HACETTEPE UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF MEDICAL EDUCATION AND
INFORMATICS

SIMULATION IN MEDICAL EDUCATION

A Regional Meeting for Medical Educators
• Standardized/Simulated Patients • Simulators • Virtual Patients

31 October - 2 November 2010
Ankara - TURKEY

www.sime2010.org

PROGRAMME BOOK

with the endorsement of

Association of Standardized Patient Educators
Society in Europe for Simulation Applied to Medicine
Turkish Association for Medical Education
ORGANISING COMMITTEE

Chair: Melih Elçin
Hacettepe University, TURKEY

Karen Barry
University of Birmingham, UNITED KINGDOM

Serguei Boulatov
Kazan State Medical University, RUSSIA

Mandana Shirazi
Tehran University, IRAN

Abdulaziz M.A. Boker
King Abdulaziz University, KINGDOM OF SAUDI ARABIA

Orhan Odabaşı
Hacettepe University, TURKEY

Sevgi Turan
Hacettepe University, TURKEY

Arif Onan
Hacettepe University, TURKEY

Bilge Başusta
Hacettepe University, TURKEY

Umut Arıöz
Hacettepe University, TURKEY

Ferat Kıran
standardized patient, Hacettepe University, TURKEY

Salih Kavuncu
student, Hacettepe University, TURKEY

Aylin Güngör
student, Hacettepe University, TURKEY

Mehmet Vural
student, Hacettepe University, TURKEY

Merve Özcan
student, Hacettepe University, TURKEY

Çağhan Töngü
student, Hacettepe University, TURKEY

Aysu Sinem Koç
student, Hacettepe University, TURKEY
Merhaba*,

Hacettepe University Faculty of Medicine is organizing the first regional meeting on simulation. The target region for this meeting is mainly Eastern Europe and Middle East. The program addresses all components of simulation (simulated/standardized patients, simulators and virtual patients) via keynote presentations, workshops/hands-on training courses, and poster-oral communication sessions.

Focusing on the latest advances and innovations in medical simulation, a variety of national and cultural educational activities will be presented. This meeting offers participants the opportunity to meet professionals from neighbor countries, which we believe will be the beginning of new international and intercultural collaborations.

The meeting is endorsed by Turkish Association for Medical Education, Association of Standardized Patient Educators, Society in Europe for Simulation Applied to Medicine. We are in collaboration with Imperial College for virtual patients.

We look forward to seeing you in Ankara.

* Hello

Melih Elçin
Chair, SIME 2010
### 31 October 2010 Sunday

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### 1 November 2010 Monday

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<td>Plenary Session 1 (R Hall)</td>
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<td>Chair: Melih Elçin (Hacettepe University, Turkey)</td>
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<td>10th Anniversary of the Department of Medical Education and Informatics</td>
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<td>11:30-12:30</td>
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<td>Chair: Abdulaziz M.A. Boker (King Abdulaziz University, Kingdom of Saudi Arabia)</td>
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<td></td>
<td>Keynote: Simulation and Patient Safety: Connections on Many Levels</td>
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<td>Chair: Serguei Boulatov (Kazan State Medical University, Russia)</td>
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<td>Keynote: Innovation in Simulation-Based Education for Procedural and Operative Skills</td>
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<td>Debra Nestel (Gippsland Medical School, Monash University, Australia)</td>
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<td>14:45-17:15</td>
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<td>Peter Dieckmann (Danish Institute for Medical Simulation, University of Copenhagen, Denmark)</td>
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<td>Workshop B (Clinical Skills Lab 2)</td>
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<td>Patient-Focused Simulation: Preparing Simulated Patients</td>
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<td>Debra Nestel (Gippsland Medical School, Monash University, Australia)</td>
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<td>Teaching SPs to Simulate Physical Findings</td>
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<td>Devra Cohen (Union Graduate College - Mount Sinai School of Medicine, USA)</td>
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<td>19:00-23:00</td>
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<td>09:00-11:00</td>
<td>Plenary Session 4 (R Hall)</td>
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<td>Devra Cohen (Union Graduate College - Mount Sinai School of Medicine, USA)</td>
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<td>Keynote: Borders of SP Methodology</td>
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<td>Jan Joost Rethans (University of Maastricht, The Netherlands)</td>
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<td>11:15-12:30</td>
<td>Oral Presentations (R Hall)</td>
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<td>Chair: Connie Wiskin (University of Birmingham, United Kingdom)</td>
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<td>Lunch</td>
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<td>14:00-14:45</td>
<td>Opening Ceremony for Dr. Evrim Kimyonok Education Technologies Laboratory</td>
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<td>Parallel 'How-to' Workshops 2</td>
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<td>Workshop D (R Hall)</td>
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<td>Scoring Communication in the OSCE - Consistency (Reliability) and Validity</td>
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<td>Jan Joost Rethans (University of Maastricht, The Netherlands)</td>
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<td>Ashish Hemani and Maria Toro Troconis (Imperial College London, United Kingdom)</td>
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<td>Implementation Process of Simulated Patients in Undergraduate Curriculum: From Infrastructure to Institutionalized Program</td>
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<td>Halil Ibrahim Durak (Ege University, Turkey)</td>
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<td>17:30-18:00</td>
<td>Plenary Session 5 (R Hall)</td>
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<td>Chair: Melih Elçin (Hacettepe University, Turkey)</td>
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<td>Take-Home Messages from SIME2010</td>
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Peter Dieckmann, PhD
Dr. Peter Dieckmann is work and organisational psychologist with the Danish Institute for Medical Simulation (DIMS) in Herlev, Denmark. He received his PhD from the University of Oldenburg in Germany, in a collaboration with the Swiss Federal Institute of Technology in Zürich with a work on using simulation in anaesthesiology. He has published several relevant papers. Peter has an extensive background in human factors and patient safety, using simulation for education, training and research around those topics. Peter serves currently as the President of the Society in Europe for Simulation Applied to Medicine (SESAM).

Debra Nestel, PhD
Debra Nestel is Professor of Medical Education, Gippsland Medical School, Monash University. After completing an Arts Degree at Monash University, Debra spent the next twenty-five years working at Hong Kong University and then Imperial College, London. Debra returned to Monash almost two years ago. Her content expertise is clinical communication and her research interests include the role of simulation in the development of clinical skills. She has a particular interest in the creation of immersive simulations to support training in the range of skills required for safe practice. Debra has over one hundred peer reviewed publications in the field of communication and simulation-based education.

Devra Cohen-Tigör, MA
Devra S. Cohen-Tigör is the past Director of the Morchand Center for Clinical Competence where she was employed from 1991-2006 at the Mount Sinai School of Medicine (MSSM). She is recognized as an expert in the area of communication skills training and assessment and has created and facilitated numerous unique programs such as: the Nurse/Physician Collegiality Program, Communication Training Program for New York Organ and Tissue Donor Coordinators, Genetic SP Counseling Training Program, and Bad News Communication and Advance Directives. Ms. Cohen-Tigör is a founding member and the current past president of ASPE. In 2008, Ms. Cohen-Tigör accepted a position as Associate Professor for the Union Graduate College - Mount Sinai School of Medicine Bioethics Program.

Jan Joost Rethans, MD, PhD
Jan-Joost Rethans is a general practitioner and associate professor at Institute of Medical Education, University of Maastricht. He is the coordinator of simulated and standardized patient programme, the CORE programme (CONSultation skills and REflection skills) and the skills programme of the master-phase of the Medical School. The main focus of most of his research projects is to assess the day-to-day practice of professionals and to compare this with their maximum abilities. Dr. Rethans is author/co-author of more than 60 publications in international peer reviewed medical journals. He was the past chair of the ASPE International Committee. ASPE has awarded the 'Outstanding Educator Award 2010' to Jan-Joost Rethans. He is the first one outside North America who has received this award.
Simulation and Patient Safety: Connections on Many Levels

Peter Dieckmann, PhD
Danish Institute for Medical Simulation, University of Copenhagen, Denmark

Patient Care and Safety depend on the functioning interplay between humans, technology and organisation. Simulation can be used in different settings to analyse and optimize this interplay, especially in the area of team work, communication and cognitive factors. Challenges in the treatment of patients are often not due to a lack of clinical expertise, but to an incomplete understanding of the situation, misinterpretations and the incomplete use of the expertise that is available in the treatment team. Simulation can serve to train and optimize human actions and can even go beyond the concrete training aspects. The implementation of simulation and its goal-oriented use can positively influence the safety culture in a department, hospital, and even the health care profession. Simulation provides a safe setting and framework to identify and address challenges and to develop and test optimizing strategies.

Innovation in Simulation-Based Education for Procedural and Operative Skills

Debra Nestel, PhD
Gippsland Medical School, Monash University, Australia

The focus of this presentation is innovation in simulation-based education. The first innovation is ‘patient-focused simulation’, a concept in which a simulated patient (actor) is at the centre of scenarios designed to support learning in procedural and examination skills. The simulated patient is linked seamlessly with simulator equipment to create the illusion that the trainee is performing the procedure directly on the patient. Therefore, the trainee has to integrate all the skills required for safe and effective performance. Feedback mechanisms are flexible and include web-based access to audiovisual capture of each scenario and multi-source ratings. The second innovation is the concept of distributed simulation. That is, the provision of relatively low cost, portable sets for immersive simulation-based education in procedural and operative skills. The approach increases access to such training, ensuring it is available where and when it is needed.

Making the Discussion of Death Come to Life: The Use of Standardized Patients to Help Train Medical Students in Bioethics & the Art of Moral Imagination

Devra Cohen-Tigör, MA
Union Graduate College - Mount Sinai School of Medicine, USA

Bioethics in healthcare in North America has been a growing field of study and practice since the 1960’s. Several social, political, scientific and economic developments and innovations have propelled “its” growth and importance; such as, the Patient Bill of Rights, the establishment of the National Institute of Child Health and Human Development, stem cell research, organ transplantation, informed consent, rapid rising health care costs, and the “To Err is Human” study. The values and morals that guide doctors’ behaviors and decisions are based in a set of core medical ethic principles. These principles are specifically taught in every medical school in the US and Canada. However, how we evaluate student’s knowledge, behavior and communication skills in this area is not as stringently practiced or researched. Incorporating simulated patients into these study programs can greatly improve the evaluation data as well as more realistically assess a trainee’s ability to appropriately handle these difficult, emotional and delicate situations. This talk will briefly highlight the principles in medical bioethics and why they are so important to teach the skills necessary for the training of this rich and emotionally charged area as well as give specific examples of bioethics simulated cases that have been added to curriculum.
More than 45 years ago Barrows and Abrahamson introduced the use of simulated patients. A simulated patient (SP) is defined as a ‘normal person who has been carefully coached to accurately portray the characteristics of a specific patient’. Originally SPs were exclusively used in medicine but nowadays they are used in many other areas as for example in nursing, physiotherapy, dentistry, pharmacy, dietetics and veterinary medicine. Reports about which domains are mostly used within SP methodology show that 55% of SP use is within the domain of communication skills, 32% within clinical skills area and roughly 17% is about use of SPs within the domain of physical examination skills. SP-methodology has shown to be a valid, reliable, acceptable and feasible method. There are some special uses of SPs as, amongst others, use of children as SPs (as opposed to adults as SPs), the use of SPs in hybrid situations, the longitudinal use of SPs (single case to follow up programs), and the use of SPs as incognito or unannounced standardized patients.
1 November 2010 • 14:45 – 17:15 • Simulation Lab

Designing a Simulator Setting and Training

Peter Dieckmann
Danish Institute for Medical Simulation, University of Copenhagen, Denmark

Using simulation requires more than just buying a simulator. The key issues are in the programme and the people using the device. In this workshop, participants will explore in an interactive way the different steps that are needed in setting up and running simulation-based courses. Helpful resources that can be used on the way will be introduced and participants will reflect how those can be helpful in their own context. The workshop will be based on interactive presentation, small group discussions, video examples and exercises with debriefings. The workshop aims to help simulation beginners to get started and simulation users with existing programmes to optimize their practice.

1 November 2010 • 14:45 – 17:15 • Clinical Skills Lab 2

Patient-Focused Simulation: Preparing Simulated Patients

Debra Nestel
Gippsland Medical School, Monash University, Australia

In this workshop participants will be introduced to the concept of patient-focused simulation. That is, where simulated patients are trained to portray patients undergoing procedural, examination or operative skills. The workshop will outline an approach to preparing scenarios including training simulated patients in role portrayal and feedback. Participants will have an opportunity to experience different facets of patient-focused simulation and consider ways in which it has application in their own settings.

1 November 2010 • 14:45 – 17:15 • Training and Assessment Center

The Coaching of Standardized Patients for Physical Exam Simulation

Devra Cohen-Tigör, MA
Union Graduate College - Mount Sinai School of Medicine, USA

This workshop aims to provide a beginner’s guide to how simulated patients can be trained to simulate physical signs as part of a standardized patient case. The workshop’s goal is to present the basic principles and practice of teaching SP’s to simulate physical findings. We will begin with an exploration of participants’ views about the feasibility and appropriateness of using SPs to simulate physical signs. The group will be asked to develop a list of physical signs that can be simulated. Participants will then be shown video examples of SPs simulating physical signs. Following a brief discussion of the video examples, the facilitator will demonstrate a coaching technique with volunteers. Working in small groups participants will practice the techniques to prepare a SP for simulating three different physical symptoms. The session will end with a feedback from each group on the coaching effectiveness and challenges. By the end of this workshop you will be able to: 1. Explain the rationale for using SPs to simulate physical findings. 2. Demonstrate how to incorporate physical exam abnormalities into a training case. 3. Train SPs on how to simulate the physical findings for common medical problems. You will take home a model case protocol which includes physical finding instructions.

2 November 2010 • 14:45 – 17:15 • R Hall

Scoring Clinical Communication in the OSCE – Consistency (reliability), Confidence and Validity

Connie Wiskin, PhD
University of Birmingham, United Kingdom

This session explores the complex relationship between an examination candidate achieving the clinical task, showing competent communication skills and demonstrating professional behaviour in simulations under OSCE [Objective Standardised Clinical examination] conditions. It focuses on how fields often regarded as
‘subjective’ can be consistently and confidently scored by examiners without resorting to excessively lengthy checklists. Means of statistically measuring success will be shared. It also contains references to examiner confidence in the detection of poor performance. The OSCE has a well established history and high validity is reported, but concerns about reliability and subjectivity in scoring the consultation holistically can undermine confidence in going forward. This presentation considers exam psychometrics, exam method selection and scoring. It has an interactive element to explore the scoring consistency of both clinical examiners and simulated patients in OSCE stations, and gives participants the chance to see and work with a range of OSCE score sheets. Participants will have the opportunity to learn about developments in the UK, reflect on and share their own examination practices, and consider the advantages and disadvantages of OSCE simulations in depth. Scoring consistency in terms of minimising bias (‘fairness’ to the candidate) will be considered in detail, and recommendations made using live examples and validated models. The hope is that this workshop will increase educator’s confidence in devising score sheets for - and actually scoring - OSCE stations based on medical consultations.

2 November 2010 • 14:45 - 17:15 • Training and Assessment Center

Reflection and Feedback in Communication Skills Training

Jan Joost Rethans, MD, PhD
University of Maastricht, The Netherlands

Undergraduate students at Maastricht Medical School learn communication and reflection skills though the CORE Programme where “CO” stands for Communication and “RE” for Reflection. The programme uses experiential learning methods where students have individual simulated patient sessions which are digitally recorded. Two weeks later students meet in a small group session with 9 peers and a teacher while each of the members must have watched the recorded simulation patient consultations before that session. During this session the group elaborates and reflects on the consultations. In this CORE programme students must acquire two important skills: to reflect on a consultation and to be able to ask for feedback to simulated patients and to peers. Therefore students, SPs and teachers must be able to ask for and give feedback. In this workshop the participants will have the opportunity to find out how we in Maastricht teach our staff what the feedback-rules are that we apply in the CORE programme. The workshop will be more or less the same workshop as we give to our CORE teachers. During this training the SP rules for feedback also will be discussed.

2 November 2010 • 14:45 - 17:15 • Dr. Evrim Kimyonok Educational Technologies Lab

Virtual Patient Application

Ashish Hemani
Imperial College London, United Kingdom

Imperial College London has developed a Virtual Patients Application tool to support clinical teaching. The application provides a user-friendly interface and the necessary tools to produce virtual patient cases and share them with partner organisations using common learning standards. It supports the delivery of traditional learning, by introducing problem-based scenarios focused on clinical or general practice. International partners access the application in their own languages using simple development and deployment tools that make the virtual patients easily transferable. The workshop will provide training on how to create virtual patient cases using the Imperial Virtual Patient Application tool and how to export and share cases using common learning standards.

2 November 2010 • 14:45 - 17:15 • Small Group Room 2

Implementation Process of Simulated Patients in Undergraduate Curriculum: From Infrastructure to Institutionalized Program

Halil İbrahim Durak, MD, PhD, MPHE
Ege University, Turkey

Many medical schools outside the North America are starting or planning SP programs in undergraduate curriculum. We have sufficient knowledge on why and how to use SPs in undergraduate education. However most of the schools are lacking of where to start and how to fit SP methodology in their curriculum. At the end of this workshop the participants will understand the place of SPs in the curriculum, the range of SP use, the criteria for effective teaching, and the pitfalls in implementation of SP curriculum at different cultures and health systems.
Opening Reception @ CerModern

With the support of the Association of Turkish Travel Agencies (TURSAB), CerModern in Ankara enables the growth and realization of cultural and artistic projects. The renovation of the disused train wagon repair building by the Ministry of Culture and Tourism provides an example of contemporary museum architecture.

Altınsoy Caddesi No: 3
Sıhhiye/Ankara

Meeting Dinner @ Cengelhan

Fulfilling all the usual functions of an Anatolian caravanserai, Cengelhan, built in 1522, was a hostelry that offered lodging to travellers while also supplying local shopping needs. The Cengelhan has housed the Rahmi M. Koc Museum of Industry since April 2005.

Sutepe Mahallesi, Depo Sokak, No:1
Altındağ/Ankara
ASSOCIATION OF STANDARDIZED PATIENT EDUCATORS

ASPE is the international organization for professionals in the field of simulated and standardized patient methodology.

ASPE is dedicated to:

• Professional growth and development of its members
• Advancement of simulated and standardized patient research and related scholarly activities
• Setting standards of practice
• Fostering patient centered care

The Association of Standardized Patients Educators was formed in 1991. Since that time, our membership has grown along with the concept of standardized patients. Its use has expanded into many fields including dentistry, pharmacy, veterinary medicine, and allied health professions. SP scenarios often involve simulators or manikins which has fostered an affiliation with the Society for Simulation in Healthcare. Out of SP methodology scholarship has grown an affiliation with MedEd Portal, the source of SP cases that have been vetted and validated by SP educators. We welcome all who are interested in this exciting, ever changing, ever growing field.

SOCIETY IN EUROPE FOR SIMULATION APPLIED TO MEDICINE

SESAM is a multiprofessional network of simulation enthusiasts in Europe.

The purpose of SESAM is:

• The development and application of simulation in education, research and quality management in medicine and health care.
• Facilitation, exchange and improvement of the technology and knowledge throughout Europe.
• Establishment of combined research facilities.

SESAM was founded in Copenhagen in August 1994. Our Mission is to encourage and support the use of simulation in medicine for the purpose of training and research. We are not affiliated to any medical or other specialty. Members are physicians and nurses from several specialties, technicians, engineers, psychologists, physicists, biologists... If you are using simulation techniques or are considering to do so please join SESAM and become a member of its mailing list. This will bring you in contact with international protagonists of simulation.

TURKISH ASSOCIATION FOR MEDICAL EDUCATION

TAME is the national organization for the professionals who are actively working or interested in the area of education in health sciences.

The purpose of TAME is to:

• investigate undergraduate and graduate medical education in Turkish universities,
• get opinions of health professionals and their institutions,
• facilitate the development of medical education regarding the circumstances of the country,
• prepare reports on medical education.

TAME was founded in 1979. In the earlier years, the membership was limited to deans and rectors. In 2004, the membership was extended to all health professionals. Since the foundation, TAME organized several meetings and workshops. It hosted AMEE Meeting in 1988. We invite all health professionals who are dedicated to education to become a member of TAME.
DEPARTMENT OF MEDICAL EDUCATION AND INFORMATICS

The departments of medical education have been essential units of medical schools for more than 50 years. In Turkey, the Council of Higher Education legitimated the foundation of first department in 1999. The Department of Medical Education was founded in 2000 at Hacettepe University.

The Department of Medical Education merged with the Unit of Medical Informatics, and became the Department of Medical Education and Informatics in 2002.

The founding head of the department was Prof. Iskender Sayek, and carried on his position till 2006. The current head of the department is Assoc.Prof. Melih Elcin.

Full-time Academic Staff
Assoc.Prof. Melih Elçin, MD, MSc
Assist.Prof. Orhan Odabaşı, MD
Instructor Arif Onan
Instructor Sevgi Turan, PhD
Res.Assist. Umut Arıöz, MSc
Res.Assist. Bilge Başusta, MSc

Appointed Faculty Members
Prof. Fusun Çuhadaroğlu (Dept. of Child Psychiatry)
Prof. Pervin Dinçer (Dept. of Medical Biology)
Prof. Nurgün Kandemir (Dept. of Pediatrics)
Prof. Ayşen Karaduman (Dept. of Dermatology)
Prof. Petek Korkusuz (Dept. of Histology)
Prof. Selda Onderoğlu (Dept. of Anatomy)
Prof. Elif Özmert (Dept. of Pediatrics)
Prof. Şevkat Bahar Özvarış (Dept. of Public Health)
Prof. Cenk Sökmen (Dept. of Pathology)
Prof. Bülent Şekerel (Dept. of Pediatrics)
Prof. Bilgehan Yalçın (Dept. of Pediatrics)
Assoc.Prof. Dilek Aslan (Dept. of Public Health)
Assoc.Prof. Ali Düzova (Dept. of Pediatrics)

UNDERGRADUATE PROGRAM (GMP)

1. Good Medical Practice

The Good Medical Practice program has been designed on the communication skills training base, supported by related topics of clinical skills-physical examination training, ethics, professionalism, medical humanities, evidence based medicine and clinical visits. The program started in 2005.

The goal of this program is to make the students achieve the skills and attitudes needed by a good physician who is competent in caring for and communicating with patients. The students should:

- communicate clearly with patients and families,
- investigate the patient and record a complete and accurate history appropriate to a variety of patient encounters,
- perform a comprehensive and suitably focused physical examination,
- proficiently perform clinical skills,
- use evidence based medicine in clinical decision making,
- recognize the ethical issues of medical practice and develop professional behavior in patient-physician relationship,
- acquire both cultural and historical perspectives on illness and health care.

The Good Medical Practice program has been designed as follows:
- A program for the first three years.
- A small group activity (10-12 students in a group)
- Bi-weekly one half day during the whole year
- Each group with the same tutor during the year
- Each group rotating through the sections of the program
• Appropriate learning activities for each section
• Appropriate formative evaluations at each step
• Summative assessment at the end of each year

Program Coordinator is Prof. Canan Akyüz, and the program is organized and conducted by the Department of Medical Education and Informatics.

Sections of the Good Medical Practice Program
• Communication Skills
  Standardized Patient Encounters and Debriefing Sessions
• Clinical Skills
  Competency-based skills training on models and mannequins, patient focused simulation
• Medical Humanities
  Project-based learning on ‘Medicine and Arts’, ‘Medicine and History’ and ‘Man and Medicine’
• Ethics and Professionalism
  Discussions on ethical and professional values via movies, news, experiences, and SP encounters
• Evidence Based Medicine
  Information literacy, evidence based medicine, research education
• Clinical Visits
  Health care services, patient-physician relationship, teamwork in health care

Medical Humanities
In designing a medical humanities section in the Good Medical Practice program, the goals in general are to understand the meaning of patients’ lives, to understand the art of medical practice, to provide a mirror for doctor, to recognize the human dimension of medical practice and to improve overall medical effectiveness. In this section of the curriculum, students should improve their narrative competence, should accurately interpret medical texts and should develop empathy and humanistic attitudes.

Students in the first three years prepare projects concerned with medical humanities. In the first year, students working in the broad area of ‘Medicine and Art’ prepare group projects on literature, music, cinema, drama, dance, opera or sculpture. In the second year, the broad area was ‘Medicine and History’. Students prepare projects on history, religion, belief, law, archaeology or architecture. Similarly in the third year, students prepare projects on philosophy, sociology, ethics, biology, sports, genetics or technology under the umbrella of ‘Man and Medicine’. In the first session of the program, the concept of medical humanities and examples from related articles are discussed. The students organize the groups and find their topics. Two weeks later, they give their proposals. They then have two months to prepare the first reports. At the first report session, they present their projects to the whole group. They choose one of the projects as a short communication at the Medical Humanities Congress and the others as posters. They have another two months to prepare final reports. Each project is to be prepared as a portfolio that includes the final project, self-assessment reports of the student, documents and portfolio assessment reports of the students. All the students of the first three years attend the congress. The first three ranks of the oral presentations and posters of the broad areas are awarded.

2. Sessions of Problem Based Approach (PBA)
Problem-based learning sessions were implemented to the medical curriculum in 2000. The goals of the sessions were to have students achieve the appropriate skills for information literacy, self-directed learning, critical thinking, collaborative learning, and to foster deeper learning. Written cases were prepared by a group of faculty members, and used for discussions. The video films made by the Department of Medical Education and Informatics were used as the trigger films instead of written cases between 2005-2008.

In 2009, fundamental subject areas were determined for the first three years of the curriculum, and problem based approach sessions were introduced in a more structured way of discussing, with content-expert facilitators, using a different tool of assessment.

In 2010, e-PBA was introduced as a new approach. After a face-to-face introduction session, all the activities of the consequent sessions are held on the Internet
3. Lectures

‘How I Learn’, ‘Learner Centered Approaches’ and ‘Good Medical Practice’ are the lectures given to the first year students in their first week. An elective course for the first year students named, ‘E-Learning Environments’ was introduced in 2010.

4. Elective Clerkship in Year 6

An elective ‘Medical Education and Informatics’ clerkship was implemented in 2004. The aim of the clerkship is to have students achieve knowledge and skills in educational technologies, skills training and medical informatics. As a peer-assisted learning activity, the sixth year students take part in the clinical skills training of the first three year students, and in the e-PBA sessions of first and third year students.

GRADUATE PROGRAM

Masters Degree in Medical Education

The program covers the basics of medical education, program development and evaluation, assessment and educational research. The program started in 2005; first student graduated in 2008. Currently two students are enrolled in the program.

STANDARDIZED PATIENT (SP) PROGRAM

Hacettepe Standardized Patient Program started in 2003 as a pilot study before implementing communication skills training, a section of Good Medical Practice program. With respect to historical perspective of standardized patients, the case in the study was a ‘Headache’ patient in the neurology outpatient clinics. After the implementation of the communication skills training, new scenarios for the undergraduate program were developed. In Good Medical Practice program, students have encounters with SPs on the following topics:

- Basics of medical encounter
- History taking
- Difficult patient
- Breaking bad news
- History taking and physical examination
- Clinical ethical context

Standardized patient methodology is widely used at all levels of medical education at Hacettepe.

The below authentic programs are developed by the Department of Medical Education and Informatics:

- Course for Pediatric Residency Program at Hacettepe
- Course for the Residents of Plastic Surgery in the Winter School of Association
- ‘Chronic Disease Management: Hypertension’ Course for the Association of Internal Medicine
- Certification Course for Organ Recruitment Coordinators for Ministry of Health
- Course for Dentistry Students (patient focused simulation) at Hacettepe
- Patient Focused Simulation at Hacettepe

MEDICAL INFORMATICS

- Online timetable of the medical curriculum
- e-Exam for surgery clerkship in Year 4
- e-Portfolio for Good Medical Practice
- e-Feedback for lectures in the first three years
- e-PBA in the first three years
“STANDARDIZED PATIENT” METHODOLOGY AS THE POSSIBILITY OF INTERNATIONAL COOPERATION OF MEDICAL SCHOOLS IN TEACHING PRATICAL SKILLS

Alexey Sozinov¹, Sergey Boulatov¹, Heidi A. Lane², Aysylu Valeeva¹

¹Kazan State Medical University, Kazan, Russia Federation  
²Nova Southeastern University, College of Osteopathic Medicine, Ft. Laudedale, Florida, USA

Standardized patient methodology is used in a lot of universities all around the world. A lot of students reach and improve their knowledge due to this system of studying. International students often take standardized clinical performance examinations to achieve licensure. That’s why it is extremely important to enhance quality of education of this field. We need to transfer our knowledge between universities in global level, only this way our medical students, future doctors will be prepared to urgent and react correctly in any part of the world. Many international medical schools do not use standardized clinical skills examinations with formative feedback in their institutions. This study was conducted to determine if a clinical skills formative assessment improves student pass rates on a performance evaluation.

To see the influence of the mode of studying from different universities collaboration between Nova Southeastern University College of Osteopathic Medicine in the USA and Kazan State University School of Medicine in Russia produced a clinical skills examination with guided formative feedback for medical students in Russia. It was Clinical Skills Examination for 30 medical students in English: 10 6th year foreign medical students, 10 6th year Russian medical students, 10 5th year foreign medical students. For examination were used 5 standardized patients (native speakers) and 5 cases developed in NOVA Southeastern University with all USA standards. Exam in three cohorts took over two days. Researchers surveyed students and faculty perceptions of this methodology. Researchers compared performance results on international licensure exams for the study group with performance results of previous graduates.

Based on student perceptions survey, confidence is improved and the format of the feedback session yielded high satisfaction. Faculty surveys determined international collaboration is feasible and very usable.

This kind of researches and collaboration work give opportunity to the universities to get new methods and to improve educational excellence. Also it helps in evaluation of the students, based on international standards requirement for studying becoming very high and increase self assessment of the students. Finally this research absolutely raised National and International reputation of both Universities and possible collaborative partners within country and international collaboration between countries and globalizing of the knowledge for medical schools.

STANDARDIZED PATIENT PROGRAMME IN ANKARA UNIVERSITY SCHOOL OF MEDICINE

Ipek Gonullu¹, Ayşen Melek Aytug Kosan¹, Gülfem Çelik¹

¹Ankara University School of Medicine, Department of Medical Education and Informatics, Ankara, Turkey

Standardized Patient (SP) interventions are widely used in medical education as a common instruction and assessment tool. SP Programme was started in Ankara University School of Medicine in 2007-2008.

A web announcement for recruiting of SP for the training of medical students was performed in 2007. After a personal interview in November, 30 SP candidates were eligible for being SP in medical training. These SPs were trained for “communication skills”, “giving feedback”, “script training”. Following this SP recruitment, a new SP group (25) was trained in the same way in July 2008. In our SP Programme center, 5 clinic rooms with a camera record system are available for medical interview practices. The unite also include a monitor room, SP room and a classroom for students. SPs are involved both instruction and assessment processes. On routine programme, each SP, usually meets 5-6 students in one day. During these sessions, a faculty watches the interview behind a mirror glass in a separate room. After the interview, firstly SPs give verbal feedback to the
students and then faculty give verbal feedback both to the SP and to the student about their performances. A CD which contain the record of the session is given to the each students. These CDs are being watched in groups which includes an instructor as well as the student.

The powerful points of our SP Programme are; - High motivated tutors, who had received formal communication training - Basic facilities convenient for the programme - 20 SPs, who had received formal communication training - Motivated executive staff In order to continue and improve the programme, continued financial supply and qualified manpower requirement should be taken into account. In near future, , SP Programme is planning to expand to medical and nonmedical staff in order to improve the communication skills of our staff in our training hospital.

RETROSPECTIVE ANALYSES OF OUR TRAINING PROGRAMME AT OUR SIMULATION CENTER (SIMMERK)


Medical Devices and Simulation Center (SIMMERK), Istanbul, Turkey.

Advanced medical simulation has become widespread (1). Medical Devices and Simulation Center (SIMMERK) was founded at the late 2007’s, in Istanbul by The Ministry of Health. In this retrospective study, we aimed to give information about our medical simulation education programme established using Human Patient Simulator for residents and medical practitioners and share our three years’s experiences at SIMMERK.

The training consisted of 12 simulation scenarios at 2 days for anaesthesiology residents, 6 simulation scenarios at 1 day for the other branches’s residents and debriefing. Medical practitioner’s training was about using defibrillator. A crisis resource management (CRM) training was also established at the time of training. Participants’s success was assessed with multiple choice examination (MCE) before and after the training. Satisfaction surveys were completed by the participants to assess the quality and effectiveness of the education and the center with four point scale (1: Bad, 2: Medium, 3: Good, 4: Very good). They have also asked to if they prefer this center again for such an education.

A total of 327 residents (154 female - 47.1% and 173 male - 52.9%) took part in the training. Third (23.2%), fourth (39.8%) and fifth-year residents (4.6%) were more successful in CRM than first (14.4%) and second-year (18%) residents. Participants performance was improved to 62.1% success after training compared to 47.3% success before training in MCE. 55.5% and 38.5% participants were evaluated the education and the center as good and very good respectively. %99 of them were also determined that they will prefer this center again.

STUDY OF THE EFFECTIVENESS OF EDUCATION ON MEDICAL STUDENTS’ (INTERNS’) CLINICAL SKILLS PROMOTION ABOUT SUTURING AND CHEST TUBE INSERTION IN CLINICAL SKILL EDUCATION CENTER IN ARAK UNIVERSITY OF MEDICAL SCIENCES

Davood Hekmatpou, Zohreh Anbari, Sohaila Taheri.

Arak University of Medical Sciences, Arak, Iran.

Having sufficient skill for doing clinical cares is a necessity for medicine. Clinical Skills Education Center (CSEC) as an effective clinical education place will reduce medical errors, increase medical student self esteem and consider patients rights. This study with the goal of determination of effectiveness of education on promoting the competency of medical students (interns) in related to suturing and chest tube insertion in CSEC in Arak University of Medical Sciences (AUMS) was accomplished.

In this cross sectional analytical study the effectiveness of education on promoting of clinical skills of 20 interns about suturing and chest tube insertion in CSEC was evaluated. The interns’ competencies of two skills were evaluated by an observer before and after education with four likert check list. All data were analyzed with SPSS version 17.

The findings shown that before education, 4% interns have sutured very good, 22% good, 20% weak and 54% in not accepted level respectively. But, after education 91% of interns have done suturing in good level. Also, 15% of interns have inserted chest tube very good, 20% good, 35% mediate, and 30% in not accepted level before education. But, after education this skill was promoted surprisingly. The most effective suture education was seen on doing Prep & Drape scientifically and suturing methods. The most effective chest tube education was seen on the knowledge of suitable incision size and how inserting of clamp into subcutaneous tissue and visceral pleura. As a whole, the correlations between the competencies in two skills before and after education were significant.

The findings of this study have shown the effectiveness of education of clinical skills on promoting the students competencies. This study emphasizes on applying relevant educational methods, formative evaluation, simulating educational environment and places based on future need assessment of general physicians as effective strategies on promoting the quality of medical education.

STUDY OF THE EDUCATION EFFECT ON THE COMMUNICATION SKILLS AMONG NURSES AND MIDWIVES: AN EFFECTIVE SIMULATION STRATEGY TO PROMOTING COMMUNICATION SKILLS IN EDUCATIONAL FIELDS IN ARAK UNIVERSITY OF MEDICAL SCIENCES

Davood Hekmatpou, Zohreh Anbari.

Arak University of Medical Sciences, Arak, Iran.

Simulation is an effective educational method. Communicational skills were determined as one of the most important specification for health care staff. The effective communication skill education causes to effective communication with patients, perception of problems, makes patients satisfaction, promotion of students’ communication skills. Because of the main role of nurses and midwives in patient communication, this study has performed in order to determine the effect of education on communicational skills nursing- midwifery personnel in Arak health- care center

The present study is a descriptive study and all nurses and midwifes (46 persons) that companied in educational skills workshop, and they had at least 6 months experiences for giving services to patients and they also were responsible for students education. Our educational content was based on the WHO Basic Communication. Data were completed by two section questionnaires that were filled by nurses and observers. The validity of this questionnaire was confirmed by three experienced persons and its reliability was confirmed by Cronbach’s alpha that was 0.81. Then data were analyzed by SPSS version 1

95.7% nurses were female and 2.2% was male, 80.5% was conventional and 19.5% was contractional persons. The most experience record was 2-6 years with average of 32.6%. 23.9% persons were in surgical ward, 17.4%
in orthopedic ward. 87% had license and 52.2% were married. There was significant promotion in communication skills in all stages in staff after education. There was no significant difference between age, sex and the service ward. But, there was significant difference between patient follow up and communicational skills with patients.

The results of this research show that educational methods should be well-set with the wards and services sections for nurses and midwives and emphasizes on continue education and hospitals responsibility cooperation. In other words, communication skill education for hospital staff can be considered as an effective simulation educational strategy in educational fields. Key Words: Communication skills, nurses, midwives, educational fields, simulation strategy

DESIGN OF A LONGITUDINAL CLINICAL SKILLS CURRICULUM FOR UNDERGRADUATE MEDICAL EDUCATION

Huseyin Cahit Taskiran, Sami Al Nassar.

King Saud University, College of Medicine, Department of Medical Education. Riyadh, Kingdom of Saudi Arabia.

King Saud University College of Medicine (KSU COM) is in the process of innovation of a new undergraduate medical curriculum. Clinical skills lab and simulation center has been established to provide hands-on learning experiences to medical students for the practice of clinical skills which are deemed essential for effective and safe management of patients. Under the guidance of Medical Education Department, Clinical Skills Unit has the function to prepare and conduct a longitudinal clinical skills training parallel to the main curriculum and to provide learning opportunities for the students that will boost confidence and clinical skills proficiency by using various educational materials (part task trainers, models, manikins, high fidelity simulators, simulated patients, virtual patients). In this presentation the main features of the skills curriculum design will be introduced. Principles underlying the skills curriculum in KSU COM • Based on expected outcomes for the medical graduates • Based on sound educational principles and theories • Early introduction and continuous implementation • Longitudinally structured based on a skills matrix • Gradual increase in complexity o From basic to complex skills o From part tasks to the whole • Gradual transfer from simulation to reality • Relevant to the stage of training • Integrated with cognitive part of the curriculum • Gradual increase in integration • Small group active learning reinforced by self-study and repeated practice • Humanistic approach • Structured educational guides • Structured competency based assessment Teaching/Learning Strategies • Lectures • Small group sessions • Simulated practice in skills lab • Multimedia learning (audio, video, animations, e-learning, web-based learning) • Supervised practice in various clinical places • Independent study and practice Student Assessment • Competency based • Multiple methods (OSCE, Logbook/Portfolio) • Longitudinally designed for all years and system block

SIMULATED PATIENT USE IN PERSON-CENTERED CLINICAL APPROACH TRAINING FOR UNDERGRADUATE MEDICAL STUDENTS

Hatice Kurdak, Sevgi Özcan, Ersin Akpınar, Esra Saatçi, Nafiz Bozdemir.

Çukurova University, Faculty of Medicine, Department of Family Medicine.

Simulated patient consultation has been used for teaching person-centered clinical approach to third-year medical students in Çukurova University, Faculty of Medicine, Department of Family Medicine since 2005. The aim of this study was to evaluate the students’ feedbacks from 2005 to 2008.

In five years, 558 students have participated to the practices. Sixteen practices were performed in each year and every student attended one practice. In every practice only one volunteer student performed simulated patient consultation while the others watching live in another room. The video was watched back with checklist within the same session. Each session was evaluated by the students using a 13-item questionnaire containing five-point Likert scale and two open-ended questions.

Students’ overall satisfaction level was 4.11±0.63. Student satisfaction in 2008 was significantly higher than those in 2006 and 2007 (p<0.05). The mean score for four years for the item “I did benefit from this practice” had the highest score (4.36±0.78). “I realized the importance of person-centered clinical approach” and “I
learned the person-centered clinical approach” items were the second and third in rank (4.33±0.73, 4.28±0.73, respectively). Some comments for the first open-ended question (What is the best aspect of the practice?) were “being prepared with the simulated patient before encountering the real ones”, “learning good patient-physician communication”, “feeling familiar to the profession”, “learning in a safe environment”, and “application of theory into practice”. The most common suggestion for the second open-ended question (What are the things need to be improved?) was “let every student experience simulated patient consultation” (44.5%).

High student satisfaction suggests that simulated patient method can be used for person-centered clinical approach training in early medical years.

WHY SIMULATION-BASED MEDICAL EDUCATION?

PATIENT SAFETY PERSPECTIVE.

Nazan Karaoglu, Muzaffer Şeker.
Selcuk University Meram Medical Faculty, Medical Education and Informatics Department, Konya, Turkey

Although the first principle of health care is ‘primum non nocere’, in fact, many kinds of adverse events threaten patient safety. General Medical Council’s document “Tomorrow’s Doctors: Recommendations of Undergraduate Medical Education” identified five areas as guiding statements related to patient safety. Being able to perform clinical skills safely is the main perspective of simulation-based medical education (SBME) among these areas. Simulation is described as a tremendous tool for health care educators, which is allowing students to gain professional development without putting patients at risk. SBME and the advantages of it with an increasing attention are taking place in the literature. The aim of this poster presentation is to look for the evidence in patient safety.

It mainly depends on literature review in Pub Med articles about simulation based medical education and it is reflections on patient safety.

There are 107 results of the search for this issue with the key words “patient safety & simulation based medical education”. Twenty five of them are reviews and 21 have free access to full article. The benefit of simulation in respect to patient safety is mainly avoiding from the risk for patients and learners but the other benefits are indirectly affecting patient safety culture as reflective learning.

As an author said “Learning any new skill means making mistakes and learning medical procedures traditionally has meant making mistakes on real patients”. So, it is generally accepted that “simulation means to have a second chance to correct faults” and maybe it is the most important part of its reflection on patient safety.

VIEWS ON SIMULATED PATIENT PRACTICE

Hacer Nalbant¹, Nilüfer Alçalar², Güler Bahadır¹.
¹ Istanbul University, Istanbul Faculty of Medicine, Department of Medical Education, Istanbul, Turkey
² Istanbul University, Istanbul Faculty of Medicine, Department of Psychiatry, Istanbul, Turkey

Istanbul Faculty of Medicine has started The Medical Communication Education Project in 2005, and has been supported by the Scientific Research Unit of Istanbul University. As Medical Education Department, we provide some of the basic medical skills, communication and history taking skills first year and second year students in the Skills Laboratory programme. In 2008-2009 academic year Simulated Patient on history taking skills practice was started in Spring term and for second year students. Students, faculty members and simulated patients evaluated the practices to improve and revise programme.

For Simulated Patient on history taking skills practice 315 second year students were registered and 32 faculty members acted as counselors for feedback sessions. SP activities were scheduled on Monday groups of 42 students. Interviews were conducted in examination rooms (7 rooms, each with three students, one acting physician other two as observers). After the interview, observant students and simulated patient gave verbal feedback to the interviewer. Each student had his/her interview CDs on following day so that they can self-assess their performance. At the meeting with the faculty member a group of six students watched and evaluated the interview and gave feedback to each interview. Faculty member gave feedback for improving the
communication skills and interview techniques of student. Each session took approximately 90-180 minutes. At the end of the session students filled out evaluation forms, and those forms were picked up by Medical Education department. 206 of students filled out written feedback forms on these sessions. Of 101 students wrote comments on practices, feedback and learning environment. Some of the students requested more sessions with SPs.

Faculty members appreciated small group work for sessions and communicative learning environment. They were happy to working closely with students. Student evaluations about sessions were mostly positive (59-89%). Feedback session was appropriate to the rules. Tutor’s feedback was constructive. Positive learning environment was provided. Feedback session increased my motivation. They generally told SP interview was very effective and small group study provided one-to-one relationship with the tutor and evidently showed the quality of tutor. Some of students said they felt themselves as doctor for the first time in two years. Simulated patient evaluations were about feeling uncomfortable while giving negative feedbacks to students. Positive contribution of training for SPs were being more observant and developing effective feedback skills.

Faculty members, students and SPs have evaluated SP program experience. They usually were satisfied with the practice and training. The program has been revised on the basis of the feedbacks and has become more practical.

EFFECT OF SIMULATION WORKSHOP ON STUDENT KNOWLEDGE AND PRACTICE IN INJECTION SKILLS

Leila Bahramkhani, Abbas Allami, Fariba Derakhshan, Fatemeh Safdari.

Qazvin University of Medical Science, internal medicine, Qazuin, Iran.

Clinical skills in practice of physician are essential. During the short-term clinical training, practice and gain enough confidence in performing certain skills is not possible. Clinical skills centers and use simulations to learn these skills in an environment without the stress associated with human rights provides. Considering the importance of injections as a part of medical college education curriculum, this study conducted for impact evaluation of use simulations in improvement of medical student’s injection skill.

This prospective intervention study, with a before and after design, was performed in skill lab of Qazvin University of Medical Sciences in Iran during 2007-2008. Our subjects were 59 fourth year medical students in three consecutive semesters. A self-administered questionnaire was used with 38 closed questions (presented using a five-point Likert item). Students were asked to complete the Self Evaluation Questionnaire before and after simulation workshop. Several questions were asked about their biographic, knowledge and experience in injection skill (according to the guidelines). Statistical analysis performed by using paired t-test with P<0.05 significant.

Students were 67.8% female and 30.1% male with median age 23.1 ± 1.2. In this study, 3.4% students have been formal education and 72.9% have not had training before holding workshop. Also, 22% have studied themselves in field and 47.5% injected into patients in the past. Average knowledge of before and after workshop was 2.4 ± 0.1 and 4.4 ± 0.1 consequently. Average performance score before and after workshop was 2.2 ± 0.1 and 4.3 ± 0.1 consequently. A significant difference was demonstrated between before and after workshop finding in knowledge and performance injection skill scores (P value < 0.05).

The skill lab workshop simulation can develop student skills remarkably and such workshops are suggested for all medical students.

“TO BE A SP”, OPINIONS OF SPS ABOUT SP PROGRAM

Ayşen Melek Aytug Koşan1, İpek Gonullu1, Meral Demirören1, Mehmet Özen1, Gülfem Çelik1.

1Ankara University School of Medicine, Department of Medical Education and Informatics, Ankara, Turkey.

In 2007-2008, Ankara University School of Medicine started a training program on Communication skills and Clinical Skills with SPs in the training of medical students (MS). After three years of performance of this program, a focus groups with SPs were organized in order to revise and improve the efficacy of the program. The aim of the study is to learn the point of views of SPs about “the role of SPs, SP training, interaction with tutors during encounters and assessment process” in order to enhance the efficiency of the program.
It is a qualitative study that focus group method was used. Discussions were made with two SP groups (6 in each group, total 12 SPs). The groups were selected from the volunteers. Participants were provided with a full description of the study and were asked to permission to audiotape the focus group session, before they participate. Authors moderated the focus groups using exploratory, open-ended questions to uncover SPs’ views about the programme and process. Group discussions about SP program with SPs were videotaped and analyzed by descriptive techniques.

SPs expressed that they should be objective, responsible, and more skilled in comprehension and perception, good observer, team worker, respectful and active listener and fluent speaker. They thought that they need repeated training about communication skills, giving feedback, role-playing, and group dynamics. During the new script training, they need more role-play sections with the educators who will enter the student-SP encounters as tutors. SPs expressed that giving feedback is beneficial to the students as it reflect patients feelings and point of view. Besides they sometimes felt distressed while giving feedback because of being harmful to the students. SP expressed that they felt important when they were a part of summative assessment. SPs thought that taking immediate feedback from tutors after SP patient encounters help their improvement as well as creating anxiety.

Last words: As a result, SPs feel happy, self-confident, helpful, and important while doing their job. They also believe that this program improves their personal development.
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Training and Assessment Center
Clinical Skills Lab
Simulation Lab
Dr. Evrim Kimyonok
Educational Technologies Lab
Small Group Room
Clinical Skills Lab
Clinical Skills Lab
Simulation Lab
SIMULATION IN MEDICAL EDUCATION