MEDICAL EDUCATION CONFERENCE

BIOSCIENCES UNIT, TRINITY COLLEGE, DUBLIN 2

September 8th- 10th 2016

"Educating doctors for

General Practice/Family Medicine 2.0"

ABSTRACT BOOK

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Preface

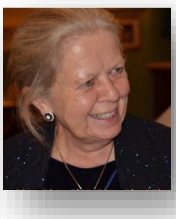
On behalf of the European Academy of Teachers of Family Medicine/General Practice[FM/GP] I would like to welcome you to our first educational conference, which is being held in collaboration with the Irish College of General Practitioners.

We are delighted to have received abstracts from presenters representing over 20 countries and covering all the conference themes. The programme offers a balance of presentations about scientific work and experiential workshops. You will have the opportunity to explore different aspects of FM/GP education from undergraduate to specialty training to continuing professional development.

EURACT's goal is to foster and maintain high standards of care in European General Practice by promoting general practice as a discipline by learning and teaching. This conference continues our work by providing a forum for FM/GP educators to come together from across Europe, to network, share ideas and we hope develop collaborations.

I would like to thank the Irish College of General Practitioners for hosting this event and providing the administrative support, it would not have been possible without them.

Finally, I would like to acknowledge Janko Kersnik's contribution to this event, he had the idea for a conference and started the planning process before his untimely death in May last year. It is fitting that our conference will end with a lecture dedicated to his memory and delivered by his friend and colleague Igor Švab.



Jo Buchanan
EURACT President
September 2016

About this conference

It is with great pleasure that I extend a warm Irish welcome to all of the delegates attend the EURACT Educational Conference. It is a great honour to host this exciting conference in Dublin.

The theme of our conference "Educating Doctors for General Practice 2.0" has been carefully selected to stimulate examination of the challenges of a rapidly changing world with continuous shifts in medical education, technology and patient expectation. The volume and calibre of submitted abstracts has given us great encouragement that this conference will be an enriching experience for delegates. We are confident of catering for those interested in basic medical education, postgraduate training and continuing medical education from the General Practice/Family Medicine perspective. We will hear about old values and new techniques, accumulated wisdom and modern trends. This mixture of old and new is complimented perfectly by our conference venue, the Bio-sciences Institute at the heart of the historic Trinity College Dublin.

Our keynote speakers have been chosen to inspire and to provide a focus of thought during the conference, giving expert insights into crucial aspects of our role as teachers of General Practice.

As well as welcoming you to the conference, I am welcoming you to Dublin. During your time you sample the best of Irish Culture, we are in the heartland of James Joyce's Ulysses and in the middle of a vibrant Irish Music Scene. Taking a leaf from the success of the world-famous Web Summit we are introducing an innovate "Networking at Night" component to the conference.

I hope you find within this abstract booklet plenty to interest and inspire you!

Darach Ó Ciardha
Chair of the Organising Committee
GP & EURACT council member for Ireland.

Friday the 9th of September

W1.01 How to design a course based on 'complex learning'.

W1

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Background

In daily practice physicians often encounter complex problems. In order to be able to solve these accurately, medical students have to learn how to efficiently and effectively integrate different competencies (this is called 'complex learning'). The 4-Components-Instructional design -Model (4C/ID) uses authentic, complex problems as a starting point for learning and aims to facilitate the transfer of what is learned to the workplace (Van Merrienboer and Kirschner 2013).

Aim

Participants know and have insights into the key features of 4C/ID. Participants are able to use the model for the design of a learning environment.

Proposed method

The workshop leaders will guide participants through the process of designing a 4C/ID learning environment. In order to do so, examples from the existing course 'real life learning' at KU Leuven will be provided and a step-wise approach will be followed (Vandewaetere, Manhaeve et al. 2015) Firstly, participants will formulate a set of complex tasks which are representative for the aimed learning outcomes. Secondly, they will choose the information which will support the students in solving the tasks (supportive & procedural information). Thirdly, they will define the problem solving aspects which need additional/repetitive practice (part task practice). Finally, they will consider how to continue this learning process in the workplace.

Expected Outcome

At the end of this session, participants will be able to undertake the first steps in the development of a 4C/ID learning environment.

W1.02 An Appraisal Process for Teachers of Family Medicine.

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Background

EURACT has developed a system for the appraisal of teachers of FM/GP using the 'Framework for the Continuing Educational Development of Trainers in General Practice' which was developed by EURACT in 2012. The purpose of this appraisal system is to support, develop and recognise the standard of the individual teacher, to demonstrate the existing standards of education and training in FM in Europe and to harmonise standards of teaching of FM/GP across Europe.

Aim

This workshop will: • Provide an overview of the appraisal process • Enable participants to understand the process from the perspective of the applicant • Provide the opportunity to appraise a sample portfolio

Proposed method

A presentation will be given which will describe the process of development of the portfolio and will give an overview of the contents. The first session of group work will enable participants to explore the process of providing evidence for a submission, the second session will allow participants to assess a portfolio.

Expected Outcome

Participants will understand the development of the appraisal project, will develop insight into how to complete a submission and understand the process of appraisal.

W1.03 Educational elements of Primary Care Modem Programme in Hungary – How to deal with cultural differences?

W1

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Background

Under the Swiss-Hungarian Cooperation Programme, the Public Health focused Model Programme for Primary Care Development was launched in July 2012. Its overall objective is to expand the preventive services of primary care by the establishment of the so called "General Practitioner (GP) clusters", the operation of which facilitates the eradication of inequalities in access and the improvement of the health status of the population in the long term. The model is implemented in four disadvantaged micro-regions of Hungary featured by a high proportion of Roma people whose health status shows an even gloomier picture than the Hungarian average. The project aims to organize the healthcare of 38 thousand adults and 12 thousand children. GP clusters are built on the cooperation of the GP and paediatric practices supplemented by the work of other healthcare professionals - dieticians, physiotherapists, health psychologists, public health professionals and GP cluster nurses. The Programme also integrates the work of the district and school health visitors into the GP clusters and builds out a closer connection with the school doctors in the region, as well. The reach of individuals in more closed settlements, which are more difficult to involve, is ensured by the assistant health mediators who are the representatives of the local communities.

Aim

To introduce what aspects one should focus on while training Health professionals providing services in multicultural settings

Proposed method

After a short introduction of the projects participants will be divided in groups, every group will get a special topic they have to work with

Expected Outcome

By the end of the workshop participants will understand the necessity of taking cultural differences into account while preparing a training for primary care providers

O1.01 The impact of family medicine clerkship in undergraduate medical education: a systematic review

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Background

EURACT's recently mapped availability of family medicine (FM) clerkships in Europe revealed variability between regions and 50 medical school either lacking or having only very brief FM clerkships. Previous reviews on ambulatory care teaching and learning experiences in North America have confirmed their positive educational contribution, yet no published systematic review so far has focused specifically on the impact of FM clerkships.

Aim or Research Question

To synthesize evidence about the impact of FM clerkships on undergraduate medical students, teaching general/ family practitioners (FPs) and/or their patients.

Methods

Medline, ERIC, PsycINFO, EMBASE and Web of Knowledge searched from 21 November- 17 December 2013. Primary, empirical, quantitative or qualitative studies, since 1990, with abstracts included. No country restrictions. Full text languages: English, French, Spanish, German, Dutch or Italian. Independent selection and data extraction by two authors using predefined data extraction fields, Kirkpatrick's levels for educational intervention outcomes, study quality indicators and Best Evidence Medical Education (BEME) strength of findings' grades. Descriptive narrative synthesis applied.

Results

Sixty-four included articles: impact on students (48), teaching FPs (12) and patients (8). Sample sizes: 16-1095 students, 3-146 FPs and 94-2550 patients. Twenty-six studies evaluated at Kirkpatrick level 1, 26 at level 2 and 6 at level 3. Only one study achieved BEME's grade 5. Majority assessed as grade 4 (27) and 3 (33). Students reported satisfaction with both content and process of teaching and learning in FM clerkships. They enhanced previous learning and provided unique learning on dealing with common acute and chronic conditions, health maintenance, disease prevention, communication and problem-solving skills. Students' attitudes toward FM were improved, but new or enhanced interest in FM career did not persist without change after graduation. Teaching FPs reported increased job satisfaction and stimulation for professional development, but also increased workload and less productivity depending on the setting. Overall, student's presence and participation did not have a negative impact on patients.

Conclusion

Research quality on the impact of FM clerkships is still limited, yet across different settings and countries, positive impact is reported on students, FPs and patients. Future studies should involve different stakeholders, medical schools and countries, and use standardized and validated evaluation tools.

O1.02 Training doctors of the future to be lifelong learners

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O1

Background

Students in health care need to gain skills to work in team, both to contribute to and to learn from their peers. Lifelong Learning has developed several models to do this, using constructivist pedagogical techniques This abstract describes implementation of one of these models in Family Medicine clerkship, using TBL teaching method, anchored in a social constructivist approach to learning. TBL, which is a method that promotes practical problem-solving in team was used to teach medical students the management of chronic diseases in the community. Through TBL process of learning together, students may develop team work skills and high-order and critical thinking skills which contribute to personal and professional development and motivation to be life-long-learners.

Aim

To evaluate the outcomes of teaching the management of chronic diseases to medical students in Family Medicine clerkship by Team Base Learning (TBL).

Methods

A Mixed Methods Case Study. Participants: twenty-four medical students. During four week clerkship, the twenty-four students met once a week for class learning, where TBL method was used to teach chronic diseases. A teaching survey, attitude questionnaire, and focus group were performed to evaluate the method.

Results

TBL was well received (the students' overall satisfaction with TBL Experience: M=4.82; N=22; five-rank-scale). They rated the method as deepening their understanding of written material and saw its value in contributing to their skills as physicians as well as, saw the value of TBL for understanding the Family Doctors' role (M=4.50, N=24; five-rank-scale). The focus group provided insights into how the approach can be improved, and why they were satisfied to learn in teams.

Conclusion

TBL was well accepted by the students. According to their feedback the goal of understanding the role of the Family Doctor in the care of chronically ill patients through team learning was achieved.

O1.03 Bringing medicine to the marginalised: GP education in social medicine for the marginalised

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Background

The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served. The North Dublin City GP Training Programme (NDCGP) specifically aims to develop GPs with the capacity and desire to work in areas of deprivation and provide services for marginalised groups.

Aim or Research Question

Towards this aim the NDCGP has developed a strong social medicine curriculum delivered throughout four years of GP Training. In final year, registrars work in Social Medicine Special Interest Placements. These specially developed placements follow 'Contact Theory' which advises exposure to and engagement with marginalised groups who are often stigmatised by society, in order to change attitudes and remove stigma.

Methods

The project places GP trainees in healthcare settings which serve the socially disadvantaged. Each placement follows a specific theme of care (drug addiction, homelessness, migrant health and prisoner health). Placements aim to actualise the social medicine curriculum while contributing to services for socially disadvantaged groups.

Results

Specific objectives include: - Increased knowledge among GP Registrars of services and voluntary agencies working with marginalised groups. - Contribution of the Social Medicine Special Interest Placements to increased services and improved quality in services for marginalised groups and the socially disadvantaged. - Increased understanding and experience among GP Registrars of the Social Determinants of Health. - Positive change to GP registrars' attitudes towards marginalised groups. - GPs graduating from the NDCGP training programme choosing to work in areas of disadvantaged and/or serve patients from marginalised groups

Conclusion

Within these posts, registrars also undertake assignments that allow them to see 'patients' through a non-medicalised lens. This new form of GP training is unique in Ireland. Initial feedback shows positive change to GP Registrars' attitudes towards these patient groups and about working with these groups post-qualifying.

Link to video description: https://vimeo.com/141778095

O1.04 The process of bringing and implementing feedback for residents in family medicine as part of the professional development

01

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Background

Adult learning is based significantly on feedback and evaluation. It has great importance especially for Family Medicine Residents that work independently with patients. In the department of family medicine at Maccabi Healthcare services in Israel, we noticed that although tutors and residents both understood this importance, it did not happened enough, similar to the literature.

Aim or Research Question

Our aim was to create, implant and re-evaluate a feedback process. Research question: After the process of implementing feedback, what is the opinion of the tutors and learners? What process objectives have been achieved? Are we on the way to make a meaningful professional development's dialogue?

Methods

A team from our department developed a new chart that helps tutors to give accurate professional feedback. The chart is easy to use, organized, and transparent. It supports the conversation that enlighten the strengths and weaknesses. Practicing the feedback process was enforced by tutor's preparation, practice simulations, organizational support and on-going review.

Results

Today, all the tutors and interns know they are expected to go through this process, three times throughout the step one internship period. The feedback topics are known ahead. Our intern's hub supports and ensures the process is carried out for our forty residents and that it is meaningful. Assessment questioners that we collect from both residents and tutors after two years will be presented with its finding. Both learner and tutor appreciate the significance of the feedback dialogue.

Conclusion

Today, providing feedback and evaluation is the standard, and it involves all tutors and learners. Feedback is part of the dialog that facilitates the personal professional development. The next step to come is building a portfolio that combines the learner needs and desires with the modern professional requirements, and encourages independent learning.

O1.05 The positive “Hidden Curriculum” within the curriculum

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Background

Medical literature defines the “hidden curriculum” as negative messages that undergraduate students acquire about attitudes to the culture of medicine including humiliation by senior teaching staff representing bad role models.
In our Diploma Program, (a three-year day release course for trainees specialising in Family medicine at Tel Aviv University) active steps were taken to change our “hidden curriculum” to a proactive positive direction enhancing communication skills and holistic values. We instigated enrichment lectures , environment change, selected suitable teachers as role models and observed the group process. Positive parenting has similar processes.

Question

Have “hidden curriculum“ changes improved the important non clinical goals of our program?

Methods

30 Diploma Program graduates were asked in telephone semi- structured interviews to give qualitative comments about the above changes within the hidden curriculum. The interviews were transcribed, recurrent themes identified and grouped into a table.

Results

-Moving to an academic environment improved the “ambience” and feeling that the “learning was taken seriously”
-“Teachers’ constancy” was highlighted as essential.
- “Group heterogeneity” expanded viewpoints. Many graduates still remain in contact
-The enrichment stand-alone lectures were “hardly remembered” or even “resented”.

Conclusion

The study highlighted which parts of our hidden curriculum were valued by the graduates, and where we could improve it.
-The relocation to the university was significant
-Choosing highly motivated trained teacher role models was highly valued
-The group process was paramount to all the interviewees.
-The separate enrichment lectures were wasted.

What we learnt

The “positive hidden curriculum” must be identified and evaluated constantly in order to enhance learning of those positive values that are so important in Family Medicine

Future directions

-Pre course orientation days aimed at forging stronger groups
-Enrichment workshops on the first day of each new semester or incorporated into courses to enable deeper learning on certain subjects

O1.06 Bridging the gap between professional integrity and administrative accountability in CPD

01

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Background

Comprehensive continuous professional development (CPD) for GPs is essential for developing and maintaining high professional standards. However, in many countries there are a dispute whether CPD should be based professional integrity or on administrative accountability.

Aim or Research Question

To explore whether general practitioners' (GPs) self-experienced learning needs can be combined with the learning needs experienced from a societal perspective and still make sense for GPs.

Methods

We performed a multidimensional learning needs analysis. We asked twenty practice-based small learning groups and a group appointed by the Danish public health service to identify learning needs. We used the Danish family medicine curriculum as reference. Then we asked a group of GP researchers, hospital consultants, a group of GPs with interests in narrative, person-centred medicine and a group of GP educators, and administrative staff, to triangulate the initial findings.

Results

The multidimensional approach seemed appropriate to identify educational themes, which made sense both for the GPs and the political administrative system. The themes will be presented at the conference. However during the process, it became clear that the identified themes did not cover all relevant areas for CPD training. The identified themes therefore would only make sense if they were part of a larger, comprehensive CPD program, which also enabled CPD activities based on GPs individual needs analyses.

Conclusion

It is possible to bridge professional integrity and administrative accountability in CPD planning, but it requires open minds, trust between politicians and GPs and a focus on patient centred care.

W2.01 Be part of the solution! Tackling the challenge of teaching the minimal core curriculum in general practice/family medicine to medical students.

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Background

A research project published by the Basic Medical Education Committee of EURACT (European Academy of Teachers in General Practice / Family Medicine) identified 15 themes as the most important topics to be included in a minimal core curriculum for general practice / family medicine (GP/FM) in undergraduate medical education (Tandeter H , Carelli F ,Timonen M et al. A 'minimal core curriculum' for Family Medicine in undergraduate medical education: A European Delphi survey among EURACT representatives. EJGP, 2011; 17: 217–220. http://euract.woncaeurope.org/publications).

Aim

This workshop aims to promote GP/FM education at undergraduate level by further developing the core curriculum through the participation of teachers and trainers of GP/FM in undergraduate medical education.

Proposed method

After the past work on the core curriculum is introduced and the tasks are described, the participants are divided into small groups according to the topic of interest to them from the 15 described in the research study. Then, within each group, members will share their individual experiences regarding the delivery of teaching of the selected topic (why that topic, who should teach it, and how, where and when it should be taught). After each group presents its conclusions, the workshop will close with an explanation of how such conclusions will be followed up using the Delphi process.

Expected Outcome

The undergraduate core curriculum in GP/FM will be developed through an ongoing process involving the participation of a large number of GP teachers and trainers involved in teaching medical students.

W2

W2.02 Teaching end of life care to GP trainees and GPs using GP trainee research

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Background

End of Life Planning is important but challenging for GP Trainees and GPs. In clinical practice, an evolving body of research literature is emerging, much of which identifies earlier involvement with patients in the general practice setting. This workshop will actively reflect with participants on their experiences in this area of care, will present results from a series of research studies on end of life planning by GP Trainees, and the development of a blended e learning module for GPs and Trainees through the ICGP Blended Learning Platform on the ICGP Website, with close reference to 'Think Ahead,' an end of life planning tool for use by citizens.

Aim

Firstly, share clinical experiences of delegates attending in the area of end of life planning, and challenge clinical experience with reference to the development and use of Think Ahead in a variety of clinical contexts. Secondly, demonstrate and obtain feedback on the ICGP Blended Learning Module with respect to its use in Specialty Training and in CPD for Trainees and GPs.

Proposed method

Initial brainstorming regarding experience, practice and challenges of those attending the workshop, followed by brief powerpoint outlining key findings from 3 GP Trainee Research Projects on Think Ahead, and finally followed by a brief demonstration of the ICGP Blended Learning Module on the use of Think Ahead in the Consultation.

Expected Outcome

Delegates attending may find their own practice challenged in the area of end of life planning. The value and impact of GP Trainee Research Projects will be demonstrated, as will the ICGP e learning platform and the Think Ahead Module

W2.03 From student to student

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Background

A university student who is teaching under the supervision of a certified teacher is called a student teacher. Using student teachers is an effective way to improve engagement of the students. However, it is not common in all medical subjects and how it is performed varies greatly. In the University of Tartu we have three-year experience to use older year students in teaching some basic clinical skills to their younger schoolmates.

Aim

To explore the experiences of using student teachers in undergraduate teaching in different countries in Europe.

Proposed method

First, we start with a short introduction about the topic (use of student teachers in teaching process). Second, we present results of our study and a video example of our experience. The initiative at the University of Tartu came from the students because they felt a lack of practical skills' training in their undergraduate studies. Third, we use group work for discussing different examples that are already used in different countries or topics that can be used in the future in student to student teachings.

Expected Outcome

to get an insight on how the teaching method „from student to student" is used in different universities across Europe, how we can improve it and collaborate in this field.

W3.01 Teaching cultural competency to trainees of very different cultural backgrounds

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Background

In Israel there is universal health coverage for all. The population is from many different cultural and ethnic backgrounds. There is very strong system of primary care and among the trainees, physicians from different traditions. The question we as trainers asked ourselves was how to harness these differences in order to reduce prejudice increase openness to and awareness of each other's and our patients' traditions and expectations.

Aim

Over a three-month period. We aimed to increase the trainees' curiosity regarding their colleagues and patients' backgrounds. We hoped to reduce stigma and improve cultural competence. In addition to theoretical models we made the trainees bring their own experiences of discrimination, rejection and cultural misunderstandings to the group. We used role playing games and as a final project each trainees was sent for two days to be with a GP practice from a different cultural or ethnic patient population. The trainee then had to present his/her experience with photos or video to the group.

Proposed method

In the workshop we will briefly present an overview of the project and offer the participants an opportunity to experience two of the techniques we employed. 1) Each person that comes to the workshop will be asked to bring one item (such as food, book, clothing or anything else) that allows him to express one aspect of his cultural/ethnic background. This will form a basis to the discussion and bonding. 2) We will play a game with masks on which are written certain details which the wearer of the mask is unaware. He/she is then required to undertake certain tasks and experience how the group reacts to him or her. This forms an excellent basis for discussing prejudice and stigmas.

Expected Outcome

I hope that our presentation and tools that we share with the workshop participants to teach their own trainees how to enjoy the challenges of diversity in primary care.

W3.02 Mother! Mother! Mother! Using medical humanities to influence dementia teaching

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Background

Dementia is an ever increasing challenge to our health communities, to those who suffer from it, to loved ones and carers who in turn can suffer and to the health professionals who deliver care and support. It spans the specifics of neuroscience right through to the holism of end of life care for the sufferer. The young doctor is well armed with science, protocols and guidelines but when facing the patient with dementia it can be a disarming process where holistic thinking often comes to the fore.

Aim

To explore the understanding of medical teachers in how to approach the challenge of dementia as a subject of learning for the young doctor.

Proposed method

We have the benefit of a piece written in very personal terms by a son, writer and onetime carer to his since deceased mother who had suffered from dementia. It is triangulated in that I was the deceased patient's family doctor and remain a family doctor to the author. The short story will be presented in audio / audio-visual format (option1). An edited version of the short story will be presented in audio / audio-visual format with a short audio-visual presentation of an acted piece of the story (option2) Option to be chosen should the abstract submission be successful. The audience can view/listen, take notes. Estimated time 30 minutes. A reflective period follows where the audience records personal thoughts and reflections. What impact has this piece had on me? What approaches in dementia teaching do I use at the moment? How might I approach dementia teaching in the future? What are my key learning points? Estimated time 15minutes. Group feedback and interaction. Estimated time 30 minutes. Conclusion and key learning points. Estimated time 15 minutes.

Expected Outcome

Audience will have a personal expose from a son, writer and caregiver of a person with dementia. This may help transform or adapt some of their teaching approaches in the subject.

W3.03 Empowering doctors to use modern technology whilst still remaining patient centred

W3

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Background

Technology continues to develop rapidly and is increasingly being applied to medicine, applications are now available for mobile devices, which can monitor patients' health in real time. New developments occur rapidly and it is likely that these will modify the classic paradigms of a doctor patient contact. Doctors need to learn how to incorporate these new technologies into their work whilst at the same time remaining focused on the patient and their needs.

Aim

To describe the scope and potential of technology in family medicine. To explore how to incorporate technology into health care whilst at the same time remaining patient centred To test teaching methods that will support established doctors in their understanding of this topic.

Proposed method

An initial exercise will explore how the participants currently use technology. A presentation will provide an overview of the topic, describe the scope of current technology and the potential for future development. Several health related applications for mobile devices will be demonstrated. A case discussion will enable deeper exploration of the topic.

Expected Outcome

This workshop will offer family doctors insight into the potential for technology to improve patient care and how to incorporate technology into the consultation whilst maintaining a patient centred focus. The feedback from the workshop will be used to develop teaching materials on this topic.

W3.04 GERISTEPS: Step-by-step integration of the comprehensive geriatric assessment in general practice, patient care and research

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Background

Older adults are increasing worldwide and have specific and complex healthcare needs that are often unidentified and unmet. The comprehensive geriatric assessment (CGA) has been widely used in the past two decades and shown to improve health outcomes in older adults. Family physicians (GPs) and primary care teams are the first point of contact for older adults in healthcare, yet their training on older adults' care is usually limited and they are increasingly busy to deliver a CGA. The "rolling" CGA, where different CGA aspects are assessed in a series of GP visits, is a helpful approach. GERISTEPS (www.geristeps.org) is a web-based platform for a structured, integrated, step-by-step CGA by GPs, covering 14 dimensions of common unmet healthcare needs of older adults for which there is evidence for effective interventions. It can be a helpful tool to perform a "rolling" CGA, teach students and trainees, as well as implement research in general practice.

Aim

To introduce the GERISTEPS web-based platform as a tool for implementing "rolling" CGAs during GP visits and discuss its potential benefits and feasibility for patient care, education and research.

Proposed method

- Short presentation to summarize the key points on using the CGA in primary care and the potential role of web-based CGA platforms for patient care, education and research. -Patient/case scenario to demonstrate the use of GERISTEPS during GP visits.
- Group discussion to generate reflection and feedback from participants on the feasibility and potential issues on using GERISTEPS for patient care, education and research in primary care.

Expected Outcome

At the end of this workshop the participants are expected to: -Understand the benefits of the "rolling" CGA in GP visits of older adults. -Become familiar with GERISTEPS as a web-based tool to help the GPs integrate the CGA during older adults' visits. -Discuss the pros and cons of integrating GERISTEPS in their patient care and its use for education and research. -Develop contacts and consider networking to share their future experience with using GERISTEPS in patient care, education and/or research.

www.geristeps.org

O2.01 What strategies/interventions have been described in literature aiming to prepare students for uncertainty

O2

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Background

There are many reasons to face uncertainty in general practice. The usual ones are: limits in current medical knowledge, practitioner's own limits in skills, knowledge and experience, personal significance of particular risk, ignorance of relevant information. There's a specific one: patients present undefined and unorganized problems at early stage. This last one makes uncertainty almost inherent of general practice with all potential bad outcomes of mismanaging it: reduced quality and increased cost of care, low quality of shared decision making, impact on physician's practice (anxiety, burn-out risk factor). Therefore, dealing with uncertainty seems to be a major issue of medical pedagogy.

Aim or Research Question

What strategies/interventions have been described in literature aiming to prepare students for uncertainty?

Methods

The author reviewed literature, in PUBMED and GOOGLE SCHOLAR, on various issues related to uncertainty in medical education: definition and causes of uncertainty, communication and uncertainty, tolerance of uncertainty, managing uncertainty, evaluating uncertainty, recommendations and effective teaching of uncertainty.

Results

95 papers published between 1972 and today were retained. 3 of them were reporting the results of pedagogic interventions among medical students, 26 the definitions and causes of uncertainty, 25 the communication of uncertainty, 26 the tolerance of uncertainty, 48 the ways to manage uncertainty, and 10 the evaluation of uncertainty.

Conclusion

Experts agree that medical students need to be prepared to face uncertainty. But there is no validated way to do so in literature. When a structured teaching is presented it usually focus on diagnostic uncertainty. Most papers list different skills or attitude to manage uncertainty. Whatever the cause of uncertainty may be, communication skills are required. With the growing "shared decision making" movement patients expect from physicians to be able to communicate uncertainty, even if ways to do it and outcomes of doing it still need to be explored.

O2.02 The efficacy of different training strategies for infiltration techniques

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Background

Research shows that only a minority of GPs performs intra- and periarticular infiltrations. Lack of good training strategies to teach these skills would be an important reason for this observation. Several studies demonstrated the efficacy of different teaching methods, however only few studies compared diverse training strategies.

Aim or Research Question

We investigated three training strategies for infiltration techniques of the glenohumeral joint, subacromial space, lateral epicondyle, carpal tunnel and knee joint.

Methods

Residents in family practice were randomized into three teaching groups: (1) a theoretical lecture (n=18) or a lecture with training (2) on anatomic models (n=19) or (3) on cadavers (n=11). Before and after the course the participants' self-efficacy (questionnaire) and skills (OSCE) were evaluated. The self-efficacy was assessed again three months later. At that moment participants were asked if they had performed more infiltrations since training. A Kruskal-Wallis test was used to compare the participants' self-efficacy and skills before versus after training and between groups (significance level $p<0.05$).

Results

All three training strategies had a significantly positive effect on the participants' self-efficacy concerning knowledge and skills. This beneficial effect remained 3 months after the course. However a small proportion of participants still felt uncomfortable to perform infiltrations. Best scores for self-efficacy concerning skills were observed after training on cadavers, although this observation was only significant for some anatomical regions. All participants performed significantly better on the skills test after training. Those who practiced on cadavers improved most with significant differences for most anatomical regions, followed by training on anatomic models. Almost half of participants stated they performed more infiltrations since attending the course.

Conclusion

Based on this study a course with training on cadavers can be recommended to teach infiltration techniques. To achieve an optimal effect, repeated courses may be necessary, however further research on this subject is needed.

O2.03 Teaching multimorbidity management to GP trainees

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O2

Background

Multimorbidity, the presence of more than one chronic condition simultaneously, has a significant impact on people who experience it and on the healthcare system. General Practitioners (GPs) are ideally situated to provide the complex care required for someone whose health needs cross the boundaries of individual specialties. It has been suggested that medical and postgraduate general practice education needs to adapt to address the new challenges of multimorbidity

Aim or Research Question

The aim was to equip trainees with the knowledge, skills and attitudes which would enable them to manage the care of people with multimorbidity effectively in primary care.

Methods

A novel educational approach to the teaching of multimorbidity management in a postgraduate general practice training setting was developed. This involved a pilot workshop using simulated multiorbidity cases (SMCs).

Results

Feedback from this workshop's participants was that facilitated SMCs provided an authentic method of exploring multimorbidity management. The workshop resulted in an improvement in knowledge of multimorbidity characteristics. In addition, all participants reported an improvement in understanding of and increased confidence in managing multimobidity in general practice.

Conclusion

This pilot workshop demonstrates the feasibility of teaching multimorbidity management in primary care in a postgraduate GP training setting facilitated by established GPs and using simulated multimorbidity cases. It results in improved knowledge and trainee confidence in managing multimorbidity in the community.

O2.04 Family practice visits and performance evaluation by training program directors

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Background

Performance evaluation and constructive feedback of trainees in Family Medicine is best done through direct observation1 .In Israel, the four years training programme starts with 15 months in a teaching clinic in the community, with a one-to–one attachment to a preceptor in full time practice. The trainee works in a room adjacent to his and sees his preceptor's patients in parallel with him.

Aim or Research Question

Although this setting facilitates a continuous process of direct observation, we explore the usefulness of adding episodic visits by training programme directors.

Methods

In our Department of Family Medicine, each of our 50 trainees is visited during a normal consultation once by the programme coordinator, once by the head of department and twice by the social worker teacher. An average visit lasts about 3 hours.

Results

After twelve years of experiential development of purposes and methods for these visits, we have reached an informal consensus that includes the use of validated instruments and additional items. a) Evaluation of clinical skills according to Mini-Clinical Evaluation Exercise (CEX)2. b) Evaluation of interpersonal domains with Multi-Source Feedback (MSF)3 based on direct observation and reports of interactions with nurses, clerical and other staff. c) Provision of direct constructive feedback, during the consultation with individual patients and at the end of the session, including definition of specific educational tasks to fulfil and report to the visitor. d) Additional information from direct meeting with the preceptor and constructive feedback to him. The visits are written in a descriptive style with the addition of specific teaching and reflective comments, then sent to trainee, preceptor and other practice visitors, and kept in the trainee's portfolio.

Conclusion

These practice visits are part of an overall in-training evaluation system that includes also evaluations by teachers and peers during small group activities. Trainees and preceptors find them useful. But as reported in the literature, it is difficult to evaluate their effectiveness.

02.05 The adaptive role of the nurse educator in primary care: A narrative of generic education and learning to support equality improvement in health and care delivery in community settings

02

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Background

Education For Health was approached by a local Clinical Commissioning Group who in the wake of the Francis Report and the report that followed (led by Professor Don Berwick) 'A promise to learn, a commitment to act' wished to take some positive action to improve care. They had also recently introduced a RISK assessment tool to gain a greater understanding of avoidable hospital admissions and wanted to support staff with education and training, so that everyone understood what they should be monitoring and, importantly, why. A 3-day programme of learning was commissioned and developed to support staff in care homes (initially) to develop their self-awareness and confidence and to introduce quality improvement methods that they could apply in order to make changes that would lead to improved care. Care homes were selected as so many residents have multiple long term conditions that require complex care and avoiding hospital admissions is a challenge. The learning content was leadership focused, theory based and strongly aligned to quality improvement methodology.

Aim or Research Question

Aim: Participants would be enabled to appreciate the significant contribution they can make in their day to day work to support the strategic drive for continuous quality improvement.

Methods

Post event survey - quantitive and qualitative methods

Results

Data findings will be presented on the poster. Additionally, there has been positive feedback from both participants and commissioners of the learning programme. The programme has since been commissioned in more care home settings, also for staff who work with people living with learning disability (in a different locality) and, most recently, for general practice surgery settings.

Conclusion

This generic programme of learning can be effectively applied to different learning groups in primary and community care settings. Promoting quality improvement methodology and empowering health care professionals to make changes that will lead to improved care delivery affords a consistency of approach that facilitates collaborative working

Saturday the 10th of September

W4.01 Usability of EPas in GP training

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W4

Background

The Dutch GP specialty training lasts 3 years and consists of workplace learning, supervised by an experienced GP. One day a week trainees receive formal education from faculty staff at the training institutes linked to the 8 medical faculties. Learning outcomes are defined by the Dutch concilium for GP specialty training and linked to both the CanMEDs competency profile as well as the ICPC classification. As such they do not connect easily to learning situations in the workplace and are not considered inspiring for further curriculum development in all Dutch GP specialty training institutes. Therefore a national educational program is developed. The program embodies 10 themes covering the key domains of General practice. Within these themes, entrusted professional activities (EPAs) are formulated. These EPAs are linked to one or more of the 7 CanMEDs competencies. Furthermore, the program is based on 5 important premises: trainees learn mostly in the workplace, training institutions support workplace learning, reflective practice, observation, feedback and assessment stimulate the learning process, training is tailored to trainee's educational needs and ambitions, professional and didactic competent GP trainers and faculty staff secure a good learning environment

Aim

In this workshop, we will first give an introduction into the value of working with EPAs. Next we'll provide you with an overview of our EPAs and let you identify EPAs that are relevant for your own daily practice. From there on we will explore what are ' challenging EPAs ' and identify where these EPAs are best done, at the institution, in the workplace or both. Finally, we'll share ideas about just how collaborative learning of GP trainees at the training institutions and in the workplace can be stimulated and organized

Proposed method

In this workshop, we will first give an introduction into the value of working with EPAs. Next we'll provide you with an overview of our EPAs and let you identify EPAs that are relevant for your own daily practice. From there on we will explore what are ' challenging EPAs ' and identify where these EPAs are best done, at the institution, in the workplace or both. Finally, we'll share ideas about just how collaborative learning of GP trainees at the training institutions and in the workplace can be stimulated and organized

Expected Outcome

-Knowledge about the usefulness of EPAs in GP training -Inspiration for EPAs in your own GP training program -Fine tuning between training institution's faculty staff and GP trainers in what can be learnt where

W4.02 An Initiative for the Euract textbook of family medicine.

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Background

The Teaching agenda, developed by EURACT, has been used widely across Europe in creating curricula for family medicine at undergraduate and postgraduate levels. The department of family medicine in Ljubljana, Slovenia, has made an exercise of writing a textbook of family medicine, following strictly the structure of the definition. This exercise has then been repeated in Croatia, where parts of the original book were translated, some of the book were adapted and some other chapters were added, resulting in a Croatian textbook of family medicine. This creates an opportunity to develop a textbook of family medicine in different European countries that would be adapted to the country's needs and would follow the agenda as a template.

Aim

The aims of the workshop will be: - To present the idea and dilemmas of using the template of a definition in a textbook - Discuss the possibilities of a project for countries that would be interested in this project - Clarify some of the questions that the participants would raise

Proposed method

The workshop will be divided in two parts. In the first part, two presentations will be given: one describing the exercise of developing a textbook and the other, describing the use of teaching agenda in cinemeducation. The second part will be aimed at discussing the structure of chapters and potentially important topics that would be relevant to participants from the countries that would participate in the workshop. Suggestions how these chapters could be written will be given.

Expected Outcome

The participants will get the impression how the teaching agenda can be used in creating teaching resources for the whole area of family medicine. A possibility to start partnership on a project in one or several countries may be created through this workshop.

W4.03 Selecting our future colleagues, how do entrance procedures for postgraduate GP training programs vary within Europe?

W4

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Background

To improve the quality of general practice it is important to attract competent medical doctors for GP specialty training who serve all regions of the country. Countries in Europe face different situations when it comes to selection. It is important to get an overview on the factors that play a role in selection procedures: what are the aims of the various procedures? Opting out the ones who will underperform? Or opting in to get the best future GP's? Should a ranking be made and how should this be done?

Aim

The various settings in Europe have led to various procedures. EURACT, the European academy of teachers in general practice/family medicine, is investigating the aims and procedures of the various selection and allocation procedures. What works and why? Knowledge of the various procedures and selection tools in Europe could help future development of selection procedures.

Proposed method

All EURACT council members have filled in a survey on selection procedure in their country. Preliminary results show that there is a great variety in procedures. The results of the survey will be available during the conference. The discussion in the workshop will have the character of a focus group in which participants will explore aims of selection procedures designed to fulfil these aims. Another EURACT workshop at the Dublin conference would like to focus on allocation procedures. The discussion will be preceded by short inspiring presentations on the procedures in the UK, Denmark, Belgium and the Netherlands.

Expected Outcome

The conclusions of the workshop, combined with the results of the survey, will be published in a peer reviewed journal.

W4.04 Teaching GPs to suture: a competency worth having?

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Background

Ability to suture is a requirement on the curriculum for general practice training in Ireland, yet it does not form part of the Irish General Practice Membership examinations. Traditionally GP trainees acquired basic surgical skills (including suturing) during their preliminary hospital exposure. However, with restructuring of clinical services, minor cases requiring suturing are being diverted away from the trainee. There may be more of a requirement to have these skills taught by GP Trainers in the future as more minor surgical skills is being redirected towards primary care.

Aim

The aims are to; 1) Demonstrate a practical example of a suturing workshop as well a validated assessment tool. 2) Demonstrate its effective application in an Irish GP Training setting. 3) Facilitate discussion on how this type of approach may be implemented in different countries.

Proposed method

Participants will be asked to complete a questionnaire immediately before and after a live suturing workshop. This will assess the participant's views on the teaching process, the value of the education they received and whether they feel more confident to perform suturing. Afterwards the live suturing workshop will take place. Participants will be taught suturing skills and assessed in their skill using an Objective Structured Assessment of Technical Skills (OSATS) score. Post workshop another questionnaire will be completed. Then, a demonstration will occur of how such a workshop had been successful in an Irish General Practice training programme earlier this year. There will be time for discussion at the end.

Expected Outcome

The taught suturing workshop is expected to be a demonstrate how a practical skill such as suturing can be effectively taught to GP Trainees or as part of CME. Views on having suturing on a core curriculum for general practice will be established. It is anticipated that the participant's confidence in suturing will be increased.

O3.01 Adapting pre-existing undergraduate teaching according to possibilities and needs of a newly founded institute of family medicine

O3

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Background

As shown by the example of IAMEV (Institute of General Practice and Evidence-based Health Services Research) at Graz Medical University, pre-existing teaching tasks may need major restructuring depending on current needs, allotted lecturing time and available staff. Graz, being one example of a newly founded institute of GP/FM, already has achieved a certain amount of teaching activities and an increased level of pedagogical practice. Up to the year 2015 undergraduate teaching was carried out by external GPs/FMs and coordinated by STAFAM (Academy of GP/FM). When the University based Institute was founded in 2015, it seemed to be very important to integrate existing external staff members to faculty, keep up their very high motivation, increase over all teaching hours and remodel course content to some extent. Furthermore great emphasis was put on a greater awareness of the speciality "General Practice / Family Medicine" within the Medical University of Graz.

Aim or Research Question

Learning from other institutes and departments by exchanging experiences.

Methods

Short oral presentation of background and experiences about the transition process, followed by an interactive discussion with the audience.

Results

This presentation and the following discussion may assist in facilitating an optimised performance at other newly set up Institutes of GP/FM.

Conclusion

We focus on one of the core-competences: motivating students to become GPS/FMs and preparing them as best as possible for their future profession while they are still attending university.

O3.02 VUNICRED-A model of vocational training in family medicine in Romania

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Background

A 2006 SWOT analyze showed in family medicine (FM) in Romania were used old training methods not centered on trainees, old curriculum, lack of funds for vocational training(VT),lack of interest for trainers and trainees. The project was a Romanian-Dutch pilot project as a result of collaboration between University of Medicine and Pharmacy Craiova – Family Medicine Department, Vrije Universitet M.C. Amsterdam (VU) – The Netherlands and National Center for Study in Family Medicine (CNSMF) Romania.

Aim or Research Question

To improve the vocational training in family medicine, and to improve the family medicine trainees' status . To implement new educational methods and new assessment tools for a group of „third year" trainees in Craiova.

Methods

The „Know-how" provided by Vrije Universitet; 4 romanian tutors were trained at VU Amsterdam, after that they disseminated the dutch methods to other ten romanian trainers; between 2007 and 2011 all 14 Romanian trainers applied new training methods(learning by doing, peer assessment ,individual assessment) in 2 circumstances : at their own office with one FM trainee and in „Return day " with all resident doctors involved in the project.

Results

For trainees: increased interest and involvement in own vocational training, improving attitude and clinical skills with the patient in the office, improving self confidence and social skills (communication, behavior, etc). For trainers: improving training skills, obtaining and using new tools in assessment of vocational training of family medicine trainees. Unachieved objectives : changing the old curriculum and dissemination of new training model to other family medicine departments in Romania.

Conclusion

The pilot project was useful for trainees and trainers involved in it but the continuation and national implementation has failed because of absence of funding and political support.

O3.03 A qualitative study reporting on experiences of doctors who completed overseas rotations in Malawi or Australia as part of their vocational training for general practice in Ireland

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Background

Background: Overseas rotations have the potential to provide doctors with a wide range of different experiences. In addition to gaining experience of working in different cultural and health care settings, doctors may improve clinical knowledge and skills, and awareness of public health issues. The HSE South East GP training programme in Waterford, Ireland, has run a four-month elective to Malawi since 2006; a similar placement ran in Australia between 2004 and 2011.

Aim or Research Question

Aim: This study was devised in order to document the experiences of doctors who took part in o verseas rotations as part of GP training, and to help make recommendations regarding future electives

Methods

Methods: This qualitative study included 32 doctors (7 went to Malawi; 25 to Australia), and used the Delphi survey research technique. In Round 1, doctors reported both positive and negative aspects of the overseas rotation, any changes to their practice resulting from their experience abroad, and any challenges encountered for which they had felt unprepared. Rounds 2 and 3 of the Delphi survey aimed to achieve group consensus following the findings in Round 1.

Results

Results: These doctors reported improved knowledge about different illnesses following the elective. They had the opportunity to perform many more practical procedures; they reported increased confidence to make clinical decisions without first accessing further investigations. They experienced difficulties in communicating with patients; they increased their understanding of the impact of cultural differences. They had an opportunity to reflect on their own practice and felt very positive about their role as a doctor on returning to Ireland.

Conclusion

Conclusion: In this first study to look at an overseas rotation as part of a vocational training programme in Ireland, GP trainees reported very positive experiences from time spent in Malawi and Australia. Such electives should be encouraged as part of Irish GP training.

O3.04 Assessment of reflection during specialist training

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Background

The ability for specialist trainees to reflect has been in focus for more than 20 years. However, we have been missing a generally accepted definition of the concept and an instrument for assessment of the ability to reflect. In Denmark we have introduced an instrument (KV5) to assess and encourage reflection during postgraduate training in family medicine.

Aim or Research Question

To enhance formative and summative assessment of reflective ability the instrument has been developed and introduced in the Danish specialist education in family medicine.

Methods

The instrument is based on an understanding of reflection in medical education, as described by Schön, Coles, Eve, Moon and Sanders. The instrument explores the trainees' ability to reflect by letting him or her engage in a mind-mapping and concept formation exercise, followed by structured discussion with the trainer. The instrument has been presented and tested during 29 train the trainer courses in Denmark with 750 participants during 2014. The participants' reactions were registered.

Results

The vast majority of participating trainers found the instrument: "to make good sense", "to be feasible" "to be seen as a way to improve the quality of trainer-trainee interviews" and "as a way to obtain an understanding of the trainee[1]s ability to reflect". A major challenge remains, however: That is to investigate the validity and reliability of the instrument in assessment and to demonstrate to which extent it does encourage reflective practice and learning in trainees.

Conclusion

A new Danish instrument to assess and encourage reflective learning in specialist training has been well accepted by the trainers. On-going work is looking further into validity and reliability of the instrument.

O3.05 A case for making mindfulness-based stress reduction courses part of GP training

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O3

Background

Healthcare professionals are reported to suffer high rates of stress and burnout. Research indicates that Mindfulness-Based Stress Reduction (MBSR) courses can reduce general distress, negative affectivity, stress, anxiety and depression through increasing the persons' capacity across 5 domains/facets. The Five Facet Mindfulness Questionnaire was developed to assess these five facets i.e. Observing, describing, acting with awareness, non-judgement of inner experience and non-reactivity to inner experience. As part of its Self-Care module, the North Dublin City GP (NDCGP) Training Programme runs a MBSR course for trainees and trainers. Over a two year period 5 courses each lasting 8 weeks have been provided.

Aim or Research Question

The aim of this study was to determine the effect of the MBSR course on participants across the 5 facets as indicated above.

Methods

The validated and anonymous Five Facet Mindfulness Questionnaire (FFMQ) was self-administered by participants before and after the MBSR course. Data was analysed using SPSS Version 20. Pre and post data was compared using the t-test for paired samples.

Results

All participants bar one (43) completed the pre and post questionnaires. There was a statistically significant increase in the post MBSR course FFMQ score means when compared with pre scores across each of the 5 facets. Observing: $t(42)= 7.621$, $p <.01$; Describing: $t(42)= 3.253$, $p<.01$; Acting with awareness: $t(42) = 4.439$, $p<.01$; Non-judgement of inner experience: $t(42)= 2.954$, $p< .01$; Non-reactivity to inner experience: $t(42)= 4.471$, $p<.01$. These results show that participant's level of mindfulness increased as a result of participating in the MBSR course.

Conclusion

This study demonstrates that the MBSR course implemented for GP trainees and trainers improved participants' level of mindfulness thereby reducing levels of general distress, negative affectivity, stress, anxiety and depression. We recommend this method of self-care is introduced as a module for other GP training programmes.

O3.06 Turning general practitioners into researchers: experiences from the Norwegian research

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Background

Although general practice is the foundation of the public health care system in Norway, most of the research money goes to the hospital-based health care. In order to develop and strengthen the capacity for research training for PhD-candidates in general practice, the Norwegian Research School in General Practice (NAFALM) was established in 2013. The research school is funded by the Norwegian Research Council. All four Norwegian universities with medical faculties and one research institute are partners. The research school offers a three years part-time curriculum based on seminars and webinars. This includes both mandatory and voluntary courses and workshops where the students get training in methodology, orally and written presentation skills, and knowledge of literature important for the development of general practice as a scientific subject. Since most of the students are part time general practitioners and settled outside the university cities, they have monthly webinars where they discuss their projects in small groups. NAFALM was planned with a class of ten students annually. Today 50 students are enrolled, which constitute almost all new PhD-students in general practice.

Aim or Research Question

The aim of this study was to evaluate the research school.

Methods

An anonymous questionnaire were sent to all students and their supervisors exploring their participation in the research school's activities and their **experiences with the different courses.**

Results

Three in four students were general practitioners. The other students came from pharmacy, nursing, anthropology and social sciences. Preliminary data from the survey will be presented at the conference.

Conclusion

Almost all new PhD-candidates in general practice in Norway attend the Norwegian Research School of General Practice.

W5.01 The village doctor 2.0 – the impact of educational programs on recruiting and retaining GPs in rural and remote areas

W5

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Background

Recruiting of GPs and retaining them in remote areas is a challenge in most European countries.

Aim

Outline the connections between educational programs and the recruiting and retaining of GPs in rural and remote areas. How do education and training effect the outcomes?

Proposed method

Based on brief reports from different regions (prepared in advance), the participants will discuss strategies and programs to attract GPs to rural and remote areas, focusing on the role of good educational opportunities.

Expected Outcome

To raise awareness and spread ideas of educational measures to be taken to successfully retain GPs in rural and remote areas.

W5.02 Teaching and assessment in the “real life learning concept”

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Background

Assessment is the engine of the learning process. A continuous and dynamic evaluation incites students to learn, to construct a learning agenda and to remediate. The ultimate goal of testing is to improve and to guarantee the quality of professional functioning and attitude in daily practice. In a rapidly changing educational landscape assessment and evaluation need to be revised. The training of general practitioners has been seeded on the performance and functioning in daily practice. This so-called ‘competence -based learning’ has been further developed into the more sophisticated concept of ‘complex learning’ or ‘real life learning’. Education starts from a professional workplace and is built around realistic situations. Students progressively acquire competences while integrated support and guidance gradually decrease. At the end of the curriculum, the student is able to perform independently in the targeted areas of competence. Teaching and learning in a medical curriculum are complex: students have to learn to solve complex, real-life problems by integrating knowledge and skills into daily practice. Therefore, following assessment and evaluation the acquired competencies need adjustment. The assessment following each individual course (learning activity) is abandoned and the focus shifts to testing integrated competencies.

Aim

The objective is to translate the key features of the new educational insights to the assessment process. Since this teaching model focuses on the integration of complex skills, the assessment will be disconnected from the individual course. Knowledge, attitude, and skills are assessed on the basis of a real-life situation and test items address aspects of the various learning activities (courses). Assessment is not limited to one phase or one learning activity but is a continuous process in which the student's progress determines the test level.

Proposed method

The assessment is performed by a machine assisted multicomponent test. The test is not limited to clinical situations but expands to practice and professional skills in management, consultation, cooperation, referral, evidence based medicine and the use of the electronic patient record. - The test consists mainly of an assessment of real-life consulting assignments with 'patients' (OSCE). These situations are both virtually offered in the form of interactive electronic modules as real with simulated patients in standardized conditions. - Students are assessed on the basis of their professional activities in accordance with the learning objectives for each phase. In addition, a qualitative assessment by a rating review will be made. - Finally, students are encouraged to self-evaluation and tutor evaluation and will be invited to write a reflection report.

Expected Outcome

In this workshop we will introduce participants to the principles of lifelong learning and assessment and in the development of an education and assessment program.

Notes

O4.01 Combined clinical skills and primary health care teaching from the first year of medical studies

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Background

Primary Health Care (PHC) has a fundamental role in undergraduate medical education. Many medical schools integrate community teaching in early stages of curriculum. PHC settings offer an ideal environment for one-to-one training, giving medical students opportunities to practice clinical skills.

Aim or Research Question

The aim of this study was to evaluate a pilot programme for first-year medical students that combined basic clinical skills teaching and early patients' contact in PHC settings.

Methods

All (300) first-year medical students were invited to participate in the pilot and 148 of them finally enrolled. The programme included lectures in basic principles of PHC, workshops in infection prevention, communication skills, vital signs, BLS-AED in the Clinical Skills Lab (CSL) and two visits in PHC centres. Faculty members and senior medical students taught the participants in the Medical School, whereas PHC professionals trained them in PHC centres. The 88 students who completed the programme evaluated it through an anonymous online questionnaire.

Results

Students evaluated the pilot 8.3/10 (SD 0.71) in total. The majority of them (86%) would participate again in a similar programme. All students agreed that the programme should be included in the core curriculum and the vast majority (95.3%) agreed it should continue in the second year of studies. Students believed that main strength of the pilot was the visits in PHC settings and the familiarization with the healthcare system early in their studies. The workshops in the CSL were also highly assessed. Students criticized the lack of educational preparedness in some PHC centres and the small number of practice visits. Peer assisted learning was welcomed from all the participants.

Conclusion

Basic clinical skills teaching in a simulated environment combined with visits to PHC centres, early in the studies, can familiarise medical students with their actual future working environment and provide them with well acquired skills.

O4.02 Learning intraprofessional collaboration by participating in a consultation program: what and how did primary and secondary care trainees learn?

O4

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Background

The growing number of patients that require overview and management in both primary and secondary care requires collaborative competencies of primary and secondary care professionals. Knowledge about interprofessional collaboration and education is rising, but little is known about intraprofessional collaboration and education between doctors of various disciplines. General practice trainees (GP-trainees) and internal medicine trainees (IM-trainees) were offered an innovative consultation programme to learn intraprofessional collaboration, with specific focus on consultation between the two disciplines. The programme started with a plenary kick-off meeting where trainees and trainers discussed optimal collaboration and mutual prejudices. In the following nine months GP-trainees could use a webbased tool to consult IM-trainees. Supervision by trainers and discussion in the peer group were organised.

Aim or Research Question

To understand what was learned and what factors contributed to the learning process.

Methods

We conducted focus groups with the trainees and their supervisors and mentors to gain information on what and how the trainees learned. Three focus groups were organised with 1) GP-trainees, 2) IM-trainees and 3) GP-mentors and IM-supervisors. The transcripts of the focus groups were analysed according to qualitative content analysis. A deductive and an inductive approach to analysis were combined.

Results

18 persons participated. Results showed that besides consultation and collaboration skills, the programme offered learning opportunities in the majority of the other roles of the CanMEDS model. Interaction, by meeting one another and by discussing cases with their mentors or supervisors, appeared to be a key factor in the learning process. Meeting one another, talking about preconceptions and enthusiasm of the mentors and supervisors facilitated the learning. Technical problems and lack of information were barriers in the learning process.

Conclusion

In a consultation project a broad variety of competencies can be gained by primary and secondary care trainees.

O4.03 Using movies to teach family medicine

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Background

Popular movies or movie clips are being used more and more in the teaching of medicine and are being gradually accepted as a new method of teaching. They are particularly useful in teaching about family dynamics, ethical issues, professionalism and communication.
Aim or Research Question
The aim of the presentation is to give an example of the use of movie clips in the teaching of family medicine.

Methods

The presentation will consist of the introduction where some theoretical background on using movies in family medicine teaching will be given. Further on, one or more movie slips will be presented in order to demonstrate their use in teaching.

Results

After the presentation, the participants will know the theoretical background of using popular movies in teaching medicine. They will also be able to use appropriate movie clips in teaching family medicine.

Conclusion

This presentation will demonstrate the usefulness of movies in family medicine teaching.

O4.04 A three year patient panel in a semi longitudinal curriculum: first experiences

O4

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Background

'Longitudinality' is key in present innovations in medical school curricula; in supervision, in curriculum design, and also in patient contacts. The latter is important in enabling students to learn the course of diseases in real life and in understanding their impact on patients' lives. At Utrecht medical school, students follow five three-month clerkships. Parallel to the clinical clerkships, 36 students, as a pilotgroup, follow and coach a panel of 4 patients each, during 3 years. A general practitioner supervises the student and recruits the patients: a chronic patient, a frail elderly, a pregnant women and a newly diagnosed cancer patient. An important educational goals is understanding the patient's perspective.

Aim or Research Question

The innovation was evaluated, to adjust the curriculum design and to distil recommendations for others about implementing a patient panel.

Methods

Questionnaires and group discussions, both for/with students and GPs.

Results

Eighty percent of GPs were able to recruit sufficient patients for the panel of each student. Almost all students visited the patients at home, and some accompanied patients to a hospital visit. However, hospital supervisors often did not allow students to leave for a sudden medical event of one of their panel patients. GPs had difficulty remembering to communicate essential patient events to the student, and students did not always tell the GP what they heard from the patient. Some students were overwhelmed by the experience and unsure about sharing this with their GP-mentor.

Conclusion

The pilot of the patient panel has shown that recruiting patients for the panel is feasible. However, hospital supervisors should be informed more extensively about the importance of students' taking time off the clinical clerkship to visit their panel patients. The information flow between GP and student, about the panel patients, should be structured. Besides feasibility, the effect of the patient panel on student patient-centeredness will be evaluated in the years to come.

04.05 Complex learning in the GP curriculum: from theory to implementation.

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Background

Medical education increasingly stresses the need for integrated acquisition of multiple competences such as clinical reasoning and decision making, communication skills and management skills. In order to promote such complex learning, instructional design theories like the 4C/ID model (van Merriënboer, Clark, & de Croock, 2002) have focused on the use of authentic, real life learning tasks or whole-tasks. At KU Leuven, a real-life learning project was implemented for the training of general practitioners, making use of the 4C/ID model.

Aim or Research Question

The aim of this presentation is to present its design, development and implementation.

Methods

In this presentation, we describe the steps that were taken to build five online learning modules (e.g. patient with diabetes; child with acute illness) that all focus on the integrated acquisition of the CanMEDS roles in general practice.

Results

The results of this development are shown through a virtual walkthrough in the learning environment, hereby sketching the theoretical background for every component. We also present the roadmap that is developed to guide medical teachers and instructional designers in developing and implementing complex learning environments. (Vandewaetere, Manhaeve et al. 2015)

Conclusion

We go beyond the development of learning materials and also focus on the implementation strategy and management plan in order to increase a successful implementation and follow-up of educational innovations in medical education.

04.06 Learning for the trainers – group video analysis of the trainer/registrar tutorial

04

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Background

In the Sligo GP Training Scheme, we value greatly the skill of direct observation by the trainer of the registrar in practice. This is an activity which we have been promoting both in the GP training practice setting and the hospital training setting. We are also aware that general practice is a lonely activity in that many family doctors experience no observation of their practice other than by patients upon embarking on their career. We have previously engaged our trainers in giving each other feedback as part of an activity in assisting them in doing the same in video analysis with their registrars. We have discovered that there is a hunger and a need for trainers to share their knowledge, skill and method with each other. We are now engaged in a process where the trainers will now record a tutorial which will be presented to the wider trainers group for analysis and learning. The obvious benefits will be a wider learning within the trainers group. We envisage that the presenting trainer will benefit from this activity and that their teaching will become refreshed and invigorated.

Aim or Research Question

To improve trainers' skills in the tutorial.

Posters

P01 The Benefits of teaching health cooking skills to family physicians

P

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Background

The importance of healthy nutrition practices is well established. Primary care physicians hold positive attitudes toward nutrition counseling, nevertheless they lack knowledge and competencies to properly counsel their patients. There is evidence showing that culinary education in the form of hands-on cooking workshops combined with didactic presentations results in positive changes in personal and professional nutrition-related behaviors.

Aim or Research Question

Does a practical cooking course improve knowledge and attitudes to nutrition more than a lecture based course?

Methods

We designed a course including cooking demonstrations and hands-on cooking, as adjuncts to traditional nutrition presentations in our CME program and tested the PCPs attitudes and knowledge before and after the course as well as with a group who concurrently attended a traditional, theoretical-only course on the modern management of obesity. Each course consisted of ten sequential once-weekly 90 minute sessions. Questionnaires to determine the knowledge and attitudes of healthy nutrition and food preparation skills was administered to both groups before and after the course

Results

In all 60 questionnaires were returned from the 2 courses. In the intervention group a significant improvement in attitudes towards healthy cooking ($t=3.43$ $p<0.001$), attitudes to healthy nutrition ($t= -2.37$, $p <.05$) and knowledge ($t = -3.43$, $p=0.01$ (In the comparison lecture group no difference was seen in attitudes to heathy cooking or nutrition with a non-significant difference in the knowledge questions before and after the course.

Conclusion

Our findings confirm that experiential learning of healthy nutrition and healthy food preparation skills can significantly improve PCPs healthy nutritional knowledge, attitudes and skills. This type of course was also more effective than a classical CME lecture series.

P02 A questionnaire based study of first year graduate entry medical school student's perception of their learning environment in UCC

P

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Background

The graduate-entry medical school has an ethos of fostering adult and problem-based learning among its students. This starts from first year, and the Integrated Patient-centred Clinical Science and Practice GM1010 module mirrors these teaching and learning principles closely. The learning environment created for and with students plays a crucial role in their learning during their time in medical school. Henning et al (2005) outlined how 'Students' perceptions of their learning environment influence both how they learn and the quality of their learning outcomes' [1]. The students' perceptions of their learning environment can provide very useful feedback to their teachers and the faculty of medicine on the quality of teaching and learning achieved, and also suggestions for possible improvement in the learning environment by our students. Roff (2005) has devised a standardised and validated generic instrument to measure measuring students' perceptions of undergraduate health professions curricula called the Dundee Ready Educational Environment Measure (DREEM).[2]

Aim or Research Question

Objectives: 1. To determine first year medical students' perceptions of their learning environment in U.C.C. 2. To receive feedback from students on any suggestions they have to optimise their learning environment.

Methods

Study type: Questionnaire-based cross-sectional study on year 1, and follow up questionnaire in year 2 following reflection by the medical school teachers on the results of the initial study population. Sampling: Cluster sampling. Study Population and Intended Sample: All the current GEM1 class 2015-2016 for year 1 study. All the forthcoming GEM1 class 2016-2017 for follow-up year 2 study. The GEM 1 class sample is approximately 72 students currently, and a similar number is expected for 2016/2017. Study Tool: Online, anonymous, modified questionnaire using the validated DREEM questionnaire.

Results

The first phase of the study is currently in progress in recent weeks. As results cannot be outlined for this part of the study for now, as not all potential questionnaires have been returned to date.

Conclusion

Conclusion- pending results and their analysis when questionnaires returned.

P03 Effectiveness of Ukrainian family doctors training in the topic of chronic pain and palliative care management.

P

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Background

The prescription of opiates for patients with chronic pain in Ukraine is one of the lowest in Europe .In the past oncologists were the only clinicians who had permission to prescribe opiates. Family doctors are now able to prescribe opiates since 2013 according to the Ministry of Health Care declaration but they appear to be unwilling to do this, perhaps due to a perceived lack of knowledge. 4-hour course of chronic pain management for FDs training has been prepared by TCFM.

Aim or Research Question

This study aimed to assess the experience of participants in prescribing of opiates and the effectiveness of training in increasing the perceived of practical skills in family doctors.

Methods

We used 3 questionnaires that determined the level of self-assessment of FDs in topic of chronic pain (measure 1), real level of knowledge (measure 2), the level of FD's experience (measure 3).

Results

36 FDs participated in 4-hour training. For measure 1 and 2 the level of self-assessment of physicians at the beginning of the training was 60% but the real level of knowledge was only 40%. The level of self-assessment after training was 80% , the real level of knowledge became 80%. For measure 3, only 54% of physicians prescribe opiates in their practice, which is clearly very low, given that the average experience of FDs practice was 10 years. FDs have noticed an average number of 3-4 patients with cancer per year. But how many patients with chronic pain they have on average a year no one pointed.

Conclusion

Participation in the TCFMs project provided a useful opportunity for the practice to improve the level of FD's practical skills. It is essential that this area of clinical practice is reviewed regularly.

P04 Teaching clinical leadership

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P

Background

Currently, there are at least two shifts in how leadership is understood. A first shift is from the leader as 'the boss' towards the leader as 'a coach' ('enabling leadership'). A second shift is from focusing on the organisation itself towards opening up to complementary organisations ('adaptive leadership in networks').(Uhl-Bien, Mary; Marion, Russ; and McKelvey, Bill, "Complexity Leadership Theory: Shifting leadership from the industrial age to the knowledge era" (2007). Leadership Institute Faculty Publications. Paper 18. http://digitalcommons.unl.edu/leadershipfacpub/18) This could have an impact on how medical teams perform. Doctors are expected to be leaders of medical teams. Are they prepared for this role? At our faculty we offer undergraduate curriculum activities fostering self-awareness, communication, (interdisciplinary) collaboration and management capacities. A specific course on clinical leadership however is not yet integrated in the curriculum.

Aim or Research Question

Our faculty wants to engage with medical undergraduate students to stimulate their personal leadership and clinical leadership capacities.

Methods

We gave to 6th year medical students the (non-obliged) opportunity to follow a three-hour session on leadership as a part of their clerkship experience. This session focused on personal leadership skills. (Stephen Covey. The seven habits of highly effective people. Free Press, 1989.) In order to foster the writing of their personals missions, we asked the students to fill a questionnaire on personal goals and preferences. Afterwards, evaluation forms were filled by the students.

Results

28 (of 115) students were present. 22 students filled the questionnaire. Students' main feedback was that they missed training on how to build a team's vision and to foster team dynamics.

Conclusion

This first session was popular among students. Next year we will offer 2 sessions: one on personal leadership, one on clinical leadership. Before the second session, we will ask the students to detect 'processes to be changed'.

P05 Teaching in General Practice/Family Medicine as part of a portfolio career

P

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Background

AS part of the UCC diploma Course 'Teaching and Learning in Higher Education' I undertook a review of my own teaching practice for >10 year now when the second meds come out to me for a protected 2 hour teaching tutorial. I wanted to re examine the modules goals and objectives and offer some ways of improving the student learning experience, and hopefully enhancing the GPs teaching.

Aim or Research Question

To re-define the Generative topics and set down clearly the overarching goals for these 2nd year medical students

Methods

A qualitative assessment of the students needs and research current pedagogical methods for enhancing the learning experience

Results

as attached per the poster demo

Conclusion

With a 'Universal Design for Learning 'ethos and insight into "Teaching for Understanding' principles the student and doctor experience can be enhanced.

P06 Visual Curriculum Mapping

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P

Background

Nottingham Medical School reviewed its 4th year curriculum, to re-launch it in September 2016. Despite being one of the original undergraduate courses to include innovative general practice training, Nottingham is now behind in its primary care exposure for students. The time spent in general practice equates to 5 days pre-clinically, a longitudinal case in year 2/3 and 4-weeks in the final year. Following a curriculum review, community-based medicine was under represented. By reducing the amount of hospital based paediatrics and O&G, a new 4 week general practice attachment was developed for the 4th year.

Aim or Research Question

Is there a clear, visual way of curriculum mapping, to aid understanding of the general practice aspect of the undergraduate medical course in Nottingham?

Methods

The new 4-week attachment in Primary care set 12 clear learning objectives, which were mapped to 4 curricula. These were chosen since Nottingham Medical School does not have its own general practice focused undergraduate curriculum, and included 45 different components from: 1. Good Medical Practice (GMC 2013) 2. Objectives for the medical course (Nottingham University 2015) 3. Outcomes for Graduates (GMC 2016) 4. Curriculum Blueprint (RCGP 2015) Starting with the new 4-week attachment in general practice, a visual colour coded map was created. Once the visual representation was approved, the whole of the undergraduate general practice curriculum at Nottingham University was transferred into this visual format.

Results

A visual picture is the only way to represent the results and the abstract submission would not allow this to be uploaded. To describe this: The map is colour coded with learning objectives on the superior X axis and the 4 different curricula on the Y axis (each with a separate colour allocation). The "map" between the 2 axes, is split into boxes and coloured in with the appropriate allocated colour, to show which course objective matches the curriculum aims. It is beautifully picturesque, clear and informative.

Conclusion

Visual representation of learning objectives makes it easier for staff and students to see exactly where the undergraduate objectives match the curriculum set, and where curriculum gaps are. This works for individual attachments and for longitudinal planning of the general practice curriculum across the 5 years of the undergraduate medical course. The authors suggest this should become the standard way of mapping objectives in the future.

P07 The Point of care ultrasonography (PoC-US) in family medicine- present and perspective.

P

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Background

The project called: "The Point of Care Ultrasonography (PoC-US) in Family Medicine", is a new concept for family medicine, which was not included in any curriculum at the European level of Primary Care, up to this moment, and this will be a great challenge for us. The Point of Care Ultrasonography - performed by the clinician at the site of patient care, both in the medical office or at home, is an important tool to guide the case management for the early diagnosis with targeted purpose. It represents basically, an extension and complement, to the clinical examination of the physician, to achieve an accurate positive and differential diagnosis. A new opportunity for PoC-US represents the application in primary care of the medical projects related to „telemedicine" connections among specialists and family doctors for enhanced patient management.

Aim or Research Question

Basically, we want to be, the initiators for the recommendation to use the PoC-US applications in primary care. Of course, these applications will be recommended to a Basic Level. PoC-US is now an investigation in development, who can complement physical examination of the family doctors, and can guide the case management to the bedridden patients. We need training and quality standards, to ensure us, that this will be done in a way with positive benefits for our patients, being useful, to the implementation of ultrasound standards and practice guidelines of the primary care level. The mainly aims is the development and promotion of clinical ultrasonography in primary care practice.

Methods

The Educational needs of GPs related to the learning of the new methods and technologies are increasing, but the resources and infrastructure are limited now. It is thus necessary, collaboration among family physicians' trainers or academics, on the one hand, and to the other, of specialty physicians in the preparation and continuing medical education in family medicine. Indications of ultrasound diagnosis are the detection of stones, pathologic fluid accumulation, enlarged organs, digestive tube paresis, obstruction of vessels, enlarged heart etc. Grey scale ultrasonography is in several situations good enough for making an accurate diagnosis. (…). We need to do a brainstorming, about what we can apply and we cannot apply, yet in primary care. We designed a questionnaire with PoC-US applications which are contained in various curricula of other medical specialties, which we distributed to family physicians. We conducted a survey that was sent to the physicians interested in this topic. The questionnaire can be accessed directly at the address below: https://www.surveymonkey.com/r/X5T8CGR

Results

We have a total of over 400 physicians responded to this survey, both at the national and European level, the answers to which we followed through descriptive statistics, and then we have made the comparative analysis. (…)

Conclusion

In conclusion, because of a significant number of advantages, ultrasonography should be a diagnosis tool beside to the stethoscope in the general practitioner office. In our opinion, the two instruments should be considered as complementary. Early diagnosis can help to save many patients in primary care, based on notions of good clinical practice. Therefore, we will involve, to inform family physicians about the latest diagnostic protocols in clinical ultrasound.

P8 A new computerized diagnostic algorithm named “The Thyroid Smart Ultrasound Software” for performing the thyroid ultrasound screening by family doctors.

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Background

In recent decades in Romania, after the nuclear accident at Chernobyl, we observe a clear increase over ten times of thyroid diseases. The prevalence of malignant thyroid nodules is growing mostly being 80% papillary microcarcinomas. Ultrasonography used as a screening method can diagnose both: diffuse thyroid disorders such as malformations, endemic goiter or thyroiditis and especially thyroid focal lesions such as benign and malignant tumors.

Aim or Research Question

Our Aim was early diagnosis and treatment of the diffuse thyroid diseases and of the focal thyroid lesions by the Thyroid Ultrasound Screening in the high-risk population. How can we improve early diagnosis and differentiation of thyroid diseases? What is the role of the family doctor in thyroid pathology?

Methods

We report a prospective thyroid ultrasound screening performed on 2149 apparently healthy adults with oncological risk factors+, aged over 20 years, followed for two years, sex ratio 2:1. To patients aged 20-40 years, we have conducted an ultrasound screening every two years and over 40 years annually. We used the TIRADS classification by Russ modified and Strain Elastography with both the elastography scores by Rago and semiquantitative Strain Ratio, for standardization and accuracy of reporting for easy communication among practitioners and to show when fine-needle aspiration biopsy(FNAB) should be performed. We designed an Ultrasound Scoring System(USS) for predicting thyroid malignancy. We analyzed the angioarchitecture and stiffness of all thyroid lesions. All patients who entered the study were stored and counted into an electronic database, executed by us. Finally, we compared ultrasound scores, designed by us, with the histological results obtained to FNAB or pathological post-surgical results as the Gold Standard Methods for diagnosis.

Results

Prevalence of thyroid pathology was:29,6%(95%CI:26,99to32,31) with screening sensitivity:95,38% and specificity:94,78% and a high accuracy of 94,95%, PPV:88,47%, NPV:97,99%, statistically significant p<0,01. The ROC statistical analysis of our US methods confirmed a higher level of diagnostic accuracy of Strain Elastography compared with Doppler Triplex Ultrasound, with p<0.001, AUC=0,995,95%CI 0,97 to1. For the comparative statistical analysis-ANOVA, the significant statistical methods used was Ultrasound Scoring System designed by Iacob, p<0,001. Our Cut-off value of The Strain Ratio for malignancy was 2.5. We have made a diagnostic algorithm software for performing Thyroid Ultrasound Screening by the family physicians. („Smart Thyroid Ultrasound Software”).

Conclusion

Performing Doppler US Screening together with Strain Elastography, had the best accuracy in analysis of the vascular network in tumors and absence of elasticity in the tumor, for differentiating “benign versus malignant” of the thyroid tumors and also for diagnosis of the diffuse thyroid diseases.

P9 Exploring the value of patient centered care and diversity issues at the start of training helps IMG's apply these concepts in clinical settings.

P

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Background

As a group, GP specialty trainees who are international medical graduates[IMGs] have been identified as having below average performance in the UK General Practice qualifying examination, the Clinical Skills Assessment [CSA]. There is evidence that part of the problem for IMGs is related to a difficulty with the patient-centred approach. Scores in the situational judgement test [SJT] taken at selection to GP Specialty training have been found to predict performance at the CSA. This course was designed to introduce IMGs [identified by the SJT as likely to have problems with the CSA] to the concept of patient-centred care and the impact of diversity on healthcare interactions, as a first step to developing patient-centred consultation skills.

Aim or Research Question

To support IMGs at the start of their training to make the transition to a patient-centred approach in order to successfully complete their UK general practice training.

Methods

The course takes place over two days separated by two weeks. Participant numbers are restricted to 12 with two facilitators. The first day focuses on patient-centred care, it's relevance to UK general practice, how this impacts on the consultation and how to respond to the challenges of cultural distance. At the start of the second day a focus group takes place to explore the impact of the first day on their clinical interactions in the intervening two weeks.

Results

Qualitative evidence from these workshops, which have now been run 5 times, will be described.

Conclusion

IMGs describe applying a patient-centred approach to their clinical interactions as a result of the workshop prior to receiving consultation skills training. Further work intends to explore other outcome measures such as outcome in the CSA.

P10 Student-and learning- centred educational strategies in medical education: an Estonian example

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Background

We have a new course for medical students called "Humane communicating with dying patients and mourners", which includes topics such as breaking bad news, ethical dilemmas, different religions, symptom control, medical certificates, grief, existential and spiritual care. We use case-based learning, team-based learning together with short lectures as well as a **visit to hospice and videos.**

Aim or Research Question

Our aim was to use student- and learning-centred educational strategies in teaching this course and to measure whether learning objectives have been met.

Methods

Before the course started, every student filled in the questionnaire about the expectations and previous experiences on the topic. After completing the course, we used a written evaluation to measure whether students' needs were satisfied, to allow feedback to the teachers and to study future needs.

Results

The most prevalent learning needs before the course were: to learn the right way to communicate with dying patients (n=34), breaking bad news (n=9), to study the right way how a physician can manage if his/her patient is dying (n=6), palliative and hospice care (n=6). Most of the students had no previous experience in this field. After the subject students reported that during the course they learned to communicate with dying patient (n=18), the role of religion in communication with dying person (n=18), to write a death certificate (n=10), palliative and hospice care (n=8). Students' recommendations about the teaching methods were more role-plays and more team-work.

Conclusion

We can see that the students' expectations and feedback related to the course met the learning objectives. Medical education combines different aspects. We have to find ways how to teach humane aspects as well. The latter is especially important in end-of-life-care. All the learning strategies we used are based on collaborative learning, and thereby it supports the future medical doctors' working life skills.

P11 Video recording – an effective feedback and assessment tool in clinical skills?

P

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Background

With ever increasing student numbers and decreasing resources it is essential that new and innovative ways be utilised to enable students to continue to learn effectively and safely in the classroom and to be able to compound this learning safely and effectively outside the classroom. Video feedback has been used for many years now to assist medical students in the teaching of clinical skills. It offers students the opportunity to practice and assess their clinical skills performance. Video feedback has been shown to increase students' confidence and it provides possibilities for future tutor assessment of students.

Aim or Research Question

"VIDEO RECORDING – AN EFFECTIVE FEEDBACK AND ASSESSMENT TOOL IN CLINICAL SKILLS?"

Methods

Design A quantitative method will be utilised involving assessment sheets for assessment of the skill itself and also questionnaires pre and post the experience of the video recording to evaluate students' views on this. The candidates will complete a standardised self-assessment form immediately after their performance of the skills and they will complete a separate self-assessment form post their review of their video recorded performance of the skill. One tutor will complete a standardised assessment form while observing the actual procedure as it takes place A second tutor will complete a standardised assessment form while observing the video recording of the procedure 8 The candidates will also complete a pre and post experience questionnaire to evaluate the video recording of their performance of the skills. Sample: Convenience sampling of current Year 3 medical students at Trinity College Dublin. All Year 3 medical students will be invited to volunteer to take part in this study. Data Collection: Each of the students and tutor assessments will be collected, collated and analysed. Research Approach: Usefulness: This will be reviewed and compared to demonstrate correlations if any between students' perceptual self-assessment, students assessment of video recording and a tutors assessment during the procedure. The results may support the use of video recording as an effective tool to develop students' self-assessment skills and reflection of their performance of clinical skills. The results may demonstrate the usefulness of video recording as an assessment tool for tutors' assessment of their students. Student perception: Students will be asked to complete a pre and post questionnaire to investigate their perceptions of video recording pre and post experience

Results

The students have been recruited and video recording sessions have been competed on approximately 20 students over the first three weeks of February 2016. The results of the likert scale questionnaires are being collated over the next three weeks in the Department of Clinical skills in Trinity College Dublin.

Conclusion

I will be comparing the results collated from our project in Trinity college with current data from the literature in the forthcoming weeks and will have a conclusion ready by May 2016 in preparation for completion of a thesis for a Masters project.

P12 Llibre del resident, a new application for training and evaluation of GP trainees in Catalonia.

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Background

The trainee handbook is a key tool in the formative assessment of General Practice trainees in Spain. It includes all competency areas to be acquired by trainees throughout their four year training programme, containing a competencies guide (clinical, non-clinical and those addressing specific patient groups) and a time-line for their achievement. The GP trainee is responsible for its completion under supervision of the tutor. For years, all seventeen Catalan GP training schemes jointly developed and employed a GP trainee portfolio towards objectifying the achievement of competencies based on self-assessment. This tool was initially designed as a series of tasks through which the trainee demonstrated the acquisition of competencies, but they were generally unconnected with the official training programme.

Aim or Research Question

To provide GP trainees with an online tool to help progression in their learning process through self-assessment and tutor feedback in the achievement of competencies To help the GP tutor supervise the progressive achievement of competencies by the trainee more directly and extensively, and evaluate the trainee objectively with an online tool.

Methods

We have developed an online learning platform based on competencies through the Moodle course management system. Each competency area integrates learning and evaluative aspects: • Self-assessment checklists for each competency grouped by priority • Self-assessment of achievement of competencies • Obligatory learning activities • Learning activities optional to each training scheme • Direct tutorization through continuous tutor feedback The platform may be accessed from cellphones, tablets or PCs.

Results

We have developed an intuitive online tool integrating learning, self-assessment and evaluation in all competency areas to be achieved within the specialty training programme, with diverse functions interrelating GP trainees and their tutors.

Conclusion

The application is innovative in its outlook and handling. We hope it will help tutorizing GP trainees and afford a better management of their learning process.

P13 Do medical students really understand the main points a lecturer is trying to get across? Does this align with their satisfaction of the lecture and does giving focused feedback to the lecturer change their understanding?

P

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Background

There have been a number of studies looking at whether lectures given to medical students are successful, particularly rating the different aspects of the lecture and finding out what makes a lecture effective. However, these are often judged subjectively by those receiving the lecture, an observer or the lecturer themselves. The subjective nature of this feedback does not necessarily measure whether or not the student understood the key concepts the lecturer is trying to get across, which is an important marker of an effective lecture. Furthermore, it is important to evaluate whether giving the lecturers focused feedback actually makes a difference in outcomes, which has been done many times, but not with a focus on the outcome of understanding of key concepts.

Aim or Research Question

This study aimed to determine if medical students correctly recognise the key concepts in lectures and to determine whether focused feedback to lecturers improved transmission of key concepts. It also looks at whether giving specific feedback to the lecturers changes the students satisfaction and understanding of key concepts when the lecture is given to the next cohort of students.

Methods

This was a prospective survey-based study to determine whether medical students recognised the key concepts of lectures. We used student feedback as an intervention to determine whether focused feedback to the lecturers improved transmission of key concepts in lectures. The study protocol was approved by the institution's Human Research Ethics Committee. Consent was gained from all lecturers and students participating in the study. Students at UNSW receive education in paediatric medicine across all three phases of their 6 year course, however the bulk of teaching is provided in an 8 week block during Phase 3 in years 5 and 6..(……)

Results

Our findings in this retrospective study change the way we interpret what makes a lecture effective. What immediately stands out is that in a number of lectures, the students overall satisfaction and ratings of the individual components of the lecture did not correlate with whether or not they understood the key concepts. For example the febrile convulsion lecture had a statistically significant increase in the number of students identifying 1 key concept in 2014 compared to 2012, although scores for communication and relevance of material were worse…….(..)

Conclusion

This study suggests that student subjective feedback does not necessarily correlate with students understanding of the key concepts of a lecture. It shows that direct feedback to the lecturer does not necessarily result in improvement in subsequent lectures. This study points out the challenges with both past methods of assessing students understanding of key concepts in lectures and ways to improved our current technique to gain even more accurate results in future studies in this area of interest. Hopefully this study will result in a shift away from just surveying the students for different areas of satisfaction and more effort putting into determining if they actually understand the key concepts the lecturer is trying to get across. From here in we should also research more into giving the lecturers feedback and how to make this result in lecturer quality improvement of delivering the key concepts.

P14 Family physician's perspective on the information sources in family planning

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P

Background

Family physician it is the first link in Family Planning (FP) service delivery. Vocational training and continuing medical education is a compulsory activity in formation of family physicians. The needs to keep informed in Family Planning from family doctor's perspective have not been thoroughly studied.

Aim or Research Question

The aim is to identify family physician's perceptions on the information sources in Family Planning.

Methods

All structured interviews were conducted with 106 family physicians, during the period 16.03–27.03.2015 in 12 localities throughout the country (Republic of Moldova). This study was conducted according to the principles of the Helsinki Declaration (1996) and good clinical practice.

Results

There were 106 family doctors, Family Planning services providers who rated their level of knowledge in FP as: high 7 (6.5%), medium 84 (79.3%) and low in 15 (14.2%) cases. The majority of family physicians obtained their basic knowledge in the field of family planning during university studies (21%) and residency training (79 %). The updating knowledge during professional activity was through trainings (52%). The alternative information sources for FP textbooks of WHO and UNFPA (50%), national publication (32%), internet (31%), mass media (24%) and other sources in 4% cases were identified. For the entire sample, the information needed to help doctors with activities in Family Planning is in guidelines (66%), clinical protocols (81%) and regulatory legal acts (38%). As a preferred sources of information for professional development in FP the doctors choose: trainings - 81%, e-learning - 35%, mailing - 37%, medical books - 63% and 6% - others sources. However, the consultation with experts by phone or e-mail was considered opportune by 84% of respondents.

Conclusion

Family physicians receive basic information about the Family Planning during their professional formation, but they need to keep informed in this field during their practice. Specialized trainings, use of clinical protocols and consultations with experts were identified as information sources on Family Planning preferred by family doctors.

P15 Translating the evidence in GP Training settings: Evaluation of a Health Promoting Practice Appraisal by GP Trainees in the Dublin Northeast Region.

P

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Background

The project was designed to allow senior GP trainees reflect on their capacity to engage in health promoting activity within the setting of their current practice placement. Specific objectives were : 1) To allow the trainee participate in the design and trial of a method of in-practice appraisal of H.P. orientation and capacity. 2) To participate in a reflective process around the findings of their evaluation at their training practice and commission additional H.P. expert teaching accordingly. 3) To acquire a bespoke H.P. formulary based on additional learning and accumulated resources to take away after graduation.

Aim or Research Question

To describe the experience of senior GP Trainees in applying Health promotion knowledge and skills in their training practice.

Methods

Description of curriculum development: Tasks, Workbooks,Seminars Qualitative analysis of focus group material

Results

Significant time was expended on this project by the trainees, both at the day release programme and within their practices. The Health Promotion and Improvement Department contributed valuable time and expert inputs. The trainees felt that the process achieved its objectives, which suggests that the project is likely to have transmitted the key messages of what it takes to work towards a creating health promoting setting in general practice. This aspect of the project distinguishes it from the existing curriculum, which focuses on performing health promotion interventions within the consultation. It was clear that certain approaches were better suited than others in the formulation of the workbook questionnaires. The workbooks need to be task-oriented and rather quantitative than reflective, according to our pilot participants. The participants valued their involvement in the design of the project, the workbook and the access to tailored additional seminars on three H.P. topics

Conclusion

We feel that the concept of the general practice clinic as a health promoting setting, described by Watson (2008)3 can be communicated in GP Training through the appraisal project described.

P16 Family doctors learn about the therapeutic potential of exercise through an experiential CME course.

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Background

The Family medicine department in the Clalit HMO Central district is responsible for planning weekly CME courses for primary care physicians. The courses offered include frontal lectures, small group learning, and some experiential learning. An experiential course called Therapy through Movement was created to expose family doctors to the importance and therpeutic potential of exercise in various medical conditions. The course was taught by a physiotherapist.

Aim or Research Question

The purpose of the course was to increase the awareness of family doctors to the therapeutic potential of physiotherapy in general, and exercise therapy in particular, and to improve the cooperation between doctor and physiotherapist.

Methods

A course of ten 90 minute sessions was designed by a family doctor and physiotherapist focusing on common musculoskeletal problems. The course included learning basic concepts, practicing the exercises on mats and learning the use of accessories. The course was repeated three times. Pre and post course questionnaires were filled out by participants. A final questionnaire was sent after the last course to all family doctors in the district. The approach to low back pain was chosen as a marker to measure any change between participants and non-participants.

Results

33 family doctors participated in the course, some more than once. The post-course questionnaires showed very high satisfaction with the course and an increase in the number of doctors who refer back pain patients to physiotherapy. 10 participants and 38 non-participants returned the final questionnaire. 98% of all the responders refer back pain patients and 84% emphasize the importance of exercise. Participants showed more positive attitudes to all the questions and 89% reported directly implementing what they learned about exercise therapy with their patients.

Conclusion

An experiential course in exercise for family doctors was both enjoyable and effective in improving knowledge and attitudes and positively influencing every day practice.

P17 The Immunization Working Group, SIG of the Romanian National Society of Family Medicine (SNMF)

P

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Background

In Romania, GPs are the main vaccinators. The Immunization Working Group was born as a consequence of the GPs need to be aware of the latest news in the field and to help increase vaccination coverage.

Aim or Research Question

The group consists of GPs certified as trainers, experienced in setting up and conducting CME programs for GPs and specialized in vaccinating infants, children and adults. We all invite you to a quick acces view to our activity and our future projects.

Methods

Established in 2012, the group structured programs for various categories of patients, media, GPs, policy makers. Partnerships with the organisers of the most important medical events that adress issues related to vaccination have made possible many activities of the group in the 4 years since.

Results

The Group organised awareness campaigns like European Immunization Week (EIW) and Flu Awareness Day, in partnership with WHO`s Romanian Office and the National Institute of Public Health. The Group activity has also been awarded in an international event by HRH Queen Mathilde of Belgium, where examples of EIW activities organized in various parts of the Region were shown.

Conclusion

Today, the group members are asked to contribute to future projects regarding vaccinations, training programmes for implementing new vaccines in the National Immunization Schedule and a new vaccination national law. Curently SNMF believes that the appearence and evolution of this group had a beneficial effect on quality of care in family medicine and aimed to promote the development of other SIGs, now working in Romania as parts of the Professional Department of the National Society of Family Medicine.

P18 General practitioners' perception of continuing medical education

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P

Background

The crucial role of the conception of continuing medical education is well established in the last years with a positive effect on the qualification of general practitioners, who are responsible for patients' health in the correspondence with patients' needs. The purpose of the study was to explore the views of Bulgarian GPs about their needs and main barriers about continuing medical education.

Aim or Research Question

The purpose of the study was to explore the views of Bulgarian GPs about their needs and main barriers about continuing medical education.

Methods

A cross-sectional qualitative study was conducted among 832 GPs using structured interviews. The average age of participants was 48,4±7,0 y, the average professional experience - 23,1±7,0 y and the gender distribution was 315 (37.9%) male and 517 (62.1%) female. Data were processed by the software product for statistical analysis SPSS 17.0 for Windows XP.

Results

The data related to the CME activities in the last 6 months showed that 74 (8.9%) of the GPs declared participation in individual education, 644 (77.4%) courses, 563 (67.7%) national congresses and conferences, 125 (15.0%) international congresses and conferences, 465 (55.9%) medical literature and 97 (11.75) distant learning. The main motivating factor for participation was improving the qualification - 725 (87.1%), followed by self-realization 401 48.2%. More than half of the respondents - 684 (62.2%) shared that obtained knowledge and skills were applicable for practice. The main reasons of difficulties in a realization of CME duty according most of participants were absence from practice and financial nature. There was a great variety of GPs' preferences about the topics of training programs.

Conclusion

The study showed important topics, quite useful for further improvement in CME as raising the share of distant learning, participation in individual education and international conferences, which will improve GPs' qualification and everyday practice

P19 Evaluating the educational needs of GP trainers and trainees in Malta to empower GP trainers to organize their continuing professional development.

P

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Background

Malta's Specialist Training Programme in Family Medicine specifies that GP trainers should undergo regular training in teaching and medical education, and professional development as assessors/examiners. Unfortunately, trainers' meetings for this purpose have been held only rarely and discussed mainly conditions of work and remuneration.

Aim or Research Question

An evaluation of GP training in Malta was held to identify the needs of GP trainers and practices, with the findings intended to serve as a stimulus for GP trainers to organise continuing professional development (CPD) activities and thus improve the training they provide.

Methods

In November 2015, GP trainers and trainees were invited to complete separate surveys developed using www.SurveyMonkey.com and based on UK questionnaires available on www.bradfordvts.co.uk. The replies were then presented to two small groups of trainers who were asked to categorise them using an 'urgent/important/less urgent/less important' grid.

Results

The response rate to the surveys was >82% of 22 trainers and >73% of 22 trainees. In reply to the question 'What are your current development needs?', the top 3 answers from trainers were 'develop my teaching skills' (9 replies), 'keep abreast with medical knowledge' (4), and 'regular meetings with other GP trainers to discuss problems and share experiences' (2). The trainees' top 3 answers to the question 'What should the GP trainer do differently?' were 'nothing' (7), 'up-to-date re guidelines' (3), and 'provide "exam-oriented" feedback' (2). The most important and urgent recommendations made during the small group meetings included: regular peer-support meetings between GP trainers to share teaching experiences and discuss problems; regular updates re guidelines and protocols recommended for exams; and more exam-oriented training to be provided to trainees.

Conclusion

It is augured that the above and other recommendations regarding CPD for GP trainers will result in their implementation during regular trainers' meetings, thus benefiting the quality of training provided to GP trainees.

P20 Medical students can train clinical skills, communication and multidisciplinary teamwork in nursing homes.

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Background

Tomorrow's physicians have to deal with a rapidly growing ageing population. Despite being the largest institutional level in our health care system, nursing homes have so far not been used as learning sites for Norwegian medical students. In 2013 a pilot program of two weeks clinical rotation in nursing home was established at the Faculty of Medicine in collaboration with the Oslo municipality. Medical students in their last year of the study were supervised by local nursing home physicians. By autumn 2015, 49 students and 29 doctors at 18 nursing homes had participated in the pilot.
Aim or Research Question
The aim of this study was to evaluate the nursing home training of undergraduate medical students.

Methods

Students who were in practice in spring and autumn 2015 and their supervisors participated in focus group interviews. We had four groups, separate for students (n= 10) and supervisors (n=11).

Results

Both students and supervisors found the training very useful. The students were surprised about the large extent of advanced medical treatment in nursing homes. They were engaged in multidisciplinary teamwork, particularly in medication reviews and in the end-of-life care. The students were especially positive to the possibility to work independently with access to supervision. They also reported improved skills in communication with elderly patients and their next of kin. The supervisors reported that the students gained valuable insight in nursing home practice. Finding time for supervision was, however, a challenge for the nursing home physicians as they often were the only physician in the ward.

Conclusion

Nursing homes are important learning sites for work-based training in clinical skills, communication and multidisciplinary teamwork for undergraduate medical students.

P21 Why do Danish doctors choose general practice as their future career?

P

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Background

In spite of a relative strong tradition for well-organised and well-paid primary care in Denmark the number of applicants to family medicine training have declined in the last years causing vacant education positions in rural and socially congested areas. Similar problems are seen in other countries. This insufficient recruitment combined with a growing request of services from general practice risk to stress the entire healthcare system. Therefore, there is an urgent need to recruit more trainees to general practice.

Aim

To explore the motives behind junior doctors' choice of general practice as a career path.

Methods

We conducted two focus group interviews that were audio recorded. The transcribed interviews were analysed using Grounded Theory.

Results

11 trainee doctors participated in the interviews. It seems that the most important reasons for choosing general practice as profession were:

- Good work conditions
- Independent professional with substantial influence upon own work.
- Good patient relations based on continuity.
- The possibility for a good work-life balance.
- A broad working field with challenging variation in medical tasks.
- Absence of hospital based bureaucracy.
- A good training programme.
- Personal experiences in GP through early postgraduate exposure to general practice and proper undergraduate education in family medicine

Conclusions

We have identified eight themes of importance which drive Danish doctors to choose general practice. The themes are helpful in GP recruitment initiatives in both academic and political contexts and have also been used to design an ongoing national questionnaire study among all GP residents in Denmark.

P22 Regional coordinators as a new teaching method for family medicine trainees.

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P

Background

A new method of education during the family medicine training was implemented last year in Slovenia in a form of regional coordinators. They are responsible for conducting regular meetings with family medicine trainees.

Aim or Research Question

With this study, we wanted to explore the attitudes and opinions of regional coordinators and family medicine trainees about this new method.

Methods

This was a qualitative study based on focus groups. The participants were regional coordinators and family medicine trainees. The analysis was done by open coding with inductive technique from the text level.

Results

The study revealed five themes which were the same for analysis of transcripts of regional coordinators and of family medicine trainees: 1) Meetings with trainees; 2) Coordination; 3) Characteristics of Regional coordinators; 4) Position of Regional coordinators, and 5) Evaluation of Regional coordinators.

Conclusion

Family medicine trainees and regional coordinators have many expectations from the new role in specialist training. Close follow-up is necessary to see if the position of RC is appropriate and if they achieve the expectations of ST and their own goals. The regionalism of the project is very important and should not be neglected.

P23 Pandemic preparedness- Training to work in a different way- Lessons from the Ebola outbreak that can be applied to current practice.

P

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Background

All health systems need to be equipped to deal with emerging infectious diseases and the possibility of a pandemic. WONCA Europe is a partner in the EU funded project, PREPARE, which aims to ensure that Europe is research ready for the next pandemic and able to rapidly implement evidence-based recommendations for optimal management. Family doctors are at the frontline of clinical services in many countries and may need to quickly change their way of working both in the interests of patient safety but also to protect themselves. During the recent Ebola epidemic clinicians, including family doctors volunteered to work in treatment centres in West Africa. These doctors were trained by the military to work in very different ways from their normal clinical practice, using techniques not usually encountered in continuing medical education.

Aim

To review the experience of the training received by a UK based GP who worked in an Ebola treatment centre in Sierra Leone. To understand the features of the training methods that were successful. To be able to identify how these methods can be usefully applied in continuing medical education.

Proposed method

There will be an overview of and reflection on the training received by one UK based general practitioner who volunteered to work in an Ebola treatment centre. An exercise will illustrate some of the essential elements of the training methods used. The discussion will focus on how this method can be applied to current continuing medical education.

Expected Outcome

Participants will have the opportunity to understand the training required to deliver care in a pandemic situation and will experience a training method not often used in continuing medical education. Ways of applying this will be identified.

P24 The Parent's Perception on the impact of free GP care for children under six years.

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P

Background

Free GP care for children under six was rolled out in Ireland in 2015. 279,500 children who previously had to pay a charge to visit their GP, had unlimited free point of access. The NAGP commissioned a report to investigate how this new would impact the health system which concluded that it could negatively affect the future of Irish General Practice due to an increase in workload without adequate resources leading to diminished quality of service. The perceptions of Irish GPs has been researched by the ICGP yet the perceptions of the service-users has not been looked at.

Aim or Research Question

The aim of this study is to determine the parent's attitudes and understanding of free GP care in relation to: Frequency of visitations, Acceptable waiting times, Continuity of care, Antibiotic prescribing, Hospital referral, Overall health outcome

Methods

A self-completed anonymous paper based survey, devised of 14 questions and an invitation letter, was designed to be filled out while sitting in the waiting room of one General Practice during December 2015. Data was analyzed using excel.

Results

54 surveys returned. 56% children had 1-2 GP visits during Jan-June 2015 when the service was not free. 60% of children had 1-2 GP visits during July-Dec 2015 when the service was free. 30% avoided GP visit due to cost. 60% feel more likely to visit GP if free. 60% Do NOT believe they will visit out-of-hours more. 84% happy to see different GP. 94% agree Continuity of care is important.

Conclusion

This study strengthens the argument that the abolition of cost will lead to a lower threshold for attending the GP, which would increase visitation rates. Despite the fact that 94% parents believe that continuity of care is important, 84% are happy to see a different GP. Are parents willing to trade that core value for free care?

P25 Optimising the Comprehensive Geriatric Assessment- An Audit of Carew House Day Geriatric Hospital.

P

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Background

Irelands elderly population is increasing, Census 2011 showed 14.4% increase since 2006, including 33% increase in the number centenarians. The aim of the National Clinical Programme for Older People is that 'every elderly person has access to the right care and support', these include special geriatric teams & day hospitals. The objectives of the Model of Care for Specialist Geriatric Services include 'increasing independence in the home' and 'reducing inappropriate admissions to nursing homes'. One of their recommendations is that all hospitals receiving acutely ill older adults must have a day hospitalto provide acute ambulatory services and patient information hub.

Aim or Research Question

To examine current patterns of MDT input for new patients attending Carew House Day Hospital,SVUH, Dublin in the context of international best practice, 'Day Hospitals for Older People' – British Geriatrics Society, in order to improve standards of assessment and care

Methods

Initial audit cycle data collected retrospectively on all new patients assessed in Carew House for the 12 month period Sept 13 – Aug 14 from Excel spreadsheets maintained daily Intervention – Dec 2014: (1) vetting of referrals to ensure appropriate MDT members available on date of assessment, (2) nomination of designated nurse leader and senior clinical medic in the absence of regular staff (3) if PT/OT unavailable timely referral to alternative assessment (4) ensure MSW available if urgently required by patient. Reaudit – 4 month period Jan – April 2015

Results

Total sample for 4 month period Jan – April 15 n=194 Consultant available – Yes 170 (88%) No 24 (12%) Nurse Manager present – Yes 193 (99%) No 1 (1%) Physiotherapy available – Yes 142 (73%) No 52 (27%) OT available – Yes 191 (99%) No 3 (1%) MSW input – Yes 4 (2%) No 190 (98%)

Conclusion

Overall there was a percentage increase in terms of availability at point of access across all members of the multidisciplinary team with the exception of the medical social worker during the reaudit period. These were: consultant availability ↑9%, nurse manager present ↑69%, physiotherapy availability ↑8%, OT availability ↑3%. The most dramatic increase in the presence of nurse manager is accounted for by the fact there was full-time CNM cover during the reaudit compared to part-time cover during the initial audit period.

P26 Misguiding medical students, misguiding patients, misguiding ourselves.

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P

Background

I am a recently qualified GP with a special interest in providing truthful and effective care in the area of mental and emotional wellbeing. I read extensively around this topic, attended numerous conferences and meet many people personally and professionally who have been affected by the use (or ? Misuse) of 'antidepressants'. I hope that this presentation will help to create dialogue, doubt and change and shed light on a practice that has profound human implications.

Aim or Research Question

Why do we need to question the current prevalent practice of prescribing drug therapy for depression?

Methods

Literature review- compiled into a poster

Results

The following themes are explored with reference to the evidence base: 1. Are we treating genuine pathology 2. Does drug therapy for depression have intrinsic 'anti- depressant' effects? 3. What messages do we impart when we prescribe? 4. What are the repercussions- side effects and dependency issues? 5. Patient autonomy- Are we fully informing our patients?

Conclusion

Each individual diagnosed as 'depressed' is struggling with their own unique difficulties. The medical model that currently pervades is one that is based on faulty assumptions about the aetiology of depression and how 'treatment' works rather than a true scientific framework. This model of care can often mislead and harm rather than point people in the path of true sustained recovery.

P27 An overview of the ICGP eLearning Programme and Where-to from here?

P

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Background

The ICGP eLearning Programme was launched 5yrs ago with just one module, and today it comprises over 30 modules, all of which are available free-of-charge to ICGP members & trainees. Initially, like many other education providers, we effectively engaged in a 'book on the web' type education which simply used technology to disseminate information. Since then we have created more engaging modules, using real Irish GPs, some actors and some patients, we script the salient knowledge into 10 minute lessons and deliver using a combination of voice overs, brief scenario examples, supplementary lessons and resources. Knowledge can be delivered using eLearning – but for the skills and attitudinal aspects we use a blended learning approach. This entails delivering complimentary live master classes for those who have completed the eLearning module. This blended holistic approach enhances deeper level education and application. We would like to share our experiences, challenges and outcomes.

Aim/research question

The aim was to develop and deliver relevant, effective education that had impact on practice.

Methods

We developed a two pronged blended learning approach. We deliver the 'knowledge' component via eLearning and address 'skills' and 'attitudes' in follow up masterclass workshops.

Results

The resulting uptake of the eLearning component is:

1. 1,616 users in 3 month period - this is 70.2% of members.
2. This represents the highest number of CPD hours of all ICGP activity – we also deliver conferences and courses.
3. Average of 236 users per week or 10.2% of members
4. Average Daily use is 69 or 3% of members on a daily basis.

A pilot series of Master classes have also been delivered and are planned for delivery over the coming two years.

Conclusion

Despite initial reluctance – education by eLearning can be effective, can be attractive to busy GP users and has been welcomed and used by our members in large numbers.

P28 3D Programme-Developing doctors to deliver.

P

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Background

The programme facilitates collaboration and integration between doctors working in primary and secondary care, providing new insights into the interface issues that often cause health service improvements to falter

Aim

3D is an educational programme which helps doctors develop the skills, knowledge and understanding they need to contribute in a meaningful way to local service improvement and leadership.

Methods

All doctors in Wales are eligible to apply for the year long programme which is evaluated and reviewed annually. Modular content:

- Organisational Cultures — 'I'm a doctor! Why don't these people understand me?'
- Project Skills for Doctors — How to identify obstacles and overcome them
- Influencing/Negotiating skills — How to get ahead in healthcare
- Practical business skills for doctors — Chairing meetings and writing business cases
- Presentation skills — Persuading people that you are right…!
- Situational Leadership — Developing leadership skills which respond

Results

32 participants completed the 2014-15 programme which ran in North and South Wales; the 2015-16 programme is already over-subscribed Participants report that the programme is effective in all of its domains and confirm the value of the generic educational inputs All participants complete a 3D Project, often in partnership with a healthcare organization, to enhance delivery of care in the Welsh health community

Conclusion

3D offers a unique learning environment which allows doctors from different disciplines to learn together, developing and applying personal and practical skills with positive outcomes and potential future benefits for participants and for their organisations.

Keynote presentations

K1 What is the future of General Practice/ Family Medicine - and how do we prepare and educate doctors for it?

Amanda Howe - United Kingdom

Our discipline can be defined, but in practice it takes many different forms throughout the world, and the diversity of our patients and our health systems both present challenges as to how to prepare people to work in this relatively new speciality. Our educational settings and opportunities are also often very variable, and both teachers and learners can struggle to articulate what is special and essential about family medicine. This talk will draw both on the rich breadth of our work as educators and the changes we have seen over time to try to give some key points of reference for our work and its important future developments.

K2 Building a strong foundation for the future: quality General Practice/Family Medicine education in medical schools

Mette Brekke - Norway

The task of medical schools is to educate the doctors that society needs. In this session we will reflect upon the importance of securing that a sufficient part of medical students will chose a career in general practice/family medicine. This will hardly happen if we are not able to provide them with high quality undergraduate family medicine education. The session will mainly focus upon the contents of such quality education, and how we can implement it within the scope of “regular” medical schools.

K3 JANKO KERSNIK MEMORIAL LECTURE

The development of family medicine education in Eastern Europe''

Igor Švab - Slovenia

Even if most people think they know where Eastern Europe is, there is a lot of different opinions regarding exactly which countries belong to this group. The presentation will concentrate on a group of 28 countries about which most of the experts agree that they belong to this group. A brief overview of their main characteristics will be given, especially regarding their healthcare system. There is a relative lack of information regarding the development of academic family medicine in these countries that would be done in on an international level and an overview of some articles will be given, showing some of the challenging issues these countries are facing. This will be followed by description of personal experiences of the author who has visited some of these countries in his professional career, drawing attention to some interesting ideas and projects that have started in these countries. A lot of them have not been adequately publicised. The presentation will end with ideas for international organisations of family medicine to improve the situation.

Joint EURACT/Irish CME Tutor Workshop

W1.04

Small Group learning is the most popular form of medical education in Ireland.This morning session is an opportunity to hear about and later join and observe CME workshops as given by skilled CME professional tutors.You will experience intensive learning in a modern and informative setting as attended by thousands of Irish GPs every year.You will choose one of a hard, soft or practice based topics. As numbers may be limited we advise that you register early for the plenary and one of three workshops on Friday morning.

Abstract CME SG1.01 – Scott Walkin

Medical students are taught that the method used to establish a diagnosis starts with taking a history, followed by undertaking a physical examination. This allows the formulation of a differential diagnosis, and investigations may then be employed to confirm the diagnosis. Experienced doctors do not, however, usually use this model. This workshop will explore diagnostic reasoning through the prism of dual process theory. The aim of the session is to heighten awareness of the diagnostic process so, as clinicians, we can recognise situations where we are at particular risk of diagnostic failure.

Abstract: CME SG1.02 Tom English

Timely Diagnosis in Dementia and Support Structures.
With increasing prevalence of dementia patients and following the Irish National Strategy for Dementia 2014 it was decided that Primary care was in an ideal situation to deal with the timely diagnosis and setting up of support pathways for patients with early dementia.
With this in mind the PREPARED Project was established.
It aims to educate GPs in their practices by means of evidence based workshops.
So far two of these have been developed, based on priority from research.
First is Timely Diagnosis and Support in Dementia, and second is a workshop dealing with Behavioural and Psychological Symptoms of Dementia.

Abstract. CME SG1.03 Illona Duffy

As the demand for access to general practitioners continues to rise, telephone consultations are becoming an ever increasing part of our day's work.
The aims of this session are;
1. To look at how we manage the variety of telephone consultations in our practice .
2. To discuss the benefits and risks to both patients and doctors in telephone consultations.
3. Discuss how we can maximise the benefits and reduce the risks.
In advance of this session it is advisable to review the number and type of telephone consultations over 1 working day in your practice

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