

**3<sub>rd</sub>** EURACT Medical  
Education Conference

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5-7 October 2023 • Bled - Slovenia

**Abstract Book**

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# Programme

## Thursday, 5 October 2023

17:00 - 19:00

### **Registration**

Location: Bled Festival Hall Lobby

19:00 - 23:00

### **Welcome Cocktail Reception**

**Location:** [Devil's Cafe & Bar](#)

Cesta svobode 15, Bled

**Friday, 6 October 2023**

08:00 - 08:45	<b>Registration</b> Location: Bled Festival Hall Lobby
08:45 - 09:00	<b>Cultural Intro</b> Location: Bled Hall
09:00 - 09:20	<b>Opening</b> Location: Bled Hall <ul style="list-style-type: none"> <li>• Nele Michels (President)</li> <li>• Nynke Scherpbier-Dehaan (Chair Scientific Committee)</li> <li>• Vesna Homar (Chair Host Organizing Committee)</li> </ul>
09:20 - 09:35	<b>Theme Introduction</b> Location: Bled Hall <ul style="list-style-type: none"> <li>• Strengthening Resilience in the Ups and Downs of the Ways of Life during the war in Ukraine - Pavlo Kolesnyk</li> </ul>
09:35 - 10:00	<b>Keynote Lecture</b> Location: Bled Hall <ul style="list-style-type: none"> <li>• What is really important to teach future family doctors? - Igor Švab</li> </ul>
10:00 - 10:15	<b>Going to the Workshops and Oral presentations</b>
10:15 - 11:30	<b>Oral Presentations 1: Innovative learning and teaching in BME</b> Location: Bled Hall <ul style="list-style-type: none"> <li>• Clinical practice at Medical faculty in Ljubljana - experiences of the first generation of students - Marija Petek Šter</li> <li>• Distance-based education (DBE) during the COVID-19 pandemic in Slovenia - Danica Rotar Pavlič</li> <li>• Exploring the effectiveness of an on-site simulation-based primary care learning programme for undergraduate medical students. - Eimear O' Reilly</li> <li>• Geriatrics, new course on the faculty of medicine in Ljubljana - Janez Rifel</li> <li>• Integrating self-management support fundamentals in primary care: piloting a theory-based learning program - Lotte Timmermans</li> </ul>
10:15 - 11:30	<b>Workshop 1.1</b> Location: Ljubljana Room <ul style="list-style-type: none"> <li>• The use of an escape room concept as a teaching method in family medicine - Eva Gorup</li> </ul>
10:15 - 11:30	<b>Workshop 1.2</b> Location: Triglav Room <ul style="list-style-type: none"> <li>• GP &amp; Planetary Health Game - Ad Van Esch</li> </ul>
10:15 - 11:30	<b>Workshop 1.3</b> Location: Piran Room <ul style="list-style-type: none"> <li>• How can lecturers achieve sustainable learning outcomes when teaching about person-centred dementia care? - Best-practices from South-Eastern Europe - Lea Pfaeffel</li> </ul>

10:15 - 11:30

**Workshop 1.4**

Location: Postojna Room

- Does Wonca Tree Grow During Crisis? - Pavlo Kolesnyk

11:30 - 12:00

**Coffee Break**

11:30 - 12:00

**Poster Session 1: Basic Medical Education**

- Against Shortage of Junior Staff and Prejudices - Presentation and Reflection of a Medical Program with a Focus on General Medicine - Bettina Leeuw
- Creating and implementing standardized patient protocols for teaching patient-centered communication skills - Inga Karton
- Development, conduction and evaluation of an examination course for general practice - diagnostic strategies without the use of diagnostic equipment - Jonas Werner
- From emergency care to care planning - paradigma change for patient simulations - Aleksi Varinen
- Narrative medicine as a teaching tool during early clinical exposure - Gaspard Aebischer
- New ways of education in working with students, our ideas that were successful - Ana Miljković
- Observational practice for first year medical students - experiences and challenges - Aurimas Rapalavičius
- Self-Reported Health Status of Nurses Students From Medical Colleges in the Republic of Moldova - Natalia Zarbailov
- Significant Event Illustration (SEI): innovative tool for enhancing student's reflection skill. - Manabu Yoshimura
- Virtual GP Patients - Adrian Brown

11:30 - 12:00

**Poster Session 2: CPD and Faculty Development 1**

- As healthy as you can be - Neta Lankry
- Physical Activity of Older Adults in a Greek Rural Region - Iliana Kerani
- Preparing General Practice Trainees as Near-Peer Teachers in Medical Education: A Qualitative Study - Nele Michels
- Simulation training as a method of continuous education of primary health care workers in emergency care - Venija Cerovecki
- Supervision Video App - Nhat Ngo
- The Life of Older Adults in Greek Remote Mountain Regions - Iliana Kerani
- The peculiarities of body composition indices among overweight and obese adults - Luminita Suveica

12:00 - 13:15

**Oral Presentations 2: Educational research**

Location: Bled Hall

- Medical Leadership Training Framework – The Case of Family Physicians in Their Early Career - Dikla Agur Cohen
- Optimal timing of faculty teaching when combined with near-peer teaching: a mixed methods analysis - Leander Alt
- Surveying undergraduate education across Europe: a long way from the idea to data collection - Anne Simmenroth
- The effect of peer counseling on the performance of presenting original article within the framework of family medicine residency training: A qualitative research - Gizem Limnili
- Using team-based learning in teaching the principles of communication in medicine - Inga Karton

12:00 - 13:15

**Oral Presentations 9: Varia**

Location: Soča Room

- Surfing towards death with the patient and your trainees - Helena Karppinen
- Using novel teaching formats for better person-centred dementia management – tried as

well as tested teaching formats for educating medical students and early-career GPs. - Vildan Dogan

- 'Meeting Point' Project – A Standpoint for Learning - Michal Palombo

12:00 - 13:15

### **Workshop 2.1**

Location: Ljubljana Room

- Stimulating reflection among GP trainees: using different learning lenses as tools. - Nina Aalfs

12:00 - 13:15

### **Workshop 2.2**

Location: Triglav Room

- Teaching how to promote vaccine acceptance and uptake through role playing - Ludmila Bezdíčková

12:00 - 13:15

### **Workshop 2.3**

Location: Piran Room

- Self-determination theory in practice: how to motivate your students? - Saskia Mol

12:00 - 13:15

### **Workshop 2.4**

Location: Postojna Room

- Workplace based assessment (WBA) design to encourage heutagogy - Karena Hanley

13:15 - 14:10

### **Lunch Break**

14:10 - 15:00

### **Keynote Lecture**

Location: Bled Hall

- How the hidden curriculum in medicine demonizes the role of emotions in medical education and practice - Marco Antonio de Carvalho

15:15 - 16:30

### **Oral Presentations 3: CPD challenges and innovations**

Location: Bled Hall

- Efficient Time Management for Teachers in Family Medicine: A Practical Approach - Ana Perdih
- From screen to diagnosis: Teledermatology as a game-changing teaching tool for Family medicine doctors - Atar Grinfeld
- Medical students' career intentions in Europe: Barriers and opportunities for choosing family medicine as a career - Marta Velgan
- Strengthening the remote care skills of family physicians improves their willingness to add therapeutic value through telemedicine visits. - Avivit Golan Cohen
- Triage game: Development and implementation of a game in which you can learn the triage process. - Boukje Van Dijk

15:15 - 16:30

### **Workshop 3.1**

Location: Ljubljana Room

- Creating new ways of delivering undergraduate primary care placements - a report from the UK - Sham Agashi

15:15 - 16:30

### **Workshop 3.2**

Location: Triglav Room

- Humor in Medicine: (Always look on) The bright side of dark - Žan Trontelj

15:15 - 16:30

**Workshop 3.3**

Location: Piran Room

- Positives and Challenges of hybrid education during crisis - Pavlo Kolesnyk

15:15 - 16:30

**Workshop 3.4**

Location: Postojna Room

- Dilemma's in the supervision for self-regulated learning in GP-specialty training - Nynke Scherpbier-Dehaan

16:30 - 17:00

**Coffee Break**

16:30 - 17:00

**Poster Session 3: Specialty Training**

- "Seeds of Me" - The Synergic Experimental Medical Education Development program for Scholars in family medicine. - Merav Sudarsky
- A Case of Ankylosing Spondilites as a Learning Opportunity - Spyros Klinis
- A Mentoring Project in General Practice in Italy - Rosario Falanga
- Cooperation in the teaching of general / family medicine doctors in Montenegro and Association of Teachers in General Practice/ Family Medicine (ATGP/FM), Croatia - Nina Bašić Marković
- Create Learning Experiences in Different Units - Matilde Padrão Dias
- Learning (Better) Medicine Together - Marta Marquês
- Peer Support Groups as a Tool to Increase Chances of Passing General Practice UK Qualification Exams - Abraham Thomas
- Phone medical consultation desk - is it a benefit only for the clinic? - Pavlo Kolesnyk
- Regional Implementation of the New National Family Medicine Residency Training Curriculum in Portugal - Cecilia Shinn

16:30 - 17:00

**Poster Session 4: CPD and Faculty Development 2**

- Educational needs of primary care physicians in the field of personalised medicine - Ilenuta Gusila
- Office software - could the computer professional records be useful to identify educational needs of medical staff ? - Razvan Florentin Miftode
- Paresthesia as Symptom of Sy Caudae Equine- Study Case - Estera Vidakovic
- Snowball roll out approach in education on PEN 1 and 2 protocols for PHC teams in the Republic of Moldova - Natalia Zarbailov
- Social and medical action dedicated to "International Day of Melanoma detection" as an opportunity to improve the skills of early diagnosis of skin tumors for interns - Olha Iakyma
- Telemedicine in primary care in the Istrian county (Croatia) - Nicol Kolar Istarski Domovi Zdravlja
- The innovative use of artificial intelligence in general medicine. - Iason Vovolis
- Training interns in General Practice by residents: a way to contribute to more future GPs. - Suzan Van Oorschot

17:00 - 17:30

**Janko Kersnik Lecture**

Location: Bled Hall

- The patients are our raison d'être - not to be forgotten in medical education. - Roar Maagaard

18:30 - 19:00

**Departure for Bled Castle**

We strongly advise wearing sports shoes for the trip to the castle.

19:00 - 23:00

**Conference Dinner**

The conference dinner is exclusively available to participants who confirmed their attendance during the registration process.

**Location:** [Bled Castle Restaurant](#)

Grajska cesta 61, Bled

## Saturday, 7 October 2023

08:45 - 09:00 **Morning greeting and going to the oral presentations and signing-up for workshops**

09:00 - 10:15 **Oral Presentations 4: Miscellaneous educational innovations**

Location: Bled Hall

- Clinical nutrition education-part of the patient holistic management in the family medicine practice - Milena Blaž Kovač
- Designing a new elective subject for third-year medical students on navigating medical guidelines - Trygve Skonnord
- Management of smoking behavior: An innovative educational course for primary healthcare professionals - Spyridon Klinis
- Possibilities of organizing the postgraduate medical education process in emergency conditions - Dmytro Palii

09:00 - 10:15 **Workshop 5.1**

Location: Ljubljana Room

- How to make the trainee train the trainer. - Joachim Froelund Hansen

09:00 - 10:15 **Workshop 5.2**

Location: Triglav Room

- Snapshot of the provision and resources of undergraduate GP education: research informing practice - Odd Martin Vallersnes

09:00 - 10:15 **Workshop 5.3**

Location: Piran Room

- Quaternary and Overdiagnosis Prevention: A Proposal for a New Curricular Unit - Carlos Martins

09:00 - 10:15 **Workshop 5.4**

Location: Postojna Room

- How can an independent case-based program (PinPoint Case Platform) be used in education? - Nele Michels

10:15 - 10:30 **Going to Oral Presentations**

10:30 - 11:30 **Oral Presentations 5: Challenges in assessment**

Location: Ljubljana Room

- Doctors learn (better) together how to teach other doctors - Inês Maio
- How to define a psychometric and legal defensible cutt-off value when organising a "high stakes" formal multicomponent assessment procedure? - Jan Degryse
- How to train for OSCE stations: the DOMINOS Project - Vesna Homar
- Microsoft Bing Chatbot passes a medical graduation exam and helps to find questions with flaws. - Stefan Morreel

10:30 - 11:30 **Oral Presentations 6: Train the trainers and other collaboration initiatives**

Location: Triglav Room

- Development of TOEKAN, a 360° evaluation tool for the clinical learning environment in General Practice postgraduate training - Lotta Coenen
- Jury'Summit: certify with equity - Matilde Padrão Dias
- Online synchronous pedagogical quality cercles as a training model for clinical teachers - Arabelle Rieder

- Train the Trainers Program development for Family Medicine resident tutors - Cecilia Shinn

10:30 - 11:30

**Oral Presentations 7: ST innovations**

Location: Piran Room

- Between a 'Learning Contract' and a 'Personal development Plan', between learner and teacher- Who is responsible for change? - Ordi Sharf
- Enhancing Alignment between Competencies and Clinical Workplace: Implementing Entrustable Professional Activities in the Flemish GP Training - Vasiliki Andreou
- The experience of meeting a medical student at the GP's office - Trygve Skonnord
- "Put yourself in their shoes" - Educational experience of an Empathic Communication and Narrative Medicine course for portuguese Family Medicine tutors and residents - Marta Marquês

10:30 - 11:30

**Oral Presentations 8: Communication and collaboration**

Location: Bled Hall

- Administration game app for general practice - Nhat Ngo
- How to teach about violence in healthcare environment? - Nena Kopcavar Gucek
- Multidisciplinary Department: Priorities and Difficulties (Teaching Experience) - Olha Kovalenko

11:30 - 12:00

**Coffee Break**

12:00 - 12:40

**Keynote: Patient participation in life-long learning as a two-way street**

Location: Bled Hall

Lessons learned on our mission to person-centred education actively involving patients.

- Keynote: Patient participation in life-long learning as a two-way street - Sjim Romme
- Matthijs Bosveld

12:40 - 13:30

**Round Table: How to get the best out of the hospital experience?**

Location: Bled Hall

- Martine Granek-Catarivas

13:30 - 13:45

**Awards for best poster and best oral presentation**

Location: Bled Hall

13:45 - 14:00

**Conference Closure**

**Workshop / Workshop****The use of an escape room concept as a teaching method in family medicine**

Eva Gorup

Department of Family Medicine, Medical Faculty, University of Ljubljana, Poljanski nasip 58, 1000 Ljubljana, Slovenia. E-mail: eva.gorup@gmail.com

**Keywords:** escape room, multimorbidity, teaching methods, serious game

**Aim:**

To play out an escape room and discuss ways of using the escape room concept to teach and practice problem solving in family medicine, and discuss how to use gamification in medical teaching.

**Methods:**

In education, escape room enable fun, stimulating environment where the participants work together to solve problems. They encourage creativity, collaboration, emotional engagement, and encourage acquisition and retention of knowledge. Typically they include game elements – time pressure, strategy, problem solving, rewards, and at the same time are psychologically safe environment for the learners. We prepared an escape room on the theme of management of a multimorbid patient with multiple medications. The participants of the workshop will get play out the game. In the reflection time after the game we will have a moderated discussion where the participants will evaluate the usefulness of the game for learning and knowledge retention of individual learning goals connected to management of the multimorbid patient with multiple medications. We will use brainstorming to suggest possible new puzzles or steps to reach individual learning goals, and suggest other possible learning units where they could create their own escape room games.

**Expected Outcomes:**

After the activity, the participants will understand the concept of the escape room, know the elements of the escape room game, and will be able to create suitable puzzles/game steps for an escape room activity.

**Points for discussion:**

usefulness of game elements/escape room concept in teaching family medicine

how to incorporate skills and attitudes into serious games

**Workshop / Workshop****GP & Planetary Health Game**

Ad Van Esch, Nina Aalfs, Paulien Verhoef

Radboud university medical center, 6525EZ NIJMEGEN, Netherlands. E-mail: Ad.vanesch@radboudumc.nl

**Keywords:** planetary health, environment–health–health care relationship, medication-related pollution, health-care sector carbon emission

**Aim:**

The climate crisis is also a health crisis. Climate change and environmental pollution have a direct effect on human health. GPs are already noticing the consequences during their consultation hours. In addition, healthcare is one of the causes of climate change and environmental pollution, and thus a threat to the health of the patients. GPs should think about how they can promote the health of their patients in a way that does not unnecessarily burden the environment. This concerns lifestyle advice that promotes both health and the environment. It concerns choosing a treatment that is medically optimal, but protects the environment. It is about sustainable housing, use of materials and transport. And GPs need to be aware of changing epidemiology and emerging diseases due to climate change.

**Methods:**

The 'GP & Planetary Health Game' is played on a balance board. This educational game for GPs (in training) is about finding an optimal balance in medical care, aiming for a high level of care that is delivered in an efficient and sustainable manner, with a high degree of patient safety and satisfaction. Participants play together (Planetary Health is a common goal that can only be achieved through cooperation). As a team they carry out assignments in the fields of pharmacotherapy, transport, housing, use of materials, lifestyle, prevention and emerging diseases. This involves sharing knowledge, discussion and exchanging experience. The game leader provides additional information and determines whether the team can go to a higher level.

**Expected Outcomes:**

After playing this game, the awareness of the participants about the consequences of climate change for health has increased. They have more knowledge about the contribution of healthcare to the climate crisis and pollution of the environment. The participants discussed their responsibility and have received tools to do something about it in their own practice.

**Points for discussion:**

Healthcare is one of the causes of climate change, and therefore a threat to public health. Doctors should make an effort to change this.

A healthy lifestyle is good for people and the environment. Doctors should make more effort to promote a healthy lifestyle among their patients.

Planetary health is too important to leave to politicians, doctors should take the lead.

**Workshop / Workshop****How can lecturers achieve sustainable learning outcomes when teaching about person-centred dementia care? - Best-practices from South-Eastern Europe**

Lea Pfaeffel

Technical University of Munich, School of Medicine, 81675 Munich, Germany. E-mail: lea.pfaeffel@tum.de

**Keywords:** education, dementia, person-centred care, interprofessional collaboration**Aim:**

For persons with dementia, general practitioners (GPs) usually play an important role in the diagnostic procedure and initiating treatment plans.

As dementia becomes more prevalent in South-Eastern Europe due to demographic change, it is vital to optimally educate medical students and early-career GPs on the topic of dementia. However, many skills required for GPs to optimally provide dementia care are often not taught at higher education institutions. To close this gap, a network of dementia experts from South-Eastern Europe has joined forces to advance dementia education by taking advantage of innovative didactic approaches.

**Methods:**

The symposium demonstrates best-practise examples on excellent dementia education for students and early-career GPs in an interactive workshop:

- Simona Vytykáčová: How can education and training advance dementia care? An outline of the role of education for upskilling GPs. (10 min. presentation)
- Tiberiu Ionescu: How do students best learn about dementia? A virtual game demonstrates early detection and differential diagnosis of dementia. (15 min. with live virtual game)
- Alexandra Palkovic: How to optimally disclose the diagnosis of dementia? A dialogue scenario shows how to avoid communication pitfalls. (15 min. with online scenario)
- Tina Stukelj: What are the benefits of interprofessional collaboration for GPs in dementia care? An interactive case example illustrates the role of a joint treatment plan. (15 min. with group discussion)
- Vildan Dogan, Lea Pfaeffel: Can education be a part of dementia research? A success report of a project featuring education for mobile memory teams. (15 min. with group discussion)

**Expected Outcomes:**

At the end of the workshop participants will 1) have advanced their knowledge about interprofessional dementia management, and 2) be able to select the best educational approach for their use case.

**Points for discussion:**

How to best educate future GPs in an interprofessional manner?

Which practical skills can be trained through games and quizzes?

**Workshop / Workshop****Does Wonca Tree Grow During Crisis?**

Pavlo Kolesnyk, Nele Michels, Vesna Homar, Ruth Kalda, Arabelle Rieder, Olga Rusanovska, Milena Kostić

Uzhgorod National University, 88000 Uzhgorod, Ukraine. E-mail: dr.kolesnyk@gmail.com

**Keywords:** war, Ukraine, migrants, WONCA tree, competences, family medicine

**Aim:**

The aim of this workshop is to explore how core competences of family medicine/general practice, represented in the WONCA tree, can be used and taught in different crisis conditions and to give the audience possibility to discover different ways of teaching this topic.

**Methods:**

20-30 teachers of family medicine are expected to participate. 4-5 facilitators will take part in the workshop. The workshop will consist of: a) a discussion about different types of crises and the role of family doctors/general practitioners in it, b) an interactive presentation of the competences represented in the WONCA tree, c) brainstorming about how to teach these competences with creative teaching techniques.

**Expected Outcomes:**

Video case presentation of the Ukrainian refugee will be presented in the beginning of the workshop. In small groups, participants will share their own experience of teaching in crisis situations and be encouraged to propose solutions to teach selected family medicine core competences in different crisis.

**Points for discussion:**

What is a crisis? Is war different from other crisis and do family doctors have a stable list of core competences despite the crisis situation?

How to teach the core competences of family medicine and do they change during different crisis conditions? Wonca tree is a graphical representation of core competences of family medicine/general practice. But are these competences still relevant in crisis?

Wonca tree is a graphical representation of core competences of family medicine/general practice. But are these competences still relevant in crisis? Should we still teach them and if so, how?

**Workshop / Workshop****Stimulating reflection among GP trainees: using different learning lenses as tools.**

Boukje Van Dijk, Nina Aalfs, Katinka De Vos, Paulien Verhoef, Ad Van Esch

RadboudUMC, 6525 EZ Nijmegen, Netherlands. E-mail: boukje.vandijk@radboudumc.nl

**Keywords:** Reflection, toolbox, innovation, learning method, context-oriented medicine.

**Aim:**

Learn more about an innovative method to broaden and deepen the reflective skills of GP trainees. Think about how you can use this method in your curriculum or to enhance reflection in the workplace. Be inspired by colleagues and learn more about ways they support reflection.

**Methods:**

At the general practitioner training at the RadboudUMC we continuously try to stimulate reflection in new ways. We have developed a toolbox which stimulates reflection to broaden and deepen the view of the trainees. View in a quite literal way: we offer multiple glasses/lenses to help look at different dimensions. For example: learning glasses, social environment glasses, sustainability glasses or evidence-based glasses. The lens toolbox consists of multiple information sheets and a conversation card. The information sheet describes the purpose of the glasses, the situations in which the glasses can be useful and provides sources for background information. The conversation card describes questions you can ask to steer the (internal) conversation. With the glasses we encourage you in our workshop to look at a case or question from these new perspectives.

**Expected Outcomes:**

You will experience that the lens toolbox helps to stimulate reflection on a case or question in a fun, but also deepening and broadening way.

It thus contributes to the development of lifelong learning skills for our GP trainees.

Together with the participants, we will look at how everyone can use this toolbox in their own educational programme.

The participants inspire each other about the ways there are to teach teaching about reflection.

**Points for discussion:**

How do you stimulate reflection in your trainee GPs? Which aspects of the toolbox can be used in your educational program?

Which glasses would you like to add to our collection?

Which glasses are suitable for supervisors, teachers or other authorities?

**Workshop / Workshop****Teaching how to promote vaccine acceptance and uptake through role playing**

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**Keywords:** role play, teaching, learning, skills, promoting, vaccine acceptance and uptake, behaviour change, communication, active listening, person-centred approach, responding to ambivalence and disagreement

**Aim:**

This workshop allows to explore the role of GPs in the vaccination process in detail, acknowledging them as a trusted source of information, taking into account their impact on persons' decisions about personal health and aims to teach and practice specific communication techniques for use in routine practice in immunisation settings. These include being clear (using simple language), using inclusive language, active listening, demonstrating a person-centred approach and staying person-centred, establishing and checking what's important to the patient, encouraging questions, confirming understanding, using communication aids and tools to optimise health literacy.

**Methods:**

We will be playing roles according to prepared scenarios. After the introductory lecture, we will split up into groups of 5 and in each group we will play 3 roles: GP, patient and 3 observers. Participants will alternate in different roles and scenarios, they will share their experiences after each play. Each group will be facilitated by an experienced GP trainer. We will try to make the participants aware of applying several principles: to use plain language, avoid jargon, technical language and abbreviations, limit the amount of information, provide smaller "portions" of information at a time, slow down, repeat key points, etc. At the end of the workshop we will meet again as a whole group, share experiences from several perspectives and summarize what we have learned.

**Expected Outcomes:**

At the end of this workshop, participants will be able to:

- respond to ambivalence and disagreement regarding vaccination,
- elicit person's perspective and motivate individuals to discuss their vaccine behaviour and concerns regarding vaccination
- recognize the attitudes and behaviours needed to develop a person-centred communication style and partnership approach with the vaccination recipient

**Points for discussion:**

Reasons for hesitancy and any other potential barriers to vaccination

to discuss strategies, how to respond to ambivalence and disagreement towards vaccination

Explore with GPs, how their own experiences, perceptions and concerns may impact on their communication about vaccination with persons

**Workshop / Workshop****Self-determination theory in practice: how to motivate your students?**

Saskia Mol

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**Keywords:** student motivation, SDT, educational design**Aim:**

Sometimes students are not interested during class. The causes and solutions vary. A theory that provides practical tools to enhance motivation among students is Self-Determination Theory (SDT). The aim of my workshop is to familiarize teachers in family medicine with this theory and to assist them in incorporating it in their own teaching practice.

**Methods:**

We will alternate theoretical background and practical exercises in 4 cycles. All exercises will be in subgroups, with plenary wrap-ups. As to content: the stages of motivation and the three basic psychological needs (autonomy, relatedness and competence) described by Deci and Ryan will be covered.

The first exercise is about getting to know one another, as an example of the importance of "relatedness" with students. In the second exercise we will use case vignettes of students to help understand the stages of motivation. Then participants will learn to identify the three psychological needs in vignettes of teaching methods. And as a last exercise participants will ameliorate one of their own lessons using their SDT-knowledge.

**Expected Outcomes:**

Participants learn to differentiate between the various stages of motivation and gain insight in to which degree the basic psychological needs are met. They apply this knowledge to optimize their own teaching practice. In addition participants will learn from each other by exchanging teaching experiences.

## Reference

Ryan RM, & Deci EL. Intrinsic and extrinsic motivation from a self-determination theory perspective: Definitions, theory, practices, and future directions. *Contemporary Educational Psychology* 2020, 61, Article 101860. doi-org.proxy.library.uu.nl/10.1016/j.cedpsych.2020.101860

**Workshop / Workshop****Workplace based assessment (WBA) design to encourage heutagogy**

Karena Hanley

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**Keywords:** self directed learning, workplace based assessment, specialist training, entrustable professional activity, dashboard design

**Aim:**

The Irish General Practitioner Training (GP) Programme is moving to Competency Based Medical Education, facilitated by Programmatic Assessment (PA) and Entrustable Professional Activities (EPAs). In conjunction with MyKnowledgeMap (MKM), the ICGP has developed software (ICGP EPA) to capture feedback and entrustment events in a workplace based assessment structure designed around entrustable professional activities. Software development has been guided by the principles of “feedback-for-learning” and growth mindset learning. The resulting data collection and display supports self directed learning, while providing quick access to supervisors and assessors of progress along the training pathway. This aim of this workshop is to involve participants in discussions of self directed learning and how this can be supported, illustrated by the experience of this training programme.

**Methods:**

Short presentation on growth mindset learning and good feedback practice followed by discussion  
Short presentation on design of dashboard for display of workplace based assessment followed by discussion  
Break into 3 small groups- discuss own experience of trainee feedback practice and WBA. Have views/plans for these been altered by workshop? Access provided to a simulated ICGP trainee file to view their workplace data for illustration.  
Plenary.

**Expected Outcomes:**

Exchange of opinions on current understanding of feedback.  
Discussion on how to implement entrustable professional activities through WBAs.  
Illustration of dashboard which condenses large amounts of data for quick access

**Points for discussion:**

How to encourage growth mindset learning

Opportunities and challenges of workplace based assessments

Presentation on 06/10/2023 12:00 in "Workshop 2.4" by Karena Hanley.

**Workshop / Workshop****Creating new ways of delivering undergraduate primary care placements - a report from the UK**

Alex Harding, Sham Agashi, Helen Rogers, Oli Prescott

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**Keywords:** General practice, family medicine, undergraduate, placements, clinical experience

**Aim:**

Evidence shows that lack of capacity in primary care settings is preventing medical students from experiencing primary care at medical schools across Europe. However, evidence also shows that the more experience medical students have in primary care the more likely they are to choose it as a career. So teaching methods that increase medical student experience but do not take up more time and space in primary care can help recruitment.

We have therefore developed a range of new face to face and virtual methods of delivering clinical experiences for undergraduate (and postgraduate) learners to help deliver primary care teaching without taking up space or time of GPs.

**Methods:**

Presentation of a range of new ways of delivering clinical placements and free new online resources that have been developed in the UK

Discussion about how these new methods can be used in different countries to increase the ability of GPs to host undergraduate learners, increase their experience in primary care and improve recruitment to the profession.

**Expected Outcomes:**

Introduction to a range of new methods for delivering undergraduate experience in primary care

Dissemination of associated free resources to support these new methods that can be used by anyone

Understanding of how these new methods can be applied in the context of differing countries

**Points for discussion:**

What do you think of these new methods of learning in clinical practice?

How can you apply them in your own practice?

Presentation on 06/10/2023 15:15 in "Workshop 3.1" by Sham Agashi.

**Workshop / Workshop****Humor in Medicine: (Always look on) The bright side of dark**

Žan Trontelj, Josh Rocchio, Vesna Pekarović Džakulin, Mateja Kokalj Kokot, Andrej Pangerc

Department of Family Medicine, Faculty of Medicine, University of Ljubljana, 1000 Ljubljana, Slovenia. E-mail: zan.trontelj@mf.uni-lj.si

**Keywords:** humor, medicine, destigmatization, coping mechanism

**Aim:**

The aim of this workshop is to demonstrate how humor can be used in addressing and destigmatizing sensitive topics in medicine and medical education, and its role as a coping and even healing mechanism in challenging times.

**Methods:**

Introductory lecture (25 minutes): In the form of a stand-up performance giving some context to the topic and a real-life example of how humor is essential to medical practice, especially in its darkest hours.

Buzz groups (5 minutes): Work in pairs: identifying a real-life scenario from the past, present, or future (an event, a difficult conversation or situation) that participants feel comfortable discussing and that could be addressed from a different, humorous point of view.

Group work (20 minutes): Two to four pairs form a group that chooses one real-life scenario of the ones previously discussed in the buzz groups and make a satire of it for later presentation. That can take a form of a single joke, sketch, role-play scenario, stand-up performance, meme, improvisational theater or anything else. Group leaders are provided to help, supervise, and facilitate the process.

Plenary presentations (20 minutes): Each group presents their work. A single introductory sentence about the background of each presentation is to be given for some context and then the presentation follows.

Wrap-up session (5 minutes) for reflection on how this teaching method can be used on different levels of medical education and to get reacclimated to the normal congress setting.

**Expected Outcomes:**

We expect to establish an open and safe environment for the participants to feel secure enough to share their difficult experiences and, with the help of comic relief, feel at least part of the weight lifted from their shoulders. Based on a positive experience we hope that participants will be able to consider including humor when addressing difficult issues in their teaching practice.

Presentation on 06/10/2023 15:15 in "Workshop 3.2" by Žan Trontelj.

**Workshop / Workshop****Positives and Challenges of hybrid education during crisis**

Oksana Ilkov, Issah Bin Mohammed,, Yurii Sich, Pavlo Kolesnyk

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**Keywords:** blended learning, hybrid education, crisis time, war time

**Aim:**

To identify the positive points that were achieved despite the challenges in hybrid education  
To identify the main challenges that complicated the hybrid educational process

**Methods:**

20-30 teachers of family medicine are expected to participate. 2-3 facilitators will take part  
The workshop will consist of an introductory part - brainstorming on the topic of possible challenges of hybrid education in times of crises.

An interactive presentation of the positive points and challenges of hybrid education in Ukraine  
work in small groups to discuss and reflect on the main steps followed to combat the challenges related to hybrid/blended learning.

**Expected Outcomes:**

There will be a presentation on challenges of hybrid learning in Ukraine, taking into consideration the current crisis of Russian aggression in Ukraine and the steps we took to mitigate the negative impact on teaching family medicine.

Participants will be encouraged to share their own experience with regards to other challenges they faced in hybrid learning and the steps they took to combat these challenges.

**Points for discussion:**

points that were achieved despite the challenges in hybrid education

the main challenges that complicated the hybrid educational process

**Workshop / Workshop****Dilemma's in the supervision for self-regulated learning in GP-specialty training**

Nynke Scherpbier-Dehaan, Roar Maagaard, Edward Mcswiney, Martine Granek-Catarivas, Jachym Bednar, Ilir Mecini, Karena Hanley

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**Keywords:** SRL, supervision

**Aim:**

To give participants tools to safely guide GP trainees in their individual development track. With the explosion in the volume of evidence and understanding of medical conditions and their management, medical practice has changed and Medical Education has changed also. It is no longer about learning the specific management of a range of clinical cases. It is more about ensuring that doctors in training know where to find the evidence, can clinically apply that evidence, and have developed good professional habits in team working, communication skills, record keeping, an ethical approach, resource awareness, time management and self-care. This is why it is now more important than ever to promote self-regulated learning (SRL) in GP training.

**Methods:**

1. Personal stories how GPs developed their own SRL (5 min)
2. Presentation on SRL and the goals of education (10 min)
3. Presentation about the developments of SRL in Ireland (10 min)
3. Break into groups (35 min) for dilemma session
4. Plenary wrap up (15 min)

**Expected Outcomes:**

GP teachers, GP trainers and GP trainees know more about SRL and the goals of education. Furthermore, they have more insights on the dilemma's in supervising SRL and the possibilities to handle these dilemma's.

**Points for discussion:**

which dilemma's do stakeholders experience?

how do they handle these dilemma's?

**Workshop / Workshop****How to make the trainee train the trainer.**

Joachim Froelund Hansen, Martine Granek-Catarivas, Jáchym Bednář

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**Keywords:** Upward feedback; Reverse feedback

**Aim:**

A poor evaluation after ending training in general practice, where the trainee expresses needs for other or different training opportunities, assessment or feedback, will not benefit that particular trainee. Therefore, at the workshop, the aim is, through discussion and collaboration, to discover ways of letting the trainee give feedback to the trainer during the training period and thus not only being able to change the learning environment while training but also at the same time training the trainer.

**Methods:**

The form will be a group discussion using the 'Snowball method'. Thus, in a dynamic and interactive environment, we aim to bring the participants' meanings and ideas on how to make feedback from trainees to trainers work in a clinical setting forward.

The areas in focus will be:

1. What should the feedback contain, and what are the challenges and difficulties?
2. Building a safe learning environment, what should we focus on?
3. The practicalities. How could feedback from the trainee to the trainer occur (Fixed questions, Ono-to-one feedback, when and how often, written/oral, mandatory or not and any other inputs from the participants)?

The session will last 75 minutes.

There will be a 10-minute introduction and 5 minutes of rounding up. The remaining 60 minutes will be used on the three discussion points as suggested above.

**Expected Outcomes:**

The outcome will be concrete ideas to bring home and hopefully implement in the participants' work life. Thus, the workshop will contribute to a learning environment where not only the GP-trainee is trained to become an excellent GP but also where the GP trainer is being trained to become an even more excellent trainer.

**Points for discussion:**

How would training the trainer work in your own context?

How could training the trainer be implemented in your own context?

What are the main obstacles and how can you work around them?

**Workshop / Workshop****Snapshot of the provision and resources of undergraduate GP education: research informing practice**

Alex Harding, Anne Simmenroth, Natalia Zarbailov, Odd Martin Vallersnes, Sonata Varvuolyte, Anisia Jicol, Francesco Carelli, Nino Kiknadze, Valentina Madjova, Milena Cojić, Marek Kučera, Inguna Ločmele, Alessandra Clementi, Helena Karppinen

University of Oslo, N-0318 Oslo, Norway. E-mail: o.m.vallersnes@medisin.uio.no

**Aim:**

Is it possible to change the undergraduate curricula to support and develop family medicine? The EURACT Basic Medical Education Committee has conducted a survey concerning provision and resources of undergraduate education in GP/FM in European universities in 2023. This data will be used to support the debate about undergraduate GP teaching in Europe. It may help GP educators convince decision-makers in their own faculties of the importance of general practice and clinical exposure, and eventually get the resources.

**Methods:**

Facilitators from the BME Committee will guide the participants to choose a group according to their interest (3 different themes). After a short introduction and presentation of the workshop (5 minutes) and challenges and innovations reported by the survey respondents (5 minutes), the participants will have a small group discussion of their own wishes or concerns regarding the renewal of the curriculum (10 minutes).

The next phase is another small group discussion for producing deeper understanding of the survey data that will be provided for the groups (15 minutes). Participants will hear examples from their group members and from the survey responses. Issues about resourcing, amount of GP undergraduate education, or various places to organize clinical experience will all be linked with Kotter's 8 steps change model.

All groups will then visit the two other items as well, modifying World Coffee method (10+10 minutes). The precise methods for the wrap-up will depend on the number of participants (20 minutes).

**Expected Outcomes:**

Participants will be surprised of the variation in Europe and empowered to use the survey results to strengthen the position of GP undergraduate education, including allotted time and resources. They will also help the BME Committee to deepen the understanding of the results of the survey, improve the analyses, and explore and plan how to use the results.

Presentation on 07/10/2023 09:00 in "Workshop 5.2" by Odd Martin Vallersnes.

**Workshop / Workshop****Quaternary and Overdiagnosis Prevention: A Proposal for a New Curricular Unit**

Carlos Martins

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**Keywords:** quaternary prevention, overdiagnosis, Family Medicine

**Aim:**

Medicine and how decisions are made during medical consultations have evolved with increasing medical interventions becoming available for patients and doctors. More intensive exposure to medicine increases the possibility of exposure to medical interventions causing more harm than benefit.

The aim of this workshop is to discuss a proposal for a new curricular unit that would allow us to teach about quaternary and overdiagnosis prevention in the context of Family Medicine.

**Methods:**

A mix of lecture, small group discussions and plenum discussion will be used. Lecture content will include the main concepts' presentation and a structure proposal for the curricular unit.

In small groups, participants will be invited to share their views about the relevance of teaching quaternary and overdiagnosis prevention and to make a SWOT analysis of the proposed structure for the curricular unit.

Plenum discussion will be used to share the main results of small group work and summarize the workshop results.

**Expected Outcomes:**

By sharing their views and comparing different teaching experiences, participants are expected to increase their resources to teach quaternary and overdiagnosis prevention, a challenging field of family medicine.

**Points for discussion:**

Quaternary and overdiagnosis prevention teaching - what are we doing now?

What should we do differently?

What are the better teaching methodologies to teach quaternary and overdiagnosis prevention?

**Workshop / Workshop****How can an independent case-based program (PinPoint Case Platform) be used in education?**

Ruth Kalda, Nele Michels, Pavlo Kolesnik, Vesna Homar, Arabelle Rieder, Milena Kostic

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**Keywords:** PinPoint platform, case-based learning, interactivity, clinical scenarios, critical thinking, personalized feedback, collaborative learning, assessment

**Aim:**

The aim is to introduce how the independent online PinPoint Case platform can be effectively utilized at every level of education to enhance learning experiences, promote critical thinking, and facilitate collaborative problem-solving.

**Methods:**

During the workshop, attendees will explore the following key points:

**Introduction to PinPoint Case:** An overview of the platform's features, user-friendly interface, and tools designed to enhance learning experiences.

**Problem-Based Learning:** To see how complex problems requiring critical thinking and analyzing information can be used in different levels of education: for students, trainees, and as a CME activity.

**Engaging Learning Experience:** Exploring the interactive nature of PinPoint Case, where learners actively engage in analyzing patient histories, interpreting diagnostic tests, and making informed decisions within a simulated clinical environment.

**Collaborative Learning Opportunities:** Exploring PinPoint Case's collaborative features, facilitating discussions, knowledge sharing, and interprofessional collaboration.

**Assessing Competency and Performance:** Discussing the platform's built-in assessment tools that enable the measurement of participants' competencies, clinical reasoning skills, and applying evidence-based practices.

**Personalized Feedback and Reflection:** Discovering how PinPoint Case facilitates personalized feedback, promotes self-reflection, and encourages continuous professional development.

**Expected Outcomes:**

Through this session, participants will gain valuable insights into the transformative potential of the PinPoint Case platform in using this with students, and trainees, and as a self-learning opportunity. They can share experiences about using self-teaching platforms at different levels of teaching.

**Points for discussion:**

What are the benefits of independent case-based on-line learning methodology?

How to use independent online case study as a teaching strategy?

**Oral Presentation / Innovative educational initiatives and experiences****Clinical practice at Medical faculty in Ljubljana - experiences of the first generation of students**

Marija Petek Šter, Vesna Homar

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**Keywords:** early contact with the patient, medicine, dental medicine, clinical mentor

**Background:**

Clinical practice is a mandatory component of our newly introduced study program, started in 2021/22. It serves as an integral part of the curriculum throughout the first to fifth year of study, amounting to a total of 300 hours. First and second year students do their clinical practice in primary care setting, focusing on refining communication skills and developing the essential professional values for medical profession. The aim of this work is to present the content, course and experience with clinical practice in the first generation.

**Methods:**

Upon the completion of the clinical practice, we conducted an online survey to gauge the extent to which the students' expectations regarding the content and implementation of the clinical practice and mentoring were met.

**Results:**

A total of 304 students participated in the survey, representing a 100% response rate. Among the respondents, 245 were medical students, accounting for 80.6% of the participants, while 59 students (19.4%) were dental medicine students. In terms of gender distribution, 271 participants (71.4%) were female. The findings indicate that the students' expectations were largely fulfilled. Notably, the highest-rated aspect of the entire course was the practical experience gained in the clinical environment, receiving an average score of 4.79 out of 5.0 (SD 0.56), with 288 students (94.7%) expressing their strong recommendation of their respective primary care mentors to their peers or colleagues.

**Conclusion(s):**

Primary care practices have proven to be a viable setting for conducting clinical practice for first-year medical and dental students. The experience has demonstrated the feasibility and effectiveness of incorporating clinical training within these practices. In future, our goal is to further enhance the engagement of first-year students by involving them in team-based activities.

**Points for discussion:**

Experience with clinical teaching of preclinical years medical and dental medicine students

Train the trainers - how to provide feedback as an assessment method in a clinical setting

**Oral Presentation / Innovative educational initiatives and experiences****Distance-based education (DBE) during the COVID-19 pandemic in Slovenia**

Danica Rotar Pavlič

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**Keywords:** Distance-based education Medical student COVID-19 pandemic Slovenia Qualitative study

**Background:**

Online education is universally accepted as a cost-effective and time-efficient alternative to traditional education. It is a teaching approach made possible by the development of information and communication technology. However, such an approach entails a number of structural and procedural changes that follow implementation. Changes are often implemented slowly, and things often do not go smoothly, as experts in education theory point out.

**Methods:**

The aim of this study is to examine experiences of medical students about distance-based education in the period of multiple lockdowns in 2020/2021. We used focused interviews to collect data. The questionnaire was developed in the following manner: the first set of questions was developed after studying the literature from Slovenia and abroad about distance-based education in higher education during COVID-19 lockdowns. The researchers then discussed this set to narrow the topics. In addition to preformulated questions, additional sub-questions also typical for focused interviews were asked as part of the research. We carried out a qualitative study using a qualitative content analysis method to analyze the data.

**Results:**

Sixteen interviews were conducted. We defined four categories summarizing students' experiences with distance-based education during the COVID-19 pandemic: 1) technical issues, 2) organization of distance-based education, 3) social exclusion of students, and 4) suggestions for improvement. The categories are exclusive and represent individual topics for further analysis of students' experiences with DBE during the COVID-19 pandemic. The results are supported by quotes from the interviews.

**Conclusion(s):**

Slovenian medical students' experiences with DBE during the COVID-19 pandemic mainly revealed shortcomings in lecturers' computer literacy. Technical issues significantly marked the transition of Slovenian medical students to DBE during the COVID-19 pandemic. This was especially evident in the lack of objective implementation of practical clinical training that suffered the most during the pandemic.

**Points for discussion:**

Computer literacy

Digitalisation

Barriers

**Oral Presentation / Innovative educational initiatives and experiences****Exploring the effectiveness of an on-site simulation-based primary care learning programme for undergraduate medical students.**

Eimear O' Reilly, Ciara Mcmeel, Niamh Murphy, John Frizelle, Nia Glendennen, Walter Cullen

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**Keywords:** Simulation, General Practice, Undergraduate teaching, primary care

**Background:**

Lack of GP practices for student placements is becoming an increasing challenge in medical education due to widespread shortage of GP's in Ireland and increasing student numbers. GP placements form a crucial part of student learning therefore innovative methods of exposing students to general practice must be implemented to ensure they achieve their learning outcomes. Simulated- based learning is an effective solution to this problem as it allows for larger number of students to gain exposure to general practice in one clinical setting.

**Methods:**

Twelve students were invited to attend a simulated-based learning programme based in a GP practice in Dublin. The five-day programme consisted of clinical skills workshops involving mannikins, history-taking/communication scenarios and data recording/interpretation sessions using simulated online GP IT software. The effectiveness of the programme was assessed via feedback from student via an anonymous survey upon completion of the simulated-based learning programme.

**Results:**

Nine students completed the survey (75% response rate). They were asked to rate how useful they found each session on a likert scale of 1 to 7. 7 indicating extremely useful and 1 not useful. On average, the students rated the various sessions as 6.6 out of 7 in terms of usefulness. Students were also questioned on their overall experience of the programme; 77% strongly agreed it helped them achieve the modules learning outcomes and 88.8% strongly agreed it prepared them for their upcoming GP placement. On a scale of 1 to 7, (7 indicating strongly agree), the average score was 6 when questioned if the experience encouraged them to consider a career in general practice.

**Conclusion(s):**

An onsite simulated-based learning programme is an effective and efficient method of exposing students to general practice with the additional benefit of promoting GP as a future career for undergraduate medical students.

**Points for discussion:**

Use of simulated based learning as an adjunct to or replacement for clinical placement to alleviate burden of sourcing GP placements?

Is there a need for advancements in digital technology to enhance simulated experience, for example virtual reality (VR) experiences.

Is simulated based learning as effective as on-site clinical placement? Does it have a role in teaching empathy via VR experiences

**Oral Presentation / Innovative educational initiatives and experiences****Geriatry, new course on the faculty of medicine in Ljubljana**

Janez Rifel

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**Keywords:** family medicine, geriatry, undergraduate medical education

**Background:**

In 2020 a new course of geriatry started on the faculty of medicine in Ljubljana. Before 2020 geriatric topics were included at family medicine, internal medicine, neurology, psychiatry and other courses.

**Methods:**

Department of family medicine and department of internal medicine are participating at the course. Course is compulsory and has 3 ECTS credits, it consists of 9 hours of lectures, 11 hours of seminars, 25 hours of clinical practices and 45 hours of individual work. Students choose to have clinical practices in hospital, nursery home or in family medicine practice. Knowledge and skills are continuously assessed during the clinical practice. Final assessment consists of seminar pro et contra (30% of the grade) and written exam (MCQ 70% of the grade).

**Results:**

Students acquire knowledge, skills and attitudes of specific geriatric syndromes, coordinated care and working in teams. Students graded clinical practices with highest grades. Students appreciate holistic approach that is essential in the care of geriatric patient.

**Conclusion(s):**

Specific geriatric knowledge is essential in modern medicine and aging society. The rise in the number of older, frail adults necessitates that future doctors are adequately trained in the skills of geriatric medicine.

**Points for discussion:**

- 1) Balance between clinical practice and more theoretical forms of teaching (lectures, seminars)
- 2) Cooperation between different departments at the same course: pro et contra

**Oral Presentation / Innovative educational initiatives and experiences****Integrating self-management support fundamentals in primary care: piloting a theory-based learning program**

Lotte Timmermans, Peter Decat, Veerle Foulon, Ann Van Hecke, Mieke Vermandere, Birgitte Schoenmakers

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**Keywords:** Self-management support, Primary health care, Educational program

**Background:**

Self-management support of chronic conditions is a crucial yet complex process. Despite its importance, healthcare professionals face challenges in providing adequate support due to a lack of awareness and knowledge. Before implementing support tools in primary care, it is essential to address misconceptions and raise awareness on the concept of self-management. To address these gaps, a blended learning program focussing on education and enablement of healthcare professionals in primary care was developed.

**Methods:**

We developed a blended learning program based on Horton's Absorb-Do-Connect model. First, we collected evidence from existing literature and from interviews, focus groups, and brainstorm sessions with healthcare professionals. Afterwards, we integrated this evidence in the learning program using the Behaviour Change Wheel (BCW) model by Michie et al. We designed and combined self-learning activities with peer-learning activities. Comprising four different modules, the learning program combines online education, reflection on real-life cases, and discussion with peers. To implement and pilot this learning program, a minimum of 24 healthcare professionals in primary care will be recruited to participate in this study.

**Results:**

To measure the impact of the learning program, we will apply Kirkpatrick's model, focusing on the level of reaction, learning and behaviour. We will employ a mixed-method approach to ensure a more comprehensive analysis of the results. Quantitative data will be collected through an electronic survey (Qualtrics XM), while qualitative data focusing on participants' experiences will be collected through focus groups.

**Conclusion(s):**

To strengthen implementation of self-management support in primary care, we need to tackle misconceptions and knowledge gaps on the concept. By educating and empowering healthcare professionals, we can provide them with the necessary tools and understanding to support self-management in practice.

**Points for discussion:**

Raising awareness through conversation is the essential first step to establishing self-management support.

**Oral Presentation / Innovative educational initiatives and experiences****Medical Leadership Training Framework – The Case of Family Physicians in Their Early Career**

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**Keywords:** Medical leadership, leadership training, medical education, leadership training framework

**Background:**

COVID-19 challenged healthcare systems worldwide, emphasizing the need for adaptable medical leaders. Limited literature is available regarding medical leadership training programs, and especially regarding frameworks for such programs. Our objective is to present a framework for medical leadership training, derived from the analysis of a pilot program for the training of medical leaders. This framework can be applied to train medical leaders in various healthcare environments.

**Methods:**

A one-year long medical leadership training program was conducted that focused on experiential learning and was designed to empower young family physicians (FPs). Twelve FPs with 1-5 years of medical experience began the program; ten of the twelve completed it. In addition, the FPs' mentors and other physicians in management positions also participated in the research.

Data was collected throughout the program through interviews, discussions, questionnaires, observations, and trainee reflections. This data was analyzed qualitatively, allowing us to develop a framework for medical leadership training.

**Results:**

Based on the trainees' experiences, medical leadership core competencies were identified. Our results reveal unique themes from the medical and treatment professions including among others compassion, safe patient care, mindful care, patient-centered care, patient autonomy, and harm avoidance. These values were categorized as "Healing". In addition, universal values emerged, such as integrity, social justice, self-awareness, empathy, communication, non-violence, and more, which are represented by the concept of "Humanity".

**Conclusion(s):**

The proposed preliminary theoretical framework, entitled "H-MERge", amalgamates the three meta-competencies, Management, Education, and Research, with an added-value dimension represented by the letter H, which stands for three terms: Humanity, Healing, and Health.

Our research is unique in that it focuses on integrating values within the context of professional meta-competencies. The H-MERge framework focuses on universal values and concepts and so it can be utilized as the foundation for creating new programs aimed at educating medical leaders in various healthcare settings.

**Points for discussion:**

Have you come across leadership training in other family medicine departments or settings?

Could you share the core principles of medical leadership training?

Are you familiar with any training frameworks, and do you see a need for them?

**Oral Presentation / Scientific Work****Optimal timing of faculty teaching when combined with near-peer teaching: a mixed methods analysis**

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**Keywords:** teaching methods, medical education, ultrasound, near-peer teaching**Background:**

Near-peer teaching is increasingly used in medical education to support or replace faculty teaching. It has many positive aspects for learners and tutors, some of which are explained by closer social and cognitive congruence between learners and near-peer tutors (NPTs).

**Research question(s):**

This study investigates the optimal timing of teaching in a course including both faculty tutors (FTs) and NPTs from a participants' point of view and when comparing examination scores.

**Methods:**

64 third-year medical students underwent a basic ultrasound course, with 75% of lessons taught by NPTs and 25% by FTs. Each of four groups had a different faculty teaching timing. A mixed methods approach used a survey and semi-structured interviews at the course end to elicit learners' preferences, and end-of-course examination scores to look for differences in outcomes.

**Results:**

Most learners preferred having faculty teaching in the second half of the course, saying it would be overwhelming to start with faculty tutors. Learners preferred between a quarter and a third of the teaching to be from FTs, with NPTs rated better at teaching basics, and FTs contributing unique, helpful clinical knowledge. There was no significant between-group difference in examination scores.

**Conclusion(s):**

Medical students preferred most of their teaching to be from NPTs, with some faculty input in the second half of the course.

**Points for discussion:**

Why were NPTs perceived to teach the basics better than FTs?

Why were there no differences in examination scores while participants had such clear preferences in timing of FT?

How should we include NPTs in our curriculum (combined with FT)?

**Oral Presentation / Scientific Work****Surveying undergraduate education across Europe: a long way from the idea to data collection**

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**Keywords:** Methodology; Undergraduated Education, Early Clinical Exposure, Survey

**Background:**

General practice/family medicine (GP/FM) should be the core of the curricula in all universities. Since this is not yet the case all over Europe, research on education may pave the way for necessary changes. Even in one country, the variation in the provision of basic medical education (BME) can be considerable. In the European context, cultural and structural differences add to the variety.

**Research question(s):**

What should you understand before launching a high-quality international survey?

**Methods:**

Examples of European-wide surveys by the BME Committee of EURACT will be used to illustrate the joy that are embedded in doing educational research. GP educators from over 10 countries conducted a survey on the topic of early clinical exposure (<https://doi.org/10.1080/0142159X.2022.2137014>) in 2021. The next survey on the provision and resourcing of GP/FM education in 2023 was more ambitious.

We launched two European cross-sectional electronic questionnaire surveys with closed and open-ended questions. A comparable survey to map European situation we did 10 years ago, allowing us to describe changes. We aimed to have one response from each medical school, but at most ten responses per country.

**Results:**

We learned during the process that each concept should be thoroughly defined. Recruitment is a major challenge. We invited 42 EURACT countries, and received responses from 31 countries. The ways in which different countries implement and administer teaching were eye-opening. The definition of terms such as lecture, seminar, small group teaching or even “full day” seemed to vary extremely. Even more difficult was agreeing on what an “internship” means in the FM/GP setting. Extensive data cleaning loops were necessary, and in the end, not everything could be clarified comprehensively.

**Conclusion(s):**

The survey must represent Europe's diverse healthcare systems, piloting is essential. Still, surprising results emerge. Although time-consuming, it creates a strong foundation for changes also at the national level.

**Points for discussion:**

What research question should we work on next?

How to optimize response-rates?

How to anticipate cultural and structural differences across European countries?

**Oral Presentation / Innovative educational initiatives and experiences****The effect of peer counseling on the performance of presenting original article within the framework of family medicine residency training: A qualitative research**

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**Keywords:** peer counseling, family medicine residency, qualitative study

**Background:**

Peer helping is defined as “a process in which trained, supervised students; that is peer helpers, or peer facilitators; are selected to help other students with personal and academic issues for the purpose of clarifying their thoughts and feelings; exploring options, and alternatives; offering a supportive relationships; and facilitating students in defining their own solutions”. For 2022-2023 academic year, the faculty has started peer helping (counseling) for family medicine residents in one of the courses. For this purpose, it was decided to provide peer counseling for ability to present an original article aiming to increase the research skills including literature review and to learn evidence-based assessment. For each student, a peer counselor was assigned in addition to mentor faculty member and calendar for presentations was created and announced to the students.

**Methods:**

This qualitative research aims to determine the contribution of peer counseling to the ability to present articles, which is a part of family medicine residency training. For this purpose, family medicine residency students who are in their first year and working with a peer counselor were asked about their thoughts on the subject. The data was collected by means of depth interviews using of a semi-structured questionnaire.

**Results:**

The main themes emerging from the analyses were: (1) supportive, (2) motivator, (3) obstacles. Participants described these in their words as;

“Of course, it is nice to get support from teachers, but it goes better with peers... I have received feedback before the presentation.”

“And we can express ourselves more easily, without hesitation.”

“I do not think online interviews are very useful. But in the end, the physical conditions are not always suitable...”

**Conclusion(s):**

In order to apply peer counseling more widely and effectively in family medicine training, it is necessary to consider the experiences of the residents.

**Oral Presentation / Innovative educational initiatives and experiences****Using team-based learning in teaching the principles of communication in medicine**

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**Keywords:** Team-based learning, teaching communication

**Background:**

In 2017 we started teaching the principles of communication in medicine in the 2nd year of medical studies at the University of Tartu. When starting, we faced many problems which did not support students' learning: a lot of students taking the course at once, big study groups and long contact seminars. In 2021 we restructured our course based on the principle of the team-based learning (TBL). Contrary to the traditional teaching model where the teacher assumes the central role and students are passive listeners, TBL participants are actively involved in the learning process. Teachers act as facilitators while the TBL participants work in groups to solve problems through engagement with their peers. Previous studies have found that TBL enhanced learners' engagement, collaborative spirit, and satisfaction. The aim of this study is to describe how the introduction of TBL to this course has changed medical students' assessment of this course.

**Methods:**

To conduct the study we used the data obtained from medical students' feedback that they are recommended to fill out in the study information system (SIS) at the end of the course. We used data from 2020 until 2023. The feedback questionnaire includes different statements that students have to rate on a scale 0-4 (0=does not apply, 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree) and a couple open ended questions (What helped you to study during this course?). The statistical analysis of the statements was conducted using SPSS and thematic analysis was used to analyse the answers for open ended questions.

**Results:**

In this study we included the feedback of 2nd year medical students at the University of Tartu from 2020 until 2023. The results of this study will be presented at the conference.

**Points for discussion:**

What are others experience with implementing TBL?

Presentation on 06/10/2023 12:00 in "Oral Presentations 2: Educational research" by Inga Karton.

**Oral Presentation / Innovative educational initiatives and experiences****Surfing towards death with the patient and your trainees**

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**Keywords:** Advance care planning, will-to-live, training for discussions**Background:**

Most people die in primary care or communities, and the median age at the death is over 86 years. Healthcare costs of the final year of life account for up to a quarter of the lifetime expenditure. If GPs would commence advance care planning and increase the number of living wills, the nearing death might follow the patient preferences - with lower costs.

Many GPs and trainees feel themselves incompetent to start the discussion with their old patients about dying. However, there is nobody who could do it better.

**Methods:**

The listeners will experience a short example of the novel educational activity that can be delivered in any GP practice without an expert teacher. This activity to empower health care professionals to start the difficult discussions about the patient preferences is based on research about will-to-live, living wills and attitudes among older home-dwelling people.

**Results:**

Most older people hope that the GP would ask the difficult questions. The GP educators in the audience may find new insight into traditional teaching: their students, trainees or colleagues may learn the most, if they are challenged with their own attitudes towards death, knowing better and teaching themselves.

**Conclusion(s):**

Self-directed learning in small groups of the workplace is possible, if the structure is simple and easy to follow. Planning the care of the patient in advance (ACP) may be even fun.

**Points for discussion:**

Is this method of ST or CME feasible in your primary care settings?

Is ACP possible in 10 minutes?

**Oral Presentation / Innovative educational initiatives and experiences****Using novel teaching formats for better person-centred dementia management – tried as well as tested teaching formats for educating medical students and early-career GPs.**

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**Background:**

Accelerated by demographic change, dementia will become one of the most vital health challenges across Europe. Research shows that optimal dementia management is based on a person-centred approach – performed by an interprofessional team. GPs play an important role in such teams over the entire course of the disease including early detection, diagnosis, disclosure, and treatment planning.

**Research question and aim**

Despite the need for person-centred dementia care, most GPs who are required for an interprofessional dementia care team are usually not taught practical skills to meet the demands of person-centred management. Since 2016, an interprofessional group of dementia experts and lecturers from South-Eastern Europe has started a series of educational multilateral projects aiming at advancing dementia education for students and early-career doctors.

**Methods:**

These projects include dementia summer schools, dementia master classes, online dementia courses that make use of group discussions, online scenarios, and case-based teaching to achieve sustainable learning outcomes in the field of inter-professional dementia care.

**Results:**

The educational initiative of this expert group comprises several projects where interactive learning experiences were jointly developed and piloted. The undertaken projects are used in different settings at university level and in vocational education and training. Evaluation of the projects demonstrates that innovative educational approaches increase the understanding of the importance of interprofessional dementia care and contribute to a better mutual understanding of profession-specific roles in dementia management.

**Conclusion(s):**

Modern, interactive didactic tools are highly efficient in educating medical professions including GPs on interprofessional dementia management. By sharing the “Lessons learned” from existing educational projects, the educational initiative aims at inspiring others to make use of new teaching formats with the scope of increasing interprofessional collaboration.

**Points for discussion:**

How to select didactic tools to fit the needs of different learner types?

How to advocate for modern teaching at higher education level?

**Oral Presentation / Innovative educational initiatives and experiences****'Meeting Point' Project – A Standpoint for Learning**

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**Keywords:** collaborative teaching, continuity of care, communication between physicians

**Background:**

Due to the growth in recent years in number of patients with multi-morbidity, there is an increasing demand for care in the primary setting. To ensure optimal patient care and continuity of care, an effective physician-to-physician communication is essential.

Despite most medicine practiced in the community; medical students receive most of their training in hospitals. Therefore, the students are less exposed to the course of illness and daily challenges of chronically ill patients. Thus, it is highly important to expose medical students to primary care as early as possible and teach them the principles of communication between physicians.

**Methods:**

'Meeting Point' is an innovative project that brings together family and internal medicine physicians to jointly teach medical students., during their first clinical clerkship.

The project consisted of four meetings, each lasting two hours, led by the internal medicine tutor and a family physician, who came to the ward. During the meetings, the students discussed a hospitalized or a recently discharged patient. An intermittent dialogue was held between the family physician and the internist, in concordance to the stage of the patient journey in the medical system.

Open-ended questionnaire used for subjective assessment of the students' perceptions and learning.

**Results:**

During the project, 12 internal departments participated, 30 meetings were held (62.5% of the 48 planned), 95 students attended, and 12 internal medicine and 13 family medicine instructors taught.

Students recognized the importance of continuity of care, recognized similarities and differences between internal and family medicine. They also deepened their understanding of the essence of family medicine, while observing physicians' ability to provide holistic care.

**Conclusion(s):**

The 'Meeting Point' is a very valuable project for student training. Through collaborative teaching, students have an opportunity to learn from both hospital medicine and community medicine, while bridging the gap between them.

**Points for discussion:**

Tips how to apply collaborative teaching

Challenges that arose during the project

**Oral Presentation / Innovative educational initiatives and experiences****Efficient Time Management for Teachers in Family Medicine: A Practical Approach**

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**Keywords:** time management, continuous medical education**Background:**

Educators in family medicine often work on different fields: clinical work, education, research – and they are engaged in their own personal lives as well. Balancing all these different fields of activities can be challenging. It is then no surprise, that mismanagement of their tasks may lead to stress due to the feelings of not achieving the necessary goals in so many fields in a relatively short amount of time – every day just has 24 hours and not a single minute more. This presentation aims to highlight the importance of effective time management and provides practical techniques to improve it.

**Methods:**

The presentation will emphasize the impact of poor time management (or lack of it) on educational outcomes and will show that implementation of time management skills can prevent it. The presentation will highlight a couple of techniques for effective time management that can be used instantly and can be learned in short time. A very valuable tool for prioritizing (Eisenhower's Matrix), will be displayed as a useful tool for a wide array of people and situations. Recognizing the significance of time management for family doctors, the presentation will stress the need to incorporate this topic into the education of trainees.

**Results:**

Expected result of this presentation is to equip family medicine teachers with effective time management skills that they can share as a continuous professional development activity with family medicine residents.

**Conclusion(s):**

The presentation will address the importance of time management in the context of family medicine education. It will present some powerful techniques that can be readily adopted enabling teachers and trainees to effectively navigate the multitude of tasks they encounter daily, both in their professional and personal lives.

**Points for discussion:**

How to incorporate the suggested techniques in an everyday practitioner's agenda?

What are the fields or contexts where these techniques are not applicable?

Presentation on 06/10/2023 15:15 in "Oral Presentations 3: CPD challenges and innovations" by Ana Perdih.

**Oral Presentation / Innovative educational initiatives and experiences****From screen to diagnosis: Tele dermatology as a game-changing teaching tool for Family medicine doctors**

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**Background:**

Dermatology takes a major aspect in family medicine practice. Many patients present with a skin condition at the physician visit. While most cases might be easy to diagnose and treat, the dermatological knowledge of many family physicians is insufficient, causing too many referrals and incorrect management. Furthermore, waiting time for dermatology consultations is very long in Israel.

**Methods:**

Pinpointing the mentioned needs above, brought us to create in 2018, a WhatsApp group devoted solely to dermatology consultations from our practices. The group members consist of Dr. Zamir, A dedicated senior dermatology specialist, and nowadays, more than 350 residents and specialists. There are strict rules regarding patient privacy, informed consent, responsibility of management and manners.

The group aims to consult clinical cases and share knowledge in dermatology, to learn and gain better experience, and to help family physicians reach the right diagnosis and provide the needed treatment in real time.

**Results:**

During 5 years of activity, there were more than 1000 consultations, among them 70% resulted in a final diagnosis, most of them ended at the family physician primary care with no need for further referral. We counted more than 100 different diseases, representing the rich variety of skin conditions family physician encounter in their practice and feel they need to consult about. The diagnoses range from common lesions as Insect bites to rare syndromes as Sweet Syndrome.

**Conclusion(s):**

WhatsApp Dermatology group is a powerful and efficient teaching tool when used correctly. It promotes physician's empowerment via medical education and thus allowing better case management - reducing unnecessary referrals and allowing patients to get better medical care in shorter time. In the presentation we will provide some interesting examples from our group to demonstrate the benefits of this simple tool.

**Points for discussion:**

- Medical education: How to assimilate the knowledge accumulated in the WhatsApp group to Family medicine teaching program?
- Bioethics: How to cope with challenges regarding medical confidentiality arising from using tele dermatology?
- Medicolegal: How to use tele dermatology consultation in a responsible manner?

**Oral Presentation / Scientific Work****Medical students' career intentions in Europe: Barriers and opportunities for choosing family medicine as a career**

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**Keywords:** Family medicine, career, medical education

**Background:**

In the light of population ageing and the growing burden of chronic diseases all over the world, ensuring effective access to continuous, comprehensive and coordinated care is essential and also a big challenge. Medical students' choice of career affects which doctors we will have in the future. The number of medical students who choose family medicine as their career is not sufficient to meet the needs of the health care system in many countries. Shortage of family doctors means a threat for the services provided in primary care, and by extension for the organization of the entire health care system.

**Research question(s):**

The aim of this study is to describe factors influencing medical students' career intentions in Europe and assess the readiness to choose family medicine as their career.

**Methods:**

Cross-sectional study involving medical students from Belgium, Estonia and Hungary was conducted in 2020. Online survey using SurveyMonkey was used to collect both quantitative and qualitative data. Quantitative data was analyzed using IBM SPSS. Qualitative data was analyzed using thematic analysis.

**Results:**

1601 medical students completed the questionnaire of which 47.7% were from Belgium, 13.4% from Estonia and 38.9% from Hungary. 72.1% of the students want to start a residency in their home country, 14% plan to go abroad to work or study, 9.8% want to pursue PhD studies in their home country and 4.1% (N=65) have other plans. Surgical specialties were the most popular 1st choice among medical students (22.2% of students). Among other popular specialties were internal medicine specialties (17.5%), pediatric specialties (12.6%), emergency medicine and anesthesiology (10.9%). Only 7.9% of medical students would choose family medicine as their 1st choice.

**Conclusion(s):**

Comprehensive and multifaceted solutions are needed to increase medical students' interest in the specialty of family medicine.

**Points for discussion:**

Solutions to increase student interest in family medicine

**Oral Presentation / Innovative educational initiatives and experiences****Strengthening the remote care skills of family physicians improves their willingness to add therapeutic value through telemedicine visits.**

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**Keywords:** Family medicine, telemedicine, comprehensive medicine, attitudes, barriers

**Background:**

Based on recent studies, it was found that family physicians evaluate telemedicine visits as inferior to face-to-face visits and are therefore do not encourage patients to schedule these types of visits, even for situations for which it has been proven that such visits have a benefit and even a therapeutic advantage.

**Methods:**

Leumit Health Services, together with the Ofek Institute for Physician Training, the Center for Simulations at Tel Hashomer and the Israel Telemedicine Community, developed a training course for family physicians, the purpose of which is to strengthen remote examination skills and encourage a proactive approach to the use of telemedicine for situations in which meetings of this type have the potential to provide Added health value. The course instructors were trained to guide the skills of telemedicine visit based on a valid model that divides the comprehensive medical encounter into nine standard stages, which has been proven to enable a beneficial and efficient encounter.

These instructors gave an 8-hour course divided into 4 sessions, in small groups, to about 168 family doctors. 72 (43%) physicians answered a validated online self-reported questionnaires before and after the course.

**Results:**

After the course, a significant improvement in the feeling of being able to perform critical skills was demonstrated (anamnesis 19% ( $p=0.02$ ); physical examination 57% ( $p=0.01$ ); diagnosis 21% ( $p=0.04$ ); treatment 17% ( $p=0.03$ )). The improvement in confidence to conduct an efficient remote medical meeting was 15% ( $p=0.03$ ) and the improvement in confidently conduct a beneficial medical session remotely was 17% ( $p=0.02$ ).

**Conclusion(s):**

Strengthening the remote care skills significantly improves the sense of the family physicians' ability to perform a telemedicine visits.

Further research is needed to learn if this improvement affects the increase in uses and the increase in the quality of telemedicine.

**Points for discussion:**

The similarities and differences in the approach of family physicians in the various European countries towards telemedicine

The knowledge, skills and attitudes that have the most significant impact on the family physician's abilities to make beneficial use of telemedicine.

The other factors that influence the willingness of family physicians to adopt telemedicine and the ability of the course to provide them with an appropriate response.

**Oral Presentation / Innovative educational initiatives and experiences****Triage game: Development and implementation of a game in which you can learn the triage process.**

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**Keywords:** Game Triage Collaboration Gamification

**Background:**

Our General Practitioners care is accessible 24/7, but we have limited capacity both during the day and out of hours. Triage is applied in order to organize the limited capacity of emergency care properly and safely. General practitioners and triagists are jointly responsible for this triage. A well-running triage process is important for the entire emergency chain. It is therefore very important that you, as a general practitioner or triagist, know how the triage process works. There is a shortage of triagists and we need to train a lot of additional triagists.

**Methods:**

The general practitioner training at Radboudumc and the largest training organization for emergency general practitioner care in the Netherlands, Schola Medica, developed this game to provide primary care providers with insight into this process.

Students of Hogeschool Arnhem Nijmegen, Communication and Multimedia Design made a prototype for us. With this prototype we applied for a subsidy from an emergency care fund for education. Together with the future users we made, tested and improved the game.

**Results:**

Within a month of the game's launch in March 2023, 10,000 people have already played the game.

The game is based on the Dutch Triage Standard (NTS) and is supported by the NTS foundation and Ineen, an organization for primary care, including the out-of-hours GPs.

**Conclusion(s):**

Together with all major organizations in emergency care training, we developed a game that all triagists and general practitioners can play for free.

On [www.triagegame.nl](http://www.triagegame.nl) you learn, in a playful way and in a real-life setting, how triage works, which fixed criteria are discussed and what potential pitfalls are. You can learn if you are able to offer your patients the right care, at the right time and in the right place.

**Points for discussion:**

How do you ensure that you collaborate with many different organizations and create a widely supported game?

How do colleagues from other countries train the triage process?

Can we inspire other countries to adopt the framework of this game?

**Oral Presentation / Innovative educational initiatives and experiences****Clinical nutrition education-part of the patient holistic management in the family medicine practice**

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**Keywords:** clinical nutrition, education, family medicine practice

**Aim:**

The aim of the training programme is how to provide the physician with additional knowledge in clinical nutrition:

Understanding the process of nutritional management as part of medical examination

Identification of nutritional disorders: diagnostic process, dilemmas - when a patient has multiple nutritional disorders

Types and uses of medical nutrition in the family medicine practice

**Methods:**

The training is organized in the form of plenary presentation where clinical nutrition is presented as medical discipline concerned with the prevention, diagnosis and management of nutritional and metabolic conditions that develop as a result of a deficiency or excess of energy and/or individual nutrients, often associated with patients acute and chronic conditions. Group discussion and training on diagnostic process will be carried out through the nutritional treatment process (screening, diagnosis, treatment, evaluation and follow up). The training is adapted to the implementation of clinical nutrition management as preventive clinical nutrition, as well as nutritional management and appropriate nutritional interventions for patients with acute and chronic diseases, elderly and vulnerable groups of patients.

**Expected Outcomes:**

Since modern concepts of clinical nutrition are relatively new and for many years the health care of individuals has been based on the concepts of preventive nutrition, the application of clinical nutrition knowledge at the primary care level faces a number of problems.

The management of nutritional disorders in the primary care is a highly team-oriented work (physician, nurses, dietician, kinesiologist, psychologist) and therefore all members should be involved in the training.

Therefore, participant will be introduced with the way and importance of clinical nutrition activity in family medicine. They are designed so that the clinical nutrition activity will also become a regular part of the nutrition education training of health professionals involved in patient management.

**Points for discussion:**

how to implement clinical nutrition treatment in family medicine practice, the importance of team work in clinical nutrition

**Oral Presentation / Innovative educational initiatives and experiences****Designing a new elective subject for third-year medical students on navigating medical guidelines**

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**Keywords:** Undergraduate medical students, new curricula, navigating guidelines, complex medicine, nominal group technique

**Background:**

Understanding how to navigate medical guidelines is an essential skill for future doctors. Recent emphasis has been placed on the importance of prioritization and time management when implementing guidelines into clinical practice. However, traditional medical education is offered topic by topic, with less emphasis given to patient-centred care, grading of recommendations and sometimes conflicting guidelines.

**Methods:**

Our objective was to develop a two-week elective subject titled "The Medical Profession: Navigating Medical Guidelines" for third-year medical students in Oslo. Through an intensive application of the nominal group technique (NGT), a group of five experienced primary care physicians and teachers collaborated during a two-day session to design the subject and its curriculum.

Initially, we had concerns about the complexity of this topic for students at the third-year level due to their limited clinical experience. To assess the subject, the examination was designed to include an individual reflection note and a group presentation. Out of 16 students, 14 consented to having their reflection notes used for educational research purposes.

**Results:**

The NGT process led to development of a subject with interactive lectures, group and plenary discussions, as well as a clinical rotation day. Key topics included research guidelines, sensible choices and sustainability, patient-centered care, medical uncertainty, multi-morbidity, and navigating conflicting guidelines. A longitudinal patient-case video presentation accompanied the teaching with increasing complexity each day. Students were divided into two groups for the clinical rotation day at out-of-hour emergency care and nursing home facilities. Two teachers were present each day of the course to facilitate skill development and discussions. Students provided positive feedback, appreciating the reflection on their future professional roles.

**Conclusion(s):**

The NGT process proved effective in creating an elective subject well-received by both teachers and students. We encourage others to consider using similar models when designing new curricula.

**Points for discussion:**

How can we teach medical students in a way that encourages them to think like competent general practitioners?

**Oral Presentation / Innovative educational initiatives and experiences****Management of smoking behavior: An innovative educational course for primary healthcare professionals**

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**Keywords:** smoking behavior, education, primary care

**Background:**

Even though a variety of effective counseling methods and medical interventions exist, a small percentage of smokers in Greece receive evidence-based advice on smoking cessation by their general practitioner (GP). In addition to there being a lack of time, there is also a lack of education in the management of smoking.

**Methods:**

An innovative educational initiative was developed by the educational committee of HIPPOCRATES - Association of General Practice / Family Medicine of Greece, aiming to raise awareness, educate and motivate GPs and other primary healthcare professionals towards the effective management of smoking. The course was based on structure, experience and expertise of Leonardo EURACT courses. Eight modules, one hour each were prepared, covering topics on smoking addiction recognition and severity assessment, counseling and pharmaceutical intervention strategies, harm reduction theory, health promotion and prevention techniques, collaboration and co-management with other health care professionals. A variety of educational techniques including short presentations, brainstorming, case-study analysis, small group discussion, role-play and audio-visual material constitute the teaching methods. Six experienced facilitators make-up the course faculty.

**Results:**

105 GPs specialists and trainees, nurses, social workers and psychologists attended the 5 courses during 2022-2023 in different regions of Greece. The newly implemented course was evaluated positively and rated as "very useful". The participant's qualitative evaluation highlighted the organizational excellence, the educational environment, the high level of facilitation, the participatory, interactive and experiential character of the courses and the wide coverage of the topic. Also, participants were satisfied with the up-to-date course content and training methods and declared highly motivated to engage instantly in the management of smoking.

**Conclusion(s):**

Our results suggest that the implementation of such an educational course is well-suited for transferring skills, knowledge and attitudes in the management of smoking. It is also time-efficient and suitable for the implementation in primary care training environments.

**Oral Presentation / Innovative educational initiatives and experiences****Possibilities of organizing the postgraduate medical education process in emergency conditions**

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**Keywords:** education process, Ukraine, emergency conditions

**Aim:**

Search innovative high-quality educational methods and implement them in the postgraduate medical education system in the conditions of the COVID-19 pandemic and Russian aggression in Ukraine.

**Methods:**

Now days, it is impossible to imagine the educational process without the influence of information technologies. It is worth remembering that today distance postgraduate education in Ukraine can fully develop only if the following main components are present: regulatory framework; contingent of doctors; qualified teachers; availability of a training program; the appropriate material and technical base (hardware and software (we use the Skype, Google Meet, Zoom, and Microsoft Teams platforms), high-speed communication lines).

It is important in professional development that applicants must have a high level of educational self-motivation, persistent, goal-oriented, therefore, have a sufficient starting level of education and the skills of independent work.

As well, teaching staff must own modern pedagogical and information technologies, must be ready psychologically to work in a new educational and cognitive network environment, update and improve educational and methodological materials, which are formulated basically on own pedagogical, scientific and methodological experience and is their intellectual property.

Traditional forms of educational process provide new features, for example, on-line lectures don't involve live communication. In order to solve this problem, doctors in online mode, using modern means of communication, are given the opportunity actively take part in the discussion clinical cases, analyzing the results of the examination, both clinical and laboratory-instrumental, and are given the opportunity to get answers to relevant questions.

**Expected Outcomes:**

Thus, distance learning is an auxiliary element in the global educational process; it acts as an effective complement to traditional forms of education and should become one of the effective methods of providing education in modern conditions.

**Oral Presentation / Innovative educational initiatives and experiences****Doctors learn (better) together how to teach other doctors**

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**Keywords:** Family Medicine Tutors Training

**Background:**

Doctors are expected to be competent tutors for medical residents despite lacking specific training. In Portugal, Family Medicine (FM) specialty training has gradually shifted towards primary care-based training, making the FM resident tutor a central figure. The Family Medicine Residency Coordination of the Lisbon Region (FMRCLR) proposed an Integrated Tutor Teams (ITT) framework for FM tutors in 2002: collaborative relational peer learning communities focused on andragogic teaching skills continuous development, aimed at addressing specific difficulties in FM residents supervision. Since 2002, ITT have evolved away from the initial framework and into very different working models.

**Methods:**

In 2022 FMRCLR, developed: 1) a questionnaire for ITT representatives to evaluate current models; 2) a learning needs questionnaire for FM tutors to assess personal training needs; 3) formal qualitative feedback from functional ITT; 4) an ITT handbook and 5) workshops on the ITT handbook for FM tutors.

**Results:**

FMRCLR has 660 FM tutors organized in 62 ITT 1) Representatives from 33 ITT replied: 76% ITT met monthly. 81% discussed teaching problems, 73% evaluation issues and 39% discussed teaching skills. 2) 101 tutors answered indicating the need for training in: structured feedback, andragogic teaching skills, identifying learning needs, implementing remediation programs; summative and formative assessment methods. 3) Feedback from seven well implemented ITT was obtained. 4) The handbook was published on the residency platform for ITT representatives and FM tutors. 5) Two workshops on the handbook stimulated discussion regarding its use. Currently ITT are adapting their current practice. Initial feedback has been positive.

**Conclusion(s):**

A collaborative and critical appraisal of ITT current practice led to a guide revising the ITT structure, helping FM tutors to better organize their collaborative learning team meetings according to current FM tutors specific needs. We expect tutor competency to increase and aim to re-evaluate after a 3-year interval.

**Points for discussion:**

Benefits/advantages of Integrated Tutor Teams/collaborative learning teams

Evaluation of stakeholders input in creating practical handbook guide

Models of Training the tutors' programs - risks and opportunities

Presentation on 07/10/2023 10:30 in "Oral Presentations 5: Challenges in assessment" by Inês Maio.

**Oral Presentation / Innovative educational initiatives and experiences****How to define a psychometric and legal defensible cutt-off value when organising a "high stakes" formal multicomponent assessment procedure?**

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**Keywords:** Assessment, psychometrics, legally defensible procedures

**Aim:**

During the past years the attention of educators responsible for organising formal assessment procedures with consequences towards the access of the profession has switched from a "final " previously called "summative assessment" towards the paradigm or "continuous assessment" with a different psychometric approach. In this workshop we intend to discuss how new "end stage final assessments" may remain still psychometric and legally defensible.

**Methods:**

In this workshop we intend to confront participant with a new dilemma. How can we reconsolidate the classical psychometric theories concerning previously organised formal end of training high stakes procedures with the new paradigm that targets continuous assessments from multiple sources. How can we make this new approach psychometrical defensible, judicial tight and legally defensible? We will start our discussion from a previously published EURACT document (The EURACT performance agenda (chapter 4)

We will propose some challenging questions and offer some insights and confront participants with some contradictions, and hope that the interaction with the audience will move us a step further .

**Expected Outcomes:**

1. a clear understanding about the challenges experienced by to each of the participants
2. An input from the participants responsible for formal assessment that will help us a step further towards on how to make our assessment procedures more legally defensible.

Please discover the EURACT performance agenda here . <https://euract.woncaeurope.org/sites/euractdev/files/documents/publications/official-documents/euractperformanceagendad%C3%BCsseldorf2014-openaccessebookversion.pdf>

**Points for discussion:**

How to tackle the new psychometrics ?

What arguments do we have as educators to make our judgments "legally defensible".?

**Oral Presentation / Innovative educational initiatives and experiences****How to train for OSCE stations: the DOMINOS Project**

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**Keywords:** Clinical skills, Objective Structured Clinical Examination (OSCE), training, digital learning environment

**Background:**

Teaching clinical skills is an essential element of medical education, especially important in patient-oriented areas like family medicine/general practice (FM/GP). Objective Structured Clinical Examination (OSCE) is a useful assessment tool often to assess clinical skills. However, OSCE is often precepted by learners to be a stressful and difficult to prepare for. DOMINOS Erasmus+ project responds to this need by creating a European digital learning environment for OSCE training in FM/GP and other healthcare fields.

**Methods:**

A multidisciplinary consortium of six European universities (Paris Cite, Ljubljana, Sapienza, Charite, Leuven and Warsaw) and three healthcare fields (medicine, dentistry and pharmacy) formed a partnership. The partnership is producing 100 OSCE scenarios that can be practiced online. Furthermore, the consortium is producing 60 "serious games" – computer games that mimic OSCE stations in a virtual environment. Examples of e-OSCE scenarios and a serious game related to FM/GP will be presented.

**Results:**

At the end of the project in 2024, all produced resources (eOSCE scenarios and serious games) will be available as an open source for undergraduate students. About one quarter of the produced materials are expected to be relevant to FM/GP.

**Conclusion(s):**

The project will give students a digital learning environment for OSCE training in FM/GP and other healthcare fields. The consortium's collaboration will foster the harmonization of different practices and offer innovative solutions from various healthcare disciplines, including FM/GP. This initiative ultimately seeks to empower students with digital resources and diverse perspectives to support their clinical skills development.

**Points for discussion:**

What are the challenges of OSCE training?

What are the pros and cons of a digital learning environment?

How does the international and multidisciplinary approach contribute to the project results?

**Oral Presentation / Scientific Work****Microsoft Bing Chatbot passes a medical graduation exam and helps to find questions with flaws.**

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**Keywords:** exam, artificial intelligence, ChatGPT, Bing

**Background:**

Chatbots using large language models have raised much public and scientific attention. ChatGPT can pass exams in various fields with 40 to 70% correct answers. ChatGPT passed an undergraduate primary care exam but was outperformed by 98% of the students. Often, ChatGPT answers with hallucinations (a confident response not justified at all by the current state of the art). More recent bots have not been extensively evaluated.

**Research question(s):**

Can the new Microsoft Bing Chatbot pass the multiple-choice medical license exam at the university of Antwerp? What is the proportion of hallucinations? Can incorrect AI answers be used to detect questions with flaws (question is unclear or answer is disputable)?

**Methods:**

The exam was translated using DeepL followed by human adaptation. Questions containing images/tables and questions concerning frameworks/models that are only used locally were excluded. The remaining 95 multiple choice questions were copied to Bing, each one to a new chat in the precise mode. In case of wrong answers, the authors screened the answer for hallucinations and the question for flaws.

**Results:**

Bing passed the exam with a score of 72/95 or 76% (cum laude). A wrong answer was given for 13 questions, no answer for four questions, an unclear answer for five questions and in one case, two answers were given. Among the 22 incorrect answers, two hallucinations were found. Three questions were unclear, and two answers were disputable.

**Conclusion(s):**

The new Microsoft Bing chatbot passed the university of Antwerp medical graduation exam. Medical teachers can use AI bots to detect those questions that need careful review. More research is necessary in the field of general practice teaching.

Note: Because AI is evolving at an exceptional pace, recent results from multiple bots will be presented at EURACT.

**Points for discussion:**

Should we use AI to detect questions that need a review?

Can we use AI to make better exams?

How should we use large language model in medical teaching?

**Oral Presentation / Innovative educational initiatives and experiences****Development of TOEKAN, a 360° evaluation tool for the clinical learning environment in General Practice postgraduate training**

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**Keywords:** workplace learning, clinical learning environment, evaluation tool

**Background:**

The General Practice (GP) postgraduate program exists for 80% out of workplace learning. The quality of the clinical learning environment (CLE) has a direct effect on the quality of training and the professional development of GP trainees.

**Methods:**

Participatory research was used to involve all stakeholders in the development process of a 360° evaluation tool that should improve the average quality of GP training practices, guide GP trainees towards the best training practices and detect and remediate GP trainers of lower quality.

**Results:**

TOEKAN (Tool for Communication and Evaluation of Quality Standards) was developed, which consists of a 72-item questionnaire for GP trainees and GP trainers and an 18-item question naire for those who coach and remediate GP trainers. The outcomes of the TOEKAN questionnaires are visualized in an online dashboard.

**Conclusion(s):**

TOEKAN is the first 360° evaluation tool for CLE in GP education. All stakeholders will complete the survey on a regular basis and have access to the results. By creating intrinsic and extrinsic motivation as well as mediation measures, the quality of CLE will improve. Continuous monitoring of the use and outcomes of TOEKAN will allow to critically review and improve this new evaluation tool as well as support the broader implementation.

**Points for discussion:**

Involving all stakeholders in the designing process of the 360° evaluation tool allowed us to create a feasible and comprehensive tool.

By involving all stakeholders in the evaluation of the clinical learning environment we generate overall awareness on the importance of a quality clinical learning environment.

The visualisation of TOEKAN-results facilitates immediate implementation and aims to increase intrinsic motivation as well as extrinsic motivation and responsibility.

**Oral Presentation / Innovative educational initiatives and experiences****Jury'Summit: certify with equity**

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**Background:**

In Portugal, the family physicians' residency final exam has three parts: theoretical, curricular and practical. The theoretical part is a multiple choice test. The other two are evaluated by a jury. This jury applies 2 different grids to classify the candidate's CV and the practical exam. For the practical exam one of the jury performs a simulated-patient. The aim of the Jury'Summit is to provide the jury members with training and to standardize their procedures.

**Methods:**

A one-day training module was put in place. All the jury members were summoned. Present were 40 jury. For the curricular part, the evaluation grid was presented and exercises done to practice classifying excerpts of selected CVs, followed by discussion. For the practical part, the exam structure was presented along with the evaluation grids. A video recording simulation of a practical exam was analyzed. Role playing of the simulation followed and the difficulties of this performance discussed. At the end, the classification of the candidate's practical exam using the grid were practiced.

**Results:**

Feedback of the training module was requested to the trainees. They considered the experience very positive and important to make procedures uniform amongst the jury elements, as well as increasing their confidence. They suggested this module should take place every year and added suggestions to improve in further editions. After this module, a forum was created to stimulate discussion during the exam season.

**Conclusion(s):**

This was an innovative educational initiative promoting a more balanced application of the evaluation tools on the residents, which guarantees greater fairness to the process, which ensures greater competency to the jury members and improves their confidence levels. We envisage that the adoption of this training procedure as a whole would benefit the country, should its application be widespread.

**Points for discussion:**

Empowerment of juries

Reduction of asymmetries between juries

Fair evaluation

**Oral Presentation / Innovative educational initiatives and experiences****Online synchronous pedagogical quality cercles as a training model for clinical teachers**

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**Keywords:** training in pedagogy, clinical supervisor, quality cercle, internship, medical students, community-based education

**Background:**

Community based education in family medicine/general practice (FM/GP) provides an excellent learning environment for medical students and is recognized as an increasingly important part of undergraduate and postgraduate training curricula. Providing excellent clinical teachers is a challenge in all settings and training is traditionally organized as an interactive workshop program with disappointingly low uptake rates. Faculty developers need to find new and innovative ways to engage their clinical teachers in continuous professional development as supervisors.

**Methods:**

Since September 2020, the Geneva University Institute of Family Medicine, Switzerland, organizes monthly pedagogical quality cercles (PQC) of 1 hour and a half for clinical supervisors in the community during the placement of their students in FM/GP. During a lunch-break video conference meeting, clinical supervisors bring forward problems encountered with their student and through a process of experience-sharing, problem-solving and role-playing, the participants find solutions adapted to their teaching context. During the process, the facilitator who is part of the academic faculty development team, brings forward pedagogical tools and knowledge about curriculum requirements as questions arise, thus adapting to the pedagogical needs of the participants.

**Results:**

Over the last 3 years, clinical teachers of final year medical students who are doing a monthly placement in the community have participated regularly in a PQC that is based on practical problems of supervision (professionalism of students, how to give feedback, formative and summative assessment are examples) encountered during clinical placements of medical students. Satisfaction is high among participants and participation rates are between 40 and 50 %.

**Conclusion(s):**

Through short innovative synchronous training sessions organized for groups of clinical supervisors, clinical teachers in primary care can improve their supervising skills during placements of their students. Clinicians can thus develop a common identity as reflexive teachers which is the basis of a community of practice of clinical teachers.

**Points for discussion:**

Can PQCs include clinical supervisors of medical students of different levels?

Should PQCs be made compulsory?

Can PQCs help to identify students in difficulty?

**Oral Presentation / Innovative educational initiatives and experiences****Train the Trainers Program development for Family Medicine resident tutors**

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**Keywords:** Family Medicine Training Tutors Program

**Background:**

In Portugal, Family Medicine (FM) specialty training has gradually shifted towards primary care workplace-based training making the FM resident tutor a central figure. FM tutors have no national training program, certification or formal assessment, although the FM Residency Coordination of the Lisbon Region (FMRCLR) evaluates the tutor's profile for teaching and offers each first-time-tutor a basic tutor course.

**Methods:**

FMRCLR used several strategies to develop a Train the Teachers program for 660 FM resident tutors: 1) Collaborating on the national FM tutor's skills and competency profile; 2) FM tutors learning needs questionnaire to assess personal training needs; 3) Revised basic first-time-tutor course in b-learning format; 4) Workshops on leadership, workplace-based assessment, feedback, video consultation analysis, narrative medicine and empathic communication skills. 5) Access to resident training courses, some partially adapted emphasizing tutor-relevant skills; 6) Organizing an on-site, tutor joint training Open Day.

**Results:**

1) The national FM tutor profile was published for educational supervisors and tutors. 2) 101 tutors replied the questionnaire requesting training in: structured feedback, andragogic teaching skills, identifying learning needs, implementing remediation programs; summative and formative assessment; 3) 95 tutors attended the b-learning updated format basic course, with positive feedback. The online content allowed continued access to relevant information. 4) 136 participants completed tutor workshops with positive feedback; 5) 61 tutors completed FM resident's courses. 6) 61 tutors attended the 2022 Open Day and 72 de 2023 Open Day with positive feedback.

In total, there were 353 participant tutors in FMRCLR courses during 2022.

**Conclusion(s):**

The program was implemented based on learning needs and the national "ideal FM tutor" profile. Participation uptake was encouraging and feedback was positive. We expect it to have a positive impact on tutor and resident motivation, competency and satisfaction. We aim to re-evaluate after 3-years and hope to contribute to regular FM tutor assessment/recertification criteria.

**Points for discussion:**

Development of a structured Train the Trainers program

Continuous tutor training and Tutor certification

Andragogic participative "Leonardo EURACT" methods in tutor training

**Oral Presentation / Innovative educational initiatives and experiences****Between a 'Learning Contract' and a 'Personal development Plan', between learner and teacher- Who is responsible for change?**

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**Keywords:** GP residency program; Personal Development Plan; Learning Contract; Self-directed learning; Learner centered medical education.

**Background:**

Learning contract (LC) and personal development plan (PDP) are both tools used to facilitate personal growth and development of learners, but they have some key differences. The change of terms reflects a shift of values, towards respecting the autonomy and responsibility of learners and facilitating self-directed learning. As residents come from diverse backgrounds and possess unique learning needs, program directors and instructors having health-care system constraints and responsibility for high-quality standards of medical training, often find themselves in a dilemma between values.

**Methods:**

We conducted a discussion regarding the LC and PDP tools, conflicting values, challenges and constraints in the context of our family medicine residency program in Israel. Residents were divided into 3 characteristic groups by our department leading staff according to their performance in clinical and academic tasks, reflecting their learning/professional needs and gaps. Each group required different level of involvement from the department staff to achieve goals. Choice of tool between PDP and LC differed accordingly. In one group LC was declared mandatory and implemented with supervision of senior instructors dedicated to the project. The other two groups will be offered either LC or PDP as an optional tool. Project effectiveness is being evaluated by residents' feedback, internal assessment tools and certification exams success rate.

**Results:**

The project is still ongoing. LC tool has been implemented as mandatory in one group of 10 residents so far. Preliminary results suggest improvement in Certification exams success rate compared with previous years, although not of statistical significance.

**Conclusion(s):**

LC and PDP are important tools for facilitating learning and personal development. Both tools have advantages and limitations in GP residency programs. Our presentation focuses on the differing perceptions of roles and responsibilities between learners and instructors/program-directors in the implementation of LCs and PDPs. The choice of tool should align with individual resident requirements, reflection abilities, self-directed learning skills, motivation and goals.

**Points for discussion:**

Roles and responsibilities of learners and instructors/program-directors in planning and promoting professional development

Advantages and limitations of LC and PDP in GP residency programs

values and conflicts related to learner centered approach in medical education

**Oral Presentation / Scientific Work****Enhancing Alignment between Competencies and Clinical Workplace:  
Implementing Entrustable Professional Activities in the Flemish GP Training**

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**Keywords:** workplace-based assessment, competency-based medical education, EPAs, competency development

**Background:**

Although competency frameworks have been rapidly gaining popularity in postgraduate medical education, early implementation attempts have revealed several obstacles. These obstacles include context dependency, language barriers and challenges in successfully integrating competencies in workplace settings. To address these obstacles, the concept of Entrustable Professional Activities (EPAs) has emerged.

**Research question(s):**

Are the EPAs appropriate for assessment in the workplace?

**Methods:**

To bridge the gap between competencies and workplace, we developed an educational intervention based on EPAs for the Flemish GP Training. The EPAs functioned as learning outcomes for different assessment moments and types in the workplace. Initially, we developed a comprehensive list of 62 EPAs, each corresponding to different types of care and practices, commonly found in Primary Care. To ensure validity of the EPAs, we engaged in discussions with various GPs. The EPAs were integrated into the existing e-portfolio utilized by GP trainers and GP trainees for assessment in the workplace. To assess the implementation process, we used a longitudinal cohort design measuring the acceptability of the EPAs for both trainers and trainees at three different time points through surveys, consisting of close and open-ended questions. We analysed quantitative data with descriptive statistics, while we used content analysis for qualitative data.

**Results:**

Out of 600 trainers and trainees, 330 filled in the first survey, 235 trainers and 95 trainees. Answers from both groups indicated that the EPAs were deemed as acceptable for assessment in the workplace. Specifically, 42 trainees and 111 trainers thought that the EPAs were acceptable for assessment purposes. From the content analysis, we discerned three categories: 1. EPAs as novelty, 2. Need for additional training, 3. Importance of simplified supporting information.

**Conclusion(s):**

Our early findings provide valuable insights into EPAs implementation. The need for ongoing support, training, and streamlined resources are of high importance to optimize their use.

**Points for discussion:**

1. Overcoming obstacles in the early implementation of educational interventions
2. Assessing competencies in clinical workplace
3. Lessons learned from implementing EPAs

**Oral Presentation / Scientific Work****The experience of meeting a medical student at the GP's office**

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**Keywords:** Clinical placements, patient experience, undergraduate students

**Background:**

Practicing the role of a doctor with real patients is essential to integrate theoretical knowledge and practical skills. With an increasing number of medical students and longer durations of clinical placements for each student, more patients will encounter a student in the doctor's chair in the future. How do they experience it? Previous studies have focused on students and supervisors in clinical practice. Fewer have explored the patient's perspective. Patients may perceive that students have more time and are more thorough in their examinations, and they feel that they contribute to the students' learning by sharing their own stories and experiences. However, they may be hesitant with regards to mental illnesses or intimate examinations.

**Research question(s):**

In this study we aim to explore patients' attitudes and experiences meeting medical students at the General practitioners (GP's) office.

**Methods:**

Students in the later stages of their studies in Oslo and Bergen invite patients to respond to an anonymous questionnaire about their attitudes towards meeting students at their GP's office. Patients are recruited in the waiting rooms of the GP practices, where the students are in placements, and they respond digitally on their own smartphones or an available tablet. Responses are stratified based on whether respondents have had a personal experience of a student encounter or not. Those who have recently had a student consultation will also be asked detailed questions about their experience.

**Results:**

The survey has been piloted at two doctor's offices in Bergen and data collection will be performed throughout 2023. Preliminary results will be presented at the conference.

**Conclusion(s):**

To facilitate best possible clinical learning, we need to learn more about how patients experience meeting students. Through this study, we aim to facilitate good learning experiences while ensuring that the patients are well taken care of.

**Points for discussion:**

How to facilitate best possible clinical learning for medical students in clinical placement?

How to take care of the patients when meeting a medical student in the GP's chair?

**Oral Presentation / Innovative educational initiatives and experiences****“Put yourself in their shoes” - Educational experience of an Empathic Communication and Narrative Medicine course for portuguese Family Medicine tutors and residents**

Marta Marquês, Eduardo Sousa, Filipa Alvarez, Joana Amaral, Luisa Pereira, Mara Silva, Marta Goes Freitas

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**Keywords:** Empathy; Narrative medicine; Communication training; Professionalism

**Background:**

While empathy and professionalism are basic competencies to entrustment decisions on Family Medicine (FM) residency, their teaching/learning remains a challenge. Rich clinical context experiential methods are the cornerstone of its acquisition. Narrative competence training contributes to an empathic attitude. FM primary care setting training goals are based on clinical reasoning in care delivery. Empathic skills and professionalism are often underrepresented in curricular goals.

**Methods:**

An optional, b-learning, narrative approach curricular course on person centered medicine and empathy was developed, for FM tutors and residents in Lisbon, Portugal. Faculty included an educational supervisor and six final year FM residents. Each course implied two 7h-on-site moments, separated by 6 weeks of online asynchronous narrative medicine exercises (“in a patient's shoes”).

Teaching methodology included icebreakers, buzz groups, short lectures, pre-test and post-test questionnaires, small group tasks, role-plays, narrative writing and overall course assessment.

The course assessment included: a pre and post-course knowledge multiple choice test; informal feedback at the end of each course and an online expectations and overall gains questionnaire.

**Results:**

The courses were held in 2022 and 2023, for a total of 32 FM residents and 18 tutors. We obtained 50 pretest and 49 post test responses, with a rise on correct answers from the pre- to the post-test in both course groups (residents: 71,5 to 88%; tutors: 67,5 to 87%). Subjective feedback was very positive. Simple suggestions regarding workshop improvement were immediately integrated into next editions with benefit. Both tutors and residents suggested a level 2 empathy course as beneficial in the future.

**Conclusion(s):**

This empathic communication and narrative medicine educational course addresses soft-skills competence acquisition, with the learners gaining further knowledge on the theme and giving very positive feedback. Further research is required to establish positive impact of this training on the acquisition of empathy and professionalism.

**Points for discussion:**

How to teach empathy and professionalism

Educational experiences for teaching communication skills

Assessment of course impact on soft skills

**Oral Presentation / Innovative educational initiatives and experiences****Administration game app for general practice**

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**Keywords:** Postgraduate doctors, lack practical skills in administration og leader skills

**Background:**

Postgraduate fase 3 doctors in Denmark have asked for more practical skills in administration and leadership skills in the establishment process in buying a clininal practice

**Methods:**

This game app is develop by Nhat Ngo and associate teachers to adress these skills . 12 cases to help doctors to reflex upon These skills , in establishment , IT , economy, leaderships skills , cooperations skills and more together with tutors .

**Results:**

The game app general practice “ Almen Praksis Spillet “ is available for all postgraduate doctors in Denmark

**Conclusion(s):**

The game app is one reflective way to help postgraduate doctors to lower the fear of their lack of practical skills in administration and leadership. The app will help and assist them reflect upon administration and leadership skills in general practice with their tutors

**Points for discussion:**

What Challenges do you have in Your country regarding postgraduate doctor lack of practical administration and leadership skills

What and how can you assist for Your postgraduate doctors to get practical skills in administration and leadership skills in general practice

How can you assist Them in the future in your country ?

**Oral Presentation / Innovative educational initiatives and experiences****How to teach about violence in healthcare environment?**

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**Keywords:** violence, healthcare, working place safety

**Background:**

Workplace violence (WPV) encompasses physical violence, harassment, intimidation, and disruptive behavior at the workplace. As an increasingly common phenomenon in the healthcare environment, it is affecting and involving healthcare workers, patients, clients and visitors. Only a safe and peaceful working environment enables the delivery of a high quality, professional and patient-friendly healthcare.

Tragic outcomes and increasing frequency of reports on violent incidents suggest the need for raising awareness and raising competencies of the healthcare workers in this domain. In this presentation, an example of educating medical staff in their own environment as a form of continuous medical education (CME) will be described.

**Methods:**

In 2017, a multidisciplinary group was established at the Medical Chamber of Slovenia. In addition to its other activities, the group of experts also conducts interactive trainings in which a police inspector, a bachelor of laws, a psychiatrist, a registered nurse, and a family practitioner/specialist of family medicine. The training is intended for all healthcare workers. It consists of a 4 hour interactive workshop, which is typically conducted in the health setting of the hosting institution.

**Results:**

The workshop has been conducted four times, three times in the hospital environment and once in a healthcare centre in a small town. More than 100 participants were actively contributing to the contents of the workshop by discussing the vignettes provided by the group as well as discussing their own cases and dilemmas. Their anonymous evaluation sheets reflect satisfaction with the workshop.

**Conclusion(s):**

While workplace safety is primarily management's responsibility, healthcare workers also play an active role. Knowledge is pivotal in recognizing and addressing violence. By educating about this topic and progressively enhancing competencies at various educational levels, the workshop described in this presentation aims to create safer healthcare settings for patients and staff. In the future, this topic could be also included in other levels of education.

**Points for discussion:**

Which kind of violence is the biggest challenge in your working environment?

Who is responsible for the workplace safety at your workplace?

What preventive measures have been taken to prevent violence in your working environment? If none, what measures could be implemented, according to you?

**Oral Presentation / Innovative educational initiatives and experiences****Multidisciplinary Department: Priorities and Difficulties (Teaching Experience)**

Olha Kovalenko, Olha Protchuk, Oleksandr Kononov, Liliانا Klymenko, Tetiana Silina, Teniana Bukhanovska, Tetiana Tytova, Oksana Pogorila, Ludmyla Matvyets, Natalia Kukharska

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**Keywords:** general practice - family medicine, the multidisciplinary department

**Background:**

The improving the professional education of family doctors does not lose its relevance, which is even more acute during the war in Ukraine, the consequences of the COVID-19 pandemic, and social and environmental instability throughout the world. There are several forms of training for general practitioners, the priorities and shortcomings of which are debated.

**Methods:**

\_to share work experience in training family doctors within the team of teachers of the multidisciplinary department

**Results:**

The multidisciplinary department of family medicine and outpatient care was created in 2012 with the aim of training general practitioners by the leadership of the P.L. Shupyk National University of HealthCare of Ukraine and with the direct participation of Professor Larysa Matyukha

As a result of the work of the department, which includes scientific and pedagogical workers who, in addition to specializing in family medicine, have training and significant practical experience in various specialties (therapy, pediatrics, cardiology, neurology, otorhinolaryngology, surgery, endocrinology, hematology, gynecology, etc.), the priorities of a multidisciplinary approach within one department were clearly marked, namely:

- A clear attitude of each teacher to the training of the ZP-CM doctor - a conceptual holistic approach that increases the quality of training!
  - Reasoned advocacy of the importance and priorities of family medicine in society.
  - Simplicity in communication among themselves. Flexibility and creativity of the department's employees in the training of family doctors.
  - Possibilities of certain exchange during teaching
  - Possibilities of training and teaching trainees at separate optional thematic seminars, workshops with deepening of knowledge and practical skills in the field of related specialties.
  - Optimization of clinical work – contacts with practicing doctors, compatible councils, etc
- ... And the difficulties? Difficulty for head teachers in creating class schedules.

**Conclusion(s):**

A multidisciplinary approach within one department in the training of general practitioners is effective, modern and promising.

**Points for discussion:**

A request to colleagues-teachers from other institutions and countries to share their experience, to indicate the priorities and difficulties of the educational process and the form of organization of the pedagogical process used in their institutions.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Against Shortage of Junior Staff and Prejudices - Presentation and Reflection of a Medical Program with a Focus on General Medicine**

Tim Peters, Bettina Leeuw, Lea-Mareen Höft, Julia Sternal, Christiane Muth

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**Keywords:** curriculum, general practice, medical education, longitudinal

**Background:**

General Practice often has a difficult standing among medical students, which may be one of the reasons contributing to the lack of general practitioners across different countries. Studies suggest that this is partly related to the inadequate implementation of General Practice in medical curricula. At Bielefeld University, a new program in medicine started in 2021 – with a particular focus on General Practice.

Research Question: How is it possible to organize teaching General Practice longitudinally throughout the whole curriculum and how is this accepted by students?

**Methods:**

General Practice is taught in each of the 12 organ- and topic-specific modules over the semesters 1-10. In addition, there are four internship phases and two phases of continuous contact (for 2.5 years) with a specific patient. A digital platform is used to coordinate different formats. Finally, General Practice is also taught in Science Literacy modules; examples are evidence-based medicine or conducting systematic reviews on General Practice topics.

**Results:**

With a total of 272 teaching units (45 minutes each), General Practice is the subject with the highest amount of teaching units in the curriculum. The evaluation of the first practical phases (n=102, scale 1-10) shows that the students felt very comfortable in the first two internships in general practices (Mean Value (MV) = 9.2, standard deviation (sd) = 1.6), and they consider practice assignments as a very good experience (MV = 8.7, sd = 1.8). Evaluation data are currently collected for the first four semesters and will be presented at the congress.

**Conclusion(s):**

Implementation to date has shown that it is possible to teach General Practice longitudinally in the first four semesters. First evaluations show that the teaching formats were positively assessed by the students. The teaching of Scientific Literacy may also help to raise interest in General Practice and reduce prejudices.

**Points for discussion:**

Will it really improve medical students' attitudes toward general practice by the end of medical school?

Can it be implemented also in very large student cohorts?

Should other outpatient disciplines be integrated?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Creating and implementing standardized patient protocols for teaching patient-centered communication skills**

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**Keywords:** standardized patient, communication skills, patient centricity

**Background:**

In healthcare, a simulated patient (SP), is a person trained to act to simulate the symptoms or problems of a real patient. SPs have been successfully used for education, health care professional evaluation, as well as basic and applied medical research for several decades already including for teaching communication to medical students. Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. Motivational Interviewing Standardized Patients (MISP) have been used by MI researchers, and MI evaluators for many years. The study conducted in 2021-23 was design to measure the effects of implementation of a MISPs in both learning and assessment of skills within the subject of Patient-centered Communication of 3rd year medical students.

**Methods:**

The aim of study was to implement MI-based, standardized patient-assisted learning in the communication skills curriculum of the medical faculty of the University of Tartu.

133 students participated in the main study, 41 of them formed the research sample. Coders evaluated pre-post training MI-based interviews (n=82). Interviews were conducted with SPs based on standardized protocols. Global scores and behavior counts were coded according to the MITI (Motivational Interviewing Integrity Code vers 4).

**Results:**

Changes over time were statistically significant for Partnership ( $t=-2.893$ ;  $p=0.006$ ), Empathy ( $t=-3.108$ ;  $p=0.003$ ) and Cultivating Change Talk ( $t=-3.435$ ;  $p=0.001$ ). In Behavioural Counts the number of Complex Reflections increased statistically significant extent ( $p=0.001$ ) and there was a positive tendency in the decrease of Persuasion ( $p=0.052$ ).

**Conclusion(s):**

Both the pilot study and the main study indicated the improvement of skills and the growth of self-confidence and, above all, the appreciation of communication skills as a doctor.

**Points for discussion:**

different possibilities of teaching communication skills in the auditorium

advantages and disadvantages of standardized patients compared to roleplays with co-learners and real patients

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Development, conduction and evaluation of an examination course for general practice - diagnostic strategies without the use of diagnostic equipment**

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**Keywords:** physical examination course, general practice, diagnostic strategies, inherent diagnostic uncertainty

**Background:**

Within the framework of the planned new licensing regulations for physicians, the Institute of General Practice (IGP) is expanding the range of medical courses in general practice offered at the Otto von Guericke University of Magdeburg. A physical examination course in general medicine has been developed at the IGP. In this course students should learn diagnostic strategies without the use of diagnostic equipment in order to deal with the inherent diagnostic uncertainty in general practice. The accompanying study investigates whether the learning objectives of the physical examination course can be reached more effectively with a classical, face-to-face lecture and seminar format or with a digital e-learning course.

**Methods:**

The used method for the evaluation of learning effectiveness is a cluster-randomized controlled study. Half of the seminar groups (clusters) of the sixth semestertake part in a lecture (online via Zoom) and a face to face seminar, while the other half of the groups participate in a digital e-learning course in Moodle. We will measure the performance level of the students before the course in a survey (primary outcome) and compare it to the performance of the students in an objective structured clinical examination (OSCE) (secondary outcome) in order to evaluate the overall learning effectiveness (outcome).

Furthermore, we carry out a qualitative and quantitative evaluation of the teaching and learning process (e.g. experienced benefits).

**Results:**

The results of the planned accompanying study (will be available at the time of the congress) should firstly clarify whether the course contributes to a positive learning effect and secondly whether the learning effectiveness is as great in the digital e-learning course as in the face-to-face lecture and seminar format.

**Conclusion(s):**

Depending on the results, it can be decided whether the examination course will be implemented in an analogue face-to-face or digital teaching format at THE IGP in the future.

**Points for discussion:**

Is dealing with inherent diagnostic uncertainty in general practice also relevant for other specialties in medical education?

Can a digital teaching format meaningfully replace an analogue face-to-face format?

What opportunities and risks does the audience see in a digital e-learning physical examination course?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****From emergency care to care planning - paradigm change for patient simulations**

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**Keywords:** simulation, general practice**Background:**

Simulation means alterned reality which has to be realistic enough to allow participants to reach predefined goals. Simulations require lots of resources and it is important to think where it fits in the curriculum. When simulation is introduced, it is important to asses the process and gather feedback.

Simulation has been proven to be effective for teaching general practice. Simulations carried out with different specialities are proven to be effective to enhance respect and co-operation as well as learning.

Our aim was to develop a new patient simulation program together with internal medicine. Our goals were to include more care planning and increase communication between different medical diciplines.

**Methods:**

Our simulation program takes place in one week and some of the students participate during 5th year and some during 6th year. First this simulation was run by anesthesiologist, but from 2019 clinical lecturer from general practise has been responsible for that in co-operation with internal medicine lecturers.

Simulation cases were created based on a consensus formed from a meeting where general practioners and internal medicinist reviewed curriculum and identified things that would be best taught by simulation. Goals for session are to teach decision making in acute situations, best use of available resources and identification of possible risks and planning care after solving the acute problem.

**Results:**

Feedback was gathered from the students and teachers. Teachers thought that simulations facilitated learning. In their free comments students liked this teaching method and they thought that cases and limited resourses were realistic. Furthermore, they felt that they benefitted from feedback sessions after simulations in which both general practice and internal medicine lectures were present.

**Conclusion(s):**

Based on the feedback, our aims were met. Shifting focus from acute situations towards clinical desicion making and planning treatment for next days could be effective for whole learning process.

**Points for discussion:**

What aspects of general practice to teach with simulation?

Which different specialities to involve in simulation?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Narrative medicine as a teaching tool during early clinical exposure**

Gaspard Aebischer

Institut universitaire de Médecine de Famille, 1211 Geneva, Switzerland. E-mail: [gaspard.aebischer@unige.ch](mailto:gaspard.aebischer@unige.ch)**Background:**

How can we help novice undergraduates be aware of the characteristics of family medicine during clinical placements? How can we encourage beginner students to develop their reflexivity from the beginning of their studies? Teaching that integrates the principles of narrative medicine can help meet these challenges.

**Methods:**

Upon completion of their internship in a family doctor's office, second-year bachelor students at Geneva University Medical School must produce a report on their experience. A new pilot project now offers the option to transform their report into a work of fiction. The primary requirement of this project is to narrate an encounter involving a doctor, a patient, and a trainee. Faculty members offer extra assistance to students who have made this choice to help them structure their story around the principles of narrative medicine (attention to the other, representing one's life, and thus developing a sense of affiliation) and to ensure that they include in their work the other required evaluation criteria (notably the development of a biomedical theme).

**Results:**

Over the past two years, ten students have chosen to write their internship report in the form of a fictional narrative. This voluntary participation has resulted in an enthusiastic commitment from the students, who have devoted a significant amount of time to writing. Most of the work they produced was of high quality, two of them receiving the faculty's best internship report award, and several of these texts are in the process of being published. Their content demonstrates their reflexivity and their ability to understand the patient's experience.

**Conclusion(s):**

The use of narrative medicine, through the writing of a fictional account of an encounter between a physician, a patient, and a trainee, allows students facing their first clinical experience in a family physician's office to develop their reflexivity and their attention to the patient's experience.

**Points for discussion:**

How can the principles of narrative medicine, and in particular the practice of writing, serve the educational goals of family medicine?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****New ways of education in working with students, our ideas that were successful**

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**Keywords:** influenza, survey, vaccine indecision, attitudes, medical students, learning in the covid pandemic

**Background:**

During the Covid-19 pandemic, work with students was modified. As a department, we had to find a new approach to education. Students and residents attended classes mostly online, and when the situation allowed, we focused on small groups. The way of working was through various forms of electronic platforms. In order to maintain continuity in conducting part of the work in terms of scientific research and to accompany preventive activities in the work of primary health care doctors, we included students in scientific research projects. One of them was: "Attitude towards seasonal flu vaccination in the age of the Covid-19 pandemic among the adult population in the Republic of Serbia"

**Methods:**

The research was conducted in the Health Center "Novi Sad" in Serbia during three weeks as a prospective cross-sectional study. It includes 504 respondents of both sexes aged 18 to 71 years. A questionnaire was used to collect data on knowledge, beliefs and attitudes about seasonal flu.

**Results:**

50.2% of the respondents do not consider the flu to be a dangerous disease. Elderly and chronic patients more often opted for the flu vaccine. Among respondents who live with a person older than 65 years, 53.6% believe that they should be vaccinated against the flu and believe that the flu vaccination provides immunity. Women were more likely to adhere to measures against the infection of Covid-19 compared to men. Individuals who live in the community are more committed to measures against the spread of infection and are more likely to be vaccinated against Covid-19 compared to respondents who live alone.

**Conclusion(s):**

The project itself was focused on the prevention of influenza during the COVID 19 pandemic and the implementation of vaccination against influenza, and the students were engaged in terms of surveying patients, promoting the prevention of influenza in the elderly population

**Points for discussion:**

Find new ways of working and transferring knowledge using modern technologies, as well as through practical work such as scientific research

Improvement of work with students through electronic and other platforms

A group of 5 students was chosen for the purpose of education about the need for teamwork, which is most important in scientific research work where the team is more important than the individual

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Observational practice for first year medical students - experiences and challenges**

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**Keywords:** Observational practice, clinical practice, medical students, first year

**Background:**

Before starting this observational practice, we often heard from our first and second year medical students that they lack opportunities to observe and be in contact with real medical settings.

So in 2019 we changed the approach to medical education in our University and included a 3 week observational practice module in primary health care centers as part of the curriculum for our first year medical students - Lithuanian and foreign together.

**Methods:**

Our method of approach was to group Lithuanian and foreign students together and send them to practice places in primary health care providing centers in Kaunas city where they were able to observe real time (not simulated) medical work.

Practice days were divided into 3 main groups : work in registry and with administrative staff; work with nurses and middle personnel; and work with family doctors.

Before starting the practice they were given lectures about general work ethics, confidentiality, communication between medical staff and introduced to roles and responsibilities that each member of primary health care has and what can students expect when they work with them.

**Results:**

At first we faced many challenges with distribution of students, timetables and finding suitable personnel that wants to work with students. First year of this new module was also when Covid-19 pandemic started.

Nowadays and 4 years into it, our students are very excited about this observational practice module because they get to see and be in touch with real medical settings. We have also formed close relationship with our practice centers coordinators and found outstanding medical personnel.

**Conclusion(s):**

Our first year medical students get to experience real life medical settings, observe processes in primary health care, learn how medical system functions and we also have the opportunity to show them the importance of team work in medical environment.

**Points for discussion:**

Challenges of grouping Lithuanian and foreign students together.

Are first year medical students ready for practice in real life medical settings?

Empowering medical staff for education outside University clinics.

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****Self-Reported Health Status of Nurses Students From Medical Colleges in the Republic of Moldova**

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"N. Testemițanu" SUMPh, MD 2025 Chisinau, Moldova. E-mail: lora74@mail.ru

**Keywords:** health status, young generation, teenage girls.

**Background:**

The health status of the young generation is very important, as the latter is the bases of the future work force and wellbeing of countries.

**Research question(s):**

Evaluation of the self-reported health status of female medical students from the Republic of Moldova.

**Methods:**

220 teenage girls were enrolled in the study, with an average age of  $16.9 \pm 0.04$  years, 67.7% from rural areas and 32.3% from urban areas. They were interviewed according to the approved questionnaire. The differences in the subjective self-reported health status were evaluated in relation to the socio-economic conditions of existence and the complaints.

**Results:**

In the study group, 165 (75.0%; CI95 69.2-80.8%) respondents reported themselves: "clinically healthy", followed by 44 (20.0%; CI95 14.6-25.4%) people who reported themselves "practically healthy", 7 (3.2%; CI95 0.84-5.7%) people "often sick" and the rest 4 (1.8%; CI95 0.02-3, 6%) - "chronically ill" people (3.2%).

**Conclusion(s):**

The majority of participants considered themselves healthy and practically healthy (95%). Each respondent reported a different number of complaints, as intensity and duration, characteristic chronic fatigue and asthenic syndrome.

**Points for discussion:**

How to increase the addressability of "apparently healthy" young people to primary care medical services?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Significant Event Illustration (SEI): innovative tool for enhancing student's reflection skill.**

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**Keywords:** Basic Medical Education, Reflection, Art, The WONCA tree, wrap up session.**Background:**

It is important for medical students to reflect on their clinical practice. Writing a daily reflective journal is usually used, but some students are not good at writing. Documents creates a language barrier. Therefore, the author developed Significant Event Illustration(SEI), a modified version of Significant Event Analysis. An educational experiment was conducted to clarify its significance by using SEI in a debriefing session on the last day of clinical clerkship in family medicine.

**Methods:**

This was a descriptive study. The subjects were 5/6th medical students who had completed four weeks of family medicine clerkship in the community. During a 3-hour debriefing session on the final day, each student was asked to write a 5-minute illustration on the SEI. The most memorable scene during the training period was to be illustrated in a simple way. The SEI was shared with peers and discussed. The meaning of all SEIs were analyzed qualitatively by the author. The categories used as reference were the six competencies of "the WONCA tree", as well as "procedures" and "others", for a total of eight categories. Emotional categories were also categorized into four categories: positive, negative, ambivalence, and tension. Triangulation was performed based on the students' journal.

**Results:**

A total of 66 patients completed the 5-course from November 2022 to May 2023, and all SEIs were collected from all of them. WONCA tree 33(50%) [Person-centered care: 7(10.6%), Community orientation: 2(3%), Specific problems solving skills: 0%, Comprehensive approach: 8(12.1%), Primary care management: 10(15.1%), Holistic meddling: 6(9%) ], 24(36.3%) for procedures, 8(8%) for others. Positive: 40 (60.6%), Negative: 3 (4.5%), Ambivalent: 2 (3%), Tense: 20 (30.3%). "Making is fun and good to share others' experiences".

**Conclusion(s):**

The SEI allowed for relatively easy reflection and sharing with teachers and classmates about the understanding of important competencies and emotional aspects of family medicine, suggesting its potential as an educational tool in the future.

**Points for discussion:**

how to organize a debriefing session

how to promote drawing illustrations for students

how to give effective feedback to each SEI

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Virtual GP Patients**

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**Keywords:** Simulated Patients, AI**Background:**

There is a gap in virtual learning from clinical scenarios. Traditionally medical students have used "clinical cases"- presentations of symptoms with prompts as to clinical signs and diagnosis. However, these do not provide real-language interviewing of patients. Asking questions and processing the response to inform the most appropriate next question is a key part of clinical learning. It also helps students structure their interview, rather than have the structure provided as in a "clinical case" history

**Methods:**

To address this gap, I developed a prototype Virtual Patient (VP) web app. The VP can be accessed at <https://patientinterview.pythonanywhere.com/>. Students ask questions via text input, and the responses are presented in a chat format, displaying all questions and answers on the screen. The prototype is based on a case-of-the-week GP patient with depression, with 35 topic areas that users can explore

**Results:**

The key feature of the VP is its "training" mechanism, where the app learns the correct response to user input. If an appropriate response is not available a new response can be added to "train" the system. Users have been able to ask up to 20 consecutive questions with an appropriate response. The key is to have a strong narrative that draws students in. Additional cases are being developed and further analysis will be provided. The app uses free software.

**Conclusion(s):**

It is feasible to use free software to create a virtual patient. This provides a more interactive learning experience. Existing teaching resources such as OSCE simulated patient scripts could be added to such formats and in future validated VPs could be used for some assessments

**Points for discussion:**

Can students learn empathy remotely?

The current limitations of large language models (e.g ChatGPT) in patient simulation

How to convert existing teaching materials into virtual patients

Presentation on 06/10/2023 11:30 in "Poster Session 1: Basic Medical Education" by Adrian Brown.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****As healthy as you can be**

Neta Lankry, Roy Zucker, Neta Netivi, Olga Ben Court, Amos Edry, Nili Elior

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**Keywords:** LGBTQ health, patient centered medicine, social network

**Background:**

Multiple surveys and research reveal that Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) individuals face barriers in obtaining quality healthcare, leading them to delay or avoid seeking medical help. Healthcare providers even with good intentions, may unknowingly express bias or engage in discriminatory behavior due to limited understanding of LGBTQ health issues and inadequate training in patient communication. These challenges hinder optimal healthcare for the LGBTQ community.

**Methods:**

In February 2022, we established a Facebook group designed for individuals of all ages, genders, and sexual orientations. The group's purpose is to facilitate the exchange of anonymous or non-anonymous questions between members, with responses provided by LGBT health professionals, primarily family doctors but also including dermatologists, surgeons, psychologists, and others. At present, the community consists of 6,000 members. To assess the impact of this Facebook community, a preliminary audit survey was conducted within the group to determine if the group yielded additional insights regarding preventive medicine.

**Results:**

Out of the respondents (N=78), 42% reported that the information they obtained from the group proved highly beneficial when seeking medical services. Additionally, 60% mentioned that the community contributed to boosting their self-esteem when interacting with healthcare providers and accessing medical services. Additionally, 65% stated that the community greatly aided them in navigating medical dilemmas. Furthermore, a significant 82% indicated that the community played a crucial role in disseminating knowledge about preventive care.

**Conclusion(s):**

Utilizing social networks can serve as a valuable, easily accessible platform for medical education, benefiting both patients and healthcare providers. It offers patients the opportunity to ask personal and potentially uncomfortable questions while receiving professional, non-judgmental responses. Moreover, it provides other users with vital information and a sense of solidarity in their medical challenges and difficulties.

**Points for discussion:**

LGBTQ health barriers

Using social media as platform for professional medical education both for patients and physicians

Patient centered medicine – from idea to reality

Presentation on 06/10/2023 11:30 in "Poster Session 2: CPD and Faculty Development 1" by Neta Lankry.

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****Physical Activity of Older Adults in a Greek Rural Region**

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**Keywords:** OLDER ADULTS, PHYSICAL ACTIVITY, PERCEPTIONS, HEALTH-RELATED QUALITY OF LIFE

**Background:**

As proved by evidence, physical activity in adults >65 years old significantly improves health-related quality of life, mental and cognitive health, functional ability, all-cause mortality rates.

**Research question(s):**

We aimed to estimate the perceptions about physical activity and the quality of exercise in a random group of older adults in a rural region.

**Methods:**

Our research was designed as a snapshot study performed in Primary Care setting for a period of 20 days. In the time frame of our study a group of 200 adults (100 females/100 males), were randomly selected among the older adults visiting Primary Care Units in Thessaly, Greece. Short structured interviews, designed to reveal participants' perceptions about physical activity at their age (needs, abilities, impact on health status) and the type and duration of regular exercise per week were performed.

**Results:**

Most of the adults of our study were 65-75 years old (101/200). The majority of participants affirmed performing of some or regular physical activity (112/200), mostly females 65-75 years old. Analyzing the participants' perceptions, we found significant fear of injuries, insecurity about physical abilities to perform a program of exercise at their age, random everyday activities perceived as sufficient exercise, doubt about possible health benefits for aging-impaired people. Analyzing the quality of physical activity (type, duration, regularity) based on WHO Recommendations 2020, we found that the adults of our sample were following mostly moderate-intensity aerobic physical activity (regular or some walking, gardening, cycling).

**Conclusion(s):**

The findings of our snapshot study reveal that systematic education interventions about the benefits of all recommended types physical activity are strongly needed to motivate and empower the older adults in our rural region to take actions about their health.

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****Preparing General Practice Trainees as Near-Peer Teachers in Medical Education:  
A Qualitative Study**

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**Background:**

Near-peer teaching (NPT) has gained prominence in education, with general practice (GP) trainees being asked to engage in medical education. Research demonstrates the benefits of NPT programs for both near-peer (NP) teachers and students. However, the effectiveness of NPT relies on adequate training and support for the NP teachers.

**Research question(s):**

What are the needs of GP NP teachers taking on their roles as educators, specifically in supporting students during internships in GP and teaching clinical skills?

**Methods:**

A qualitative research design using interviews was employed. Interviews were conducted after the implementation of a training session for voluntary GP trainees taking on the role of NP teachers. Each participating NP teacher was interviewed 3 to 8 weeks after the training to assess their needs using the experience-based learning model. Additionally, a follow-up interview was conducted with the first 10 participants, 5 to 7 months after the training, with the objective of identifying additional needs when experiencing daily practice as NP teachers.

**Results:**

The interviews (n=21), showed that an effective NPT program for GP trainees should include both training and support. Three training needs were identified: 1) acquiring essential pedagogical skills, including guidance on teaching technical skills, facilitating workplace-based learning, and delivering feedback; 2) understanding learning processes and providing emotional support to students; and 3) clarifying their own professional identity. When NP teachers start their teaching duties after training, 3 significant support needs were identified: 1) dedicated time to fulfill the role of NP teacher; 2) access to learning objectives of the internship or lesson; and 3) clear agreements regarding their mandate as educators.

**Conclusion(s):**

The inclusion of voluntary GP trainees as NP teachers in education offers substantial benefits to all stakeholders. To maximize this value, it is crucial to provide training for their role as NP teacher and sufficient support in carrying out their tasks.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Simulation training as a method of continuous education of primary health care workers in emergency care**

Venija Cerovecki, Filip Opancar, Ana Masic, Ino Protrka, Uros Zafosnik, Natasa Stojnic, Anja Pozenel Belec, Nina Kastelic, Davorin Markovic, Katarina Stavric, Zalika Klemenc Ketis

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**Keywords:** simulation, primary health care , emergency care

**Background:**

Healthcare professionals need to constantly update and renew their knowledge in line with the evolution of health care methods and practises in order to be best prepared to work in critical situations. The project aims to improve patient safety in certain life-threatening situation and to establish a competency-based, sustainable system of simulation-based vocational training in primary health care in three countries; Slovenia, Croatia and N. Macedonia.

**Methods:**

We will achieve this by developing and implementation of a 2-level simulation-based competency model for trainers of medical staff. The target groups of the project are teachers and mentors of family medicine/urgent medicine, teachers and mentors of health sciences (nurses) and team member at the primary care (family physicians, urgent physicians, practice nurses, advanced nurses).

**Results:**

The results of this activity will be a group of advanced trainers and they will be qualified to perform education for basic trainers . Advanced trainers will be able to consistently perform at a high level in all domains of simulation education. Advanced trainers are the trainers that are intended to teach the basic trainers with simulations . The following results of this activity will be a group of basic trainers, and they will be qualified to perform primary care education with simulations for primary health care teams. Basic trainers are the trainers that are intended to teach the primary care health teams with simulations . Additional results are a competency-based profile of basic and advanced trainers of education with simulations in primary care, educational program with simulations in primary care at the basic and advanced level, and evaluation of the educational programs.

**Conclusion(s):**

Planned education will improve patient safety in certain life-threatening situation and establish a competency-based, sustainable system of simulation-based vocational training in primary health care in three countries; Slovenia, Croatia and N. Macedonia.

**Points for discussion:**

Simulations as educational method at primary care

Simulation and patient safety in certain life- threatening situation

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Supervision Video App**

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**Keywords:** video app, supervision, GDPR

**Background:**

Supervision by video in the clinic is practical challenging with GDPR safety.  
This supervision video app issue these Challenges

**Methods:**

Development of is supported by KEU fond. App development idea is coordinated by Nhat Ngo and associates Teachers , with attorney assist

**Results:**

The app is in use for postgraduate doctors in general medicine i Denmark and medical students in general medicine in Copenhagen University.

**Conclusion(s):**

Supervision video app is easy and safe to use in clinical settings

**Points for discussion:**

What use can the app assist in Your country ?

What settings can it be use in your country?

What help do you need to develop an equivalent app for video supervision . Are there any organisation Challenges in Your country ? What differences are there in Your teaching organisation compared to Denmark?

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****The Life of Older Adults in Greek Remote Mountain Regions**

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**Keywords:** older adults, remote mountain living, demographic, socio-economic traits, health related quality of life

**Background:**

Older adults living in remote areas often face significant difficulties due to geographic distance, difficult accessibility and depopulation. Social isolation, loneliness, economic and territorial issues affect negatively their life in many ways.

**Research question(s):**

We aimed to describe some of the demographic, socio-economic and health related traits of the life of older adults in Greek rural remote mountain regions.

**Methods:**

Observational descriptive study based on personal interviews, structured in 3 main modules: demographic characteristics, health related quality of life (EQ VAS and EQ-5D) and mental health (PHQ-9 Greek).

**Results:**

A randomly selected group of 30 older adults were interviewed in 3 remote mountain villages (approximate distance to nearest PHC Unit 50km/2,5 hours, often inaccessible during wintertime). Most of the adults were 75-85 years old (age range 65-95 and older). Most of the residents were living alone or with spouse only, distanced from other family members, 16/30 declared monthly income 300-500€, 29/30 suffering from at least one chronic disease. Health related quality of life was described by using the Euro-QoL EQ-5D instrument. The majority of participants declared none/slight problems with self-care, usual activities, moderate/severe problems with mobility, pain/discomfort, slight/moderate problems with anxiety/depression. Implementing PHQ-9 Greek we detected 16/30 participants with undiagnosed mild depression. Participants' self-estimation of health based on the EQ VAS (vertical visual analogue scale) ranged from 40 to 70 (endpoints 1-100).

**Conclusion(s):**

As our findings reveal, the interviewed older adults have generally accepted the difficulties of remote living and perceive themselves as well adapted to those. However, detecting undiagnosed depression appears be a significant evidence, suggesting unperceived or denied challenging dimensions of remote living, needed to be addressed and monitored. Therefore, appropriate training on early diagnosis of depression is crucial in maintaining good quality of life for remote living older people.

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****The peculiarities of body composition indices among overweight and obese adults**

Luminita Suveica

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**Keywords:** Obesity, body composition, overweight, metabolism**Background:**

Introduction. The modifications in physiological indices produced among population with overweight and obesity constitute an objective basis that allows to study the action of different factors on the human organism.

**Research question(s):**

Assessment of the peculiarities of body composition among subjects with body mass index  $\geq 25$  kg / m<sup>2</sup>.

**Methods:**

The study included: group I - 243 persons with hereditary family history of excess of body mass and group II - 180 persons without hereditary family history of excess of body mass.

**Results:**

The results of the study show that the percentage of water (group I -  $51.7 \pm 3.7\%$ , group II -  $52.1 \pm 3.2\%$ ), of skeletal muscles (group I -  $30.9 \pm 1.9\%$ , group II -  $31.1 \pm 2\%$ ) and bones mass (group I -  $2.4 \pm 0.6$  kg, group II -  $2.5 \pm 0.6$  kg) decrease in the same time with increasing of body mass index values.

**Conclusion(s):**

The decrease of the percentage of water can retard the metabolism as ingested water stimulates the increase of energy consumption in the body. In result, the body weight is maintained within the normal body mass index. At the same time, insufficient physical activity can reduce the percentage of skeletal muscles as well as the bones weight, which can influence the appearance of bones fragility and fractures among subjects with overweight and obesity.

**Points for discussion:**

Along with the increase in the incidence of obesity, the body composition also changes

Obesity is a major risk factor in many chronic non-communicable diseases

Obesity poses a risk of fractures

Presentation on 06/10/2023 11:30 in "Poster Session 2: CPD and Faculty Development 1" by Luminita Suveica.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****"Seeds of Me" - The Synergic Experimental Medical Education Development program for Scholars in family medicine.**

Merav Sudarsky, Adi Ivzori- Erel, Liv Shadmi

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**Keywords:** Medical Education, Family Medicine, Resident as Teachers, Adult learner

**Background:**

The School of Continuing Education in Family Medicine, affiliated to the Technion, Israel, embraces 140 residents in Family Medicine (FM), deriving from 3 major health service institutes. Due to the constant increase in the number of residents in FM in Israel, there is a growing need to train future teachers to gain knowledge and skills in Medical Education (ME). Currently, there is no formal training program in Israel for "Residents as teachers". In order to establish and enrich a new generation of teachers we have developed the "Seeds" program.

**Methods:**

"Seeds" is A year-long program that embraces 15 leading residents in family medicine with an interest in ME. The program implements 4 levels of expertise:

1. Gaining theoretical knowledge in ME (7 one day workshops)
2. Planning and implementation of educational activities
3. Initiating special projects in ME
4. Practicing reflective skills through writing reflective journals.

The SEEDS program was accompanied by a quantitative study that evaluates the resident's perceptions regarding the ideal teacher, compared to their self-evaluation as teachers and a qualitative analysis of the reflective journals.

**Results:**

At the end of the program, participants presented six innovative educational projects which were designed according to CBME principals. Analyzing and evaluating the reflections indicated the development of personal perceptions and attitudes as teachers and adult learners. The main themes that emerged demonstrated the development from "self centered" observation to "group oriented" standpoint and experience.

**Conclusion(s):**

We conclude that the training of the residents in ME and their involvement in the teaching activities during their residency, contributes to their personal development as physicians and educators and creates a change in their self-perception to allow for a more holistic progression both as medical practitioners and as able communicators of their specific knowledge and experience.

**Points for discussion:**

Should principles in medical education be an integral part of the continuing education of family medicine residency? should all residents receive knowledge and develop ME competencies or only those who choose to do so ?

What are the conflicts (internal or external) encountered by family medicine residents involved in teaching? And how can they be settled?

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****A Case of Ankylosing Spondilites as a Learning Opportunity**

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**Keywords:** Ankylosing Spondilitis, clinical case, diagnostic suspicion, learning opportunity

**Background:**

Ankylosing Spondilitis (AS) is a seronegative spondyloarthropathy, also known as Marie-Strümpell or Bechterew's disease. Presented with atypical symptoms in the 3rd decade of life, AS often is misdiagnosed as low-back pain syndrome and remains untreated for years. Appropriate training of Primary Care (PC) Physicians is crucial for early diagnosis and proper management of AS patients in PC settings.

**Research question(s):**

To share our teaching experience utilizing an AS clinical case as a learning opportunity for GP/FM Residents in PC settings.

**Methods:**

Narrative description of a teaching experience based on an AS clinical case presentation.

**Results:**

A case of 78-year-old male, reporting persistent gluteal pain and low-back stiffness for the past 20 years, seriously affecting his everyday life and functionality. According to the patient, no clinically significant pathologic findings were detected to explain his symptoms. Pain-relief medication has been sporadically recommended. The patient was referred to PC Radiologist. Plain X-rays were performed, revealing specific AS signs. The case was later presented to GP/FM Residents as a small-group training project aiming to deliver a diagnostic hypothesis and management plan for the patient. Chronic low-back pain due to long-term physical strain and orthopedic specialist referral were presented as most probable scenario.

**Conclusion(s):**

The atypical AS clinical presentation usually causes major delay of correct diagnosis and appropriate therapeutic management and substantial burden on patient's health status and quality of life. Utilizing this clinical case, a major challenge of clinical practice was transformed into a valuable learning opportunity focused on the role of clinical diagnostic suspicion and basic clinical skills. Another very encouraging outcome of this teaching experience was the collaboration established with PC Radiologist as a member of the GP/FM teaching team.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****A Mentoring Project in General Practice in Italy**

Rosario Falanga, Lucrezia Ferrario, Fabrizio Schettino, Daniele Bellavia, Giovanni Battista D'errico, Silvano Mella, Giovanni Merlino, Stefano Attilio Nobili, Luca Puccetti, Roberta Rettagliati, Maria Paola Volponi, Donato Zocchi, Ivano Boscardini, Stefano Patania, Emanuele Porazzi

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**Keywords:** Primary care, Family medicine, Mentoring

**Background:**

The Italian Family Medicine is made even more complex not only by a shortage of professionals, but also by the generational transition between General Practitioner (GPs). For the professional development of the new generations of young general practitioners, it is essential to refer to the scientific heritage and experience of the expert medical profession, thus transferring real-life experiences from the older generation to the next generation.

**Objectives:** In the attempt to support the intergenerational transfer of GPs' skills, a mentoring training course was developed in 2021-2022 by LIUC Business School and Planning SRL. The aim of this contribution is to present the GP's satisfaction regarding this innovative educational initiative.

**Methods:**

The course was based on the creation of couples of mentors and mentees, and comprised 3 online meetings, interspersed with activities performed individually/in pairs. The couples "mentor/mentee" were designed based on the GetFive questionnaire. During the course, participant filled in a survey, aimed at gathering their perceptions, according to a 5-item evaluation scale.

**Results:**

The course involved 240 GPs (120 couples). 88% of participants felt a high degree of compatibility with their mentor/mentee. Mentees were more satisfied about the programme (average value: 4.18 versus 3.52, p-value=0.013). The mentors declared they had learned something from their mentee: this phenomenon is quite natural and is part of a "reverse mentoring" perspective. 86% would repeat this training course, suggesting the participation to a further edition to other colleagues.

**Conclusion(s):**

This training course, based on mentoring methodology, is an effective tool for the development and professional growth of GPs. To better evaluate the mentoring activity and to be able to improve the process itself, it would be important to structure indicators that can evaluate the effectiveness of this path in terms of patient satisfaction and quality of care offered.

**Points for discussion:**

What indicators that can evaluate the effectiveness of this pathway in terms of patient satisfaction and quality of care provided.

Other mentoring experiences in General Practice in Europe.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Cooperation in the teaching of general / family medicine doctors in Montenegro and Association of Teachers in General Practice/ Family Medicine (ATGP/FM), Croatia**

Milena Rovčanin Cojić, Biserka Bergman Marković, Milica Katić, Ljiljana Cvejanov-Kezunović, Dragan Soldo, Ksenija Kranjčević, Nina Bašić Marković, Natalija Popović Petrić, Merzika Hodžić, Aldijana Zeković, Jasna Vučak

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**Keywords:** cooperation, teaching, interstate, Montenegro, Croatia

**Background:**

The decision on joint cooperation is based on basic knowledge and skills that a family medicine doctor must master, together with the new core values of the discipline, launched at the Wonca Europe conference in London 2022. Strong decision was that national borders must not be an obstacle.

**Methods:**

The participants were family medicine doctors in Montenegro. Classes took place in October and November 2022. Topics was based of six basic skill and competitions which GPs must possessed, like: Primary care management, Person-centred health care, specific problem solving, Comprehensive approach, Community orientation, Holistic approach. So far, four modules have been held (Module 1. Organization of health care, Team work, patient referral, Module 2. Structured method of payment, medical documentation, Audit of own work. Module 3. Communication skills, and Module 4. Rheumatic diseases in family medicine). In every module, the classes were taught jointly by teachers from Montenegro and ATGP/FM. The module consisted of a lecture and a practical part in which family medicine doctors were divided into groups. At the end of the day, there was a joint discussion on the results of the practical discussion and conclusions were drawn.

**Results:**

So far 187 physicians participated [women 135 (72.2%), men 52 (27,8%), specialist of family medicine 112 (60%) without specialisation 75 (40%), city 159 (85%) village 28 (15%), from all region of Montenegro].

**Conclusion(s):**

In the evaluation questionnaire, all participants expressed their satisfaction with the lesson, saying it was very useful. The conclusions were submitted to the Ministry of Health and the Insurance Fund, which financed the classes. Encouraged by the satisfaction of the participants, we decided to continue further cooperation with new topics while finding new sources of funding, especially with young lecturers for specific skills.

Presentation on 06/10/2023 16:30 in "Poster Session 3: Specialty Training" by Nina Bašić Marković.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Create Learning Experiences in Different Units**

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**Keywords:** family medicine training experiences access handbook

**Background:**

The Family Medicine Residency Coordination of the Lisbon Region (FMRCLR) organizes the training of almost 800 residents in 180 health care units. Residents are placed in health care units with proven capacity to provide adequate training conditions and achieve curricular objectives, but some training is hospital-based. We have been increasing yearly training spots for family doctors, but reduced hospital-based training capacity limits our overall capacity, and some hospital-based training is not always relevant for training family doctors.

**Methods:**

In Portugal we have over 1.1 million people without an allocated family doctor. These patients can seek health care in units called UCSP which do not have adequate training conditions for the 4 year training of family doctors. In some UCSP, spontaneous training centers have arisen which allowed partial internships and created multiple opportunities to increase training quality as well as addressing the social inequity of patients not having access to primary health care. To elaborate guiding principles certifying that these centers comply with national quality guidelines in Family Medicine training programs, the FMRCLR organized consultative meetings with relevant stakeholders (president of the regional health administration, regional executive and clinical directors, residency directors, tutor and residents).

**Results:**

Guidelines were created and discussed in several settings and resulted in the publication of the Manual in May 2023. Residency directors have initiated formal creation of Training Centers and expanded existing centers Initial feedback from stakeholders involved has been positive.

**Conclusion(s):**

Difficulties in planning residency training outside allocated health care units and achieving curricular objectives identified an opportunity to increase the quality of family medicine residency training. We created formal guidelines for the creation of Training Centres. Some Centers were implemented during the documentation process. We plan to evaluate the implementation of Training Centres in 3-month intervals during the first year.

**Points for discussion:**

Curriculum development and improvements

Creating new training opportunities

Guideline development for training centers

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Learning (Better) Medicine Together**

Cecilia Shinn, Matilde Padrão Dias, Inês Maio, Marta Marquês, Nelson Gaspar

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**Background:**

Within the Family Medicine Residency Coordination of the Lisbon Region (FMRCLR) we have almost 800 residents placed in 180 different health units, each with different clinical and learning resources, creating a challenge to provide equal access to learning opportunities. A frequent difficulty within the training curriculum was the lack of protected time to study and consolidate knowledge. In 2019 the new curriculum mandated 8 hours a week of non clinical activities such as tutoring, mentoring and relational learning.

**Methods:**

In FMRCLR we established weekly obligatory 4 hour sessions for Family Medicine Residents called Relational Learning Sessions (RLS), and published a Guidance Manual. Residents meet in person with fellow residents of the same curricular year and geographic area. Themes discussed follow the national Curriculum as well as themes proposed by the group. Outside lecturers can contribute to activities, and tutors are welcome to attend. A member is responsible for organizing sessions and producing a weekly activities report.

**Results:**

In 2021 there was an online national debate which highlighted different regional realities. FMRCLR residents had the highest compliance rate. FMRCLR organized informal feedback from Residency Directors and Tutors which identified asymmetric implementation and attendance rates. In 2022 a national survey was published showing asymmetric implementation. The majority of resident doctors recognized its usefulness. Currently all FMRCLR residents have access to RLS and are guaranteed at least 4 hours blocks for non clinical work.

**Conclusion(s):**

Within FMRCLR the RLS sessions have aimed at reducing asymmetries and offering access to uniform learning experiences to all residents. The handbook has allowed the sessions to be organized in a productive and homogeneous fashion. We are currently reviewing the manual through focus groups, questionnaires and regional debates.

**Points for discussion:**

Adaptation to Relational Learning Sessions

Spreading Relational Learning Sessions

Updating learning handbooks

Presentation on 06/10/2023 16:30 in "Poster Session 3: Specialty Training" by Marta Marquês.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Peer Support Groups as a Tool to Increase Chances of Passing General Practice UK Qualification Exams**

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**Keywords:** Medical Education, MRCGP Exams, Peer Support, Primary Care

**Background:**

Introduction The purpose of this paper is to discuss the effectiveness of a peer support network created to provide medical education, pastoral support, and reliable resources to registrars to help them pass the MRCGP exams. This paper will include a description of the network and its purpose, discuss how it has been used by trainees since its creation, and explain how this methodology can be applied to other areas of medical education. The peer support network was created in February 2021, using Facebook, Telegram, and WhatsApp platforms to facilitate discussion of cases and answer queries about the exams, share resources, and offer peer support from qualified GPs and specialists. The network was created and is maintained by the authors of this paper and is open to anyone who is registered with the General Medical Council (GMC) and is studying for the MRCGP exams.

**Methods:**

Purpose The purpose of the network is to provide medical education, pastoral support, and reliable resources to registrars to help them pass the exams. The network is free to use and is designed to take the onus away from a single medical educator and collate a vast amount of information from multiple medical educators/trainers; thereby creating a digital library of information for all trainees - exam related or otherwise.

**Results:**

Results The feedback from trainees has been overwhelmingly positive. Word of mouth has spread rapidly, growing the groups exponentially. Trainees add colleagues to the groups and often stay after they pass their exams to 'give back' to their fellow trainees. To date, thousands of trainees have passed the MRCGP exams using the resources and support provided by the network.

**Conclusion(s):**

The success of this peer support network demonstrates the effectiveness of creating a network of thousands of doctors to provide medical education and support.

**Points for discussion:**

Value of peer support groups on medical education

Value of Network using current available platforms

Role of Pastoral support: Substitution or base for future partnerships?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Phone medical consultation desk - is it a benefit only for the clinic?**

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**Keywords:** Consultative center, residency training

**Background:**

Among the main problems in primary care institutions in Ukraine are burning out of doctors, caused mostly by endless patients' phone calls, and lack of possibility for residents to make their own decisions, gain practical skills and autonomy in their work. For solving them in the "InterFamily" clinic, opened for helping refugees, was created a consultative center runned by residents.

**Methods:**

In the work of the consultative center 8 residents were involved (now 10). One of them is a manager and is responsible for creating the duty roster and coordination of consultants shift. The center has its own phone so patients can call and get a distant consultation, e-referrals or e-prescriptions without disturbing the family doctor. Also consultants can receive extra patients, do some procedures (ECG, nebuliser therapy, injections etc.) and can contact the family doctor or specialist if it is needed.

**Results:**

The consultative center in the "InterFamily" clinic became a connecting link between a family doctor and his/her patients. It helps free a doctor from overcalls, helps deal with extra patients and takes a part of routine work off from them. On the other hand, residents received an opportunity to get a lot of communicative and practical skills, management skills, specific problems solving skills and possibility to make their own decisions. Between the main call reasons - e-referrals (47%), e-prescriptions (10%) and administrative operations (10%). But if the consultative center is not a separate structure in the clinic and residents combine it with assistance, it can lead to overload and burning out of residents.

**Conclusion(s):**

The consultative center runned by residents is a good instrument to unload the family doctors and to give residents more opportunities to gain practical, communicative, management and other important skills.

**Points for discussion:**

Are there similar structures in other medical centers and if are residents involved in the work in it?

Which alternative ideas for giving residents more autonomy and responsibility in their work do you have?

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Regional Implementation of the New National Family Medicine Residency Training Curriculum in Portugal**

Cecilia Shinn, Ana Marques, Helena Chantre, Helena Fragoeiro, José Simões, Maria Loureiro, Maria Mora

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**Keywords:** Curriculum, Coordinators, Colaboration, Equity, Homogeneity

**Background:**

The first official National Family Medicine Residency Training Curriculum was enacted in Portugal 2009. although it had informally existed for over 20 years. It was revised in 2010 (increasing the training duration to 4 years), and in 2015 (reorganizing objective and length of different training periods and evaluation method). In 2019 a new curriculum was developed to reduce heterogeneity in traineeship in different regions, increase flexibility in traineeship location, standardize continuous and final evaluation models and mandate obligatory weekly periods of non-clinical activity.

**Methods:**

To fully implement these changes the Regional Coordinators established monthly meetings to coordinate efforts and homogenize decisions at a national level, as well as maintaining regular meetings with other stakeholders involved. The meetings were mainly online as 2 of the Coordinators are based in Autonomous Regions of Portugal (islands in the Atlantic Ocean) and the other 5 coordinators are spread throughout the mainland region.

**Results:**

We organized a national bibliography, created a national Traineeship Guide divided into curricular years, established national groups to elaborate multiple choice exams for continuous evaluation in years 1 and 3, shared clinical cases used for evaluation in years 2 and 4, shared experiences on creation of obligatory non clinical sessions, set up an authorization circuit for training periods carried out outside the region, and contributed to the Board Certification Exam: created a national guidance manual, contributed to the national jury that elaborates the theoretical exam and created a national group that elaborates Mini Clinical Examination Exercise the practical exam.

**Conclusion(s):**

The monthly meetings enabled a smoother and more equitable and homogenous transition to the new curriculum, allowed national debate regarding important topics and distributed the workload of national projects. It resulted in a more homogenous traineeship and evaluation process.

**Points for discussion:**

Curriculum development and improvements

Regional Coordination of a National Curriculum

National assymetries in traineeships

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****Educational needs of primary care physicians in the field of personalised medicine**

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**Keywords:** personalised medicine, primary care physicians, educational needs

**Background:**

The potential of personalised medicine and the possibility of application at all stages of patient care makes it attractive for primary healthcare. One of the main directions of strategies for personalised medicine implementation is training and empowering doctors in the field, so that they can select the best prevention, diagnosis, and treatment options for each patient.

**Research question(s):**

What are the educational needs of primary care physicians in the field of personalised medicine?

**Methods:**

To carry out this study, we used the Arksey and O'Malley algorithm to identify the publications that describe knowledge, attitudes and practices of primary care physicians toward personalised medicine. After searching the databases PubMed, Elsevier, and Google Scholar, 85 publications were identified. Further process of selection based on inclusion and exclusion criteria identified 17 relevant articles which were included in this review.

**Results:**

Primary care physicians have insufficient knowledge and limited practices with personalised medicine. The barriers perceived by doctors to the application of personalised approaches into clinical practice are the lack of practical clinical guidelines, the lack of accessible tools, and the concern regarding ethical and legal issues. A lack of confidence in own abilities to apply personalised medicine is correlated with a low level of knowledge in the field. The preferred methods for training in the field are very diverse: website, online information platforms, short one-page guides, short audio modules, and continuing medical education events. The most requested information is about the management of the patient with a positive genetic test, data confidentiality, and patient protection.

**Conclusion(s):**

The educational needs of primary care doctors in the field of personalised medicine are diverse, and additional research is necessary for the development of educational programs at the national level.

**Points for discussion:**

Tools to explore knowledge, attitudes, and practices of primary care physicians regarding personalised medicine

Personalised medicine approaches of interest to primary care

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****Office software - could the computer professional records be useful to identify educational needs of medical staff ?**

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**Keywords:** medical data, learning needs, family medicine**Background:**

The use of medical data software has become routine for all types of health care providers. Data analysis can provide a detailed picture of the activity over a period of time or specific patient categories. The scientific sources show the interest in the widespread use of these technological facilities. The question is whether they can be used by individual doctor to improve their own professional knowledge.

**Research question(s):**

Could medical data recorded using an office software be effective in identifying personal learning needs?

**Methods:**

Retrospective descriptive study on a group of 1466 patients over 18 years of age, representing the capitation list of an urban Family Medicine practice. Consultations registered between 01.01.2020 and 31.12. 2022 were analysed, extracting data regarding the number of clinical examinations, referrals, the main symptoms and signs, prescriptions issued as well as recommended investigations.

**Results:**

During this period 12899 consultations were given, with 11147 clinical examinations (86.41% of the total). Preliminary results show: 1. The top 3 main symptoms: pain - 907 cases (8.13%), headache - 203 cases (1.82%), dizziness - 187 cases (1.67%); 2. The top 3 main pathological clinical signs: cough - 467 cases (4.18%), varicose veins - 295 cases (2.64%), oedema - 163 cases (1.46%).

There were 4089 referrals to clinical specialties, with the top 3 : Rheumatology: 599 (14.64%), Cardiology - 500 (12.22%), Ophthalmology : 310 (7.58%). There were 1265 recommendations for paraclinical investigations, the most - 819 (66.31%) being for haematological constants and radiological examinations: 230 (18.18%). In the same period, 10353 prescriptions were issued.

**Conclusion(s):**

Knowing the patient's features, the practitioner can identify, by a self-reflection process, his own professional training needs according with the care needs of the population he serves. The data provided are preliminary but open the way to more detailed analyses on the rightness or wrongness of some professional attitudes detected.

**Points for discussion:**

validity of recorded data

barriers in using the software

adjusting to local conditions

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Paresthesia as Symptom of Sy Caudae Equine- Study Case**

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**Keywords:** Student, Paresthesias, Neurolesions**Background:**

Paresthesias are abnormal feels along peripheral nerves, the first symptom of temporary or permanent damage of peripheral nerves or disorders of central nervous system, The cause could be orthopedical or neurological. Most often these are musculoskeletal disorders, multiple sclerosis, iron, magnesium or vitamins deficiency.

**Methods:**

Case study.

**Results:**

Student, 24 y.o., BMI 28

Patient's both feet feel numb as well as his perianal region. He has diarrhea and constipation for 7 days. He denies a trauma of bone articular system.

PA had hernia surgery as a child, third tonsil, In March 2022. he had problems with sight in his left eye, was examined neurologically. NMR of endocranium was normal. He was examined by orthopedic, radiologist, CT LS, neurosurgeon, while neurological procedure is ongoing. Laboratory tests were within reference values.

Neurological record shows smaller spasm of PVM LS. The right lip angle placed lower, with less visible nasolabial furrow. Discret sinking of the right arm was seen. CT findings old avulsione fracture L4 and L5, aligned physiological lordosis with sinistroconvex scoliosis, protrusion disc at L5/S1 level, polydiscopathy, spondilolisthesis L5. EMNG examination shows chronic to moderate strong neurologic lesions of the roots L5/S1 both sides. Border the value of speed on n. suralis.

Dg. Paresthesia cruris. Sy caudae equine et conus medullaris. Fractura vertebrae L4, L5 obsoleta. Lumboischialgia.

**Conclusion(s):**

Sy caudae equine was found in our patient, and could explain present health issues. Therapeutic algoritam demands a multidisciplinary approach, treatment of etiological disease and reduction of the symptoms. The patient is advised to maintane a normal activity, to avoid carrying items heavier than 3 kilos and up. He is advised to undergo a physical therapy.

**Points for discussion:**

To show unspecific neurological symptoms as well as diagnostics procedures that might lead to final diagnosis of rare disease.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Snowball roll out approach in education on PEN 1 and 2 protocols for PHC teams in the Republic of Moldova**

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**Keywords:** primary health care teams, non-communicable diseases, essential interventions, education

**Background:**

The Republic of Moldova is known in the European region with a high prevalence and mortality caused by non-communicable diseases. The WHO package of essential non-communicable disease interventions for primary health care (PEN) is recommended for LMIC. After the feasibility study and adjustment for national PHC capacity it was approved for countrywide implementation by the Ministry of Health. PEN training of primary care teams to integrate the PEN 1 and 2 protocols in practice was taken over by the Swiss TPH with the Swiss Development and Cooperation Agency support. Training facilitation was insured by Healthy Life Project.

**Methods:**

There are 1249 primary health care (PHC) facilities, including family doctors' centers, medical centers, family doctor's offices, and health centers, around the country, mainly located in rural areas. Around 4 thousand family doctors and PHC nurses are employed in the primary health care sector and had to be trained for NCDs care. WHO experts trained seven national trainers only. That's why to achieve 50% coverage of PHC teams with training; the process was conducted in a snowball roll out manner.

**Results:**

The trainings lasted 13 months since March 2019 and are to be finished in 2023, having been suspended for the duration of pandemic. 98 PHC professionals (52 FDs and 36 nurses) have been trained as PEN trainers. They conducted one-week training for 252 FDs and 457 PHC nurses in the first stage (2019-2020) and for 263 FDs and 571 PHC nurses in the second stage (2022-2023). In addition, 207 Health Center Managers and 151 primary care senior assistants were informed about the importance of the PEN implementation by National PEN trainers.

**Conclusion(s):**

The involvement of the target groups' representatives as PEN trainers contributes to capacity building at the local level, stresses the tasks shifting and provides trustful education activities.

**Points for discussion:**

Snowball approach in rollout process allows speeding up the training activities.

PHC teams' involvement in education process stressed equal importance and allows a better understanding of individual professional roles as well provides trustful education environment.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Social and medical action dedicated to "International Day of Melanoma detection" as an opportunity to improve the skills of early diagnosis of skin tumors for interns**

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**Background:**

The morbidity and mortality rate from melanoma in Ukraine and the world are steadily increasing due to late detection of tumors and insufficient knowledge of general practitioners about skin neoplasms.

Objective: To train interns to diagnose skin tumors and detect melanoma.

To inform the public about self-detection of suspicious skin tumors.

**Methods:**

The dermatologist conducted a training to improve the diagnostic and differential diagnostic knowledge of general practitioners and interns.

The event "International Day of Melanoma detection" was held in the Uzhgorod City together with a team of interns from the InterFamily clinic. The consisted of two stages:

-Primary examination by interns included dermatoscopy, collection of information about tumors and registration of examination data.

-Patients with suspicious lesions were referred for examination by a dermatologist. Patients without suspicious or malignant lesions received general skin care recommendations.

**Results:**

About 200 people participated in the examination of moles and other skin lesions. Among them were 78% women and 22% men. Participants over 50 years old accounted for 47%, 30-50 years old - 23%, under 30 years old - 20%, and minors - 10%. Only 30% of people used sun protection.

The interns identified various neoplasms, including seborrheic keratoses, various types of nevi, dermatofibromas, suspected BCC, melanoma, SCC, signs of photodamage in 65% of patients. The interns had the opportunity to examine numerous skin lesions and put their knowledge into practice.

**Conclusion(s):**

The campaign revealed a lack of public awareness about the effects of UV radiation on the skin and the importance of protecting against it. The event was useful for both the public and interns, as it demonstrated the practical application of the acquired diagnostic knowledge.

**Points for discussion:**

How were similar events held in other countries?

Were interns involved in these events?

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****Telemedicine in primary care in the Istrian county (Croatia)**

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**Keywords:** Telemedicine, Endocrinology, Cardiology, Urology, Neurosurgery, A5 form referral

**Background:**

The telemedicine is widely implemented in many healthcare domains during the latest progress in medicine. Goal of this study was to determine what general practitioners consider to be appropriate consultations with other speciality experts in secondary care medical institutions.

**Research question(s):**

Analysis of a form of referral named „A5“, which is referred by GP (general practitioner) or FP (family physician) to the secondary care specialists of General hospital in Pula. A5 form is a new-founded vector in telemedicine with direct impact on the treatment for most common chronic diseases and provides better quality of care for patients.

**Methods:**

Evaluation of the impact of telemedical consultations in primary care with other specialists in General hospital of Pula using referral form called „A5“. A questionnaire form was designed which included most common chronic diseases (diabetes mellitus type 2, atrial fibrillation, prostate pathology, vertebral pathology, ...). The form was answered by GP/FP doctors in the Istrian county (Croatia).

**Results:**

Impact of 'A5 form' usage was analysed in various fields; most frequent endocrinology consultation was the dose titration of oral antidiabetics (62,2 %). In cardiology, the telemedicine form was often used in prescribing an oral anticoagulant therapy in atrial fibrillation with a usage rate of 83,8%. In urology consultations, the telemedicine form was often used in prescribing tamsulosin with a usage rate of 62,2% and for the neurosurgery, A5 form was often used for interpretation of magnetic resonance imaging with usage rate of 83,8%.

**Conclusion(s):**

Overall, A5 form consultations can improve a clinical outcomes in patients with cardiac, endocrine, urologic and neurosurgery conditions.

**Points for discussion:**

Can we improve our knowledge through the impact of referral form of "A5" in some specific fields?

Can we prescribe a medication like tamsulosin without consultation with urologist if we diagnose benign prostatic hyperplasia?

"A5" form in neurosurgery was often used for interpretation of magnetic resonance imaging with usage rate of 83,8% - do we have to change this habits?

**Poster (One-Slide/Five Minutes Presentation) / Scientific Work****The innovative use of artificial intelligence in general medicine.**

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**Keywords:** Artificial intelligence

**Background:**

The last few years have seen a key change in healthcare. A new evolving concept is emerging that seeks to go beyond the norm of the average patient. The central idea, concerns the possibility of characterizing the disease phenotype, proposing a personalized treatment through the automatic analysis of polymorphic data with the support of artificial intelligence (A.I.).

**Research question(s):**

What will be the effects of using A.I. in general family medicine?

**Methods:**

This is an ongoing study as the research on A.I. is still evolving and new data are constantly arising. The project focused on the ways in which A.I. can improve health services. Innovative techniques include the use of medical equipment supported by artificial intelligence, remote patient monitoring through the use of technological tools that adapt to a continuous stream of data outside the doctor's office, and collaboration between doctors of different specialties through the sharing of tests and information relating to the patient.

**Results:**

Data were explored on the use of A.I. so far. It supports clinical decisions on personalized treatment protocols, prevention of prescription errors based on medical history, remote patient monitoring and care, quick access to patient information, timely diagnoses, while delivering healthcare in a cost-effective way.

**Conclusion(s):**

A.I. in medicine is a field of research that is constantly progressing, but to evolve, more general practitioners need to be trained in these new algorithmic models. Properly integrated, A.I. will dramatically improve both patient and physician needs and healthcare efficiency.

**Poster (One-Slide/Five Minutes Presentation) / Innovative educational initiatives and experiences****Training interns in General Practice by residents: a way to contribute to more future GPs.**

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**Keywords:** Training interns General Practice

**Background:**

As an training institute for general practitioners we have a social responsibility to train GPs. Nationally, there is an assignment to train even more resident general practitioners in the nearby future. However, we see that the number of registrations for GP training is declining. Research shows that the internships are a decisive moment in the choice for specialization. We therefore believe that we also have a responsibility to set up a good internship in general practice and thus to enthuse more doctors to choose the profession of general practitioner.

**Methods:**

More intern positions will be realized within the training practices by:

- Making it obligatory that a 3rd year resident will supervise an intern in the second half of his third year.
- Offering the trainers exemption for (parts of) the beginner's curriculum when a trainer has already gained experience in the basic curriculum.
- Mapping out the bottlenecks and searching for solutions when placing an intern in the 3rd year practice.
- Giving education to trainers and residents on training residents.

**Results:**

In making training a resident an obligational part of the education of our residents, more intern positions were realized. A survey has been conducted among trainers to identify the experienced bottlenecks when training an intern by their residents.

Education is being developed for trainers and residents, in coaching and supervising. Residents reported to have gained additional skills when training an intern.

**Conclusion(s):**

Training of interns can be done by a 3rd year resident in the training practice and results in more intern positions. Residents were enthusiastic about training interns, which also increased their competence in knowledge and science by gaining experience in transferring knowledge and coaching a resident. It is therefore a win-win: more interns enthusiastic about the general practitioner profession and residents take an extra step in their skills.

**Points for discussion:**

How do others contribute to help making interns choose for general practice?

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