Faculty of Health Sciences

Welcome to the Centre for Health Sciences Education
Teaching and Learning Conference 2023

7th November 2023

Engineers' House
The Promenade
Clifton Down
Bristol BS8 3NB

Padlet link: CHSE Conference 2023 (padlet.org)

We are delighted to welcome you to the 2023 CHSE Teaching and Learning conference. As in previous years this event will provide a fantastic opportunity to learn about thought-provoking, current developments in education of relevance to our Faculty, to network with colleagues and share your own thoughts and ideas, and to enjoy the superb hospitality and facilities available at Engineers House.

Professor Astrid Linthorst: Faculty Education Director (Postgraduate)

and Professor Sheena Warman: Faculty Education Director (Undergraduate)

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Programme

Time	**CHSE Conference 2023: 'Teaching and Learning: Inclusive by Design'**			
09:00	Arrival and registration – welcome tea, coffee and breakfast rolls			
09:25	Conference opens by Professor Astrid Linthorst **Clifton Suite (main room)**			
09:30	**KEYNOTE: Dr Nilu Ahmed** *Involving Communities in Health Research: The Value of Coproduction and Inclusive Research Methods* Chair/Questions: Annie Noble-Denny **Clifton Suite**			
10:30	Coffee break			
	Morning Session			
	Clifton Suite	**Board Room**	**Douglas Fir Room**	**Blue Room**
10:50	**Dr Juliet Brown and Dr Jessica Buchan** *Teaching clinical reasoning for effective consulting: top tips and tools* ***[WORKSHOP 45 mins]***	**Dr Patricia Neville** *Responding to oral health needs in the care home sector: working in partnership with dental charity Bridge2Aid to develop the BDS21 social accountability curriculum*	**Professor Emma Love** *Evaluation of Lecture Streaming and Lecture Capture to Complement in Person Lectures on the BVSc*	**Dr Claire Hudson** *Determining the readiness of our PGT students, are we supporting them to become 'Masters'*

	Clifton Suite	Board Room	Douglas Fir Room	Blue Room
11:10		**Dr Sarah McLaughlin** *Strategies and successes in hosting a writing retreat for dissertation stage students*	**Dr Rohin Athavale** *Exploring staff views on decolonisation at Bristol Medical School*	**Jody Stafford** *Pilot Study – Digital Simulation, Perceptions of the MSc Perfusion students*
11:30		**Dr Steve Jennings** *Developing a research community of practice in the Bristol Medical School*	**Dr Zuzana Deans** *Students' reasons for intercalating in medical ethics*	**Somto Okoli** *Inspiring the next generation to innovate in healthcare through cross-faculty student innovation programme*
11:50		**Professor Deborah Caldwell** *The experiences of female students with ADHD during higher education*	**Dr Rohin Athavale** *Developing and evaluating an electronic Teaching Log Tool for Bristol Medical School*	
12:15	Lunch break			
12:45	**Poster Presentations** **Clifton Suite**			
	Afternoon Workshops			

13:15	**WORKSHOP: Dr Scott Paterson** *Active Steps in Inclusive Practise* **Clifton Suite**	
14:30	Coffee break	
14:45	**WORKSHOP: Dr Joseph Hartland and Professor Gibran Hemani** *Decolonising Health Sciences Education* **Clifton Suite**	**WORKSHOP: Dr Sarah Allsop** *I haven't got time to apply for ethics! Making the ethics process work for you* **Board Room**
16:00	Conference closes by Professor Sheena Warman **Clifton Suite**	
16:05	Glass of wine & nibbles	

Keynote Presentation:

Involving Communities in Health Research: The Value of Coproduction and Inclusive Research Methods

Dr Nilu Ahmed - Bristol Dental School

Health inequalities continue to deepen despite growing bodies of research data. Could the way that we undertake research be partly responsible for this? If we continue to do what we have always done we are likely to perpetuate the same findings over and again. Global events over the last few years have led universities and health bodies to recognise the extent of disparities in health outcomes and understand how health research is defined in Eurocentric ways - often excluding a range of communities it is meant to serve. In line with this, research funders are seeking evidence of coproduction and codesign in research funding applications based on an understanding that patients, carers, and service users, (rather than researchers and service providers) are best placed to know their health and access needs. Involving communities in designing health research can help overcome common issues such as lack of engagement and poor response rates, enhance the experience for everyone involved, and increase chances of impactful outcomes. This session will discuss barriers and facilitators to community involvement in health research and how coproduction values and principles can make research more inclusive for all.

Presenter Biography:

Dr Nilu Ahmed is Senior Lecturer in Social Sciences at Bristol Dental School

Morning Presentations:

Determining the readiness of our PGT students, are we supporting them to become 'Masters'

Dr Claire Hudson - Bristol Medical School

10-minute Presentation

Abstract:

Postgraduate taught (PGT) programmes in the Bristol Medical School attract students with a variety of ages, nationalities and backgrounds (including clinical and non-clinical). With this diversity, it is unlikely that our students possess equal skills upon commencing their studies. The seven 'Facets of Mastersness' have been defined previously [1], which overlap with the desired characteristics of Masters graduates described by the QAA [2]. This project aims to determine if some demographic groups are more or less confident in particular Masters facets (their perceived 'readiness'); and secondly, whether our programmes improve students' self-reported assessment of these skills and attributes. Students were invited to complete surveys at the start and end of their PGT programme, indicating their confidence in 34 skills/attributes using a 10-point scale. Before commencing study, preliminary data show students are least confident with the facets 'Research and Enquiry' and 'Degree of Abstraction', and most confident with 'Professionalism'. After studying with us, students report an improvement in at least 5 facets overall, and in numerous individual skills/attributes. Differences in both 'readiness' and improvement based on academic background, gender and nationality will be discussed. Understanding student skills in greater depth will allow us to provide tailored support during PGT study.

References:

QAA Scotland, "What is Mastersness?" Discussion paper 2013. 2. QAA, Master's Degree Characteristics Statement. 2020, Quality Assurance Agency for Higher Education: Gloucester.

Lead Presenter Biography:

As a lecturer on the Teaching and Scholarship Pathway, I focus on developing and delivering postgraduate teaching and conducting educational research within the Bristol Medical School. I am particularly interested in authentic learning practices within our Postgraduate taught programmes, students skills development and the use of self-reflection as part of student-centred learning.

Pilot Study – Digital Simulation, Perceptions of the MSc Perfusion students

Jody Stafford - Honorary Lecturer, University of Bristol

10-minute Presentation

Abstract:

Background
Simulation allows for the traditional 'learning curve' to shorten; exposure to challenging cases combined with a debrief provides a guided experience with experiential learning. Digital SBT may complement training providing immersive scenarios with repetitive practice.

Screen Based Simulation - VirCPB©
A 3D game-based CPB training programme, VirCPB©, allows a 'first person perspective' through screen based scenarios. The gamification includes a scoring system in response to clinical actions and reaction time, providing final marks with automatic evaluation and feedback.

Aim:
Evaluate VirCPB© from the perspectives of MSc Perfusion Science students

Objectives:
1: Explore face and content validity
Face validity depicts the realism experienced, how well the simulated environment resembles cardiac surgery and CPB.
Content validity judges the usefulness of the scenario as an education tool and training method.

Method
MSc Clinical Perfusion Science, University of Bristol students:
28 (5-6 months into MSc & clinical training)
21(18 months into MSc & clinical training)
6 (5-6 months into 1 year PGCert with prev perfusion experience)
Students will have 1 month access to the platform.
1 day virtual simulation with pre brief, digital scenarios and facilitated debrief (February 2024)

- Student perceptions of satisfaction, usability and usefulness (survey & semi structured interview (SSI))
- Compare digital software with traditional simulation (Survey & SSI)
- Evaluate VirCPB© using the modified simulation effectiveness tool (SET-M)

Results

Quantitative and Qualitative results will be published and analysed.
The 'Simulation Effectiveness Tool – Modified' (SET- M) (Leighton & Ravert et al, 2015) has been designed to provide learner's perceptions of how well a scenario is meeting their learning needs; targeting areas of satisfaction, learning and confidence gained and scoring these focused questions with a 3 point Likert scale.

Conclusions

The results will demonstrate the value of digital screen based simulation as perceived by the students. This will determine future use of the product and further curriculum design.

References:

N/A

Lead Presenter Biography:

Clinical Perfusionist, University Hospital of Wales, Cardiff

Unit lead, MSc Perfusion Science, University of Bristol.

Inspiring the next generation to innovate in healthcare through a cross-faculty student innovation programme

Somto Okoli – Bristol Medical School Student

10-minute Presentation

Abstract:

Background
Core to the NHS Long Term Plan is the optimisation of healthcare through innovation (1, 2). Frontline healthcare workers should be encouraged and taught to innovate in their undergraduate degree. We evaluated the confidence of students to pursue and implement healthcare ideas following a nine-month healthcare innovation programme.

Methods
Healthcare and non-healthcare students from four eligible universities applied and were enrolled into the programme. The students attended online workshops and collaborated as groups on an innovation task. Data was collected anonymously using electronic pre- and post- programme questionnaires which assessed students' confidence in various aspects of innovating. Confidence was rated using a Likert scale (0-10).

Results
53% of students (17/32) successfully completed the programme. None of the healthcare students who participated received any innovation training as part of their undergraduate curriculum. The confidence of the healthcare students to identify a problem (6.7 to 8.1) and propose a suitable solution (6.3 to 7.6) increased post-programme.

Conclusion
Overall students who completed this novel innovation programme had improved confidence in their ability to innovate. These findings suggest that cross-faculty innovation programmes may be a positive addition to healthcare undergraduate curriculums as a method of preparing the future workforce in a digital and innovative healthcare system.

References:

Alderwick H, Dixon J. The NHS long term plan. Bmj. 364. England2019. p. l84. 2. Kelly CJ, Young AJ. Promoting innovation in healthcare. Future Healthc J. 2017;4(2):121-5.

Lead Presenter Biography:

Somto is a third-year medical student at the University of Bristol.

Responding to oral health needs in the care home sector: working in partnership with the dental charity Bridge2Aid to develop the BDS21 social accountability curriculum.

Dr Patricia Neville – Bristol Dental School

10-minute Presentation

Abstract:

Background: There are increased calls for dental schools to pursue a social accountability curriculum, creating explicit opportunities for students to learn more about the demographic diversity of the communities they serve, gain first-hand experience of how oral health inequalities are created and reproduced, and recognise through School- or student-led initiatives the role they can play in redressing these oral health inequalities.

Objective: Bristol Dental School established a partnership with the dental charity Bridge2Aid to create meaningful educational experiences for students around the topics of (local) oral health inequalities and respond to specific oral health needs in the community.

Method: Adopting a model of community engagement designed and implemented by Bridge2Aid in East African countries, the new partnership developed a pilot initiative sending teams of Yr 4 dental students, supported by experienced Bridge2Aid volunteers, to offer oral health advice and information to care staff in 10 care homes and 2 reablement centres across the city.

Results and conclusions: A model for delivery of oral health instruction to community leaders in Africa was successfully adapted so carers in Bristol care homes received training from dental students. The pilot provides direction for further partnership development of community engagement activities within the dental Social accountability curriculum.

References:

N/A

Lead Presenter Biography:

Dr Patricia Neville is Senior Lecturer at Bristol Dental School and is Theme Lead for Ethics, Law, Professionalism and Social Accountability.

Strategies and successes in hosting a writing retreat for dissertation stage students

Dr Sarah McLaughlin – Bristol Medical School

10 -minute Presentation

Abstract:

Academic writing is difficult. During dissertation writing stage the support of supervisors is significant and can impact student engagement and success. Research has identified students experiencing the writing stage as a challenging and even painful experience (Nerad and Miller, 1996; Roberts 2010; Tremblay-Wagg et. al., 2021). Our TLHP students are diverse. They are busy health professionals who study part time. They are restricted from fully immersing in the student experience as they have busy professional roles and family responsibilities. This can make their time studying with us feel isolating and it can be difficult to dedicate time to their studies.

This presentation explains why and how we implemented a one day writing retreat for our dissertation stage students. This was a strategy to help our students feel connected and supported. Student feedback highlighted the appreciation of the collaborative experience. They told us this enhanced feelings of supervisor support, comradery with fellow students and motivation to continue. They felt more included as students at Bristol Medical School.

References:

Nerad, M., and Miller, D.S. (1996) Increasing Student Retention in Graduate and Professional Programs. New Directions for Institutional Research (92): 61–76. doi:10.1002/ir.37019969207Tremblay-Wragg, E., Mathieu Chartier, S., Labonté-Lemoyne, E., Déri, C. and Gadbois, M. (2021) Writing more, better, together: how writing retreats support graduate students through their journey. Journal of Further and Higher Education, 45 (1): 95-106, DOI: 10.1080/0309877X.2020.1736272 Roberts, C. M. 2010. The Dissertation Journey: A Practical and Comprehensive Guide to Planning, Writing, and Defending Your Dissertation. 2nd ed. Thousand Oaks, CA: Corwin Press.

Lead Presenter Biography:

Sarah McLaughlin is the Co-Lead for the MSc Theory and Practice for Health Professional's and a lecturer with the TLHP programme.

Developing a research community of practice in the Bristol Medical School

Dr Steve Jennings – Bristol Medical School

Dr Sarah Allsop – Bristol Medical School

10-minute Presentation

Abstract:

Bristol Medical School (BRMS) has a history of innovative teaching practice and high potential for education research. However, existing communities in BRMS are disparate due to its size and number of programmes. Prior to September 2022, there was no specific group/centre supporting Medical Education Research.

During 2022-23 we have started developing a new community of practice (CoP) to support excellence in Medical Education Research at BRMS. Our vision is to create a supportive community through a range of activities, to serve as a space for knowledge stewarding and innovation, enabling us to develop and share best practice.

This presentation will reflect on the initial development phase during academic year 2022-23, as well as future actions for the community, using Wenger et al.'s (2002) principles for cultivating CoPs as a foundation to explore and develop with established centres.

We intend this activity to aid educational leadership development and provide opportunities to expand our networks, utilising peer support and feedback mechanisms to help us innovate our own practices. The implementation of this new CoP will have potential to support the professional development of staff at all levels across BRMS and enable sustained excellence, impact and inclusion in medical education research into the future.

References:

Wenger, E., McDermott, R. A., and Snyder, W. 2002. Cultivating Communities of Practice: A Guide to Managing Knowledge. Harvard Business Press: Harvard, US.

Lead Presenter Biography:

Dr Steve Jennings has a PhD in Social Sciences and is currently working as a Lecturer, co-leading the MSc on the Teaching and Learning for Health Professionals Programme. Steve is also one of the Senior Tutors for the MBChB programme.

The experiences of female students with ADHD during higher education

Professor Deborah Caldwell – Bristol Medical School

10-minute Presentation

Abstract:

Background: Starting university is associated with an exacerbation of ADHD symptoms, which are linked to increased mental health problems[1] and lower rates of degree completion unrelated to academic ability[2,3]. ADHD in women and girls is underdiagnosed[4] and gender bias in educational settings[4] may exacerbate the challenges faced by female students with ADHD symptoms. However, the experiences of adult women with ADHD remain largely unexplored.

Methods: In this study, we conducted four focus groups and an online survey to investigate the experiences of female students with ADHD during university. Participants were current students and recent graduates of UK-based higher education institutions. Focus group transcripts were analysed using inductive thematic analysis. The survey consisted of free-text responses, which were analysed qualitatively alongside focus group transcripts, supplemented by Likert-scale responses. The focus groups and survey were led by recent graduates and students with lived experience of neuro-developmental conditions.

Results: Three overarching themes emerged regarding female students' experiences: (i) A "one-size-fits-all" approach to central student support; (ii) gendered barriers to accessing wider support; (ii) informal interpersonal relationships with university staff/mentors.

Discussion: The implications of these themes will be discussed in the context of three areas: Academic experience; Accessing support; and Wider impact.

References:

[1] Mohamed SMH, Börger NA, van der Meere JJ. Executive and Daily Life Functioning Influence the Relationship Between ADHD and Mood Symptoms in University Students. J Atten Disord. 2021 Oct;25(12):1731-1742 [2] Sedgwick JA. University students with attention deficit hyperactivity disorder (ADHD): A literature review. Irish Journal of Psychological Medicine. 2018 Sep;35(3):221-35. [3] Dardani C, Riglin L,

Leppert B, Sanderson E, Rai D, Howe LD, Davey Smith G, Tilling K, Thapar A, Davies NM, Anderson E. Is genetic liability to ADHD and ASD causally linked to educational attainment?. International journal of epidemiology. 2021 Dec;50(6):2011-23. [4] Skogli EW, Teicher MH, Andersen PN, Hovik KT, Øie M. ADHD in girls and boys--gender differences in co-existing symptoms and executive function measures. BMC Psychiatry. 2013 Nov 9;13:298 [5] Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. Child & Adolescent Mental Health, 15(3), 150–156

Lead Presenter Biography:

Deborah is an Associate Professor in Epidemiology and Public Health in Bristol Medical School.

Evaluation of Lecture Streaming and Lecture Capture to Complement in Person Lectures on the BVSc

Professor Emma Love – Bristol Veterinary School

Dr Julie Dickson – Bristol Veterinary School

10-minute Presentation

Abstract:

In 2022-23 Bristol Vet School piloted live-streaming of in-person lectures in addition to standard lecture recording (RePlay), on the 5-year (BVSc) and 4-year (AGEP) programmes. We evaluated the introduction of streaming by gathering data on how students engaged with in-person lectures and explored their perceptions and experiences.

A questionnaire was e-mailed to all students in Years 1-4 (BVSc) and Years 1-3 (AGEP) in January 2023. It included pre-written options, likert, yes/no, and free text responses. Responses were received from 348/810 students (43%).
Most students preferred to attend in-person lectures (57%), with 26% and 17% preferring to either livestream or use Replay respectively. Of the students who preferred to engage with streaming, the majority (36%) used the streaming to attend 24% of lectures, with 5% using streaming to attend 100% of lectures. Most watched streamed lectures "At my place of residence/home individually" (79% respondents). For the students who do use streaming, 59% Strongly Disagree/Disagree that streaming is not worse than an in -person lecture, and 64% Strongly Agree/Agree that streaming is comparable to the experience of an in-person lecture. Positive comments around streaming related to inclusivity and flexibility.

Students who preferred attending lectures in-person cited the social aspects and preferring to work on campus. Technological concerns also influenced this decision. More than half of these students engaged with RePlay in addition to attending the lecture.

Flexibility in when students engage with lectures is important (96% students Agreed/Strongly Agreed) and students value the opportunity to learn on campus (88%) and interact with peers and staff. Almost half of respondents indicated that their mental health influenced how they managed their learning.

The way students choose to engage with lectures is evolving. Further work to evaluate the effectiveness of engagement with lectures by attending in person, streaming and RePlay is warranted.

References:

N/A

Lead Presenter Biography:

Emma is the Programme Director for the BVSc and AGEP programmes at Bristol Veterinary School. She is a veterinary surgeon and a specialist in veterinary anaesthesia.

Exploring staff views on decolonisation at Bristol Medical School

Dr Rohin Athavale – Bristol Medical School

Dr Ed Luff - Senior Clinical Teaching Fellow at South Bristol Academy

10-minute Presentation

Abstract:

Decolonisation of healthcare curricula requires critical reflection on content through a lens of colonial power, examining institutional biases against historically marginalised groups and how their voices are represented. Furthermore, it is theorised that decolonisation may have a positive impact on marginalised students' academic performance, as well as preparing students to serve a diverse patient population.

Whilst many studies focus on the importance of student voices, we have explored the views of staff as key actors in creating sustainable change who are often at the forefront of student feedback. Two surveys were disseminated, the first to all Bristol Medical School staff and the second a focused survey to those teaching year 1 medical students. Using a mixed-methods combination of Likert scales and open-ended questions, we gathered staff's views on topics such as the need for decolonisation, their confidence in decolonising their work, and the resources required.

74 respondents completed the surveys and thematic analysis of the data is currently ongoing. Early results suggest generally positive attitudes to decolonisation, a predominant focus on race, and decolonisation as a visual process of change. Our study will consolidate our understanding of staff attitudes on and barriers towards decolonisation and inform our future practices.

References:

Lokugamage, A.U., Ahillan, T. and Pathberiya, S.D. (2020) 'Decolonising ideas of healing in medical education', Journal of Medical Ethics, 46(4), pp. 265–272. doi:10.1136/medethics-2019-105866. Nazar, M. et al. (2014) 'Decolonising medical curricula through Diversity Education: Lessons from students', Medical Teacher, 37(4), pp. 385–393. doi:10.3109/0142159x.2014.947938. Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', Qualitative Research in Psychology, 3(2), pp. 77–101. doi:10.1191/1478088706qp063oa.

Lead Presenter Biography:

Rohin is a doctor currently working as a teaching associate for year 1 and 2 medical students. He also has experience in digital health including the use of AI in medicine.

Students' reasons for intercalating in medical ethics

Dr Zuzana Deans – Bristol Medical School

10-minute Presentation

Abstract:

Medical ethics education is a core element of every medical degree programme in the UK. Some medical schools offer an additional year of study on an intercalated programme in medical ethics or bioethics. Although it may seem reasonable to suppose such concentrated study of ethics is valuable for future doctors, little research has been conducted to test this assumption, and to date no studies have been carried out to explore medical students' views of the value of intercalating in ethics. This presentation reports initial findings of a small-scale study into students' perceptions of the value of undertaking an intercalated degree in bioethics. The findings can be characterised as the programme having a positive impact on its enrolees as i) medical students; ii) individuals; and iii) doctors-to-be. Some of the claims about the value of intercalating were attributed to intercalation in general, and some were subject-specific. Participants also reported some negative aspects to intercalating in general. This is a work-in-progress, with data analysis ongoing.

References:

N/A

Lead Presenter Biography:

Zuzana is a Senior Lecturer in medical ethics and is Programme Lead for BSc Bioethics. Zuzana's disciplinary background is philosophy. Her research interests include research integrity, conscientious refusals in healthcare, and ethics of non-invasive prenatal genetic testing. Zuzana is a member of the Institute of Medical Ethics Education Committee and is co-leading two education research projects on medical ethics education and assessment.

Developing and evaluating an electronic Teaching Log Tool for Bristol Medical School

Dr Rohin Athavale – Bristol Medical School

Dr Sarah Allsop – Bristol Medical School

10-minute Presentation

Abstract:

At Bristol Medical School, there are multiple schemes where students teach their fellow students. A challenge is how they record these experiences. We created a 'teaching log' in the ePortfolio 'MyProgress' to allow students to record, reflect and seek feedback on their teaching practice (available during the 2022/23 academic year). We are undertaking research to evaluate the form's design and implementation using a survey, analysis of e-portfolio metadata, and follow-up interviews to provide examples of student teaching praxis.

Preliminary results show the teaching log is not yet well used. From six respondents, peer teaching occurs in a variety of settings e.g. basic life support, OSCE skills, and bedside teaching. Students use the form for self-reflection and peer feedback, typically sending this to a more senior student observer. Evaluation of the form is positive, "The form layout is straightforward … and the prompt questions are good..." and promotes learning, "The structure is holistic, … It guides the user to reaching learning points for the future." 83% of students would use the form again and 67% would recommend it to peers.

We are extending the study to the 23/24 academic year to continue to evaluate the recording of peer teaching by students.

References:

Artioli, G., Deiana, L., De Vincenzo, F., Raucci, M., Amaducci, G., Bassi, M. C., Di Leo, S., Hayter, M., & Ghirotto, L. (2021). Health professionals and students' experiences of reflective writing in learning: A qualitative metasynthesis. BMC Medical Education, 21(1). https://doi.org/10.1186/s12909-021-02831-4 Kassab, S. E., Abu-Hijleh, M. F., Al-Shboul, Q., & Hamdy, H. (2005). Student-led tutorials in problem-based learning: Educational outcomes and students' perceptions. Medical Teacher, 27(6), 521–526. https://doi.org/10.1080/01421590500156186 Peets, A. D., Coderre, S., Wright, B.,

Jenkins, D., Burak, K., Leskosky, S., & McLaughlin, K. (2009). Involvement in teaching improves learning in medical students: A randomized cross-over study. BMC Medical Education, 9(1). https://doi.org/10.1186/1472-6920-9-55

Lead Presenter Biography:

Rohin is a doctor currently working as a teaching associate for year 1 and 2 medical students. He also has experience in digital health including the use of AI in medicine.

Morning Workshop:

Teaching clinical reasoning for effective consulting: top tips and tools

Dr Juliet Brown and Dr Jessica Buchan – Bristol Medical School

45-minute hour Workshop

Abstract:

Clinical and diagnostic reasoning is arguably one of the most crucial skills students learn at medical school. Diagnostic and reasoning errors result in harm to patients (1). At Bristol Medical School we teach early clinical reasoning within the consultation using the COGConnect toolkit (2,3). In this workshop we will outline our framework, provide some top tips and tools to take away and address some challenges in this area of clinical teaching.

Learning objectives:

1. Define Clinical Reasoning.

2. Outline why teaching clinical reasoning is important

3. Describe how clinical reasoning is related to Effective Consulting

4. Take away at least one example of a tool for support student clinical reasoning that you can use in practice 5. Consider how to teach clinical reasoning in your area of work

References:

1) Cooper N, Frain J (Eds) 2022, ABC Clinical Reasoning, 2nd Edition, Wiley Blackwell, Oxford. 2) https://www.bristol.ac.uk/primaryhealthcare/teaching/cog-connect/ 3) Trevor Thompson, Lizzie Grove, Juliet Brown, Jess Buchan, Anthony L Kerry, Sarah Burge, COGConnect: A new visual resource for teaching and learning effective consulting, Patient Education and Counseling, Volume 104, Issue 8, 2021, Pages 2126-2132, ISSN 0738-3991, https://doi.org/10.1016/j.pec.2020.12.016.

Presenter Biography:

Dr Juliet Brown is a Clinical Educationalist, GP, and Curricular Lead for Effective Consulting (EC) in the MBChB programme at Bristol Medical School. She oversees the implementation of the three domains of EC in medicine: clinical communication, clinical skills and clinical reasoning. She is co-secretary of the UK Council of Clinical Communication (UKCCC) and Bristol Medical School representative for CREME (Clinical Reasoning in Medical Education). Prior to studying medicine herself, Juliet completed an undergraduate degree in Psychology and Neuroscience. Subsequently she has achieved a Masters in Primary Care, a coaching diploma accredited by The Association for Coaching and a Diploma in Medical Education. Juliet brings together the knowledge and experience of cognitive theory, coaching, clinical practice and clinical education to help both tutors and students develop skills in teaching and learning clinical reasoning.

Dr Jessica Buchan is a Clinical Educationalist, GP and lead for Year 2 Effective Consulting. She was instrumental in the design of the EC course at its inception in 2017 and continues to support it's delivery and development. Jess is co-secretary of the UK Council of Clinical Communication (UKCCC) and Bristol Medical School representative for CREME (Clinical Reasoning in Medical Education). She has a Certificate in Medical Education and a coaching diploma accredited by The Association for Coaching. Jess is co-editor of the book Essential Primary Carer which provides practical advice on how to consult with patients, make sense of their symptoms, explain things to them, and manage their problems. Jess brings a wealth of clinical and educational experience to the training of both tutors and students in Effective Consulting.

Poster Presentations:

Development and integration of experiential placements for Gateway Medicine, Dentistry and Veterinary Science students at the University of Bristol

Dr Allison Fulford – University of Bristol School of Anatomy

Dr Dan Baumgardt - University of Bristol School of Anatomy

Poster Presentation

Abstract:

Gateway/foundation programmes widen access to students from less-advantaged backgrounds, low-income households or under-represented groups. Programmes are popular with 20 Medical, 2 Dental and 4 Vet Schools offering Gateway/Foundation. University of Bristol delivers a combined Gateway foundation year 0 and has progressed 195 students onto year 1 of MBChB, BDS and BVSc. Not all Gateways in UK include placements and we have worked with Bristol clinical colleagues to develop a bespoke observational placement experience for Gateway students (cohort ~40). Students are not expected to have any prior experience. From November to March, students undertake 10 half-day sessions, completing placements as part of their Personal and Professional Development (PPD,40 cp unit). Observational placements in clinical or non-clinical environments include rotations that offer a variety of learning opportunities. Placements develop near-peer learning through observing clinical student-patient consultations (Gwy-BDS), shadowing year 4/5 medical students on 'buddy placements' in the BRI (Gwy-MBChB) or shadowing nurses at Langford vets (Gwy-BVSc). Reflection on placements contributes to Gateway students summative written Reflective Journal. BLUE feedback over last two years indicates that 100% survey respondents agree/strongly agree with the statement 'The placement has helped me develop knowledge and skills which will be of use to me in the future'.

References:

A comparison of undergraduate outcomes for students from gateway courses and standard entry medicine courses. Curtis S, Smith D. BMC Med Educ. 2020 Jan 3;20(1):4.

Lead Presenter Biography:

Allison is a Senior Lecturer in the School of Anatomy and specialist in nervous, endocrine and reproductive systems. She is Programme Director for the Gateway to Medicine, Dentistry and Veterinary Science and organise the Foundations in Bioscience units. Allison is a member of the Foundation Year and Gateway Leads Network and National Medical Schools Widening Participation Forum.

Career intentions of medical students at Bristol Medical School: subanalysis of a national cross-sectional study (AIMS Study)

Mackenzie Garlick, Tushar Rakhecha, Arthur Handscomb – Bristol Medical School Students

Poster Presentation

Abstract:

Objective: To determine Bristol medical students' career intentions after graduation and to ascertain the motivations behind these intentions.

Design: A cross-sectional survey of students at Bristol Medical School, facilitated by local collaborators as part of a nationwide study (AIMS: Ascertaining the career Intentions of UK Medical Student).

Results: 418 out of a total of 1327 students (31.5%) at Bristol Medical School responded. The majority of these students (86.36%) planned to complete foundation years 1 and 2 after graduation. However, less than one-third of them (31.58%) intended to pursue specialty training straight after. This proportion was lower in students towards the end of medical school. Over a third of medical students intended to emigrate, 27.38% of them permanently. Ultimately, 42.58% of students intended to leave the NHS (in the short or long term) within 2 years of graduating.

Conclusions: This study demonstrates that many Bristol medical students do not intend to follow the 'traditional' career route of foundation training straight into specialty training. It also reveals a significant number who intend to leave the profession or permanently work outside of the NHS. This trend, if reflected nationwide, has concerning implications for the future supply of doctors to the NHS.

References:

N/A

Colourful Visual Timelines to Support Student Coursework Submission Processes

Dr Sarah Allsop – Bristol Medical School

Poster Presentation

Abstract:

Supporting students with the management skills needed for timely submission of coursework in higher education can be challenging. Deadlines can help to drive completion of tasks, but submission tends to follow an exponential curve towards submission, with some students narrowly missing deadline windows. Clear guidance is key to supporting students in the submission process, but if provided in extensive narratives, the messaging can get lost. Timelines have been shown to help communicate processes by arranging a chain of events in a chronological order. They are commonly used in education and research projects, e.g. GANTT charts [1]. In 2022, we trialled a colourful 'visual timeline' for a submission of student coursework during year 1 medicine at the University of Bristol as an adjunct to written information. This encompassed all project stages, including embedded QR-codes linked directly to submission pages. In contrast to previous years, where there was considerable chasing required to achieve submission for all students, for the coursework with the visual timeline there were no late submissions, at either the planning or final submission stage. Whilst this data is only from a single cohort, this concept has worked so effectively we are hoping to expand it for other coursework.

References:

Wilson JM (2003). Gantt charts: A centenary appreciation. European J Operational Research Vol 149, 2, pp430-437. Available at: https://doi.org/10.1016/S0377-2217(02)00769-5 (accessed 27/02/23)

Lead Presenter Biography:

Sarah is a medical academic, with 12 years' teaching and leadership experience in medical and anatomy education, and a background as an NHS doctor. She is a specialist in curriculum review leadership, development and design.

Stakeholder evaluation of dental student training and subsequent provision of oral healthcare instruction to carers in Bristol care homes and reablement centres

Professor David Dymock – Bristol Dental School

Poster Presentation

Abstract:

Background: Following training from Bridge2Aid partners in January 2023 Year 4 dental students provided oral healthcare instruction to carers in 10 care homes and 2 reablement centres in Bristol as a pilot initiative in March for the developing Social accountability curriculum.

Objective: The objective was to obtain feedback from all key stakeholders to understand impacts of visits by dental students to care home and reablement centres and how to enhance experiences for all in future years.

Method: Care home staff receiving instruction completed questionnaires to establish baseline knowledge and learning gained, and an evaluation of instruction provided by students. Students evaluated their experiences via online surveys and, in more depth, through mandatory submission in May of a reflective writing task. A symposium in June brought all key stakeholders together for further joint evaluation through a world café event.

Results and conclusions: Care home staff were highly complimentary about the training delivered by dental students. Students were similarly positive, with >90% agreeing they better understood the challenges of delivering oral healthcare in care homes. Based on comments from care home staff students were provided with additional dementia training. The world café highlighted opportunities to further enhance this successful pilot by further partnership working and co-development of resources.

References:

N/A

Lead Presenter Biography:

Professor Dymock is Professor of Dental Education.

Bristol University Veterinary Anatomy Club

Paulina Szylkowska – Bristol Veterinary School Student

Jane Waldron - Bristol Veterinary School Student

Poster Presentation

Abstract:

Extracurricular clubs at any University have been seen to be beneficial to the overall student experience. Bristol University Veterinary Anatomy Club (BUVAC) has been running since 2020. The club's history will be presented and comments made on future improvements to the club to facilitate peer-led learning.

References:

N/A

Lead Presenter Biography:

Paulina is a final year BVSc Veterinary Science student at the University of Bristol and President of Bristol University Veterinary Anatomy Club (BUVAC).

Afternoon Workshops:

Active Steps in Inclusive Practice

Dr Scott Paterson – Bristol University School of Anatomy

1-hour Workshop

Abstract:

For any discipline to become inclusive, time must be spent reflecting on and examining current practice. This review must consider the 'what' and 'how' of our activity - for example, 'what' and 'how' we teach, assess, and research. Additionally, we must consider who is at the centre of the teaching, to make active and meaningful positive changes towards diversification, inclusion, and meaningful representation.

Working in small collaborative groups, participants in this workshop will explore up to three cases, aligning with 1) teaching delivery, 2) assessment practice, and 3) research. In each case they will explore possible barriers to inclusive practice, and workshop ideas to overcome these barriers at both the level of the individual practitioner and the organisation, to ensure practicable and sustainable positive action in inclusive practice.

Facilitators will support working groups in recording their thoughts, observations, solutions, and further questions, and these notes will be shared with all participants afterwards as a resource for ongoing discussion and action.

*The cases and this workshop format is adopted from the Anatomy Collective for Equality's Taking Action event, hosted at the School of Anatomy, University of Bristol in April 2023.

Decolonising Health Sciences Education

Dr Jo Hartland – Bristol Medical School

Professor Gibran Hemani – Bristol Medical School

1-hour Workshop

Attendees at this workshop will:

1. Explore some of the theory behind decolonising health sciences education
2. Understand the broad scope of decolonisation and how different pillars of colonial power intersect
3. Discuss ways in which students can be empowered as agents of change in research and clinical practice
4. Apply a theoretical framework to examples of curriculum design
5. Plan practical next steps for incorporating this framework

Abstract:

As part of the CHSE conference on Teaching and Learning: Inclusive by Design this workshop will give attendees an opportunity to practically explore the ways in which a decolonial lens can be applied to health sciences curriculum review and planning.

An integral part to the decolonisation of healing is tackling the sources of colonial bias that exist in the knowledge we value, transmit and reproduce. As a result critical reflection on the tools of knowledge transmission are vital, and it is through our curriculums that we will shape the future of our fields. Using questions from a locally designed framework we will seek to generate examples of changes which challenge bias within explicit and implicit curricula, as well as methods to empower students as critical thinkers and researchers.

Attendees will leave with initial next steps they can take to embed this work in their field of practice.

This workshop is open to all academic and professional services staff. To assist with the practical application of the workshop we suggest attendees watch the video that accompanies our website DecolBMS, explore the reading list and available resources.

Presenter Biography:

Dr Jo Hartland (they/them) is a Senior Lecturer and the Deputy Education Director at Bristol Medical School. Their teaching focuses on the causes of health inequity, bias in healthcare, and ensuring the inclusion of marginalized people in health curriculum. Externally they sit on the Executive Board of the Medical Schools Council EDI Alliance, and are an independent queer activist. They are the lead author of The Association of LGBTQ+ Doctors and Dentists (GLADD) Medical School Charter on so-called LGBTQ+ Conversion Therapy, and write a BMJ Leader Blog.

Gibran Hemani (he/him) is Professor of Statistical Genetics and a co-lead of the MRC Integrative Epidemiology Unit at Bristol Medical School. Most of his teaching focuses on capacity building of genetic epidemiology expertise to researchers in low income countries. He co-leads three international collaborative research projects (http://godmc.mqtldb.org/, https://www.withinfamilyconsortium.com/, https://gwas.mrcieu.ac.uk/ and the curriculum decolonisation initiative at the Bristol Medical School (http://decolbms.org.uk/).

I haven't got time to apply for ethics! Making the ethics process work for you

Dr Sarah Allsop – Bristol Medical School

Dr Patricia Neville – Bristol Dental School

1-hour Workshop

Abstract:

'The ethics process is too long', 'I don't have time to get ethics', 'I wish I'd got ethics for this!' Ever had one of these thoughts? Ethics is a hugely valuable and important part of the research integrity process and becoming essential as a gateway to publishing in health sciences education. Yet, all too often innovations occur without considering from the start how the evaluation process will work and what outputs might be required and useful to share.

This workshop will encourage people to rethink how they see the ethics process, encouraging a scholarly approach to practice and showing how the ethics process can not only help your process, but can improve your research and even speed up your route to publication.

Participants will be encouraged to come to the workshop with an education research project in mind to use for the tasks. Participants will be supported to consider the different steps of the ethics process, the types of documentation required for submission, how research interweaves with teaching and a forward thinking approach to the outputs of research projects.

Links:

https://uob.sharepoint.com/sites/health-sciences/SitePages/FREC-Application-Submission-Process.aspx

https://uob.sharepoint.com/sites/health-sciences/SitePages/Student-Research-Ethics-Committee.aspx

Presenter Biography:

Sarah Allsop, Co-lead of the Bristol Medical Education Research Group (BMERG)