach students to: 1. Describe and evaluate SBAR. 2. Critically appraise model SBAR procedures. 3. Develop SBAR good practice through low-fidelity simulation. We invited 20 final year medical students on their acute specialty placements. We then evaluated it using student feedback questionnaires, and compared self reported confidence with students who did not attend the session.

Results: Students reported having limited opportunity to practice using SBAR previously. Of students who attended the tutorial, six students reported significantly improved confidence in using SBAR, and four reported slightly improved confidence. Qualitative feedback was largely positive. Students liked the use of simulation, receiving individual feedback, and small-group learning in a positive environment. Students felt the session could be improved by more individual practice. Students who attended the tutorial reported greater confidence in using SBAR than their peers who did not attend. Most students from both groups reported increased confidence compared with how they felt prior to their acute specialty placements; students who attended the tutorial were more likely to feel 'significantly more confident' than those who did not. Taking feedback into account, the tutorial has been assimilated into the mandatory teaching timetable with consistently positive feedback.

Conclusion: Simulation is an effective method to teach practical communication skills to medical students. It should not be assumed that students will develop key communication skills by clinical exposure; these skills require teaching and practice with dedicated feedback. By recognising and acting upon gaps in student abilities it is possible to introduce new, effective and relevant teaching.

P6. Digital Student to Digital Doctor

Cath Fenn

Learning and teaching in a digital age are being profoundly altered by the additional potential offered by technology. Student volunteers from all years of the MB ChB course recently piloted the use of a managed set of University owned iPads. These students were invited to share their ideas, concerns and expectations regarding the use of these devices in their medical education. They were also invited to complete a student digital experience survey based on the JISC tracker tool. The tracker is a short survey to gather students' expectations and experiences of technology, based on a concise set of questions which have been intensively trialled with higher and further education students for readability and ease of response. Discover what works well for MB ChB students, what they think we should be doing and what they don't want us to do!

P7. Visual technology supporting clinical skills education

Stephanie Shepherd & Yusuf Patel

This poster represents a project where the clinical skills department used technology enhanced learning to demonstrate the clinical skill of taking an Arterial blood gas from a simulated patient. A visualiser is a flexible teaching and presentation tool allowing Tutors and Educators to display objects onto an interactive whiteboard, computer or LED touch screen. It is a camera and projector in one, where live recording can take place and be played back to any students. It can also be used in conjunction with Spark and PowerPoints. This means 3D objects such as Arterial blood arms and the blood taking equipment can be viewed by a large number of students without crowding the demonstration table. The technology enhanced

learning enables the students to visualise the skill being performed onto a large screen. Evaluation from the students was collated and is represented in the poster. This feedback has created ideas for future use of the visualiser and smart screen in other clinical skills teaching.

P8. Clinically Observed Medical Education Tutorial (COMET) In Urology

Matthew Megson, Mohammed El-Hassan & Sid Singh

Introduction: COMET is a four station, case based OSCE based simulation training on a patient journey in hospital. It is a programme devised to deliver and formatively assess clinical skills and confidence levels on a case basis with an innovative approach. This paper is evaluates one hospitals experience of the use of simulation-based teaching in the medical undergraduate curriculum in the context of management of acutely unwell Urological patients, using a low fidelity simulator.

Method: The COMET comprises of 4 stations which may be either theory or practical. Each station lasts for 15 minutes, with 10 minutes for the student to fulfil the practical element and 5 minutes for station specific discussion / feedback. There is a pre session MCQs & confidence form, which the candidates repeat after the stations, then have an educational personalised debrief.

Results: A total of 31 final year students have taken part so far. In the Pre-COMET Knowledge MCQ the mean score was 5/7 (SD 0.96). In the Post-COMET Knowledge MCQ the mean score was 6.7/7 (SD 0.51) confirming the students had learnt the material during the COMET. The increase was significant ($p<0.001$). Though the students' confidence questionnaires showed the true value of this method, as all were increased, however some as much as 300%. In the Pre- COMET confidence questionnaire the mean score 19/50 (SD 7.3). In the Post- COMET Confidence questionnaire the mean score was 32/50 (SD 5.7). The increase was statistically significant ($p<0.001$)

Discussion: This COMET assessed the students in many areas including; an acutely ill urological patient, uroradiology, ABCDE assessment, sepsis, prescription and catheterisation. This training shows that Urological training can be taught to undergraduate medical students using COMET to not only improve knowledge but also improve confidence in the candidates, in many aspects of the urological curriculum.

P9. Innovations in Observation of Practice in Clinical Settings

Sue Davies & Alyson Quinn

The aim for the poster is to share innovative practice in the feedback given to students in the General Practice clinical setting.

Students attend General Practice in pairs and a system of observation and feedback has been developed in which one student consults with a patient and then receives feedback from the observing peer student and GP Tutor. The observing tutor has been trained to provide feedback according to the Leicester Assessment Package (LAP) criteria and the observing student is encouraged to also provide feedback according to these criteria. This method has been used successfully over the last 4 years to provide multisource feedback to the students and also appears to enhance the feedback skills of the peer observer. Furthermore, the students have reported an increased understanding in the LAP criteria through the involvement of providing feedback.