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Title	College of Medicine and Health Learning and Teaching Showcase 2025
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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

College of Medicine and Health

Learning & Teaching Showcase

Friday 6th June 2025 - 10:00 to 14:30

School of Pharmacy Building



Opening Address & Poster Viewing	10:00 to 11:00 in LG.01
Talks	11:00 to 13:50 in LG.51
Lunch & Poster Viewing	13:50 to14:30 in LG.01

Organising Group

Name	School
Mark McEntee	Vice Head Learning & Teaching
Michelle Broderick	School of Clinical Therapies
Siobhan Lucey	CUDSH
Irina Korotchikova	School of Medicine
Maria O'Malley	School of Nursing & Midwifery
Sonja Vucen	School of Pharmacy
Caleb Leduc	School of Public Health
Susan Rafferty McArdle	College of Medicine & Health
Caroline Seacy	College of Medicine & Health
Connie Mulcahy	College of Medicine & Health

And special thanks to Michael Cronin and Ken Devine in the School of Pharmacy for all their help with the poster exhibition and general facility setup.

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SCHEDULE

Time	Title	Speaker
10:00	Poster session opening (*including coffee on arrival)*	
10:30	Opening Addresses (*in poster room, with coffee)*	Prof Stephen Byrne, Deputy President & Registrar
	CHAIR: Mark McEntee	
11:00	Welcome	Prof Mark McEntee, Vice Head Learning and Teaching, College of Medicine and Health
11:05	"Academics, AI, and Assessment: Who's in Charge?"	Dr Sarah Thelen, Lecturer for Teaching and Learning Enhancement (Digital Education), CIRTL
11:35	**Q & A**	
11:40	Excellence in Teaching and Learning at the COMH	Prof Mark McEntee, Vice Head Learning and Teaching, College of Medicine and Health
12:00	**Q & A**	
	CHAIR: Siobhan Lucey	
12:05	Interprofessional Medication Safety Sessions - Promoting Safe Prescribing through Interprofessional Education Workshops	Nora McCarthy Medical Education Unit, Carol Condon and Caroline Brady-Nevin School of Nursing & Midwifery, Aoife Fleming School of Pharmacy and Vice Head for Interprofessional Learning
12:30	**Q & A**	
12:35	**SCHOOL PRESENTATIONS**	
	CHAIR: Caleb Leduc	
12:35	A Competency based Evaluation of a Postgraduate Certificate in Infection Prevention and Control, 2020 – 2023, Challenges and Benefits	Maura Smiddy, School of Public Health
12:45	Observation and experience of senior healthcare students of interprofessional collaboration while on clinical placement	Niamh Coakley, School of Medicine

12:55	An Interprofessional workshop to assist healthcare professionals supervise clinical placements: a pilot study	Kerrie O'Grady, School of Clinical Therapies
13:05	Prioritising Health Literacy for Health and Social Care Professions	Laura Sahm, School of Pharmacy
13:15	Community Engaged Learning	Adrian O'Dwyer & Derek Varian, School of Nursing and Midwifery
13:25	Dental Trauma Learning and Teaching: Pedagogical Approaches and Evaluation	Maeve O'Farrell, Dental School and Hospital
13:35	**Panel Q&A**	All School presenters
13:45	Closing Remarks	Prof Mark McEntee, Vice Head Learning and Teaching, College of Medicine and Health
13:50	**Lunch/Poster Viewing**	
14:30	**Close**	

ABSTRACTS FOR POSTERS

Presenting Author's Name: Julie Arnott

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Presenting Author's Dept/School: School of Public Health

Co-Authors' Names:

Title of Abstract:

Using a framework to structure postgraduate health protection teaching to align with national strategy, which has adopted a wider, 'all hazards' approach

Poster Abstract:

Background

Health Protection is a core function of public health. Historically it focused on communicable disease control of over 90 notifiable infectious diseases. National strategy has widened the remit of health protection to incorporate an all-hazards approach, aiming to protect the population from any chemical, biological, radiological or nuclear agent (CBRN) "any potential source of harm or adverse health effect on a person(s)" (1).

Methods

To reflect the all-hazards approach, I aimed to structure my health protection curriculum by using a methodological approach to reduce student overwhelm, informed by student feedback "There's just so much to health protection" (2). I aimed to scaffold learning between two modules (EH6150: Introduction to Health Protection, and EH6151: Advanced Health Protection) by using the Universal Design for Learning Guidelines to design options of building knowledge through connections, highlighting patterns, cultivating multiple ways of knowing, and maximizing the transfer and generalization of knowledge (3).

Results

Modules were re-structured using frameworks that highlight the patterns of risk for any health hazard. Real-world case-studies aimed to ground theory in practice.

For EH6150, the Emergency Preparedness, Resilience and Response (EPRR) framework provides a solid knowledge base (4). Each week focuses on one factor, culminating in the final week when the factors combine to become an emergency/outbreak.

For EH6151, the EPRR cycle scaffolds prior learning (5). Each week focuses on one stage of risk management, showcasing how public health can be protected by using 'toolkits'.

Conclusion

Whilst time consuming, using a framework enables teaching the all-hazards approach in alignment with national strategy.

It facilitates students to maximise their knowledge transfer to manage any health hazard using the 'toolkits' to protect public health.

References:

(1) Health Service Executive: Health Protection Strategy (2022-2027)

(2) Student feedback at Postgraduate induction [AY 24/25]

(3) CAST (2024). Universal Design for Learning Guidelines version 3.0.

(4) NHS England: Emergency Preparedness, Resilience and Response (EPRR) framework

(5) Public Health England: Emergency Planning: EPRR cycle

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Title of Abstract:

An evaluation of self-management support education in the MPharm curriculum, University College Cork – the views of students

Poster Abstract:

Background: Self-management support (SMS) is the systematic provision of education and other interventions to increase a person's confidence and skills in managing their chronic conditions. SMS can lead to the optimisation of healthcare resources and better outcomes for people with chronic conditions. There is insufficient evidence as to the extent and quality of SMS education in undergraduate healthcare curricula in Ireland.

Objective: To explore the views of students regarding the teaching and assessment of SMS in the MPharm curriculum in University College Cork.

Methods: Two focus groups, one in-person and one online, were conducted with students from second to fifth year of the MPharm programme in October and November 2023. Participants were identified using purposive and convenience sampling. Focus groups were audio-recorded and transcribed verbatim. Data were analysed using thematic analysis.

Results: Seventeen MPharm students participated in the focus groups, six male and eleven female students, with five from second year and six each from third and fifth year. Four key themes were identified: i) challenges in learning about SMS; ii) concepts and skills of SMS taught in the MPharm curriculum; iii) student views on current teaching of SMS; and iv) potential improvements in SMS teaching.

Conclusion: This qualitative study of MPharm students in one Irish university identified strengths and limitations of current SMS education. Participants identified a desire for greater opportunities to develop SMS skills. A greater emphasis on SMS in the MPharm curriculum may optimise the delivery of SMS knowledge and skills among pharmacy students.

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Title of Abstract:

INCLUDE: Mapping Inclusion in Health Professions' Education

Poster Abstract:

Background: Enhancement of health curricula with an Inclusion Health (IH) approach is essential to ensuring future healthcare staff are prepared for working with people experiencing health inequalities. This study aimed to ascertain how IH is taught in College of Medicine and Health (CoMH) programmes and determine future IH learning, teaching and assessment needs of healthcare students.

Method: Curriculum mapping of taught programmes in the six Schools of CoMH was performed to evaluate IH learning, teaching and assessment strategies . Online module descriptors were used to access this information. Semi-structured interviews were conducted with (i) representatives of those affected by IH and (ii) CoMH academic staff to ascertain their views on IH learning and teaching needs of healthcare students. Interviews were analysed by thematic analysis.

Results: 574 undergraduate and 496 postgraduate modules were reviewed. Three undergraduate and two postgraduate modules had specific IH content. These modules were taught in School of Nursing and Midwifery and School of Medicine. Content relating to social determinants of health was described in 39 undergraduate and 26 postgraduate module descriptors. Four themes emerged from interviews: (i) inequality and diversity in Irish society; (ii) teaching of IH; (iii) assessment of IH; (iv) barriers to teaching and assessment of IH.

Conclusion: There is limited IH content in undergraduate and postgraduate curricula in CoMH. An increased IH focus will enable students to develop graduate attributes that better prepare them to work with diverse patient populations across the healthcare system in the context of the forthcoming national Inclusion Health Framework.

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Title of Abstract:

Implementation of NCG No.21 Faciliator Education Programme to Older Person Services in Cork/Kerry

Poster Abstract:

In January 2025, 23 Older Person Residential Community Hospitals/CNUs begun implementation of the National Clinical Guideline No.21 Appropraite Prescribing of Psychotrophic Medication for Non-Cognitive Symptoms in People with Dementia. The implementation of this programme has had initial postive results due to a well established person centered model of care delivery in Older Person Services. This was largely due to the use of a comprehensive individualised care plan and regulatory responsive behaviour training. The decision to implement the faciliator education programme has proven to be very beneficial to support staff with the best evidence based practice to date. Initial training have been very postive and growth is expected throughout 2025.

This programme will enable older person residential services across Cork/Kerry to build a robust and evidence based training programme which both meet service users care needs and regulatory compliance.

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Title of Abstract:

The SpeakUp Workshop Series: Building Confidence and Competence in Public Speaking Within Pharmacy Education

Poster Abstract:

Background:

In healthcare education, presentation skills are emphasised, as effective communication is essential for healthcare professionals. Research by the team in 2023/2024 found many pharmacy students feared public speaking and felt unsupported in developing these skills. In response, the "SpeakUp" initiative was launched—a workshop series to boost students' confidence and competence in public speaking. This pilot study aimed to evaluate the program and explore participants' experiences.

Methods:

Delivered from September to November 2024, “SpeakUp” comprised six workshops focused on enhancing public speaking skills. The program was open to all pharmacy students. Participants completed pre- and post-program surveys, which included demographic questions and the Personal Report of Public Speaking Anxiety (PRPSA) Scale. Quantitative data were analyzed descriptively, and qualitative data via thematic analysis.

Results:

11 students completed the pre-program and 6 completed the post-program surveys. The mean PRPSA score at baseline was 128.73 (SD=26.63) and 90.5 (SD=22.94) after the program, a 42% reduction in public speaking anxiety. Students reported increased confidence, particularly in the preparation phase of presentations “I liked the focus on what you can do to prepare in advance and how to utilize that to keep calm.”

Discussion:

This pilot study indicated that participation in a tailored public speaking reduced public speaking related anxiety. By participating in SpeakUP, students are empowered to improve their public speaking abilities, preparing them to engage in presentations and confidently communicate in healthcare settings. The next step involves integrating this initiative into the core pharmacy curriculum to ensure its sustainability and broader impact.

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Title of Abstract:

Evaluating the Feasibility of a Simulation-Based Self-Harm Assessment and Management Training Program for Healthcare Professionals in Ireland: Insights from Focus Groups

Poster Abstract:

Background and Objectives

Adequate assessment and management of hospital-presenting self-harm patients can improve patient-outcomes, including repeat self-harm. Healthcare professionals report limited training on self-harm assessment and management. We examined the feasibility of an innovative simulation-based training-Self-Harm Assessment and Management for General Hospitals (SAMAGH) for the healthcare professionals in Ireland.

Method

Between November 2019 and March 2025, 63 healthcare professionals participated in the SAMAGH training, and a subgroup was invited to partake in an online focus group to discuss their experiences and implementation with the SAMAGH training. A topic guide was used to facilitate the focus group discussion to ask about healthcare professionals' experiences and existing challenges when offering support to self-harm patients. Thematic analysis was used to analyse the data, with two independent researchers coding and identifying relevant themes.

Results

A total of six participants, including five clinical nurse specialists and one consultant psychiatrist, participated in the focus group which lasted 90 minutes. Three main themes were identified: 1) Lack of available training in self-harm assessment and management, 2) Experience of the SAMAGH training, including suitability of the training for healthcare professionals, and barriers and facilitators

to attend the training, 3) Impact of the SAMAGH training on healthcare professionals and specific patient sub-groups.

Conclusion

Participants identified the SAMAGH training as relevant, unique, and an opportunity to learn from colleagues. Participants reported lack of self-harm training available to healthcare professionals and supported that similar trainings should be delivered nationwide to all healthcare staff supporting self-harm patients, including colleagues in primary care. Findings from this focus group provide preliminary evidence for the suitability of simulation training for self-harm assessment and management.

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Presenting Author's Dept/School: School of Medicine

Co-Authors' Names:

Title of Abstract:

Teaching with Stories: Implementation in Clinical Education. A Literature Review

Poster Abstract:

Background

"The shortest distance between a human being and the truth is a story." – Anthony de Mello. Medicine utilises scientific methods to diagnose and improve patient outcomes. However patients don't present with bullet point histories or follow textbook pathways. A patient's illness is more like a journey incorporating twists and turns, making it a deeply personal experience. Educators can utilise narrative teaching tools such as patient experiences and clinical vignettes to deepen learning and humanise abstract concepts.

Aims

To evaluate the evidence regarding the value of narrative teaching techniques in medical education and to offer practical strategies to incorporate these techniques in medical education.

Methods

A systematic literature review between the years 2000 and 2024 was conducted via the databases PubMed, Medline, and Google Scolar. Articles were included if they were peer-reviewed, published in English, and addressed narrative educational approaches in the teaching of undergraduate medicine.

Results

A wide range of narrative teaching strategies have been employed in undergraduate medical training. Common techniques cited include; reflective narrative writing, close reading and discussion, storytelling, patient narratives and co-creation. These approaches are often delivered through narrative workshops and frequently combine multiple methods. Positive outcomes frequently reported were enhanced empathy and compassion. Improvements in other areas included; knowledge retention and application, professional identity formation, communication and interpersonal skills. High rates of user satisfaction were described.

Conclusions

Narrative learning is an increasingly utilised evidence-based teaching tool, providing a real-world framework to contextualise complex medical scenarios, helping to make students more compassionate and understanding clinicians.

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Title of Abstract:

Mapping the HSE Quality Patient Safety Competency Navigator (2025) to a Level 9 Quality Patient Safety Module (Infection Control), to assess student knowledge, competence, and clinical practice skills

Poster Abstract:

The new Quality Patient Safety Competency Navigator is a self-assessment tool to assist clinical staff in identifying and developing key competencies (knowledge, skills, behaviours) to provide quality and safe patient care in clinical settings. It describes six topics which can be further explored depending on staff role, and also serves as a sign-post to relevant educational resources and learning opportunities. The tool can be used by students right up to experienced clinical practitioners.

The Competency Navigator can be used as a tangible method of assessing student learning, and their Quality Patient Safety journey from novice to mastery, by completing the included 'Competency Development Plan'. These can also be shared with line managers during performance review to determine future learning needs, and used as a discussion point at interviews to display quality patient safety knowledge.

Students completed a 500-word online assessment outlining their experiences while using the tool, demonstrating their skills in critical analysis and reflection. They also demonstrated stakeholder engagement by providing feedback to the HSE QPS team on their experiences while engaging with the Competency Navigator for the first time.

This assessment supports student engagement in the online learning space by providing them with tools to enhance their individual quality patient safety journeys, and assist them in identifying a baseline from which to develop their professional core competencies during the module, and throughout their own clinical careers. It also enhances how we as teachers improve teaching and learning and further integrate the four pillars of scholarship into the curriculum.

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Title of Abstract:

Exploring Neurodiversity in Adult Education: A Comprehensive Study

Poster Abstract:

Historically, neurodiverse individuals have pursued higher education at significantly lower rates than their neurotypical peers, often encountering additional barriers that impact their academic journey and overall experience (Clouder et al., 2020, S. Jay Kuder, 2023). While many universities and colleges have introduced support systems intended to foster inclusivity and accessibility, there remains a substantial gap in awareness and understanding of neurodiversity within the academic environment. This study investigates the experiences of first-year dentistry students, with a particular focus on neurodiverse individuals and their navigation of the higher education system. Data was collected through a structured survey which explores the challenges faced by neurodiverse students. Ethical approval was obtained by the Medical Research Ethics Committee of University College Cork. Preliminary findings reveal a general lack of awareness and existing barriers for students regarding neurodiversity. In addition, the support services that do exist are frequently under-utilised or not tailored to the specific needs of neurodiverse learners. The results highlight the need for a more proactive, informed, and systemic approach for inclusion of these neurodiverse students in the educational settings. Recommendations include the implementation of more neurodiversity-specific support services, increased emphasis on laboratory and practical-based learning over traditional lectures, and consulting neurodiverse students directly about what they need. By addressing these areas, higher education institutions can move toward a more equitable and supportive learning environment, ensuring that neurodiverse students are not only accommodated, but genuinely included and empowered to succeed.

Clouder, L., Karakus, M., Cinotti, A., Ferreyra, M. V., Fierros, G. A. & Rojo, P. (2020). Neurodiversity in higher education: a narrative synthesis. Higher Education, 80, 757-778.

S. Jay Kuder, A. A., John Woodruff 2023. College Success for Students on the Autism Spectrum. A Neurodiversity Perspective. Routledge.

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Title of Abstract:

Pathways for Postgraduate Diagnostic Radiography Education - Is Asynchronous / Online the Future?

Poster Abstract:

Pre-registration diagnostic radiography training equips students with the necessary knowledge, skills and competencies for entry into the radiography profession. Given evolving developments in imaging technology and evolution of radiographers' scope of practice, further postgraduate training opportunities are urgently required. Access to such training opportunities is challenging. This can be due to distances between clinical sites and training centres, budgetary restrictions and workforce shortages limiting study leave. If not addressed these challenges will continue to grow and impact on radiographer retention, professional development and sustainable service delivery.

By way of an alternative, academics in the Discipline of Medical Imaging & Radiation Therapy at UCC developed an asynchronous fully online PgC/PgD/MSc in Medical Imaging & Radiation Sciences (MIRS) that provides training in nine district pathways (Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Image Interpretation, Leadership & Management, Mammography, Radiation Protection, Advanced Practice and Radiation Therapy). This innovative MIRS programme, delivered using a combination of recorded lectures and e-tivities, is available through two annual intakes and to both EU and non-EU students.

The MIRS programme is currently in its second intake of students on the CT pathway. Magnetic Resonance Imaging and Mammography pathways will launch in September 2025. Students are responsible for arranging their own access to relevant imaging modalities and local clinical mentorship. Greater inclusion of simulation within the Programme may further help support prospective applicants with restricted access to advanced imaging modalities. Such a Programme, when compared to others, provides a step change in how postgraduate radiography education is delivered and an important option for advancing and maintaining high quality imaging services.

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Title of Abstract:

Equity and inclusion in teaching histology to undergraduate medical students in Ireland and the United Kingdom

Poster Abstract:

Introduction: Histology is a core component of undergraduate medical education. It provides students with an understanding of normal tissue structure and the pathological basis of disease.

Objectives: This study aims to gather information from educators about their teaching methods and assess their perception of equity and inclusion in the delivery of histology teaching to undergraduate medical students.

Methods: An anonymous survey was developed using Qualtrics software and distributed to 130 university educators in 42 medical schools throughout Ireland and the United Kingdom.

Key Findings: The elements deemed useful in creating an equitable and inclusive learning environment were identified as the personal attitude of the educator (84%), allocation of time for teaching (84%) and available resources/funding (77%). The majority of respondents believed equity and inclusion greatly influence student engagement (80%), student confidence (87%) and student performance (80%).

Discussion: With regards to anatomy education for healthcare students, histology is considered by teachers and students as one of the most difficult topics in the curriculum (Sherman and Jue,2009), as well as one of its most neglected subjects (De Juan et al.,1991). An inclusive and equitable learning environment leads to a better understanding of the subject material with improved learning outcomes.

Conclusion: Enhancing student engagement, performance, and confidence through inclusive practices, the positive attitude and dedicated time of educators, will lead to better learning outcomes. By focusing on removing barriers and providing equitable support, educators can help all students develop to their full academic and social potential.

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Title of Abstract:

Universal Design in Practice: 3D Printing for Head and Neck Anatomy Education

Poster Abstract:

Three-dimensional (3D) printing offers a cost-effective and sustainable solution for enhancing anatomical teaching resources. In this project, we focused on the head and neck—one of the most complex anatomical regions—to create durable, user-friendly models for teaching. Existing plaster of Paris models, which were heavy, fragile, and expensive to replace, were digitally scanned to generate detailed 3D meshes. These were then reproduced using 3D printing technology, with material selection tailored to educational use.

The printed models were primed and hand-painted to distinguish anatomical structures, using appropriate colors to identify muscles, bones, vasculature, and nerves. The resulting models are significantly lighter, easier to handle, and more resilient than their plaster counterparts. They are also easy to clean, making them ideal for repeated use in various teaching settings, including small-group tutorials and student-led learning.

Although the impact on student learning has not yet been formally evaluated, these 3D printed models present a promising approach to sustainable and inclusive anatomical education. Their tactile and visual qualities support multisensory engagement, aligning with Universal Design for Learning (UDL) principles and offering an accessible alternative to cadaveric specimens or 3D resources. Furthermore, the ability to replicate and scale these models with relatively low cost opens opportunities for broader implementation across anatomy curricula.

This project demonstrates how modern fabrication technologies can revitalize traditional teaching tools, making anatomy more engaging, manageable, and environmentally sustainable.

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Title of Abstract:

If You Did Not Document It Then It Did Not Happen: An Audit of ICU Airway Documentation

Poster Abstract:

Introduction

Lal et al created a guide for documentation of endotracheal intubation in ICU. This contained nine domains. Nap 4 identified that the ICU is the most likely place for difficult and failed intubations to occur.

By ensuring accurate documentation, crucial information is available should a patient need re-intubation.

An audit was conducted using the ICU electronic record in CUH to compare documentation of endotracheal intubation to the standard set by Lal et al.

Methods

Data was collected retrospectively from the ICU electronic record.

Inclusion criteria: any intubated patient in Ground ICU or Level 5 ICU from 4/11/24 – 17/11/24.

Variables recorded included the components of Lal et Al's documentation tool: indication for intubation, type of laryngoscope, Cormack and Lehane, use of bougie, tube size, tube depth, drugs used, haemodynamic instability and chest x ray order.

Results

59 patients admitted to ICU over this period, 36 intubated. 14 were intubated in ICU/ward.

Of those intubated in ICU/Ward:

1. Indication for Intubation 14/14
2. Type of laryngoscopy: 6/14
3. Use of a bougie 2/14
4. Grade of intubation 9/14
5. Level of fixation 3/14

6. Size of tube 7/14

7. Drugs administered 7/14

8. Haemodynamic instability 1/14

9. CXR ordered 12/14

Conclusion

This audit reveals that documentation is lacking in the ICU department. To improve documentation a dropdown menu with the same headings as Lal et Al's tool should be developed. This would likely improve record keeping and availability of airway information should a patient need to be re-intubated.

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Title of Abstract:

Anatomy Retention & Clinical Relevance in UCC Medical Students in Clinical Placements

Poster Abstract:

To safely treat patients, physicians must have a comprehensive, applicable knowledge of anatomy, yet the best methods for identifying, acquiring, and maintaining clinically-relevant knowledge is up for debate. Society's technological advancement has been mirrored in anatomy education, but the "older" methods like dissection and textbooks still hold an important place; as such, a tension exists between anatomy education of the past, present, and future. This issue has real-life implications, with patients' care potentially being compromised, and physicians' confidence and competence suffering. To remedy the situation, medical students are often surveyed to identify what they believe to be the best path forward, but the context in which these students come from must be acknowledged when selecting such a path. To better comprehend the state of anatomy education at the University College Cork (UCC), UCC medical students in clinical placements were surveyed to examine their views on the clinical applicability of the anatomical information they learned and how well they were able to retain it. These findings will be used to better tailor the UCC anatomy curriculum to student needs as they become clinical providers.

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Title of Abstract:

Learning through Leadership: Exploring Student-Led Service Initiatives in Physiotherapy Clinical Education

Poster Abstract:

Background

The UCC MSc Physiotherapy programme is committed to developing innovative and creative teaching, learning, and assessment practices. This is particularly evident in its practice-based learning approach, which is closely aligned with problem-based learning methodologies. As part of this approach, structured tutor days during clinical placements provide opportunities for students to identify service needs and design improvement initiatives in collaboration with clinical teams.

Student-Led Initiatives

Student-led service initiatives exemplify how practice education at UCC empowers students to contribute meaningfully to the healthcare system before graduation. These initiatives demonstrate the tangible impact students can have on clinical practice while simultaneously fostering their professional development. This approach aligns with UCC's Connected Curriculum and ensures that graduates develop skills and competencies in service development, evaluation, and efficiency.

Results

One such initiative involved an audit of patient footwear in a stroke unit, which led to practical recommendations that were both implemented locally and presented at a national scientific conference. Another example includes the development and pilot of a basketball programme for children with Autism Spectrum Disorder (ASD). Additionally, students have contributed to service efficiency improvements by creating educational and training resources at various sites, including Cork University Maternity Hospital.

Conclusion

These student-led initiatives highlight the value of integrating leadership and service development into clinical education. By encouraging students to identify and address real-world challenges, the UCC MSc Physiotherapy programme fosters innovation, enhances learning, and contributes meaningfully to healthcare delivery.

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Title of Abstract:

Mental Health Clinican views on the pilot implementation of Telemedicine service for Outpatient Mental Health Services in North Kerry

Poster Abstract:

Telemedicine within mental health care services has emerged as a transformative tool in Irish healthcare. Within the North Kerry Community Mental Health team(CMHT), the Health Service Executive(HSE) launched a pilot telemedicine initiative to provide mental health outpatient services using video consultations with a Consultant Psychiatrist based in another EU country

This research was completed to gain better understanding of the views and experiences of clinicians in implementing a pilot service on video consultations in an adult community mental health outpatient service in North Kerry.

An exploratory qualitative methodology was chosen as the theoretical framework as it aligned with the aims and objectives of this research given that this service is new within the Irish context with little research published in this area, The objectives of this research aimed to describe the experiences of clinicians directly involved on this service ,identify enablers and challenges to implementing this service and to provide further recommendations for change

Mental health clinicians interpretations were positive, although a telemedicine service was not considered the first choice of approach for mental health outpatient clinics. Effective communication between staff, service users and leadership were all contributory factors which contributed to the success of this initiative.

The outcomes of the implementation of the telemedicine initiative saw a reduction in DNA rate, increased continuity of care, decreased waiting times for appointments, direct access to a Consultant Psychiatrist and enhanced documentation

This telehealth initiative has increased team confidence in digital healthcare and established a foundation for future expansion of telemedicine within community mental health services .The telemedicine clinics is now operating within 2 sectors in Kerry.

Telemedicine is underpinned by strong governance, a multidisciplinary approach and continuing service user engagement which has proven to be a sustainable solution in the delivery of care within mental health services. These findings advocate for policy support to enhance telemedicine integration into mental health care , aiming to foster a more inclusive and responsive mental healthcare system.

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Title of Abstract:

"any doctor is better than no doctor" - mental health service users views on the use of telemedicine within a community mental health team

Poster Abstract:

Background: Due to the shortage of consultant psychiatrists in Ireland, telemedicine was introduced to the North Kerry Community Mental Health services. Telemedicine allows service users to attend the outpatient clinic while the consultant psychiatrist works remotely from another EU country. This approach ensured continuity of care for service users. The current study is part of a national pilot of telemedicine in the Irish health services and aims to explore service users' experience of telemedicine in an adult mental health outpatient clinic in Ireland.

Methods: A qualitative approach was used to explore service users' experience of telemedicine in an adult mental health outpatient clinic. Twelve service users participated in individual semi-structured interviews. Data was analysed using thematic analysis.

Results: Three key themes emerged from the data. 1) Positive Attitudes Towards Telemedicine included subthemes of Curiosity Towards an Unfamiliar Telemedicine Experience and Gratitude for the Option of Telemedicine 2) Navigating the Experience of Telemedicine included subthemes of the Inevitability of Technical Issues and Establishing Therapeutic Rapport Through Telemedicine 3) The Future of Telemedicine in Mental Health Services included subthemes of Location Dynamics: At Home versus The Clinic, Balancing Technology with Human Connection and Embracing the Potential: Optimism for Telemedicine's Future.

Conclusion: Service users value telemedicine and find it as satisfactory as face-to-face appointments. However, they prefer a hybrid model that combines both telemedicine and in-person appointments, as telemedicine cannot fully replace face-to-face care. The findings provide valuable insight into service users' experiences with telemedicine and may have implications for future service development.

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Title of Abstract:

Evaluating the impact of Trauma-Informed Care educational input for Radiation Therapy Students

Poster Abstract:

Introduction:

Trauma-informed care (TIC) education is relevant to the education and practice of radiation therapists (RTTs) 1. RTT's have frequent contact with patients during potentially stressful treatments and can reduce the risk of re-traumatisation 1. Additionally, RTT's experience a variety of stresses that may develop into burnout, which has been demonstrated to impact patient care, employee health, and organizational effectiveness 2. Therefore, incorporating TIC training in RTT's education is critical 1.

Methods:

TIC educational input was designed based on learning objectives of TIC models 'the 4 R's' 3, and provided to second year students in MSc Radiation Therapy, UCC. An anonymous feedback form was administered to collect pre and post ratings of knowledge, competency, and confidence in applying TIC in work; as well as ratings of satisfaction, relevance, and benefit of the training; and whether the students would recommend this training to others.

Results:

All of the students in attendance (n=8) completed the feedback form. All respondents reported an increase in: knowledge about trauma and TIC, competency as a TIC healthcare worker, and confidence in applying TIC in their work, following completion of the educational input.

All respondents were 'very satisfied' with the training, all rated the training as 'very beneficial' for supporting them in their work and for enhancing patient care, and all rated the training as 'very relevant' to their work. All students (n=8) reported that they would recommend TIC educational input to other students/healthcare professionals.

Discussion:

The findings demonstrate the positive impact of TIC educational input on RTT knowledge, competency, and confidence in applying TIC in their work, with benefit for supporting both the student in their professional role and for enhancing patient care. In summary, TIC educational input is an important component of RTT education, with likely benefit for other student healthcare professional training programmes.

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Title of Abstract:

Game On: Enhancing Dental Education with 3D-Printed Teeth

Poster Abstract:

This study investigates the effectiveness of gamified learning with 3D-printed models tooth in enhancing student understanding of dental morphology. The research used a mixed-methods approach and involved two dental students (JM and AZ) who had previously completed the module as co-researchers in the design, implementation, and evaluation of the intervention. The central activity was a game in which learners selected and placed 3D-printed teeth into dental arches, simulating real-life dental anatomy.

Both qualitative and quantitative data were collected to assess students' perceptions of the learning experience and the impact of the 3D models on their comprehension. Student co-researchers supported data collection and provided peer feedback after each game round, fostering collaboration and reflective learning. At the end of the study, participants completed a structured questionnaire to evaluate their overall experience.

Findings suggest that integrating gamification with tactile 3D models significantly improved student engagement, understanding, and retention of complex anatomical concepts. Students reported increased confidence in identifying dental structures and appreciated the interactive, hands-on format of the activity. The study also emphasized the value of student partnership, as co-researchers contributed to both learning and research processes.

By embedding Universal Design for Learning (UDL) principles, such as multimodal engagement, peer interaction, and active participation, this approach offers a scalable and inclusive model for teaching dental anatomy. It demonstrates how gamified, student-led learning using 3D-printed tools can enhance educational outcomes and transform traditional teaching methods in health professions education.

This study was funded by the Strategic Alignment of Teaching and Learning Enhancement (SATLE) fund from the Office of the Vice-President for Learning and Teaching.

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Title of Abstract:

Exploring Pharmacy Students' Views Of A Peer-Involved Objective Structured Clinical Examination: A Mixed-Methods Survey Study

Poster Abstract:

Background: A formative peer-involved OSCE was introduced for final year pharmacy students in 2024, where students participated in checklist creation and undertook roles as pharmacists, assessors, actors, and observers. This study's objective was to explore pharmacy students' views of this peer-involved OSCE.

Methods: A survey was administered to students following OSCE completion. Quantitative data were analysed descriptively, while qualitative responses underwent reflexive thematic analysis[2].

Results: Of 58 registered students, 46 participated in the OSCE (79.3%) and 44 completed the survey (95.7%). Most found the session very/extremely valuable (90.9%) and agreed that peer assessment enhanced their understanding of good clinical and communication skills (95.5%). Nearly all agreed that feedback received was constructive and helped improve performance (97.7%) and that observing diverse student approaches was very/extremely useful (95.5%). All agreed that this initiative encouraged more peer discussions for future OSCEs, and 95.5% recommended incorporating peer-involved OSCEs into the curriculum.

Themes from open comments included that the session allowed students to see OSCEs from a new perspective. Despite a "more relaxed environment", there was still "pressure to do well" and not "seem incompetent" in front of peers. Some found it challenging to give critical feedback due to peer relationships. Students advocated for earlier curricular integration for peer-involved OSCEs.

Conclusion: Peer involvement in a formative OSCE created new viewpoints for students to enhance their skills and inform future performance. This study highlights the value of such peer-based learning strategies to optimise OSCE pedagogy, and that peer-involved OSCEs should be considered for earlier curricular integration.

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Title of Abstract:

A Pedagogical Approach: Online Interactive Learning in the Core Principles of Pharmacology

Poster Abstract:

Our online interactive learning in pharmacology was developed to address specific learning needs of professional and undergraduate paramedic students (BSc. Paramedic Studies), while facing challenges of balancing academic study with clinical duties.

Our pedagogical strategy was to develop accessible, engaging, online-interactive learning material on core pharmacology principles, while ensuring academic standards in learning, support, and assessment. We applied the "ADDIE" model to analyse, design, develop, implement, and evaluate course material. Due to lack of suitable pharmacology resources to match student learning needs, all content was created in-house. Continuous refinement of course materials has produced a 20-unit online resource, each learning-unit featuring an interactive chapter and graded end-of-chapter assessment. Additional assessment includes peer-discussions, individual written-assignments.

Interactive learning: Using Articulate-Rise 360 software, we structured each learning-unit with hierarchy and interactivity, breaking down content pedagogically to enhance student learning. For each chapter, course material is packaged into bite-sized learning blocks, accessible through interactive scrolling and navigation. Supporting components include interactive graphics, learning activities, knowledge-checks (all in-house). Modes of interactivity include accordion- or tab-navigation, click-and-reveal, "hotspot labels" on graphics, storyline-figures.

To support self-directed learning, course material is delivered via adaptive release, requiring sequential progression through chapter-and-assessment before advancing to the next learning-unit, with all units rolled-out chronologically.

With its advancement, the School of Pharmacy has since adapted this online-learning material to support its MSc. in Pharmaceutical Technology (MSCPTQ).

We believe our innovative learning material fosters core values and skills, enhancing students' pharmacology knowledge while developing critical thinking, integrity, academic writing, digital-fluency, and lifelong learning.

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Title of Abstract:

The alignment of the United Nations Sustainable Development Goals (SDGs) with educational curricula for Radiation Therapists

Poster Abstract:

Introduction:

The healthcare sector is a key contributor to global emissions, whilst also bearing the significant effects of climate change (1). Radiation Oncology is both a contributor to healthcare emissions (2) and impacted by the effects of climate change (3,4). Current healthcare students will encounter challenges throughout their careers due to climate change (1). The integration of UNSDGs into education can embed sustainability into clinical curricula. This study aimed to investigate the current status of UNSDG integration for the MSc Radiation Therapy programme, using an institutional SDG Curriculum mapping toolkit (5).

Methods:

Each module descriptor across the MSc Radiation Therapy program was investigated in relation to module goals, learning outcomes, content and assessments. The curriculum was mapped to the UNSDGs using an interactive mapping tool (5). For each of the 17 UN-SDGs a score of zero to five was recorded for each module.

Results:

In both years of the program SDGs three (Good health and wellbeing), four (quality education), ten (reduced inequality), 16 (Peace, justice and strong institutions) and 17(partnership to achieve SDGs) were the most prominently featured. There is little or no reference to SDGs 13-15 in either year.

Conclusions:

Future curricular changes should integrate SDGs 13-15. This work provides a baseline assessment of UNSDG integration into the MSc Radiation Therapy curriculum. Future work will focus on mapping of other similar healthcare courses and validating these results using independent assessors, including students and other relevant stakeholders.

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Title of Abstract:

Exploring implementation of a National Curriculum for Chronic Disease Prevention and Management in Higher Education Institutes in Ireland

Poster Abstract:

Introduction

A collaboration (2017-2020) between Irish Higher Education Institutes (HEIs) and the Health Service Executive (HSE) resulted in the development of a national undergraduate curriculum for Chronic Disease Prevention and Management (CDPM), comprising two modules: Make Every Contact Count (MECC) and Self-Management Support (SMS) 1,2. This study explored HEI academics' experiences of adopting and implementing both modules within health professional education programmes to establish effective practices and inform evidence-based policy and curriculum design.

Method

This mixed methods convergent parallel study recruited HEI academics from health professional education programmes in Ireland, HSE-based MECC Mobilisers and SMS Coordinators. Data were collected through an online survey and interviews.

Results

Fifty-six academics completed the survey, and 20 participated in interviews. MECC adoption was high (98.2%), while implementation of SMS was lower (43.6%). MECC was predominantly delivered in Years One (50.9%) and Two (52.7%) of undergraduate programmes, whereas SMS was primarily implemented in Years Three (45.8%) and Four (50.0%). Postgraduate integration was limited. Key facilitators to implementation included educational resources (MECC 52.9%, SMS 47.1%) and train-the-trainer workshops (MECC 43.1%). Time constraints were the primary barrier (MECC 70.0%, SMS 75.0%). Interviews identified variable implementation across HEIs and individual disciplines. Limited CDPM inclusion on core professional standards impacted curriculum implementation. Study participants recommended increased institutional and staff support, enhanced curriculum visibility, increased trained facilitators, offering SMS-specific training, and developing SMS initiatives similar to MECC's online certificate for wider adoption.

Discussion

Sustaining curriculum integration requires raising awareness, embedding content into professional standards, and strengthening HSE-HEI collaboration to support implementation and long-term sustainability of the curriculum.

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Key Words: Chronic Disease Prevention and Management, Health Professional Education, Curriculum Implementation, Barriers and Facilitators.

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Title of Abstract:

Exploring the Role of Generative AI in Human Anatomy Education

Poster Abstract:

Generative Artificial Intelligence (GenAI), which produces content such as text, visuals, and audio is increasingly being considered as a transformative tool in higher education—including within anatomy learning environments.

This interactive initiative explores the pedagogical potential and ethical dimensions of using GenAI in human anatomy education. A cohort of master's students engaged in a hands-on session where they were introduced to popular GenAI platforms used in educational settings. A facilitator led the session, offering practical demonstrations of how GenAI tools can support the study of complex anatomical topics.

The workshop was designed to foster critical reflection on the ethical use of AI, with a strong emphasis on maintaining academic integrity. Students were encouraged to explore how GenAI can supplement their understanding of anatomical content while navigating responsible and transparent usage. As part of the session, participants generated AI-supported educational content and evaluated its accuracy, relevance, and visual representation.

Following the session, students provided feedback on the effectiveness of GenAI tools in supporting their anatomy learning. The majority (75%) felt confident using AI in future studies, while remaining mindful of risks like misinformation and hallucinations. They also found AI tools motivating, time-saving, and helpful in making complex content feel less overwhelming.

This project aims to contribute to the evolving conversation around AI-enhanced learning in medical education using student perspectives about how GenAI can be used thoughtfully and responsibly in the classroom.

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Presenting Author's Dept/School: School of Public Health

Co-Authors' Names: Monica O'Mullane (1), Jeanette Fitzsimons (2) and Denise Cahill (1, 3)

1. School of Public Health, University College Cork, Cork, Ireland

2. Centre for Planning Education and Research, University College Cork, Cork, Ireland

3. Cork Healthy Cities, Eye, Ear & Throat Hospital, Western Road, Cork, Ireland

Title of Abstract:

Designing and delivering the first module across the island of Ireland on Health Impact Assessment as part of a Public Health degree programme

Poster Abstract:

Health Impact Assessment (HIA) is an established approach that assesses policies, programmes and projects for their potential positive and negative health impacts across population health, and the distribution of impacts across population groups. HIA is endorsed in public policy 'Healthy Ireland Framework' (2013-2025) as a way to implement Health in All Policies. Despite policy endorsement for HIA practice, there are no module training opportunities for students, in HIA, as part of a study programme across HEIs on the island of Ireland. To address this gap, a module in HIA (EH3005) was designed in 2024, underpinned by an experiential pedagogy. The module focuses on enhancing knowledge in HIA, practice in the Place Standard Tool, strengthening skills in carrying out HIA stages, learning about the intersections of spatial planning and public health, and demonstrating knowledge in developing health impact pathways between health risk and health outcome. As part of the module assignment, students were asked to choose one government policy or programme, upon which to carry out screening and scoping HIA stages. Students individually presented their chosen policies or programmes to the class and two co-markers. They also submitted a written portfolio on the process of carrying out stages of the HIA alongside self-reflections. Evaluation of the module was completed by 8 of 11 students through survey administration. The evaluation indicated student satisfaction in learning about an innovative approach such as HIA, viewing it as valuable for their future careers. Constructive feedback included a request for more examples of HIA case studies.

Presenting Author's Name: Anthony Roberts

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Presenting Author's Dept/School: Dental School and Hospital

Co-Authors' Names:

Title of Abstract:

Consistency of Dental Terminology For Training & Research Collaboration; An Electronic Patient Record Benefit

Poster Abstract:

Background: In 2022, Cork University Dental School & Hospital (CUDSH) implemented an Electronic Patient Record (EPR) to support staff and students in their delivery of care. Dental Terminology (existing conditions, diagnoses and treatments) are wide ranging with multiple terms used to describe the same pathology/treatment. Ahead of implementing an EPR at CUDSH, it was important to ensure consistency of terminology within and between the dental sub-specialties to ensure consistency for students whilst also ensuring each selected term could be Internationally recognised to facilitate any future research collaborations.

Purpose: The objective of the study was to develop a Dental Reference Set of Dental Terminology for use in CUDSH, Nationally and Internationally.

Methodology: In September 2021, a Project Team reviewed terminology of existing conditions, diagnoses and treatments used at CUDSH in the context of the SNOMED CT International database to determine 'Match', 'Near Match' or 'No Match'. A ShareFile template was used allow discussion of terms and subsequent mapping against existing SNOMED terms or authoring of new terms.

Results: A Total of 947 New concepts were produced:

•76 were uniquely authored

•38 concepts were promoted for International use

•45 were determined 'internationally relevant'.

•13 new synonyms were authored

Conclusion: The preparation for the implementation of an EPR at CUDSH resulted in the use of consistent Dental Terminology for use locally (by staff and students) as part of their Teaching and Learning and clinical activity, nationally (dental profession) and internationally for the research community providing a SNOMED mapped data set ripe for collaboration.

Presenting Author's Name: Dr. Katie Ryan

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Presenting Author's Dept/School: School of Pharmacy

Co-Authors' Names: Caoimhe Murphy (1), Katie B. Ryan (1)

1. School of Pharmacy, University College Cork, Ireland

Title of Abstract:

An Evaluation of Community-Engaged Teaching and Learning within the MPharm Programme in University College Cork

Poster Abstract:

Introduction: Community engaged learning (CEL) aims to integrate academic learning with community involvement, fostering reciprocal partnerships to address societal needs. However, integrating meaningful and sustainable CEL activities into academic programmes, especially regulated, professional programmes like pharmacy are challenging(1). This research sought to determine the extent and type of CEL activities embedded within the MPharm program and to identify additional opportunities.

Methods: Using Canvas and the Academic programme, CEL-type activities detailed in the program's module content, learning objectives, and assessments were recorded. Interviews were conducted with module coordinators (n=8) to gather further insights. Using the "Towards a European Framework for Community Engagement in Higher Education" (TEFCE) rubric, engagement level and the extent of mutual benefit for student and community partners was assessed(2).

Results: Of the forty-four modules on the MPharm programme audited, fourteen employed CEL-type activities. Guest lectures and case-studies, while sustainable, offer lower levels of engagement and reciprocal benefit for students and the community. Experiential learning opportunities gained through placements had a medium level alignment. No activities were defined as "High". Using the TEFCE framework and a heat mapping exercise nine activities were shortlisted that could feasibly be included in the MPharm programme.

Discussion: This study contributes to the growing body of literature on CEL in pharmacy education by providing insights into the current CEL initiatives at UCC. Next steps in the research will focus on conducting a customised SWOT analysis to identify opportunities for improvement and for further development, to maximise benefits for students and communities alike.

Presenting Author's Name: Shóna Spillane

Presenting Author's UCC Email: shona.spillane@gmail.com

Presenting Author's Dept/School: Mercy Hospital CNS

Co-Authors' Names:

Title of Abstract:

Supporting Students with Dyslexia Through Multi- Sensory Stratagies

Poster Abstract:

This poster explores excellence in learning and teaching by focusing on inclusive strategies to support healthcare students with dyslexia. Dyslexia can significantly impact the ability to process written information, posing challenges in traditionally text-heavy healthcare education environments. Multi-sensory learning—engaging touch, audio, and colour—offers a valuable framework for improving educational outcomes for these students.

Tactile learning tools such as anatomical models and simulation equipment allow students to learn through hands-on experience. Audio resources, including podcasts, recorded lectures, and text-to-speech tools, provide flexible access to content and support auditory processing.

Colour-coded notes, diagrams, and high-contrast visuals aid in organizing and retrieving complex information.

The poster recommends broader adoption of these techniques within curricula, supported by staff training and accessible resources. By embedding inclusive practices into mainstream teaching, educators can ensure all students have equal opportunities to succeed.

Presenting Author's Name: Savanna Toolis, Ashley Benge

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Presenting Author's Dept/School: School of Medicine

Co-Authors' Names: Savanna Toolis (1), Ashley Benge (1), Andreea Factor (1)

1. Anatomy and Neuroscience Department, School of Medicine, University College Cork, Cork, Ireland

Title of Abstract:

A study of the intracranial anatomical course and variation of the vertebral arteries to enhance anatomy education

Poster Abstract:

Anatomical variations are a key clinical practice consideration and a crucial component of effective anatomy education. Understanding real-world variations can enhance student engagement, sharpen spatial reasoning, and help to build clinically relevant knowledge from the earliest stages of training. The vertebral arteries (VAs), essential to posterior cerebral circulation, are of particular interest for their complex anatomical course and variability. They supply key structures in the brain and spinal cord (Zarrinkoob et al., 2015). Each VA is divided into four segments (V1-V4), with the V4 segment representing the intracranial portion from the foramen magnum to the formation of the basilar artery. Variation in the intracranial course, calibre, and termination has important clinical implications, particularly in stroke risk, imaging interpretation and neurosurgical procedures. Anatomical differences can directly impact diagnostic accuracy and surgical planning (Makowicz et al., 2013; Bruneau et al., 2006).

This study investigates the VA intracranial course through five detailed cadaveric dissections. Observations included vessel calibre, symmetry, course, and termination, including the formation of the basilar artery. Findings were documented through photographs and descriptive analysis, offering a clearer understanding of anatomy and variability in the V4 segment. The results reveal notable inter-individual variability in V4 anatomy, emphasising the role of dissection-based learning in revealing complexity not evident in standard anatomical models. These findings have the potential for future integration into neuroanatomy education, contributing to more clinically relevant, engaging, and evidence-informed teaching materials. The project aims to enhance anatomy education by highlighting real-world anatomical variations and promoting student engagement with clinically relevant neuroanatomy.

This research has been conducted on human cadavers from the University College Cork Anatomical Donor Program. All donors in the program have consented to the use of their bodies for medical education, research, and training in accordance with the Anatomy Act and in line with the Irish Medical Council Guidelines.

References

Bruneau, M. et al. (2006) 'Anatomical variations of the V2 segment of the vertebral artery', Operative Neurosurgery, 59(suppl_1). doi:10.1227/01.neu.0000219931.64378.b5.

Lusawa, M. (2013) ‘Variants of cerebral arteries – anterior circulation’, Polish Journal of Radiology, 78(3), pp. 42–47. doi:10.12659/pjr.889403.

Zarrinkoob, L. et al. (2015) ‘Blood flow distribution in cerebral arteries’, Journal of Cerebral Blood Flow & Metabolism, 35(4), pp. 648–654. doi:10.1038/jcbfm.2014.241.

Presenting Author's Name: Gillian Yarano

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Presenting Author's Dept/School: School of Medicine

Co-Authors' Names: Gillian Yarano (School of Medicine, University College Cork, Cork, Ireland), Harriët Schellekens (Department of Anatomy and Neuroscience, School of Medicine, University College Cork, Cork, Ireland), André Toulouse (Department of Anatomy and Neuroscience, School of Medicine, University College Cork, Cork, Ireland)

Title of Abstract:

Empowering Neuroanatomy Learning: A Digital Tool for the Trigeminal Nerve to Mitigate Neurophobia

Poster Abstract:

Neuroanatomy refers to the study of the anatomy of the central and peripheral nervous systems, with clinical neurology involving the application of neuroanatomy and physiology to diagnose and treat conditions. The term 'neurophobia' was coined in the 1990s to describe the intense fear students have associated with the perceived difficulty of neuroanatomy and clinical neurology (Javaid et al., 2018). A significant proportion of the literature discussing neurophobia suggests that computer-based learning tools are effective in reducing neurophobia among students (Ali et al., 2024; Welch et al., 2020; Mu et al., 2023; Javaid et al., 2020). A previously designed conceptual instructional design framework for interactive neuroanatomy e-learning was developed at UCC to improve users' learning and understanding of neuroanatomy (Javaid et al., 2021). Integration of sound pedagogical principles in computer-based learning tools is critical for student comprehension and retention (Newman et al., 2022; Javaid et al., 2020). The Universal Design for Learning (UDL) is a set of instructional strategies based in cognitive neuroscience (Balta et al., 2020) that will be applied in the development of a computer-based learning tool for the fifth cranial nerve, the trigeminal nerve, which is notably more complex due to its extensive sensory and motor components. The goal of the learning tool is to enhance student understanding of the location, course, and diverse functional modalities of the trigeminal nerve, while simplifying these challenging concepts to foster neurophilia, a more positive and engaging experience with neuroanatomy.

Academics, AI, and Assessment: Who's in Charge?

...

Dr Sarah Thelen, CIRTL, UCC

s.thelen@ucc.ie

6 June 2025

Know Your Values



Image by Freepik from FlatIcon

Understand Your Why



Image by Freepik from FlatIcon

Tell Your Students



Image by Freepik from FlatIcon

But Tell Them What?

If authorising use, tell them:

- how to engage
- how much use is acceptable and at what stage(s)
- how to document
- how to cite their use

If NOT authorising use, tell them:

- why you've decided to not use AI
- what happens if AI use is suspected

Either way, tell them:

- why this assessment?
- why this format?
- what will they learn by completing it?
- how the assessment will be marked

Writing a GenAI Statement for Your Module



Images by DinosoftLabs from Flaticon

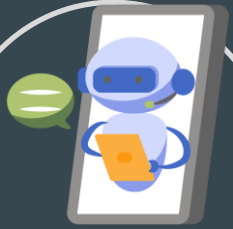
Examples



Versioning


Local/Specific Case Studies


Intentional Conversations


Collaborating with GenAI


Process Portfolios


Rubrics


Prompting for Accuracy

Images by juicy_fish , Vectorslab , Freepik from Flaticon

?

Resources



Image by Freepik from Flaticon

Questions?

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Image by Freepik from Flaticon











Interprofessional Medication Safety Sessions - Promoting Safe Prescribing through Interprofessional Education Workshops

Nora McCarthy[1], Carol Condon[2], Caroline Brady Nevin[2], Aoife Delaney[3], Hanh Ngan Nguyen[4], Aoife Fleming[4].

[1]Medical Education Unit, [2]School of Nursing & Midwifery, [3]Pharmacy Department CUH, [4]School of Pharmacy.

A TRADITION OF INDEPENDENT THINKING

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Medication Errors

- Worldwide, medication errors occur frequently

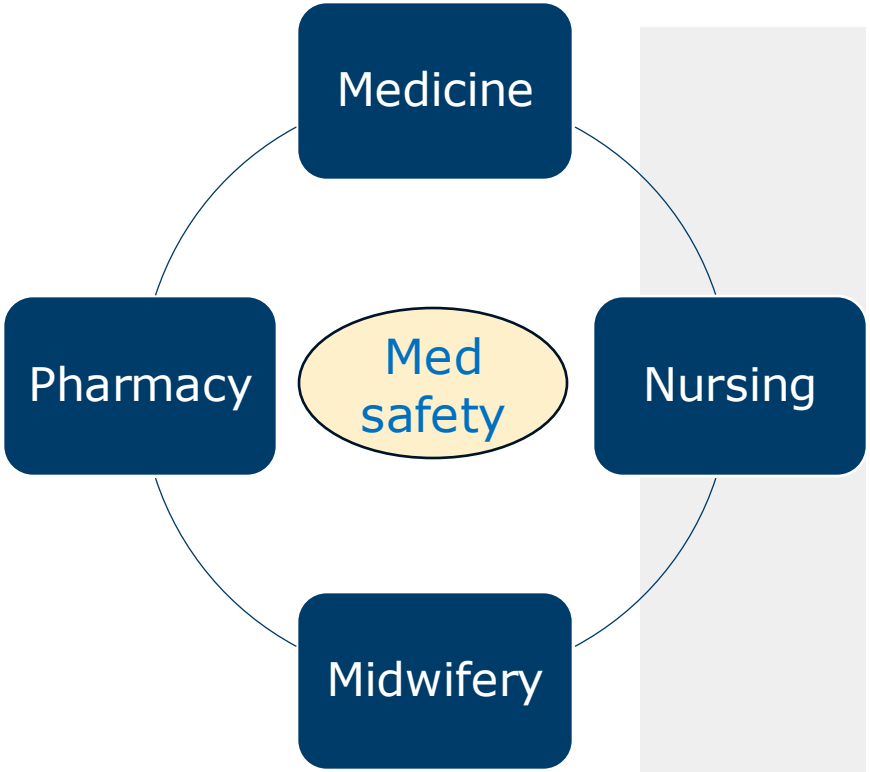
- Five main types of medication errors:
  - Prescribing
  - Preparing
  - Dispensing
  - Administering
  - Monitoring



World Health Organization
MEDICATION WITHOUT HARM
Patient Safety

Interprofessional competencies





Interprofessional Medication Safety Workshops

- 'Interprofessional Medication Safety Workshops' explore various aspects of medication errors, including prescribing and administering issues, and reporting incidents

- Interprofessional education (IPE) occurs "when students from two or more professions learn about, learn from and with each other to enable effective collaboration and improve health outcomes" (World Health Organisation, 2010)

- Social capital theory relevant:
  - Knowledge transfer between students of different professions confers a central, social advantage to being part of an interprofessional group or team in learning

Aim of Study

- To establish if a '**change in interprofessional collaboration-related competencies in healthcare students occurs'** after Interprofessional Education (IPE) medication safety workshops.
- Validated Interprofessional Collaborative Competencies Attainment Survey (ICCAS)
- SREC ethical approval was granted
- Consenting students completed a pre- and post- ICCAS survey which self-reports on interprofessional and teamwork competencies

Goal - Interprofessional Education

- Help students to develop the skills needed to be professionally competent in practice
- Provide hands on experience in a safe learning environment
- Empowered learning – preparing students prior to the workshop sessions – keeping objectives clear and focused for all disciplines

- Three IPE workshops, with approx 440 medical, nursing, midwifery & pharmacy students were facilitated between February and April 2025.

Objectives of Workshops

Interprofessional Learning

- To learn from, with and about each other.
- Share your knowledge and skills with each other
- Develop an understanding of each other's role and how you will collaborate in practice.

Medication Safety

- To learn about safe medication prescribing and administration from a hospital drug chart
- To conduct a drug chart transcription exercise for learning purposes
- To learn about medication safety and incident reporting in the hospital setting.

Workshop timing

2-2.15pm: Settle in, Introductions, overview of session.

2.15-3.40pm:

Groupwork: Patient Case Review. Feedback throughout.

Kardex Transcription.

3.40-3.50pm: Discussion of Medication errors and Incident reporting

3.50-4.00pm: Closing remarks & student feedback.

Workshop – case review



- One patient case with corresponding hospital drug chart
  - Drug Kardexes - 16 medications
  - Medical notes summary
  - GP referral letter
  - Blank Kardexes
- Students worked in mixed groups to discover deliberate errors in Kardexes.
- Tasks:
  - Review each page of the drug chart & all medications prescribed.
  - Do you know the indication for each medication?
  - Identify and record any prescribing issues into the template.
  - Are there any errors?

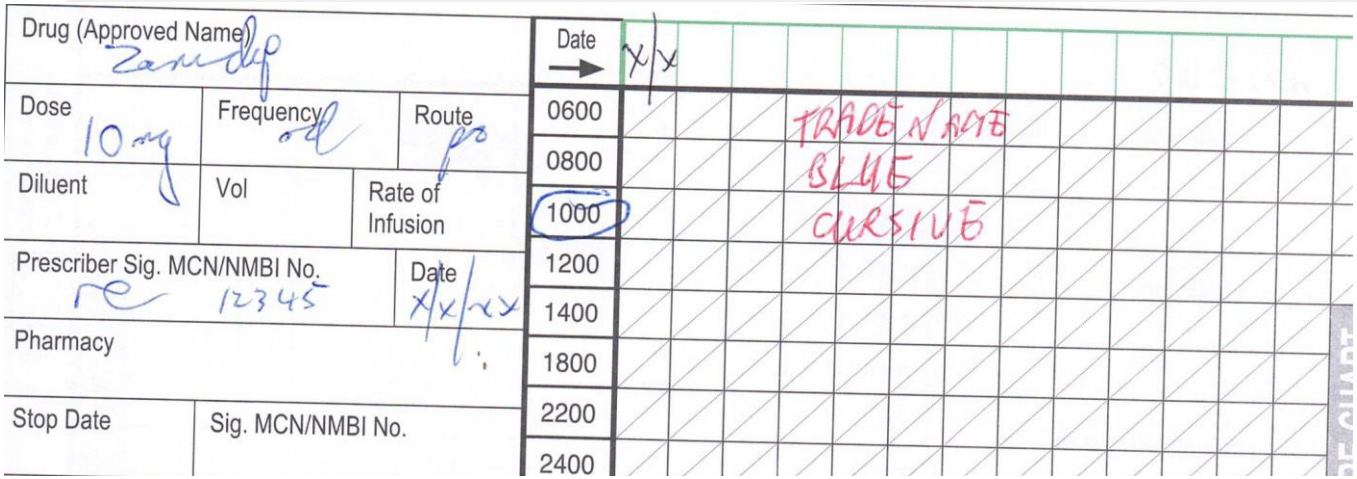


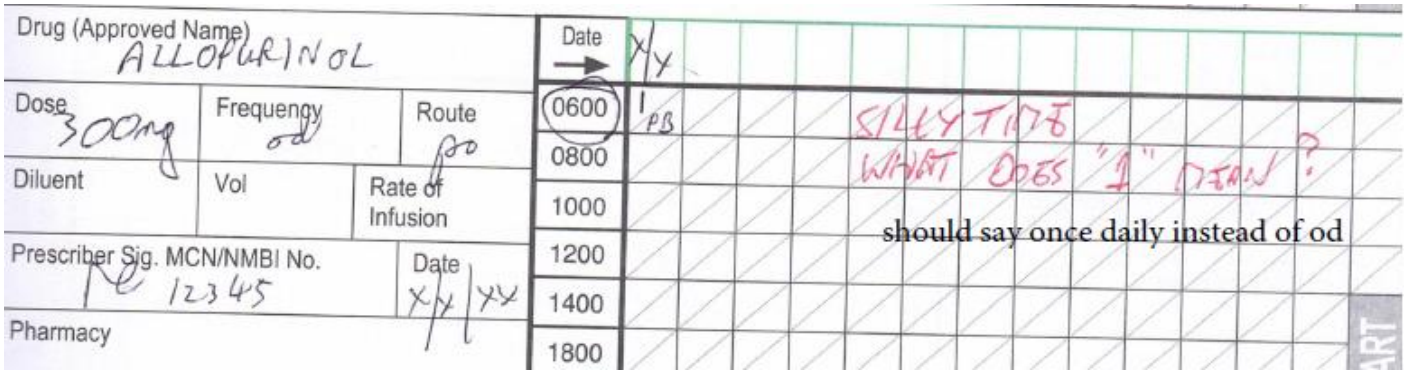
- All students from all disciplines - then transcribed a new corrected Kardex as we went along
- Facilitation by experienced facilitators from the disciplines & Medication Safety pharmacist from a Cork teaching hospital

Students at Work!



Kardex content Examples





Codes for recording omitted doses			
	1. Patient away from ward	3. Patient refused medication	6. Self Administration
	2. Patient could not receive drug - fasting	4. Drug not available	7. No IV Access
		5. Drug withheld on doctors's orders	8. Patient's own medication in use

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Student feedback pre and post workshop

- Interprofessional Collaborative Competencies Attainment Survey (ICCAS)
- 20 items rated for perceptions before and after learning activities 6 dimensions are rated:
  - Communication
  - Collaboration
  - Roles and responsibilities
  - Collaborative patient- centred approach
  - Conflict management/resolution
  - Team functioning
- All items within each dimension are rated twice, once regarding perceptions ***before*** learning activities and once regarding perceptions ***after***

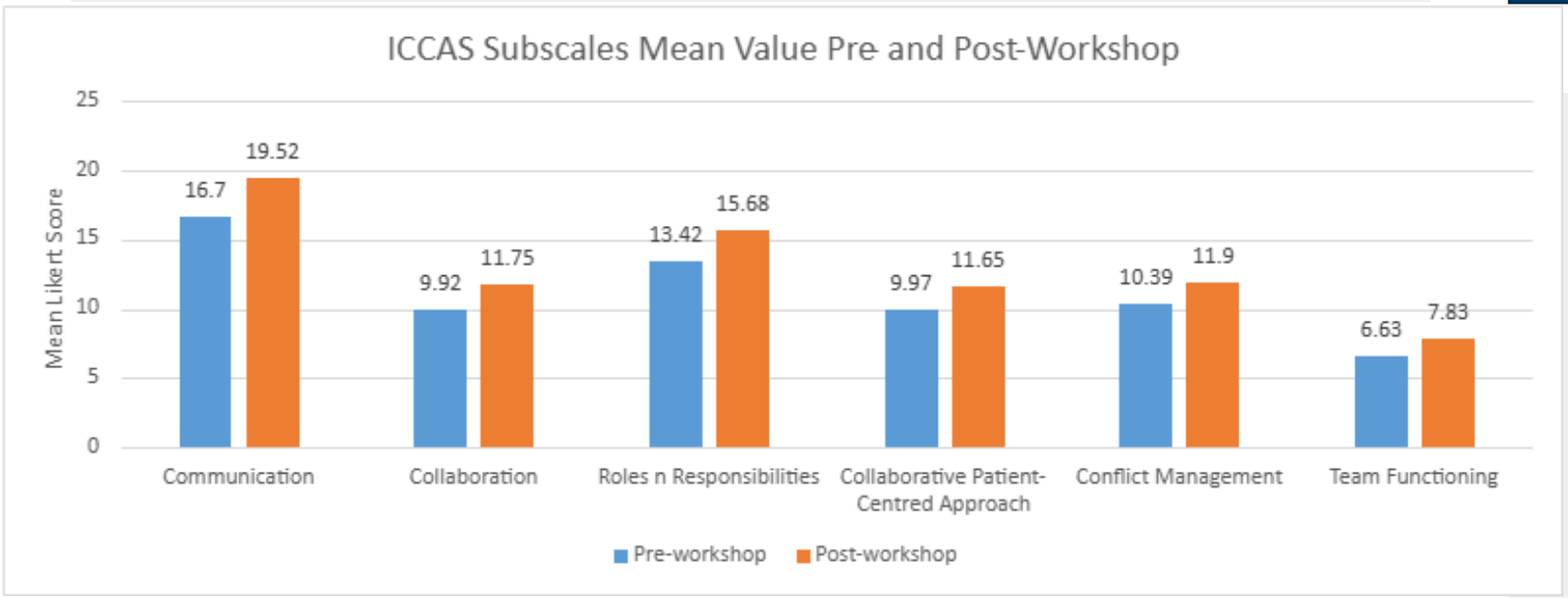
	Before participating in the IPE activities, I was able to:					
		Poor	Fair	Good	Very Good	Excellent
1	Promote effective communication among members of an interprofessional (IP) team.					
2	Actively listen to IP team members' ideas and concerns.					
3	Express my ideas and concerns without being judgmental.					
4	Provide constructive feedback to IP team members.					
5	Express my ideas and concerns in a clear, concise manner.					
6	Seek out IP team members to address issues.					
7	Work effectively with IP team members to enhance care					
8	Learn with, from and about IP team members to enhance care.					
9	Identify and describe my abilities and contributions to the IP team.					
10	Be accountable for my contributions to the IP team.					
11	Understand the abilities and contributions of IP team members.					
12	Recognize how others' skills and knowledge complement and overlap with my own.					
13	Use an IP team approach with the patient to assess the health situation.					
14	Use an IP team approach with the patient to provide whole person care.					
15	Include the patient/family in decision-making.					
16	Actively listen to the perspectives of IP team members					
17	Take into account the ideas of IP team members					
18	Address team conflict in a respectful manner					
19	Develop an effective care plan with IP team members.					
20	Negotiate responsibilities within overlapping scopes of practice.					

The ICCAS was developed by: MacDonald, C., Archibald, D., Trumpower, D., Casimiro, L., Cragg, B., & Jelly, W. (2010). Designing and operationalizing a toolkit of bilingual interprofessional education assessment instruments. Journal of Research in Interprofessional Practice and Education, 1(3). Revised item scales and the addition of item #21 were made during a replication validation study by Schmitz, C.C., Radosevich, D.M., Jardine, P.J., MacDonald, C.J., Trumpower, D. & Archibald, D. (2017, Journal of Interprofessional Care).

Results - Demographics

Student demographics	N = 117 (matched students pre- and post-workshop surveys)	
Gender	Female	101 (86.3%)
	Male	15 (12.8%)
	Others	1 (0.9%)
Course of study	Medicine	34 (29.1%)
	Pharmacy	20 (17.1%)
	Nursing	49 (41.9%)
	Midwifery	14 (12.0%)

ICCAS results



ICCAS mean scores in each subscale pre- and post-workshop of matched students. (All achieved statistical significance $p<0.05$) .

Overall Total ICCAS improvement in score:

67.04±12.00 to 78.33±11.86 (+11.29, $p<0.001$)

Ability to Collaborate Interprofessionally

	Frequency	Percent
Much better now	65	35.7%
Somewhat better	75	41.2%
About the same	32	17.6%
Somewhat worse	3	1.6%
Missing data	7	3.8%

Answer to POST Workshop Feedback question

"Compared to the time before the learning activities, would you say your ability to collaborate interprofessionally is":
Much worse now/ Somewhat worse now/ About the same/ Somewhat better now/Much better now"

Open-Ended Questions Post Workshop – qualitative

- List three positive aspects of the workshop
- List three ways in which we could improve the workshop
- How did this workshop address your learning needs? What specific knowledge(s) or skill(s) did you learn?
- Any other comments

Key Learnings – Skills & Knowledge Gained

- Improved confidence in reading, reviewing, understanding and completing Kardexes.

- **Increased Awareness of**
  - Common drug/charting errors
  - Brand vs. generic drug names
  - Safe use of abbreviations
  - Strengthened pharmacology understanding
  - Greater familiarity with reliable prescribing resources (e.g., BNF, SPC)

Impact - What Worked Well

- Hands-on, case-based workshop format was engaging and effective
- Rewriting a Kardex helped consolidate learning
- Strong facilitator presence across disciplines - '***Respect'***
- Mix of online and physical materials supported different learning styles
- Students appreciated the opportunity to learn by doing

*"I really enjoyed the session, I was able to **interact** and get advice from others"*

*'"This really relates to practice and will be very **beneficial** to me on placement"*

*"The session was **real and authentic'** and I could relate to the case study provided".*

Interprofessional Education Highlights

- Enhanced teamwork and communication across disciplines
- Deeper understanding of healthcare roles and responsibilities
- Exposure to diverse perspectives in patient care
- Value placed on collaboration and mutual respect – '*transdisciplinary collaboration*'
- Enjoyed networking with peers from other disciplines ' *environment matters – increases student engagement*'

Areas for Improvement & Future Considerations

- Smaller rooms and group sizes for better interaction and audibility
- More pharmacy students per group to balance expertise
- Schedule workshops after more pharmacology teaching (esp. for nursing)
- Provide clear instructions and access to resources at the start
- Name tags for discipline identification
- Introduce multiple Kardex formats from different hospitals
- More IPE workshops requested; include other disciplines
- Explore repeat or longitudinal IPE sessions to reinforce learning
- Evaluate long-term impact on prescribing practices in clinical

Advice for others (get it **RITE**)

- Take **Risks** and challenge ourselves as educators
- Adopt an **Inclusive approach** – new ways of learning – flexibility
- **Transdisciplinary connectedness** – working towards the same goals
- **Experiential learning** - keeping the sessions hands on – maintaining an open and interactive environment – open and honest discussions

Discussion & Conclusion

- Statistically significant improvement across all ICCAS items and subscales (pre- vs post-)
- Students valued multidisciplinary collaboration and applied learning
- Strong reinforcement of prescribing, administration and medication review knowledge
- Improved awareness of common errors and reliable resources (BNF/SPC)
- Realistic medication cases provided meaningful learning context
- Workshop design praised for being interactive, hands-on, and facilitator-supported

Acknowledgements:

- Fellow researchers
- Students
- Facilitators
- Room set-up
- Admin Support
- SREC Ethics Committee

Thank you

Any Questions?

Nora.mccarthy@ucc.ie

References available on request




Welcome to the CoMH Learning and Teaching Showcase
6th June 2025
10am to 2:30pm
Pharmacy Building LG01 & LG51
UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Table of Contents – School Presentations

- ❑ School of Public Health
- ❑ School of Medicine
- ❑ School of Clinical Therapies
- ❑ School of Pharmacy
- ❑ School of Nursing and Midwifery
- ❑ Cork University Dental School and Hospital

Is Infection Prevention and Control Education "Fit for Purpose"?

A competency-based evaluation of a postgraduate certificate in infection prevention and control (2020 - 2023).

Challenges and Benefits



Smiddy M[1], Kelly C[2], Killeen C[2], Arnott J[1], Barry F[1], Creedon S[1].

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[2] Leading Healthcare Providers Skillnet, Ireland

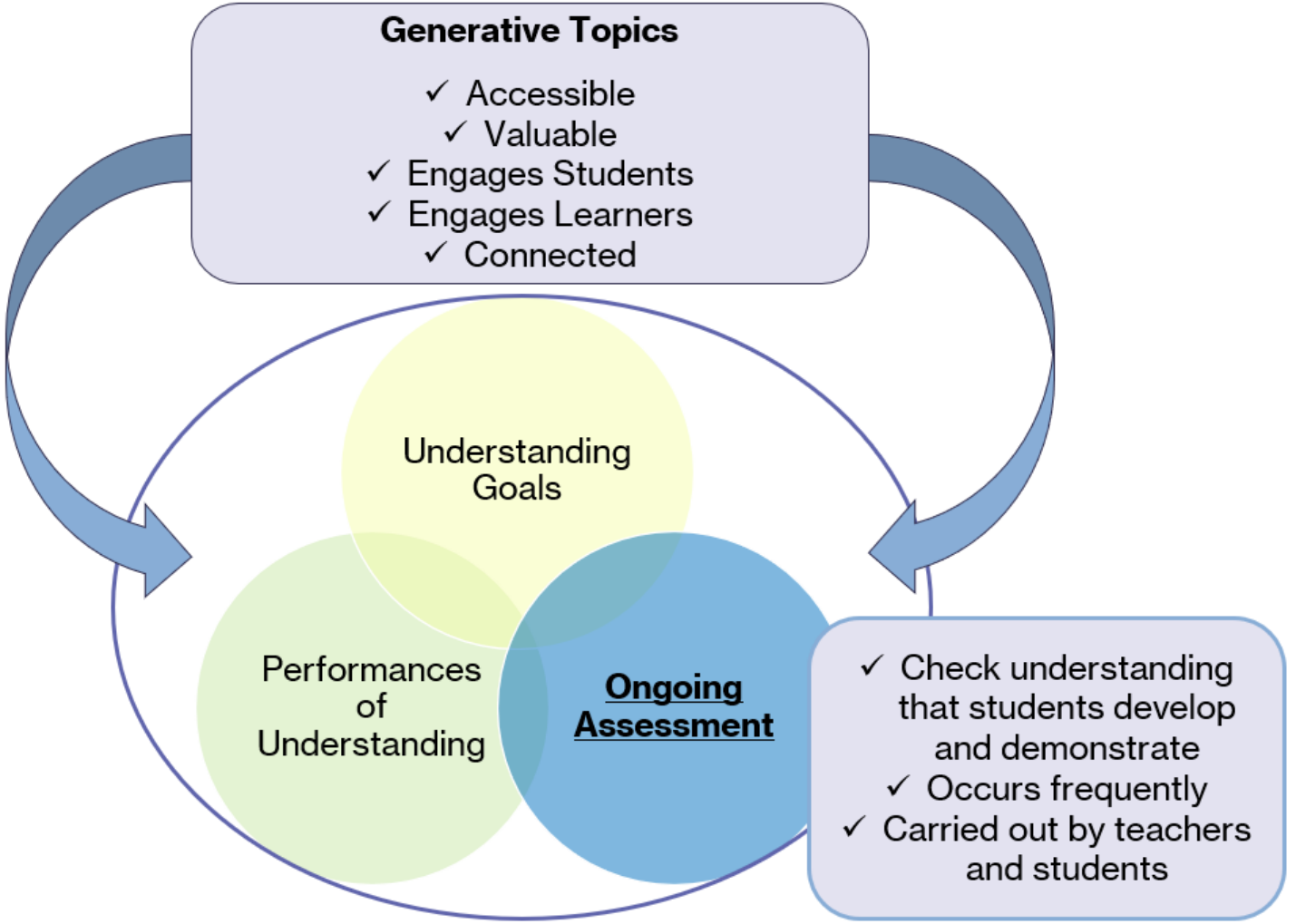
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Leading Healthcare Providers Skillnet

Learning Outcomes

Teaching for Understanding Framework (Wiske 1998)

- Consider **"Ongoing Assessment"** of teaching as an integral part of our academic function.
- Develop an appreciation of how **"Ongoing Assessment"** of teaching can be applied to evaluate programme efficacy and impact.
- Consider how teachers can use the findings of **"Ongoing Assessment"** of teaching to inform future practice.



Reference: Wiske M. (1998) Teaching for Understanding: linking research with practice. Jossey Bass, San Francisco.

Evolution

March 2020



June 2020 - Call

Leading Healthcare Providers

Skillnet

July 2020

- Application 7th July
- Funding awarded 21st July
- Development of Programme Outline
- Multidisciplinary Collaboration
- Programme Approval Process (MM1, OPP, PAP)
- Approved 17th August



September 2020

Induction to the Programme: two days online including synchronous introduction to teaching team, introduction to the virtual learning environment and orientation to programme content, assessment and writing skills

EH6146 Principles and Clinical Practices of Infection Prevention and Control
10 credits - Semester 1, (September – November over 8 weeks)

MB6009 Principles of Microbiology
5 credits – Semester 1, (November – December over 4 weeks)

BU6016 Leadership and Management of Infection Prevention and Control
10 credits – Semester 2, (January – March over 8 weeks)

EH6147 Infection Prevention and Control Quality Improvement and Patient Safety
5 credits – Semester 2, (March – April over 4 weeks)

Postgraduate Certificate in Infection Prevention and Control

30 credits National Framework of Qualifications

Level 9

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CUBS CORK UNIVERSITY BUSINESS SCHOOL

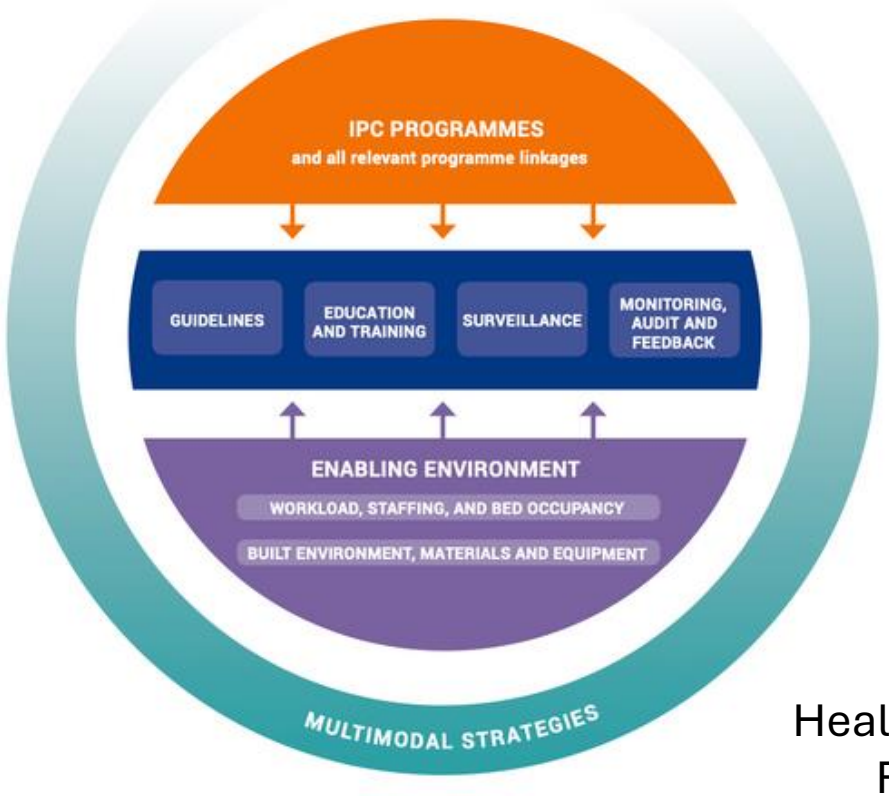
MICROBIOLOGY

Leading Healthcare Providers

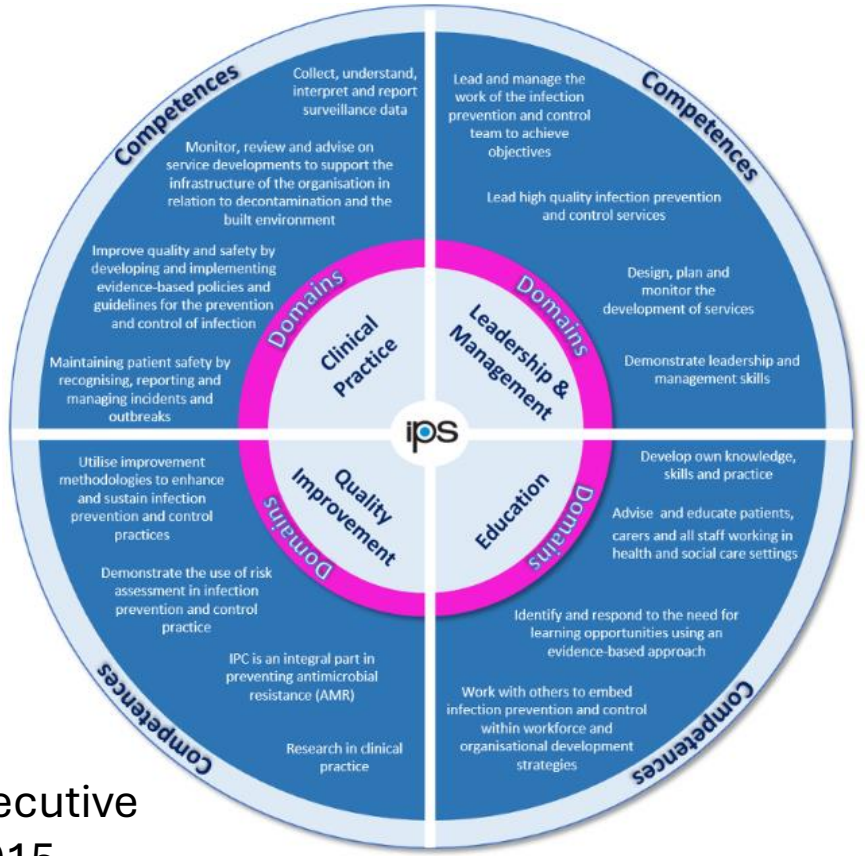
Skillnet



Development and Implementation (2020)



Health Service Executive
Framework 2015



Health Information and Quality
Authority (HIQA) Standards

Learning and Teaching…
“Ongoing Assessment”

- Wholly online PG Certificate
- Learners with varied academic experience
- Academic concern regarding student success and the need for support
- Live online tutorials
- Discussion Boards (graded and non-graded*)
- Written Assessments
- Student feedback and evaluation via Google Forms (inter module and end of module)
- Advisory Panel and External Examiner

Evaluation Development

Were the current methods of evaluation sufficient to truly evaluate a new PG Cert which was developing further into a Dip and MSc in Infection Prevention and Control?

Collaboration with Skillnet led to a funded evaluation

(awarded in March 2023).

The **aim** of the research was to conduct a critical competency-based programme evaluation of the first three years of the programme with the aim of continuously improving the delivery of this specialised postgraduate education

(2020 – 2023).

Consideration and Design:

- Mixed methods prospective parallel convergent study
- Use of the Postgraduate education evaluation framework (Haji et al. 2013)
- Quantitative – Survey of Skillnet funded graduates
- Qualitative – Semi-structured interviews with managers and Skillnet funded graduates
- Additional Data from
  - in-course student evaluations,
  - advisory panel and
  - external examiner feedback.

Reference: Haji F, Morin M-P and Parker K. Rethinking programme evaluation in health professions education: beyond 'did it work?' Medical Education, 2013; 47: 342-351.

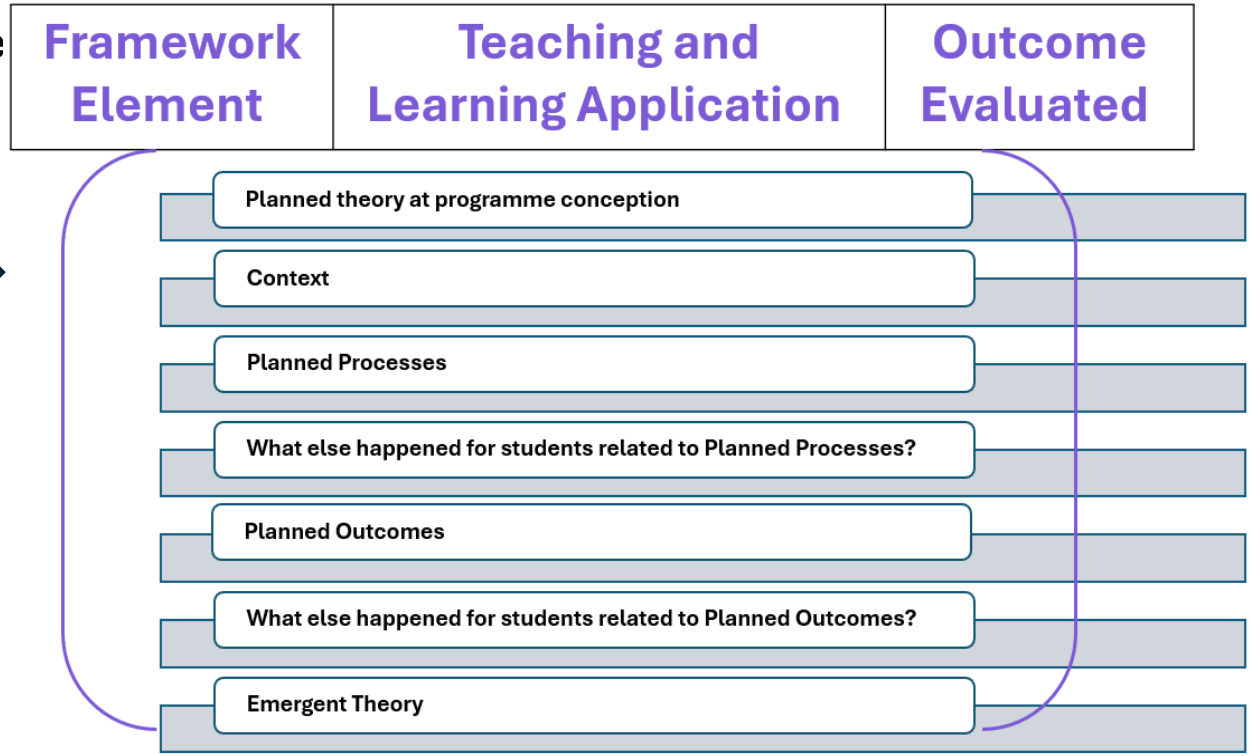
Application

Ethical considerations:
Ethical approval was obtained from the University College Cork Social Research Ethics Committee.

Informed By: The programme evaluation process framework (Haji et al. 2013)

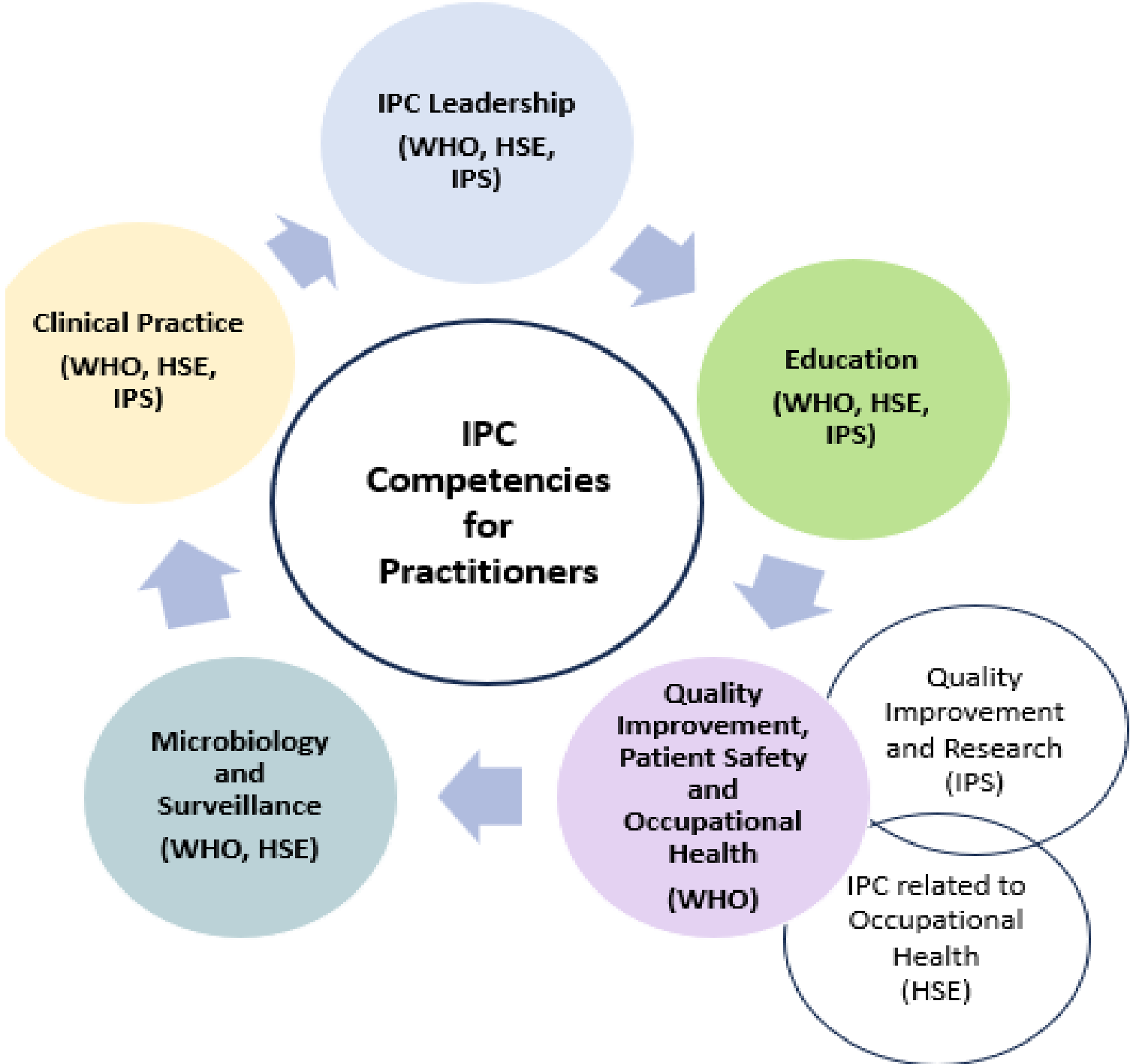
Recruitment:
Supported by LHP Skillnet.

Data collection:
Based on the competencies outlined by the World Health Organization (2020), Infection Prevention Society (2021) and the Health Service Executive (2022).



Reference: Haji F, Morin M-P and Parker K. Rethinking programme evaluation in health professions education: beyond 'did it work?' Medical Education, 2013; 47: 342-351.

Competency-based Evaluation



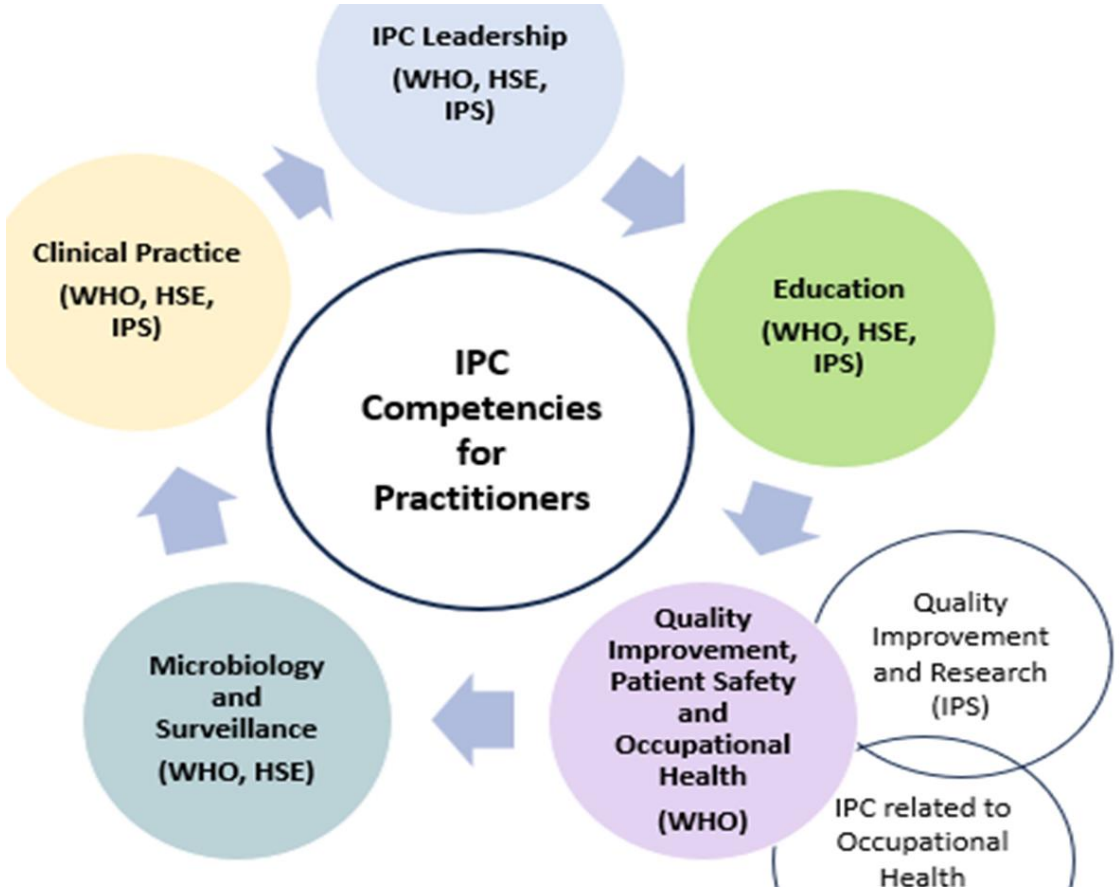
Findings - Quantitative

	Survey response rate		
Academic year	**Respondents**	**Population**	**Respondents/ Population**
2020/2021	9	46	19.5%
2021/2022	7	27	26%
2022/2023	9	14	64%
Total	25	87	29%

	Very poor	Poor	Neither Good or Poor	Good	Very good	Total	% Good or Very Good Total
How would you rate your experience of the PG Cert in IPC?	0	0	1	10	13	24	95.8%
How was the support, communication, and guidance from course team?	0	1	1	6	15	23	91.3%

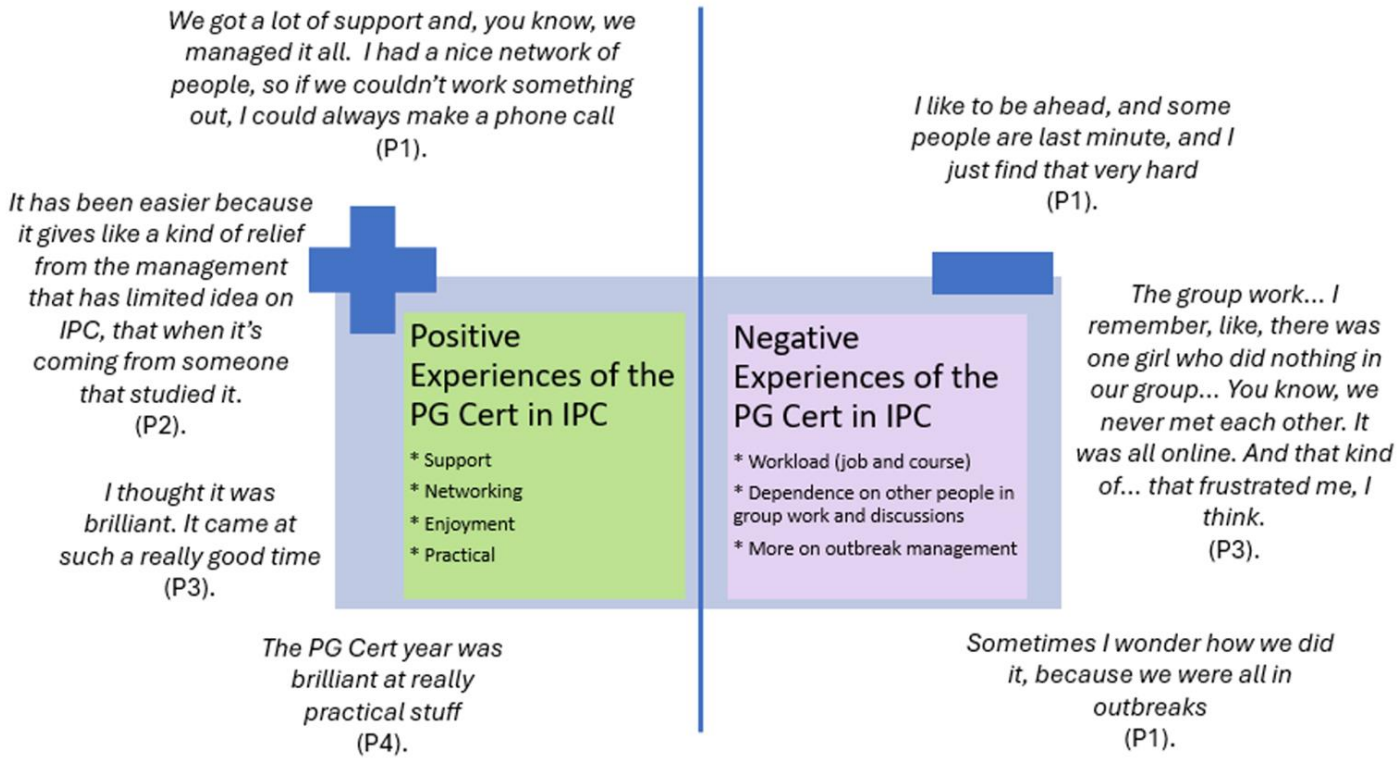
Perceived Competency

- Graduates rated their achievement in the **Quality Improvement and Patient Safety Competency** highest with over **95%** of participants stating that they achieved this competency overall.
- Overall**, 80%** of graduates felt they achieved the **Leadership, Education and Microbiology and Surveillance** competencies in all categories examined.
- The least number of graduates indicated they were confident in relation to the **Clinical Practice** with **70%** of participants indicating they felt they achieved this competency.
    - However, all graduates (100%) felt confident in conducting risk assessments and applying standard precautions, with 90% reporting competence in applying transmission-based precautions and assessing IPC risks in the built environment.



Findings - Qualitative

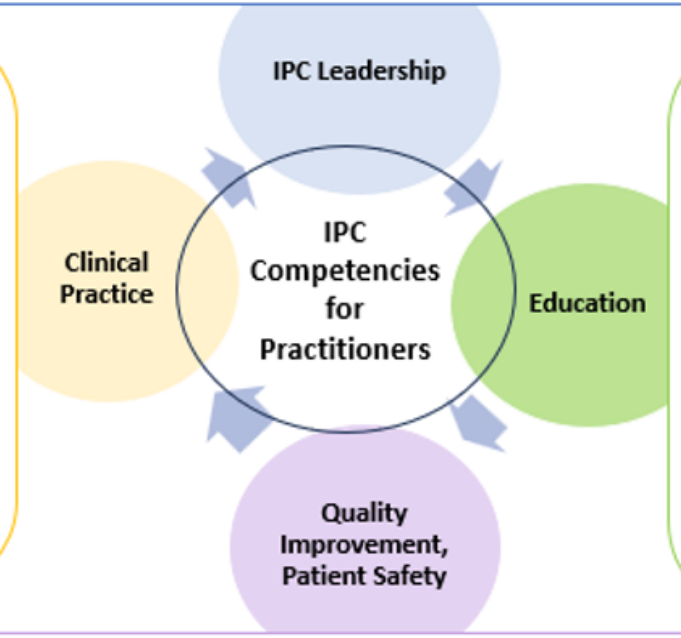
- Six participants that took part in the qualitative interviews, five female and one male.
- Participants were in all provinces except for Ulster.
- All participants were working in nursing homes and five out of six had completed the PG Cert in IPC.
- One participant was a manager where a member of staff had completed the PG Cert in IPC.



Clinical Application

The course gives you that confidence. It gives you that credibility among your staff because they know that you know what you're talking about. You've done an infection control course, you know (P3).

Brought "skip the dip" to the Infection Prevention and Control Committee meeting "that was the biggest thing". This was absent in the care home prior to the graduate completing the course, "we did not have that here", (P5).



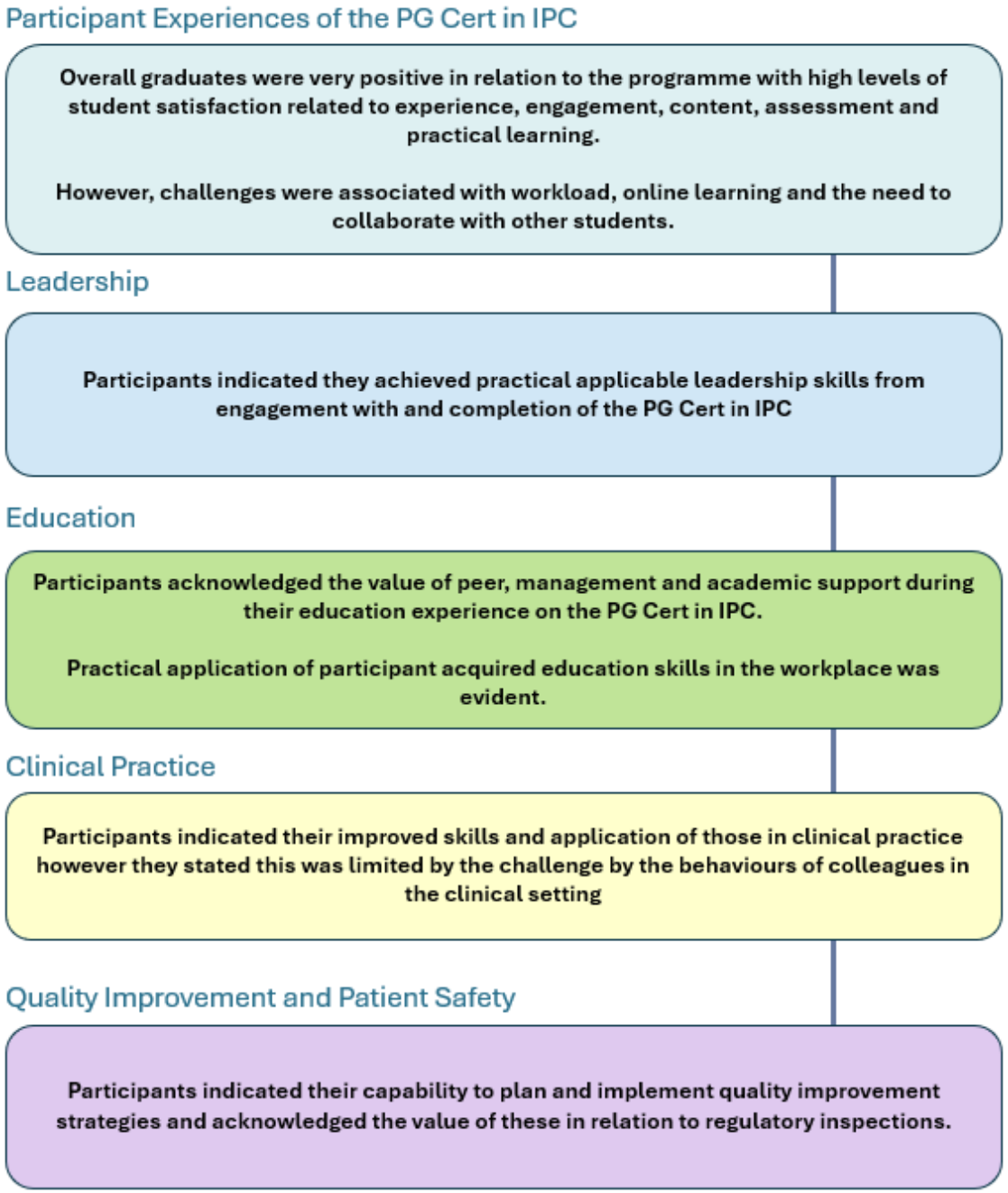
Developed training programme for IPC Hand Hygiene / Donning – Doffing
(P5).

Just the sharing of knowledge and even down the line, you'd still meet people at conferences and stuff that you did the course with, that you'd recognise, do you know what I mean?
(P1).

We are after a HIQA inspection and currently planning protected time for IPC planning to incorporate; IPC Care planning, monitoring of MDROs and antibiotic usage (P5).

Triangulation of Results

Microbiology and Surveillance



Learning - Challenges and Benefits

Challenges:

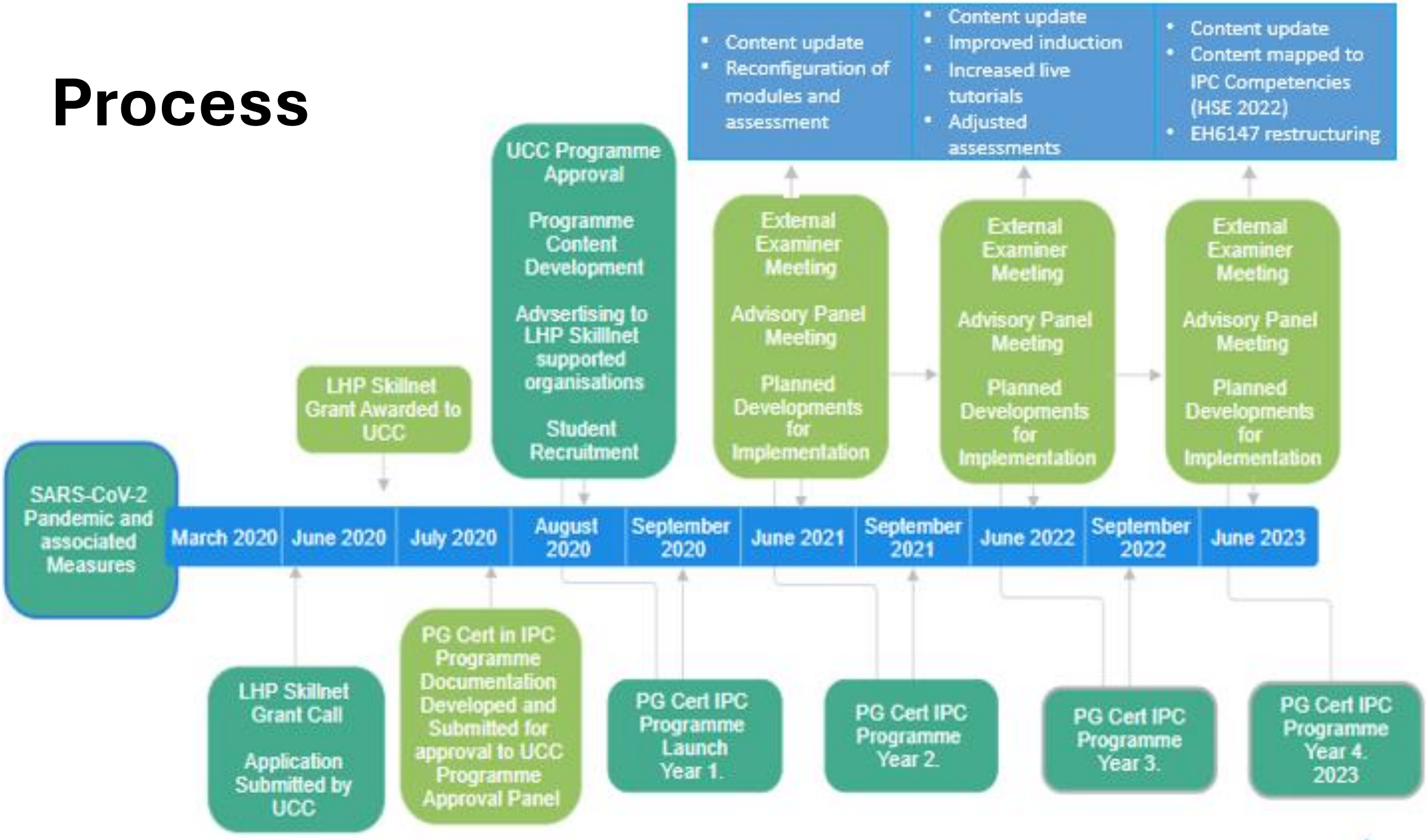
- Consideration of the evaluation process and practical application.
- Recruitment of participants for quantitative and especially qualitative research.



Benefits:

- ✓Continuous learning from continuous "*ongoing assessment*". led to changes in the programme on a continual basis.
- ✓Evidence for teaching practice to support quality improvement and use of research to inform teaching.
- ✓Collaboration was key to implementation.
- ✓Continued collaboration due to initial evaluation.
- ✓Visibility of course and intent related to quality of teaching and learning.

Process


Content update
Reconfiguration of modules and assessment
Content update
Improved induction
Increased live tutorials
Adjusted assessments
Content update
Content mapped to IPC Competencies (HSE 2022)
EH6147 restructuring
UCC Programme Approval
Programme Content Development
Advsertising to LHP Skillnet supported organisations
Student Recruitment
External Examiner Meeting
Advisory Panel Meeting
Planned Developments for Implementation
External Examiner Meeting
Advisory Panel Meeting
Planned Developments for Implementation
External Examiner Meeting
Advisory Panel Meeting
Planned Developments for Implementation
LHP Skillnet Grant Awarded to UCC
SARS-CoV-2 Pandemic and associated Measures
March 2020
June 2020
July 2020
August 2020
September 2020
June 2021
September 2021
June 2022
September 2022
June 2023
LHP Skillnet Grant Call
Application Submitted by UCC
PG Cert in IPC Programme Documentation Developed and Submitted for approval to UCC Programme Approval Panel
PG Cert IPC Programme Launch Year 1.
PG Cert IPC Programme Year 2.
PG Cert IPC Programme Year 3.
PG Cert IPC Programme Year 4. 2023

Acknowledgements



Thank You To…

All the graduates and managers who took part in this study.

The graduates who continue to contribute to the evaluation and development of the programme.

All the colleagues within the University who made this programme possible in 2020 and those who have continued to work and contribute to teaching, learning, assessment and evaluation.

Funding:
Funding was received from Leading Healthcare Providers (LHP) Skillnet to conduct this research and produce a report for LHP Skillnet and a manuscript for peer-review and publication


Welcome to the CoMH Learning and Teaching Showcase
6th June 2025
10am to 2:30pm
Pharmacy Building LG01 & LG51
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Observation and Experience of Senior Healthcare Students of Interprofessional Collaboration while on Clinical Placement: A Discourse Analysis

Niamh Coakley

MB PhD MRCP

Senior Lecturer in Medical Education

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Medical Education Unit

Collaborators – in UCC

- Niamh Coakley, Anél Wiese, Deirdre Bennett – Medical Education Unit
- Rena Long - Discipline of Radiography
- Elaine Lehane -School of Nursing and Midwifery
- Joe McVeigh School of Clinical Therapies
- Aoife Fleming – School of Pharmacy

- No Disclosures

Interprofessional collaboration

- Essential for effective healthcare
- Discrepancies between formal interprofessional education and clinical experiences
- Negative experiences of workplace collaboration may reinforce professional silos/poor interprofessional practices



Research Question

- How are students' professional identities shaped by the social and cultural dynamics of the clinical environment?
- What factors shape their engagement in collaborative practice?



Methodology

- This study is situated within a sociocultural paradigm.
- Purposive recruitment of senior health professions' students attending an Irish University – all with experience of the clinical environment
- Individual semi-structured interviews with respect to their observations and experiences of interprofessional collaboration while on clinical placement.
- On-line or in-person depending on student preference
- Interviews audio recorded
- Transcribed and deidentified
- NVivo used as a data management tool



Critical Discourse Analysis



- Critical Discourse Analysis-
  - how language, social structures, and interactions between people relate to one another and to the exercise of power
  - how language enacts social and cultural perspectives and identities
- Drawing on Gee's approach to critical discourse analysis we examined the cultural worlds in which students figured their professional identities and their interactions with other healthcare professionals, and how they positioned themselves and others within these cultural worlds of patient-centred care.
- The **discourses** at play when we talk about Interprofessional collaboration shape the way students interprofessional professional identities are formed

Demographics

- 15 Health Professions Students Interviewed
- Radiography x4
- Nurses x3
- Pharmacy x3
- Medicine x 4
- Occupational Therapy x1
- 10 females/ 5 males
- Duration of interviews- 14 hours approx



Results: Discourses

- Visibility
- Power
- Agency
- Knowledge
- Trust
- Emotion



Visibility

- All (except med students) had a hands-on role in clinical setting
- All, in different ways, were eager to make a contribution to the interprofessional team
- Some felt less visible and peripheral to ward activities
- Tools to increase visibility
  - Uniform
  - Green pen



Power

- Professional identities shaped by discourses of power and traditional hierarchical relations.
- Clinical decision maker, specialised knowledge and expertise, location, control of the ward environment, coordinator of patient care at ward level.
- The privileged knowledge of each HCP- grants them a position of legitimacy
- Identities strongly aligned to individual professional groups rather than interprofessional team
- Assumed language and behaviours of their groups



Agency

- Capacity to act in the world.
- Social structures and power differentials limit of some members of interprofessional team to demonstrate agency.
- Responsibility for patient outcomes
  vs constraints of cultural norms.
- Exert agency more indirectly-
  careful queries, notes, follow up.



Knowledge

- Access to and sharing of knowledge
- Verbal > written
- Verbal knowledge exchange- during tasks/. ward rounds/interprofessional huddles
- Exclusionary? - geographical/workload constraints
- Nurses - important at filling in the gaps across the Healthcare teams



Trust

- Very important for collaboration
- Facilitates active contribution
  to interprofessional team
- More Senior Healthcare Professionals
- Familiarity
- Opportunity to assess reliability/
  trustworthiness
- Social element of trust



Emotion

- Important component of interprofessional collaboration
- Navigating the hierarchy that exists
- Managing your own emotions and the emotions of others
- Ability to read the room/adapt to the moods of others
- Avoid social missteps- know when and how you say something
- Suppress frustration



Implications for Practice

- Efforts made to make all the roles visible
- Recognise all students
- Provide them with opportunities
  for interprofessional collaboration
- Acknowledge their contribution
- Psychological safety
- Feedback
- Communication skills
- Role modeling interprofessional collaboration
  by senior healthcare professionals
- Trust- longer placements



Acknowledgements

- All the participants
- ASME Grant
- Colleagues

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Medical Education Unit


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An Interprofessional workshop to assist healthcare professionals supervise clinical placements: a pilot study

O'Rourke T.[1], Young R.[2], O'Shea A.[3], Sharkey M. [4], Devine A.[2], Sweeney E.[1], Cole A.[3], O'Sullivan T [3], **O'Grady K.** [4]

1. Audiology, School of Clinical Therapies, College of Medicine and Health, University College Cork
2. Discipline of Medical Imaging and Radiation Therapy, School of Medicine, College of Medicine and Health, University College Cork
3. Discipline of Physiotherapy, School of Clinical Therapies, College of Medicine and Health, University College Cork
4. Speech and Language Therapy, School of Clinical Therapies, College of Medicine and Health, University College Cork

A TRADITION OF INDEPENDENT THINKING

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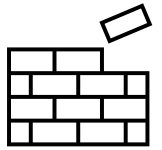
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Why undertake this pilot study?

- Interprofessional working is an **integral part of CORU requirements**[1-5]
- CORU regulation also requires that higher education institutions provide training to clinical educators.
- Clinical educators have identified a **need for focussed training** in many professions[6-11].
- Clinical educators work in similar settings throughout the healthcare system, and **many characteristics of clinical educators are common across professions**[12].





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Project Structure/Methods

Project Gantt Chart							
Task	November	December	January	February	March	April	May
Submission to SREC							
Circulation of Pre-information Questionnaire (Survey 1)							
Analysis of Survey 1							
Design of Information Session							
Run Information Session							
Circulation of Post-information Questionnaire (Survey 2)							
Analysis of Survey 2							

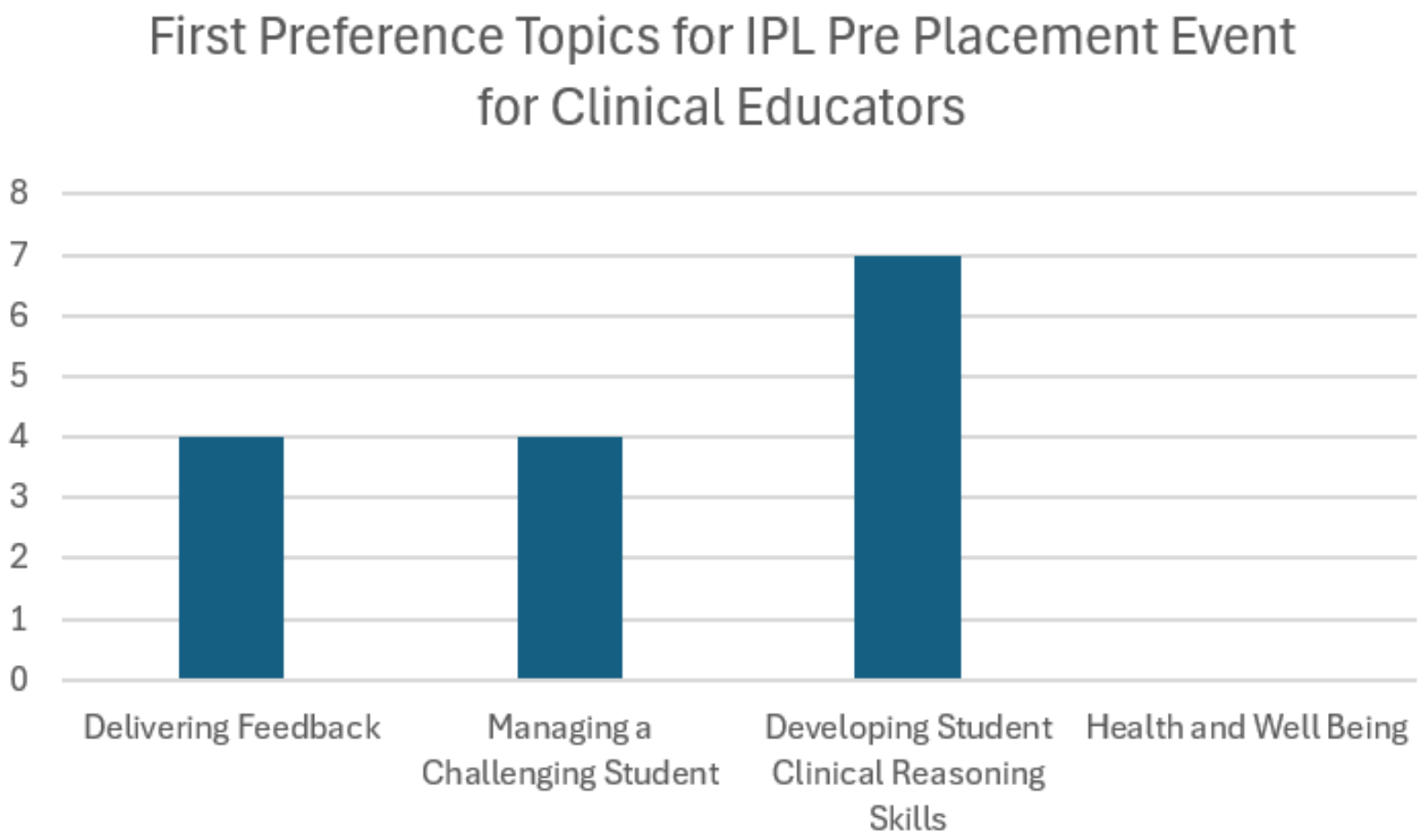
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An Interprofessional Effort!



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Results: Pre-event questionnaire

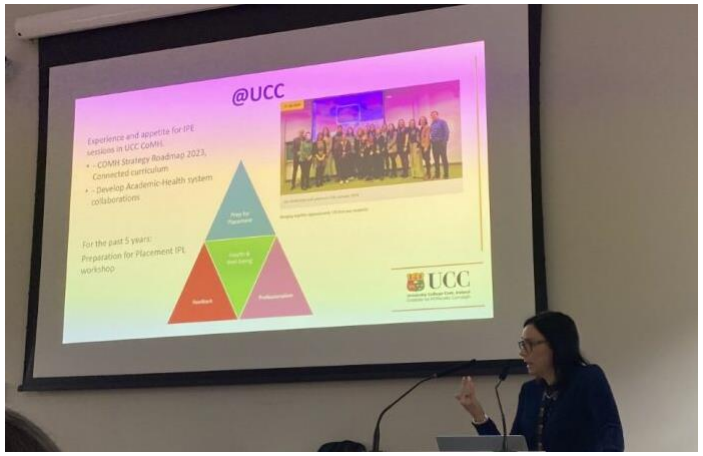


Pre-event questionnaire priorities for training, n=15 first preferences submitted

Results: Event and Post-event questionnaire





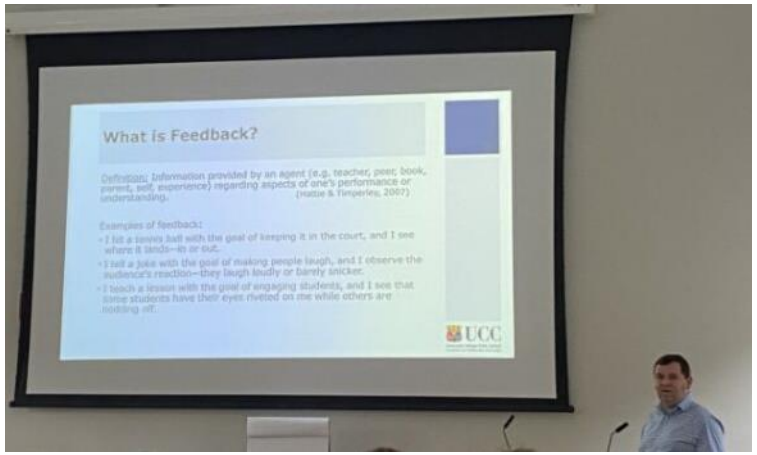


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Practice Educator Training Workshop

Nano Nagle Place

Time	Topic
09.15 – 09.30	Introductions
09.30 – 10.00	Interprofessional Learning on Placement
10.00 – 10.40	Managing the underperforming/unprofessional student
10.40 – 11.00	Break
11.00 – 11.15	Learning Models
11.15 – 11.45	Clinical Reasoning
11.45 – 12.30	Feedback
12.30 – 13.00	Service Initiatives



- N=6 complete responses to post-event questionnaire-all respondents “extremely satisfied” or “satisfied” with the workshop

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Limitations and future work

Limited external validity:

- Pilot study- low response rate, particularly to post-event questionnaire
- Questionnaires circulated to healthcare workers already affiliated with University College Cork programmes-this may not represent the needs and opinions of the majority of healthcare workers

Future work:

Currently IPL Teaching

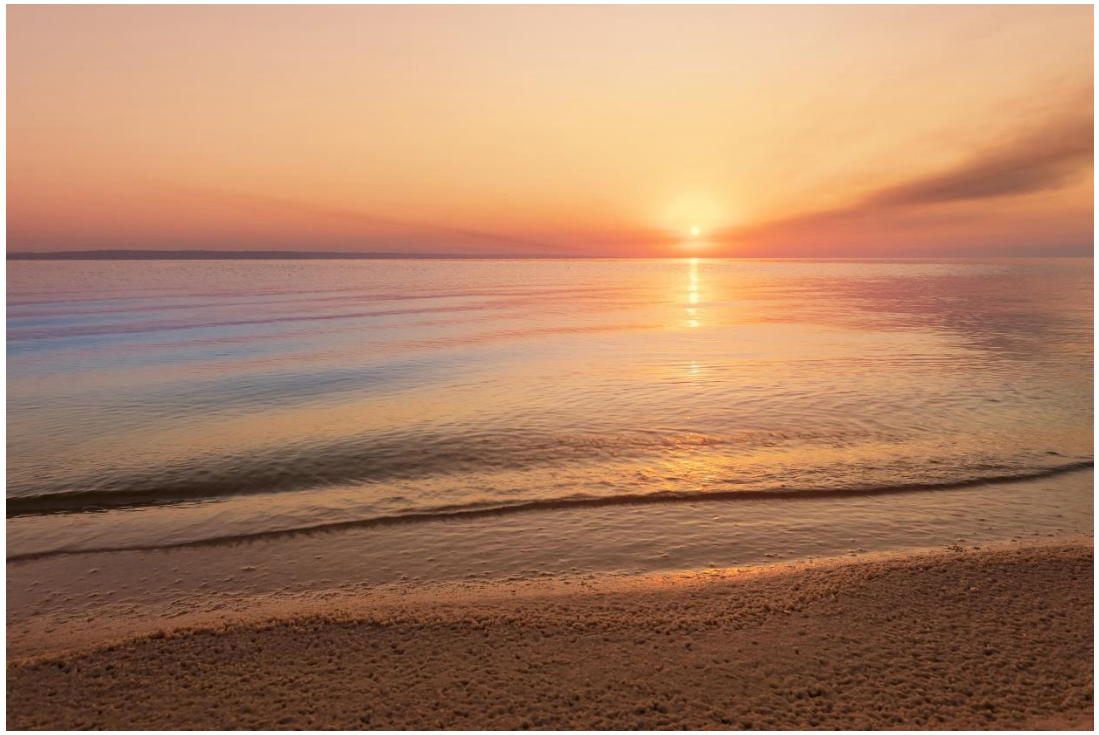
Moving to discussion IPL Placements!!



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2. CORU. (2018). *Physiotherapists' Registration Board Criteria for Education and Training Programmes.* https://coru.ie/files-education/prb-profession-specific-criteria-for-education-and-training-programmes.pdf
3. CORU. *Occupational Therapists' Registration Board Guidelines for Programme Providers*. https://www.coru.ie/files-education/otrb-criteria-guidelines-for-programme-providers.pdf
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- Thank you for listening



- Any questions?


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Prioritising Health Literacy for Health and Social Care Professions

Prof Laura J Sahm, Vice Dean School of Pharmacy, Professor of Clinical Pharmacy, University College Cork

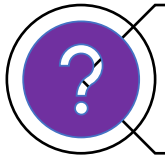
Dr Michelle O'Driscoll, Lecturer in Clinical Pharmacy, School of Pharmacy, University College Cork

A TRADITION OF INDEPENDENT THINKING

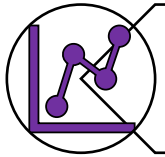
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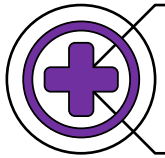
Presentation Overview



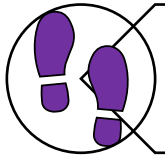
What is health literacy?



Importance and impact of health literacy



Course outline



Journey from Digital Badge to Microcredential



Reach, impact and key learnings

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What is health literacy?



Health Literacy (HL) - the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. (WHO)



Personal health literacy - the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

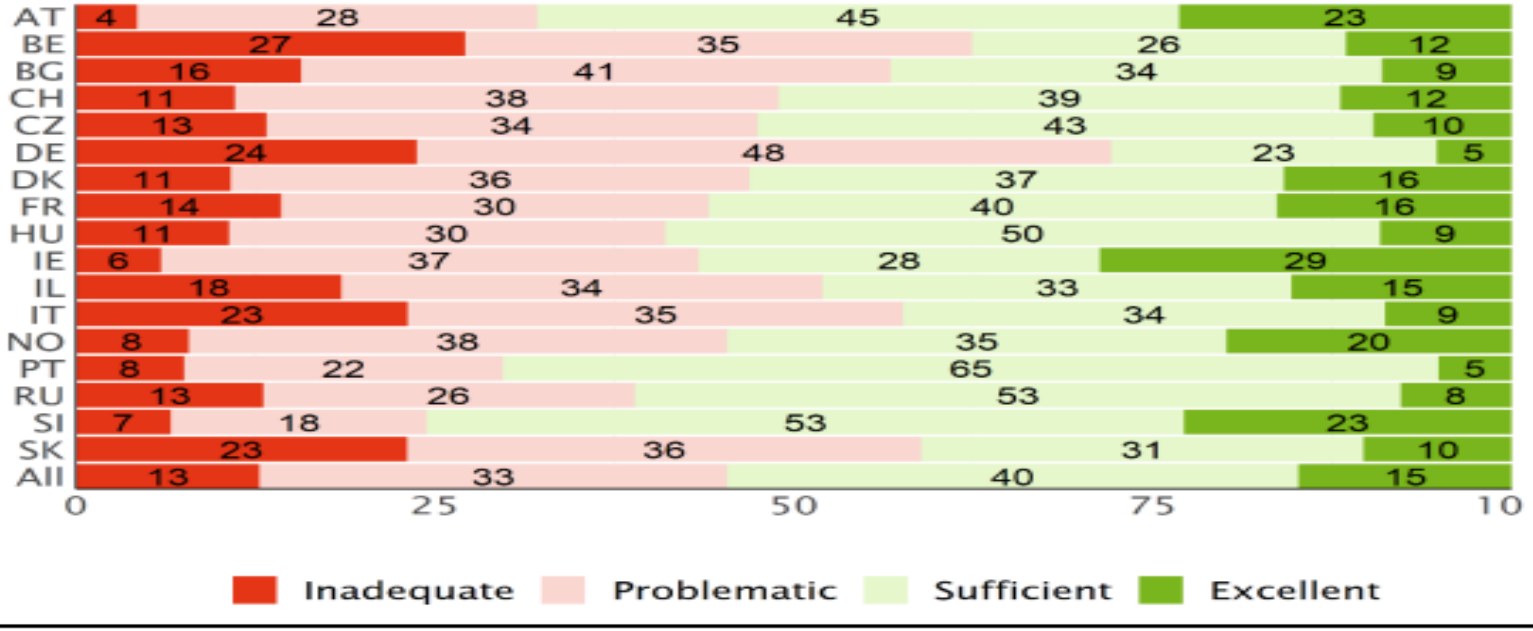


Organizational health literacy - the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

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European Health Literacy Survey 2019-21

Figure 5.4:
Percentage of respondents by categorical level of General HL as measured by the HLS19–Q12, for each country and the mean for all countries



Source: HLS19 Consortium

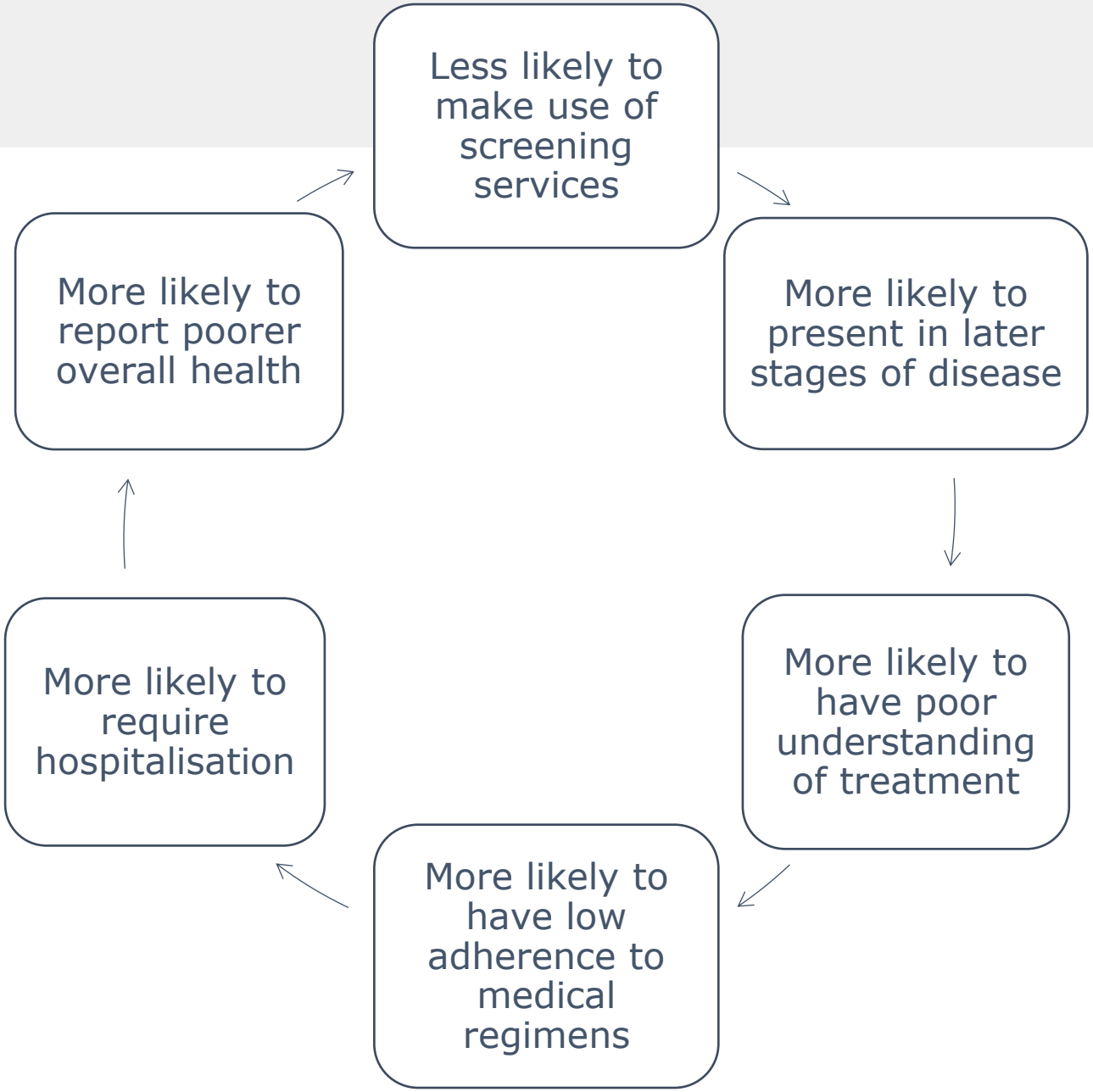
Across all participating countries, **46%** had either inadequate or problematic health literacy

In Ireland, that figure is **43%**

HLS19 | M-POHL - WHO Action Network on Measuring Population and Organizational Health Literacy

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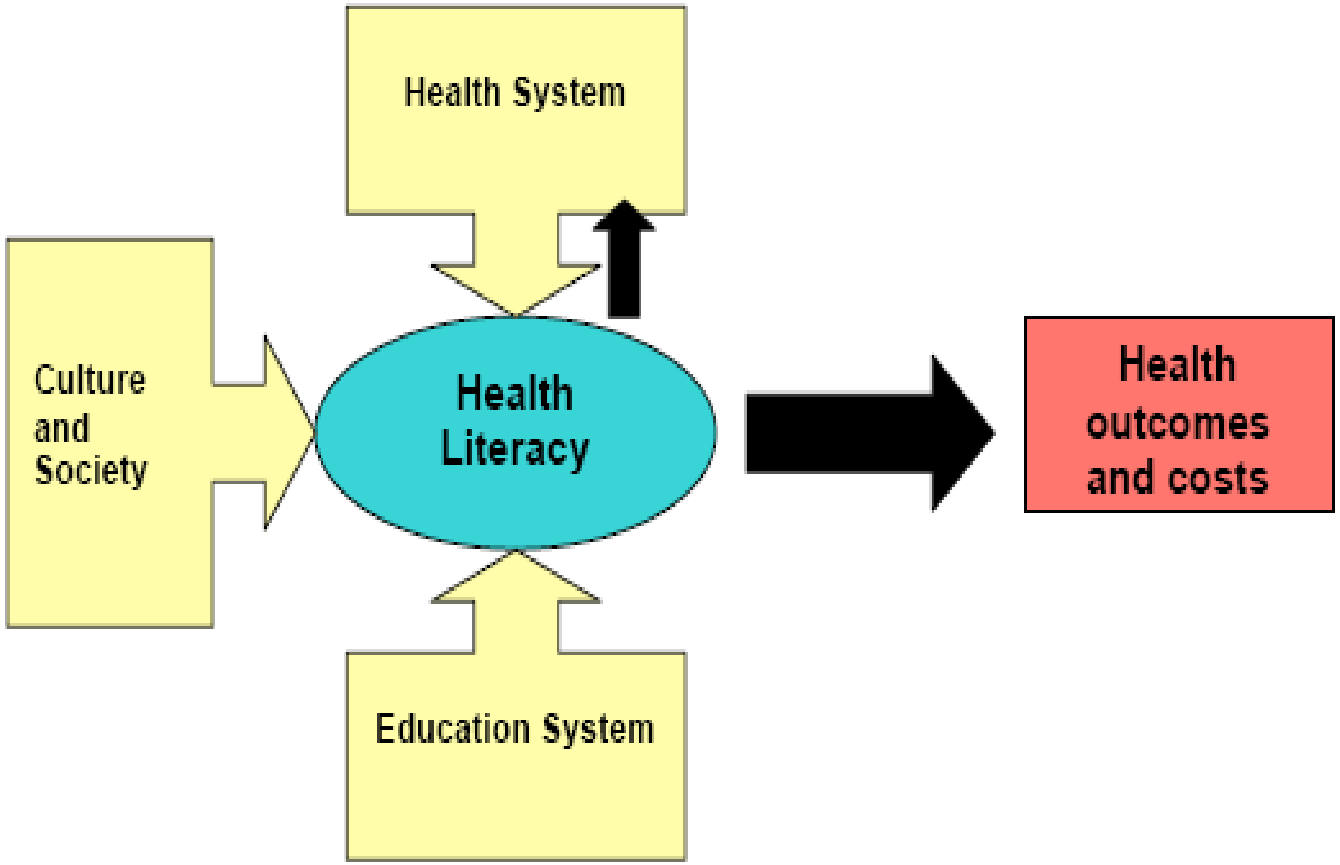
Impact



Reference: Rima Rudd, NALA Health and Literacy Conference, 2002 - adapted

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Factors contributing to health literacy



Source: Institute of Medicine (2004).

An introduction to health literacy for health and social care professions

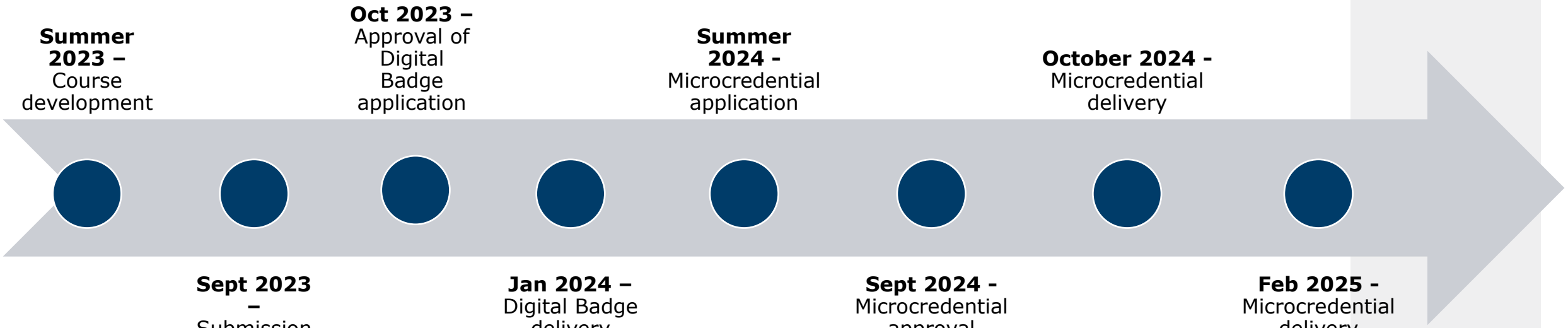


Course overview:

- NALA review and contribution
- Online delivery hosted on Canvas
- Asynchronous over ten weeks
- Discussion boards
- Live online workshop with PPI contribution
- Reflective eportfolio
- Case study assignment

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Course accreditation journey – from Digital Badge to Microcredential



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Digital Badge vs Microcredential



Digital Badge…

- Targeted education to a specific cohort
- Certificate of completion
- No exam boards required
- Flexible sign-up and start dates
- Less formal application process



- Not recognised beyond a certificate
- Less external reach
- Challenging to deliver to internal and external participants - platform variances
- Specific course duration to adhere to (20hrs)

Microcredential…

- Targeted education to a specific cohort
- European recognition of ECTs
- "Stacking" potential with other offerings
- Registration support from Microcreds office and Admin office
- Flexibility in size of offering (ECTs)

- Lengthy application process
- More admin heavy – registration approvals, exam boards
- Tied to semesters

Reach and Impact

Completed to date n=36 - 17 Digital Badge, 19 Microcredential participants















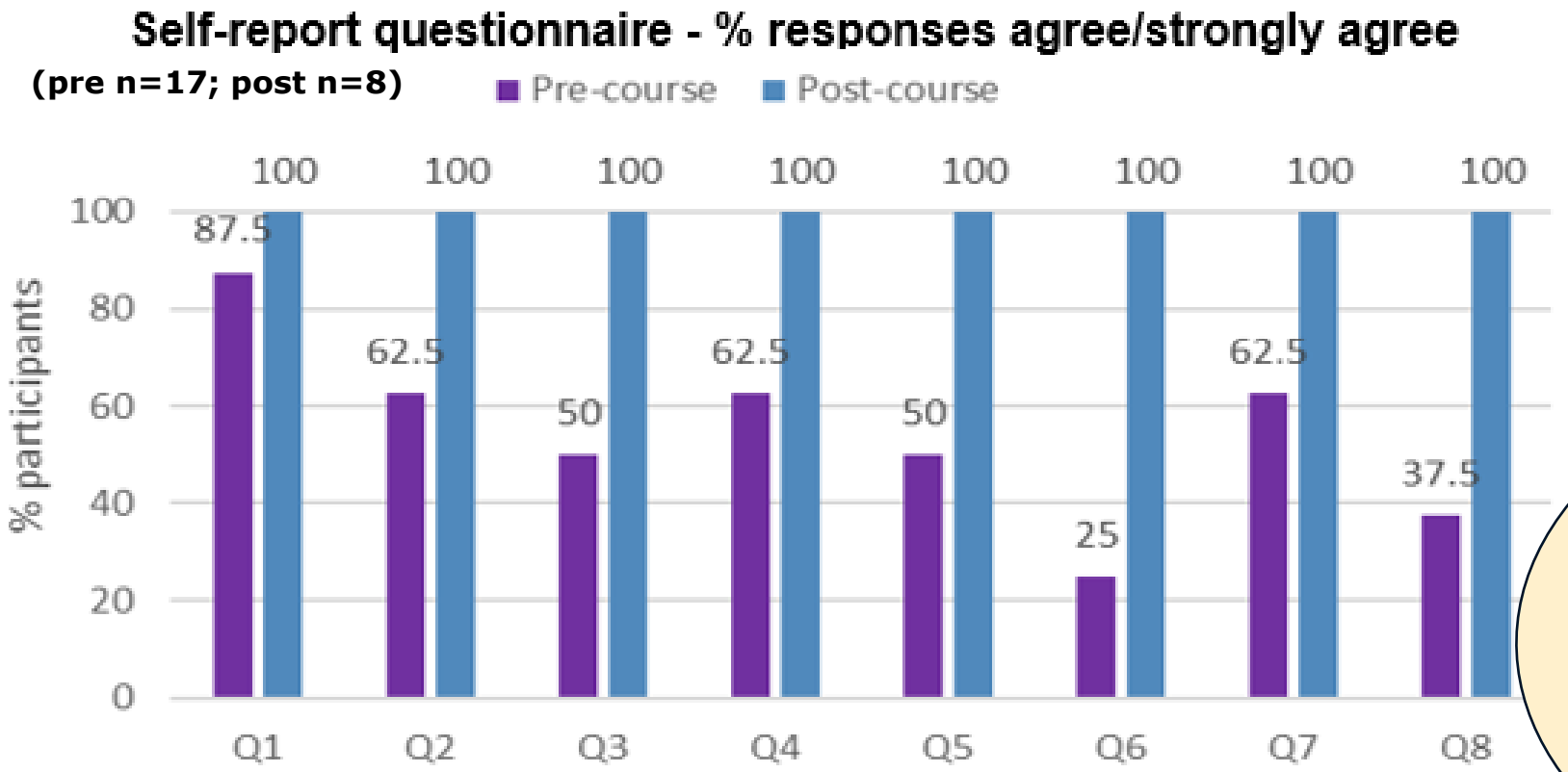








Digital Badge Evaluation



Q1 I understand health literacy as a concept; Q2 I appreciate the importance of health literacy support for patients; Q3 feel confident in my ability to describe the concept of health literacy to my colleagues and patients; Q4 I understand health literacy research and the role that it plays in patient care; Q5 I am familiar with written approaches to improving health literacy; Q6 I am familiar with verbal approaches to improving health literacy; Q7 I am familiar with digital approaches to improving health literacy; Q8 I know how best to incorporate health literacy approaches into my organisation and/or own practice

"Eye opening course about all those affected and the impact it can have on their health decisions. Enjoyed hearing the views of other healthcare professionals. Overall great insights."

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Reach and Impact

- Participant implementation of learning – changes in international practice



"The impact our label redesign had was staggering. We saw a 10x reduction (from 800 to 80/9,500) in the number of samples going on 'hold'. This improvement will result in tens of thousands more results returned to our customers annually."

Additional participant outputs:

- creation and adaptation of patient resources
- further education/events for staff arranged
- referral of colleagues to improve their knowledge and skills in the area

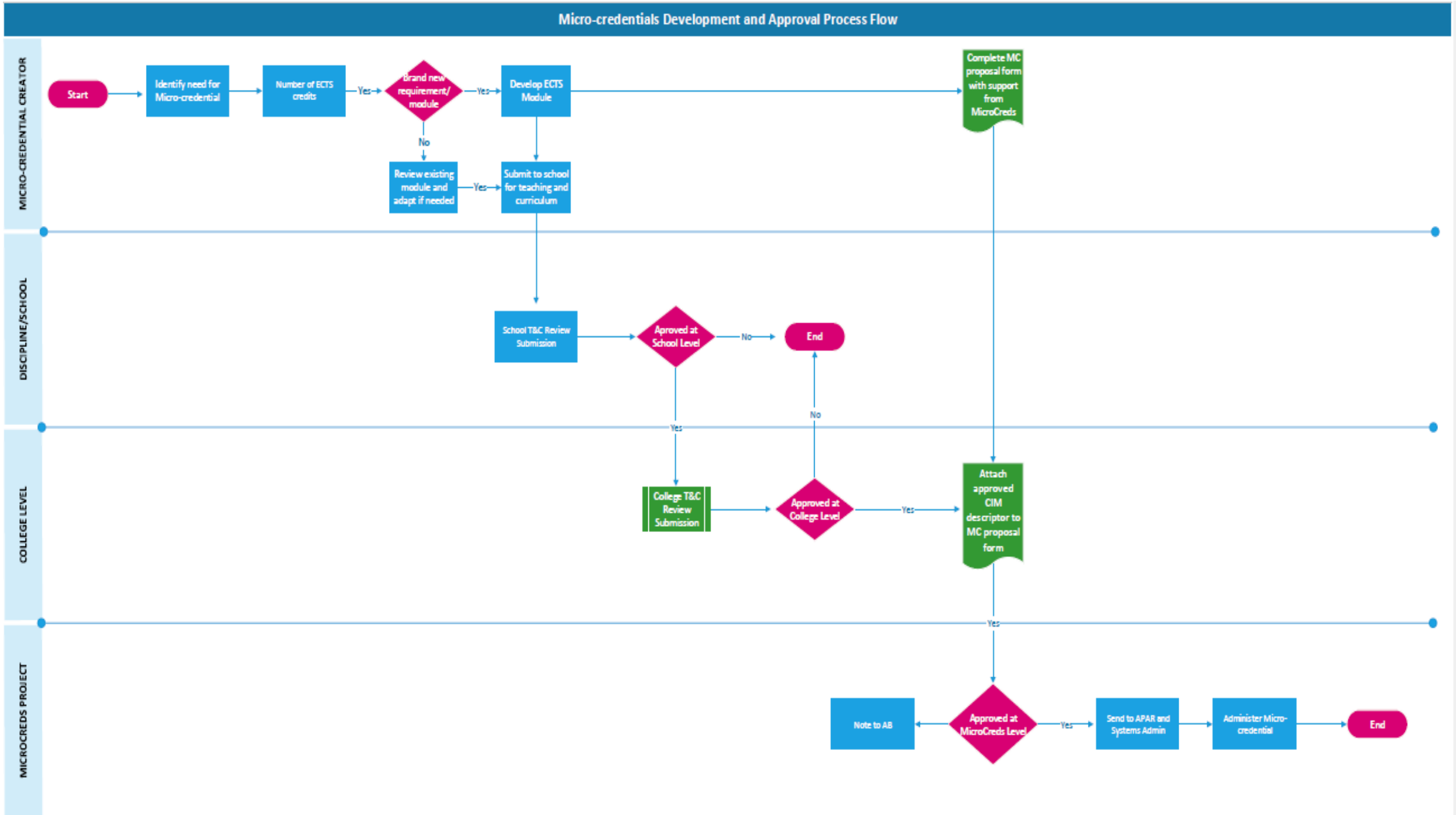
The Microcredential Route? Some nuggets of advice for those interested…

- **Be clear on your target audience** – who will want to enroll and why? what commitment will they make to this course?
- **Universal Design for Learning** – be inclusive in your course design, audience more likely to be diverse
- **Budget** – allow for the % to be deducted. Consider price-point – some employers pay for these courses, some don't.
- **Time** – internal processes and red tape to navigate
- **Dissemination** – speak at suitable events, write articles to generate interest. Word of mouth and a profile in the area is a powerful advertiser
- **Microcreds office engagement** – invaluable guidance e.g.; price point, manage registrations and invoicing
- Advertise early, and create a **waitlist and contact list**
- Potential to **generate income for research** in the area e.g., conferences,
- Happy to chat! L.Sahm@ucc.ie and michelle.odriscoll@ucc.ie

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Acknowledgements

- Our wonderful participants
- National Adult Literacy Agency (NALA) – Michael Power, Colleen Dube
- School support – Brendan Griffin, Noreen Moynihan, Sonja Vucen
- College support – Mark McEntee, Connie Mulcahy,
- Microcreds Office – Mags Arnold, Deirdre McGlynn
- Digital Badge Team - Eugene Campbell and Tom O’Mara
- UCC Registrations Office


Micro-credentials Development and Approval Process Flow
MICRO-CREDENTIAL CREATOR
DISCIPLINE/SCHOOL
COLLEGE LEVEL
MICROCREDS PROJECT
Start
Identify need for Micro-credential
Number of ECTS credits
Yes
Brand new requirement/ module
Yes
Develop ECTS Module
No
Review existing module and adapt if needed
Yes
Submit to school for teaching and curriculum
Complete MC proposal form with support from MicroCreds
School T&C Review Submission
Aproved at School Level
No
End
Yes
No
College T&C Review Submission
Approved at College Level
Yes
Attach approved CIM descriptor to MC proposal form
Yes
Note to AB
Approved at MicroCreds Level
Yes
Send to APAR and Systems Admin
Administer Micro-credential
End


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6th June 2025
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Community Engaged Learning

Adrian O’Dwyer & Derek Varian

COMH Learning and Teaching Showcase

06.06.2025

Background

Supported by the Office of the Vice-President for Learning and Teaching

Strategic Alignment of Teaching and Learning Enhancement Funding in Higher Education

Aim: to integrate Community Engaged Learning (CEL) into 4 modules across the university

(Lead Dr Ruth Hally)

What is CEL?

- Community engaged learning (CEL) is an educational approach that combines academic knowledge with real-world experiences, focusing on the needs of the community.
- It provides students with the opportunity to grabble with module content alongside a community partner.
- CEL aims to develop practical and critical thinking, leadership skills and emotional intelligence.
- Respect, empathy, collaboration and equity are emphasised.



Principles of CEL

- Mutual benefit
- Shared goals
- Integration into curriculum
- Reflection
- Active participation
- Continuous assessment

NU3050 & Community Engaged Learning

- NU3050: Health Promotion and Primary Health Care in a Mental Health Context
- Assessment: With a community partner, identify and develop a health promotion plan



Learning Outcomes

1. Evaluate and apply principles of mental health promotion.
2. Critically discuss and engage in partnerships with voluntary and community organisations.
3. Apply the principles of community engaged learning when fostering community partnerships.
4. Determine core elements of mental health promotion and prevention strategies with vulnerable populations.

The Process

- Community partners were approached by the module leader
- Student groups were organised and worked with these partners to identify a health promotion plan appropriate for the organisation and its members
- Students undertook site visits, meeting with staff and service users to explore needs
- Community partners also attended UCC and provided details on their organisation (role, purpose etc.)
- A health promotion plan was then developed by students and presented to the community partners

Community Partners

- Good Shepherd Residential
- Good Shepherd Education
- Iris House - Cork Cancer Care Centre

Health Promotion Plans Developed

- Trauma-informed yoga
- Mindfulness
- Music therapy
- Family support and empowerment
- Healthy lifestyle options
- Building resilience

Good Shepherd Edel House Mental Health Promotion Plan



Introduction

- The 6-week programme: Enhancing and teaching skills such as self-care strategies, grounding techniques, setting boundaries, enhancing self-esteem and confidence, and promoting resilience and empowerment to women who have experienced domestic violence.

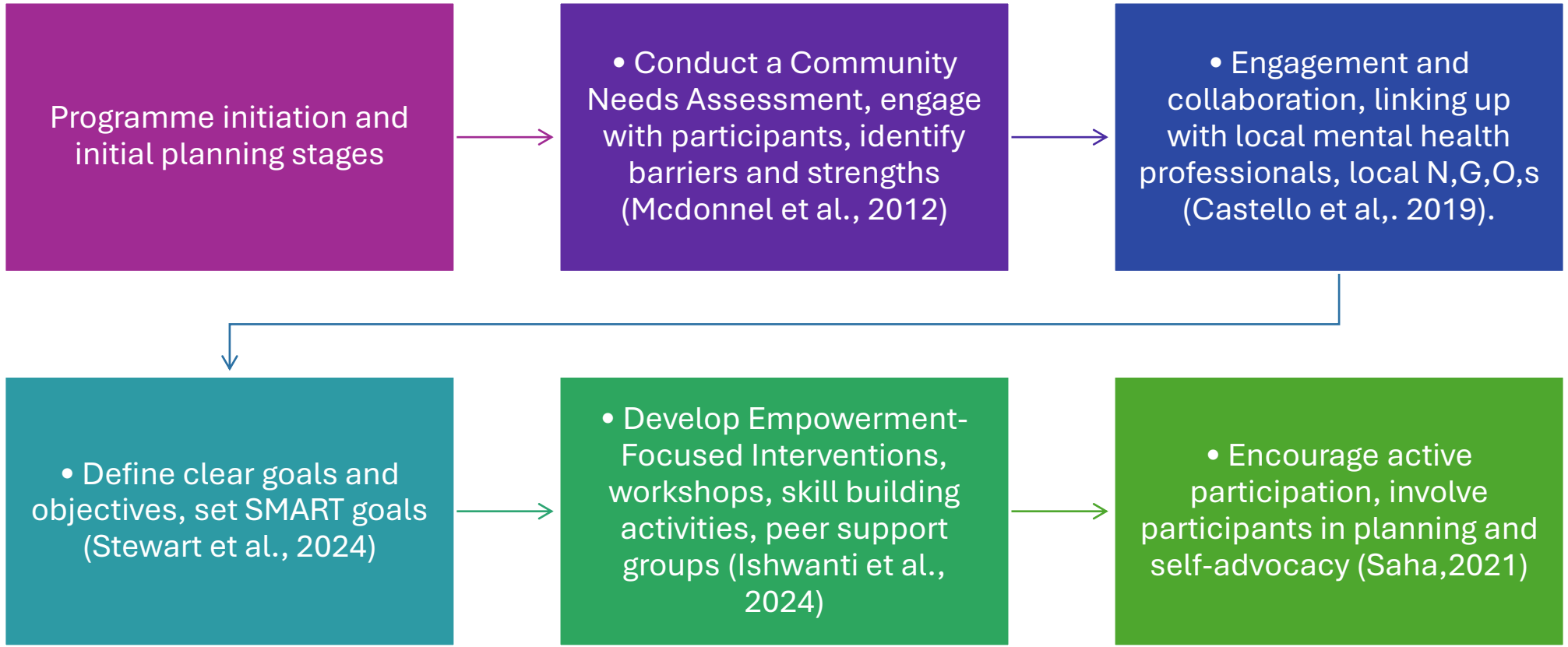
GOOD SHEPHERD CORK

First a Home, then Hope

Dimensions of Resilience



Action Plan: Phase 1



Action Plan: Phase 2

Core actions:

- Build resilience skills and promotive positive mental health for the single women in Edel House. (HSE, 2022)
- All group members should understand their role within the group and acknowledge the value of mental health promotion. (Walsh, et al., 2022)

Additional considerations:

- Budget discussed and consented to.
- Sustainability assessed (St Leger, 2005), (Schell et al., 2013), (Bodkin and Hakimi, 2020)
- Encouraged by Ewles and Simnett's (2003) planning strategies, our project aims, timelines and evaluation methods were determined
- The Wellness recovery Action Plan, WRAP, guided the health promotion initiative

Action Plan: Phase 3

Programme content

- Orientation to the 6-week programme, group agreements
- Introducing WRAP concepts
- Self-care
  - Self-reflection, self-awareness, grounding techniques, emotion regulation, positive affirmations
- Understanding and managing relationships
  - Setting boundaries, assertiveness techniques, communication skills



Action Plan: Phase 4

Programme maintenance and consolidation

- Reassess the sustainability and effectiveness of the programme to see if it could be run more within Edel House, and if the budget is sufficient. Also knowing if the programme has a positive impact on the service users and if it is worth while running for that population (Barbosa et al,2018).
- Ensuring that where the programme is run is appropriate, comfortable, and accessible for service users.
- Pre and post intervention feedback will be important (anonymous survey). This feedback can help improve or change aspects of the programme.
- Consider exploring service users' perceptions of their thoughts and feelings on the programme content, and possibly a change in their own beliefs and feelings that may have been addressed during the 6 weeks (Kivlighan et al, 2020).



Summary of Health Promotion Plan

- The health promotion plan provides the participants with self-management strategies and techniques to help build resilience, promoting the importance of self-care.
- •The aim of this programme is to empower the participants to regain a sense of control of their lives and improve their overall health and wellbeing.



Next Steps…

Extend the range of community partnerships to plan and deliver health promotion programmes

- Thank you for listening




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Dental Trauma Learning and Teaching:
Pedagogical Approaches and Evaluation

Maeve O'Farrell, Siobhan Lucey

CORK UNIVERSITY
DENTAL
SCHOOL AND HOSPITAL

A TRADITION OF INDEPENDENT THINKING

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Dental Trauma

Injuries include fracturing of hard dental tissues, injuries to the supporting structures and injuries to the soft tissues.

On average, one-third of people suffer a traumatic dental injury of some kind.

Because of the significance of the injury, management can involve a multidisciplinary approach.



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The topic of dental trauma in the paediatric patient is introduced as part of the module: Oral Health and Development Part 1, a fourth-year dentistry module.

This module is taught through lectures, tutorials and weekly sessions, where the students carry out primary dental care for children as part of the school screening programme.

Learning objectives within this module include: diagnosing, treating and preventing dental disease in children.

The Conversational Framework, Professor Diana Laurillard

It was designed to help teachers think about teaching and learning from the student's point of view. (learning from the student's perspective)

According to Laurillard, the best learning experience combines all 6 learning types.



Acquisition

5 in person lectures are given covering the topic of dental trauma in the paediatric patient.



Inquiry

Students are given 3 dental trauma cases with associated histories, radiographs and clinical photographs, followed by questions related to each of the cases. At home, the students must read through the recommended readings and find out the answers to the questions asked.



Discussion

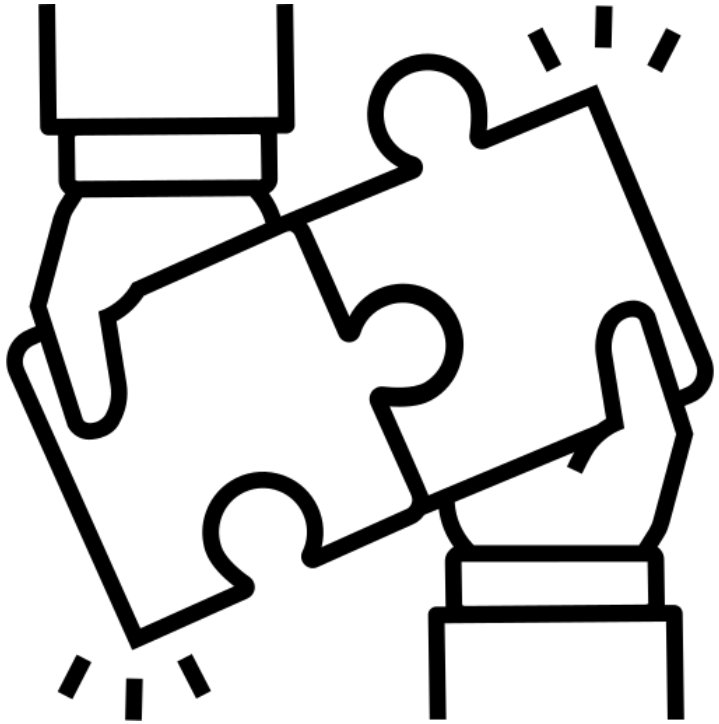
During their session, we discuss the cases, exchanging ideas, listening and responding to each other.

Small groups of 5-6 students, students felt more comfortable to engage and ask questions.



Collaboration

Whilst the students individually came up with their own answers, during the session, it was important that they negotiated their answers, until they agreed upon the treatment they would carry out.



Practice

Dental trauma simulation teaching exercises which provide the students with intrinsic feedback.

The students are required to carry out 3 activities on simulation models with plastic teeth, managing dental trauma.



Also, within their screening clinics, whilst they won't come across acute dental trauma, since dental trauma is so common in the population, students may also come across dental trauma cases in their weekly clinical sessions.

Production

The students manage the dental trauma above in the simulation exercise and this is evaluated by their teacher. (extrinsic feedback)

Students are also graded after their weekly clinical session after carrying out dental treatment, which may include the management of dental trauma.






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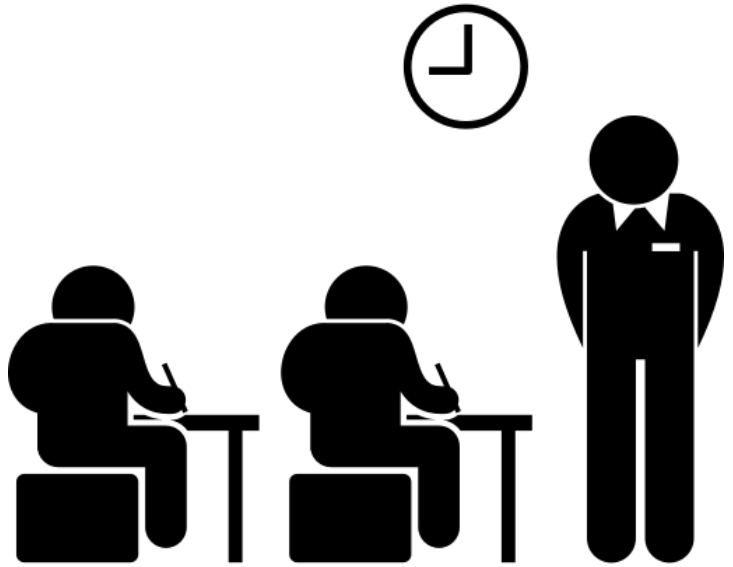
Classroom Assessment Technique (CAT)

Quick, simple activity that can occur in-class or online.

Not graded.

Useful to gauge a student's understanding.

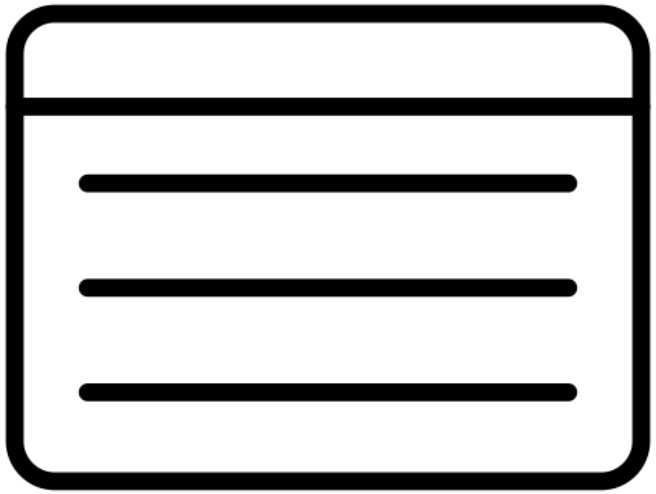
Provides the teacher and the learner with feedback on the quality of learning while it is in process. Teachers can use this information to adjust their teaching to better meet the needs of their learners.



Directed Paraphrasing CAT

Patient compliance with follow-up visits and home care contributes to better healing following a TDI. Therefore, it is essential to teach students how to give clear and effective home care instructions to support optimal patient outcomes.

To assess students' understanding of the home care instructions that should be given to patients and their caregivers after they are treated for dental trauma, I chose the Directed Paraphrasing CAT.



At the end of the session, I gave students blank index cards and asked them to discuss the home care advice they should give to a specific audience using their own words. The audiences for this scenario involved both an 8-year child patient and their parent/caregiver.

Sample Answers:

"Go to the dentist if you're worried about anything"

"It's really important to come back for your follow-up appointment and to come before then if you notice any signs of infection such as swelling of the gums or if your child complains of pain"

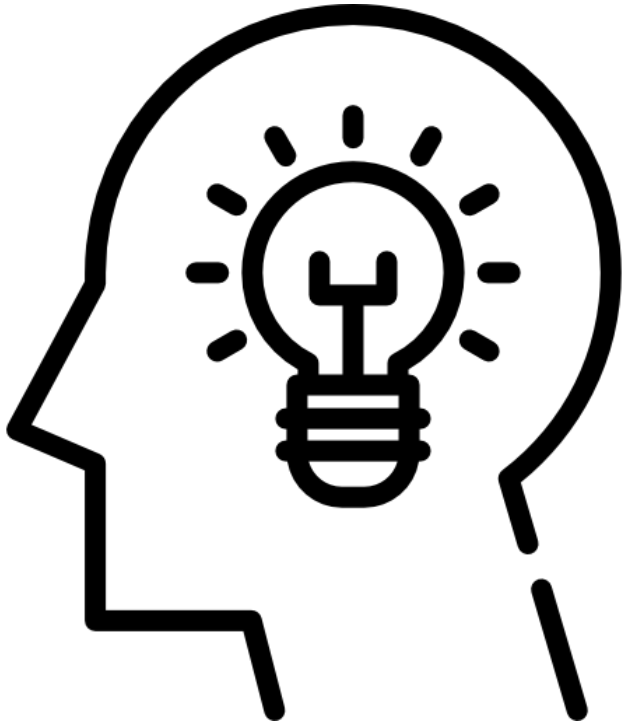
"Maintain optimal oral hygiene by using a soft bristled toothbrush twice daily"

"We need to keep your tooth nice and clean so it can get better. Use a soft toothbrush to gently brush your teeth in the morning and before bed – your grown up can help"

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The CAT allowed me to examine the students understanding of information and their ability to transform it into a meaningful form for their specific audiences, rather than between me, their instructor, and them, the student.

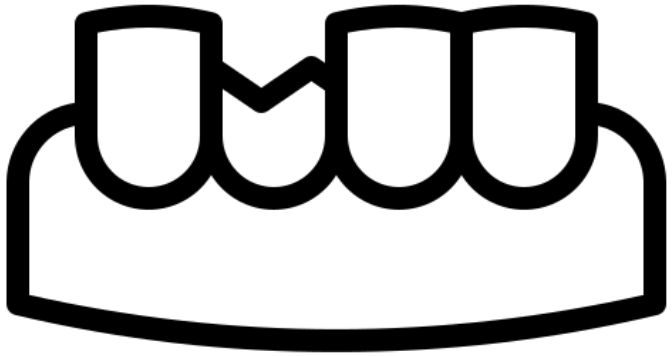
I shared the knowledge with other teachers I work with. We agreed that the CAT could be incorporated into future teaching sessions.



Conclusions

The teaching of dental trauma in the undergraduate curriculum was effectively analysed by applying Laurillard's Conversational Framework.

Using varied pedagogical approaches can create a more interactive and supportive learning environment, and promote deeper student engagement.



The Directed Paraphrasing CAT proved to be a simple yet powerful formative assessment tool. Students quickly understood and engaged well with it.

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