Short communications

Location: The old barn and the old school are part of the museum, located 150 meters uphill from the hotel.
Moderators: TS Terese Stenfors, HG Hilde Grimstad, KEE Knut Eirik Eliassen, MK Monika Kvernenes
Each participant will have 10 minutes for presentation and 5 for discussion.

	Title	Name	Time	Location	Affiliation	E-mail
1.	**Safe, but not too safe! A case study on authentic team training on an interprofessional training ward.**	**Anders Sondén**	**Monday 1600-1615**	**Old barn TS**	**Department of Clinical Science and Education, Karolinska Institutet.**	**anders.sonden@ki.se**
Abstract	**Background:** There is a disconnect between how healthcare teams are commonly trained and how they act in reality. At interprofessional training wards constant proximity for the student team members have been considered essential for effective learning. The purpose with our work was to create a learning activity that prepares healthcare students to authentic teamwork where team members are fluent and move between different localities, and to explore how this setting affected team cohesion and learning. **Summary of work:** A learning activity consisting of two elements, workplace team training where team members are separated into different locations and a telephone communication exercise, was created. Taking a case study approach, the student and supervisor perspectives on the learning activity, and its effects on learning and teamwork on an interprofessional training ward, were elucidated through surveys, notes from reflection sessions, and field observations. Thematic analysis was used to analyze the qualitative data. Social capital theory was used to conceptualize and analyze the findings. **Summary of results:** The majority of the students perceived that the learning activity developed their professional as well as interprofessional competence. Concerns that team building and learning would suffer from splitting the student team during the learning activity were proved unfounded. **Take home message:** Healthcare students need to be exposed to the complexities of authentic teamwork. Constant physical proximity during training is not necessary for effective healthcare team building, as previously invested social capital between students can reduce the need for stable teams. In such circumstances dividing the student team into different locations during training can lead to progression in learning. **Co-authors:** Lana Zelic (1), Josefin Ivarson (2), Eva Samnegård (1), Klara Bolander Laksov (3) and Anders Sondén (1) 1: Department of Clinical Science and Education, Karolinska Institutet, Sweden 2: Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Sweden 3: Department of Education, Stockholm University, Sweden					

	Title	Name	Time	Location	Affilitation	E-mail
2.	**How does work-based learning contribute to developing physician leadership? Experiences from the rural and remote health system of Aceh, Indonesia**	**Fury Maulina**	**Monday 1615-1630**	**Old barn TS**	**Maastricht University**	**f.maulina@maastrichtuniversity.nl**

Abstract

Background: Rural/remote health systems often have inadequate resources, a shortage of qualified health workers, and cultural barriers. Therefore, managing all the complexity of rural/remote health systems requires physician leaders. Unfortunately, leadership skills are frequently regarded as a significant constraint to the scaling-up of priority interventions, especially in lower-middle-income countries (LMICs). Hence, there is a need for a suitable learning environment for doctors to develop leadership skills. Work-based learning (WBL) gives genuine work experiences. Yet, WBL research on leadership development in rural/remote LMIC contexts is scarce. Through the lens of the LEADS framework, we examined how WBL contributes to developing physician leadership in these settings.

Summary of work: We conducted a qualitative study with a phenomenological approach and performed semi-structured interviews. We recruited residents and intern doctors. To acquire broader perspectives, we also invited rural primary care doctors and medical students. Prior to the interview, participants were asked to select the top-five traits they considered most essential for their work based on the LEADS framework. Interview transcripts were thematically analyzed.

Summary of results: We identified the following important components related to WBL that contribute develop physician leadership: 1) early exposure; 2) providing intensive exercise; and 3) an atmosphere that fosters the quick adaptation to rural/remote cultures, backgrounds, and values**.**

Main take-home message: Doctors working in this environment must be trained doctors who are able to provide comprehensive health care by taking into account the culture, background and values that exist in rural/remote communities and are able to adapt quickly and move through it successfully. Therefore, WBL should offer hands-on learning experiences in rural or remote healthcare providers to educate physician leaders for working in low-resource settings, and analyzing WBL's impacts in particular contexts would help in the development of a WBL curriculum to train LMIC physician leaders.

Co-authors: Fury Maulina (1), Mubasysyir Hasanbasri (2), Fedde Scheele (3) and Jamiu O. Busari (4)
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	Title	Name	Time	Location	Affilitation	E-mail
3.	**How does hospital size affect physicians' 1st year residency?**	**Sara Gilani**	**Monday 1630-1645**	**Old barn TS**	**Akershus university hospital**	**sargi90@gmail.com**

Abstract

Background: Few studies have looked at how uncertainty in medical (emergency) practice manifests itself, how it is handled by 1st year residents and how environmental (hospital) factors affect the process. To be able to answer these questions, an observational study would be valuable, and our research aims to fill this gap.

Summary of work: A total of 20 1st year residents were included in the study. Recruited at commencement of their residency in March 2022 at Akershus University Hospital (Ahus) and Nordland Hospital Trust (Nlsh). They worked at five different sites, in Oslo/Lørenskog, Bodø, Kongsvinger, Lofoten and Vesterålen. This let us explore geographical -and organizational differences. We could compare experiences at Ahus, which has the largest emergency department in Norway, with those at medium-sized -and small rural hospitals in northern Norway.
Data collection comprised of three parts. Validated questionnaires were collected at commencement of residency, followed by on-site observations during emergency shifts, where the recruited residents were shadowed by a MD PhD candidate during two shifts. After each shift, the residents were interviewed to reflect about relevant situations that occurred during the shift as well as potential learning outcomes. All interactions between the resident and patients as well as teaching/learning interactions between resident and senior doctors were audio recorded if participants provided informed consent. The audio recordings are being transcribed and analysed.
By observing two separate shifts with the 1st year residents, with a long interval between the shifts, we could also account for individual change and adaptation over time in addition to system variability.

Summary of results (A finalized analysis will be presented): Preliminary findings indicate that differences in hospital size, thereby including geographical location, population the hospital caters to, shift-schedule, staff, and organizational differences, affect how residents experience and deal with medical uncertainty. Post-shift interviews suggest that volume of patients and access to senior doctors is of importance.

Main take home message: Preliminary findings suggest that hospital size affects how first year residents experience and deal with medical uncertainty.

Co-authors:
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2. Pål Gulbrandsen, project leader. Senior researcher, Akershus university hospital. Professor at the Medical faculty, University of Oslo.

	Title	Name	Time	Location	Affilitation	E-mail
4.	**Utilizing the power of residents' social network, a qualitative ego-network study**	**Gerbrich Galema**	**Monday 1600-1615**	**Old school KEE**	**University Medical Center Groningen**	**g.galema@umcg.nl**

Abstract

Background: This study focuses on how a social network can ease the transition from medical student to resident. Current research lacks an understanding of how this occurs. To address this gap, our study builds upon social capital, which refers to resources (e.g. information, expertise, trust, and support) provided by residents' social networks to achieve certain goals. This study aims to explore residents' social capital and identify in which situations residents experience barriers in mobilizing social capital and how they deal with these barriers.

Summary of work: We iteratively conducted and analyzed 29 interviews, supplemented with ego network sociograms. Sociograms are visualizations that encourage interviewees to reflect upon the dynamics of their social relationships. Sociograms highlight the importance of social networks in supporting residents' transition. Using convenience and purposive sampling, junior residents of different specialties were selected. The residents were asked to draw two sociograms, one situation where goals were easily achieved and another situation where barriers were faced. Interviews and sociograms were analyzed using social capital.

Summary of results: Residents' social capital was achieved through receiving resources from their network, which contributed to attaining patient-care or career-related goals. Medical specialists and nurses provided expertise, information, and trust, while emotional support was mostly provided by peers and nurses. Residents experienced barriers in receiving resources from medical specialists in complex patient care situations, day-to-day workplace situations, or career-related situations. Residents drew these people at distance, implying a perceived hierarchy. Residents dealt with these barriers by mobilizing closer people.

Main take home message: This study shows that perceived power relations may prevent residents from accessing certain resources. Residents deal with these barriers by mobilizing closer people, although they might not provide the most optimal resources, which could have implications for residents' ability to achieve their goals.

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	Title	Name	Time	Location	Affilitation	E-mail
5.	**Medical students' sense of belonging enhanced by authentic tasks**	**Malin Sellberg**	**Monday 1615-1630**	**Old school KEE**	**Karolinska Institutet, Stockholm, Sweden**	**malin.sellberg@ki.se**

Abstract

Background: In the clinical learning environment, students are exposed to various aspects of medical care and may train their skills under supervision. The aim of this study was to explore medical students' experiences of the early stages of clinical training.

Summary of work: In total, 18 individual semi-structured interviews were conducted with medical students after their first clinical placements. The interviews were analyzed using qualitative content analysis.

Summary of results: The findings resulted in an overall theme: balancing acting and adapting. Three categories described that the clinical learning environment was a big leap from campus, that personal relationships influenced learning, and that the organization of clinical placements was suboptimal. The students were encouraged to push themselves forward to practice clinical skills, which did not suit all students; the cautious ones risked becoming passive spectators. The intended learning outcomes were not used consistently; rather, the supervisors asked the students what they had learned. The students tried to adapt to their supervisors' working situation and not to be a burden to them. Supervisors who welcomed their students and set aside time to get to know their students, established a safe and positive relationship. Students felt being a part of the team when the supervisors introduced them to colleagues and allowed them to participate in the clinical tasks.

Main take-home message:

- The transition from campus to clinical learning environment was abrupt as students had to switch to a more active learning role.
- Supervisors should include students to clinical teams e.g., by providing them hands-on clinical tasks.

Co-authors:
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	Title	Name	Time	Location	Affilitation	E-mail
6.	**Exploring expert performance in pediatric practice: a cognitive task analysis through video-reflexivity**	**Martien Humblet**	**Monday 1630-1645**	**Old school KEE**	**Maastricht University**	**martien.humblet@mumc.nl**

Abstract

Background: Ultrasound guided vascular access (UGVA) in children is a promising technique to improve procedural success in a challenging pediatric setting. Current research initiatives show that success is closely related to the performer's expertise and how well a child is able to cooperate. Standard training courses, consisting out of didactics and simulation, show a poor transfer of this technique into the pediatric clinical practice. Further educational research is therefore required to improve clinical training and expertise development, as the successful implementation of this technique could potentially have a large impact in pediatric practice.

Summary of work: Current research does not reveal why expert performers are successful in pediatric settings. Our research is designed around the concept that, in order to improve educational design that enables a better transfer of skill into the into pediatric practice, a thorough understanding is needed of the expert's explicit and tacit knowledge, skills and social-cognitive processes. To reach this understanding, authentic expert performances in practices should be investigated, with all stakeholders involved. Through a qualitative research approach based on video-reflective ethnography, we aim on performing a cognitive task analysis (CTA) that will inform whole task educational design.

Summary of results: We will be able to report on results of phase 1 and 2 of our ethnographic study. We have been able to explore the complexities that expert performers face in pediatric clinical practice and uncover what stands out in expert performance and how it can impact educational design.

Main take home message:
Our research initiative aims to improve the transfer of a complex technique, UGVA in children, into clinical practice, through evidence based educational design. We emphasis the importance of a thorough understanding of expert performance in authentic clinical settings and propose a research methodology that enables us to visualize clinical complexity and unravel expert performance.

Co-authors:
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	Title	Name	Time	Location	Affilitation	E-mail
7.	**Assessing Physicians' Vitality in Context: The Development and Validation of the WellNext Scan**	**Sofiya Abedali**	**Tuesday 1115-1130**	**Old barn MK**	**Amsterdam UMC, University of Amsterdam, Department of Medical Psychology, Professional Performance and Compassionate Care Research Group**	**s.abedali@amsterdamumc.nl**

Abstract

Background: A vital workforce is key to ensuring sustainability in the workforce and healthcare quality. Vitality refers to feeling energized, satisfied, and functioning fully in the workplace. Since vitality is integral to physicians' professional development and performance, some countries include it in the competency framework and curriculum for residents. Shifting the focus from individual to teams encourages a supportive, collaborative, and healthy environment, benefiting both physicians and patients. To assist healthcare teams in identifying specific improvement areas of physicians' vitality, we developed the WellNext Scan (WNS), evaluating not only vitality but also its influencing domains, including cultural context (CC), organizational context (OC), and individual strengths and resources (ISR).

Summary of work: Dutch medical specialists and residents completed the 46-item WNS between March 2021 and January 2023. Exploratory factor analysis confirmed the vitality construct and determined the exploratory domains' structure. We calculated Cronbach's alphas and tested associations of CC, OC, and ISR with vitality using Pearson's correlations.

Summary of results: The WNS demonstrated internal validity and reliability in measuring physicians' vitality and its influencing domains within hospital-based (teaching) settings in the Netherlands. The final sample included 338 participants (57.6% specialists and 42.0% trainees). Exploratory factor analysis revealed pre-existing grouping for vitality and suggested this structure for each domain: CC (team and department psychological safety), OC (work efficiency and job crafting), and ISR (resilience and self-compassion strategies). Internal consistency reliability ranged from α=0.624 - α=0.901 for all subscales. Pearson's correlations between the domains and vitality showed good associations (0.451 - 0.606).

Main take home message(s)

- The WNS aims to identify improvement opportunities, initiate meaningful conversations within physician teams, and inform interventions tailored to individual and institutional needs.
- A meaningful conversation within physician teams about vitality and its determinants can be an essential first step in making a positive change.

Co-authors: Joost van den Berg, MD, Ph.D. (1, 3), Alina Smirnova, MD, Ph.D. (1, 4), Maarten Debets, MSc. (1, 2), Rosa Bogerd, MSc/ MA. (1, 2), Prof. Kiki M.J.M.H. Lombarts, Ph.D. (1, 2)

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	Title	Name	Time	Location	Affilitation	E-mail
8.	**Implementation of basic communication principles in supervision and coaching of residents**	**Pål Gulbrandsen**	**Tuesday 1130-1145**	**Old barn MK**	**University of Oslo/Akershus University Hospital**	**pal.gulbrandsen@medisin.uio.no**

Abstract

Background: Despite four decades of communication skills training in medical curricula, basic functional communication skills are still provided to a limited extent in medical encounters, particularly in hospitals. Based on observations, one assumed reason for this is that residents are not exposed to such skills when starting to work as doctors in hospitals.

Summary of work: Following the recent reform of specialist training in Norway, we developed a regional program in how to coach, supervise, train, and teach residents using communication as a tool. Program participants convene 4 x 2 days over a year with specific tasks in between. Participants must plan and run a course at their local hospital over 2 days using and teaching the core concepts from the program.
We transposed the basic principles as they were taught in the clinical communication skills program "Four Habits" to all relevant clinical interactions including classroom, one-on-one supervision and coaching, and group coaching sessions. All 2-day sessions in the program, the full program, and local courses are evaluated.

Summary of results: About 100 doctors have completed the program. Local courses are now running in 13 hospitals in 2 hospital regions in Norway, while regular communication skills courses using "Four Habits" are running in 12 hospitals. Evaluations are highly positive. Local courses are appreciated. There is large variation in the willingness of department heads to allow leaves for the courses as they are not mandatory.

Main take-home messages:

- Basic communication skills should permeate all clinical interactions, not just doctor-patient encounters
- Successful large-scale implementation is possible and supported bottom-up and top-down, however, meets resistance from department heads who are weary to allow skilled clinicians to leave practice in order to do the courses.

Co-authors: No co-authors

	Title	Name	Time	Location	Affilitation	E-mail
9.	**Appreciating Appreciation: Residents' Experiences in the role of Learner, Physician and Employee**	**Rosa Bogerd**	**Tuesday 1145-1200**	**Old barn MK**	**Amsterdam UMC, University of Amsterdam, Department of Medical Psychology, Professional Performance and Compassionate Care Research Group**	**r.bogerd@amsterdamumc.nl**

Abstract

Background: Professional fulfillment is crucial for a sustainable, well-functioning workforce of resident physicians and can be facilitated by "cultures of wellness" in post-graduate medical education. A largely overlooked contributor to cultures of wellness is residents' perceived appreciation. That feeling appreciated helps residents to feel fulfilled and stimulates performance is known, but it is unclear when residents feel appreciated, how this manifests and which underlying processes eventually increase performance and fulfillment levels. This study therefore addresses the following research question: how do residents experience appreciation at work in relation to their professional fulfillment?

Summary of work: Guided by an interpretative phenomenological approach, we purposively sampled 12 residents from various specialties, educational years and educational regions in the Netherlands. In semi-structured interviews we explored residents' individual experiences with appreciation at work. Template analysis, following an iterative process, was used to analyze the data.

Summary of results: Residents experienced appreciation as 'being seen and heard' and further described their experiences using three narratives. As a trainee, residents felt appreciated when their competencies were (implicitly) acknowledged, when supervisors created room for individual growth, were engaged in residents' future careers and offered support. As a physician and colleague, residents felt appreciated when they experienced meaningful patient-contact, high levels of collegiality and successes at work, such as pleasant collaborations with colleagues. As an employee, residents felt appreciated when their (extra) efforts were seen and rewarded, when both work and education were properly facilitated in the department and when their well-being was prioritized.

Main take-home message: Residents' perceived appreciation manifests itself within the narratives of trainee, physician/ colleague and employee. The dominant narrative may vary based on multiple contextual factors, but feeling 'seen and heard' at work remains crucial for residents' mental well-being, professional fulfillment and the quality of care they are able to provide.

Co-authors:
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	Title	Name	Time	Location	Affilitation	E-mail
10.	**Ways of thinking about trust**	**Pernilla Lundh**	**Tuesday 1115-1130**	**Old school HG**	**Department of Learning, Informatics, Management and Ethics, LIME, KI, Sweden**	**pernilla.lundh@ki.se**

Abstract

Background: Clinical supervisors know that students need to carry out professional activities to develop professional competence. However, supervisors' reasons and timing vary for allowing students to meet patients. Letting students perform patient encounters more independently is a decision based on trust. High levels of trust can risk patient safety, but low levels of trust can hinder student learning. What makes clinical supervisors decide to let one student meet patients more independently early on during clinical education while hesitating to let another student to do the same? The aim for this study was to investigate perceptions of trust among clinical supervisors in Sweden.

Summary of work: A qualitative study with a phenomenographic approach was used. Data collection consisted of individual, semi-structured interviews with clinical supervisors (n=12). Experience of supervising ranged from 3 months to 30 years. Clinical experience as Occupational Therapist ranged from 6 months to 40 years.

Summary of results: Three qualitatively different ways of thinking about trust were identified: 1) trust is about the student and is rather static; 2) trust is a dynamic process based on student performance; and 3) trust is something mutual and interrelated. The findings indicate that trust can be understood in various ways; as being something inherent in the student or about the student, the supervisor, the relationship between them and the surrounding context including the tasks performed. Trust can also be perceived as static or as a dynamic process.

Main take-home message: This study contributes to a deeper understanding of the variation of ways in which the concept of trust is understood among clinical supervisors within Occupational Therapy and novel insights about the role of the supervisor as an influential factor in the trust-building process. The results can be used in the continuing professional development of clinical supervisors.

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	Title	Name	Time	Location	Affilitation	E-mail
11.	**Not being greeted during clinical placements can impair medical students' learning and alienate them from the medical profession**	**Eivind A. Valestrand**	**Tuesday 1130-1145**	**Old school HG**	**University of Bergen**	**eivind.valestrand@uib.no**

Abstract

Background: Medical students need pedagogic, organizational, and affective support to engage fully in patient-related work during clinical placements. Greetings are interaction rituals that establish rapport between strangers and are essential for shaping safe relations in the initial phase of human encounters. This study explored how not being greeted by supervising physicians impacts medical students' participation, learning, and professional identity formation during clinical placement.

Summary of work: We interviewed 16 senior Norwegian medical students, in three focus groups. We did a reflexive thematic analysis of students' narratives of not being greeted during clinical placements.

Summary of results:
Three themes were identified:
A) Descriptions of non-greeting: Lack of eye-contact, saying hello, or using names, were perceived as non-greeting. Students recalled physician non-greeting behavior across most learning contexts during clinical placements.
B) Alienation: Medical students experienced non-greetings as a social rejection which could cause students to avoid particular clinical activities and specific medical specialties. It could alienate them not only from the physician group, but from medicine as a whole.
C) Impeded learning and professional identity formation: Students who were not greeted by their superiors often became preoccupied with the complex emotions and self-centered thoughts that arose, rather than engaging in the patient encounter, participating in clinical reflection, or observing the technical details of a procedure. The feeling of social rejection diminished their motivation to ask questions, and it harmed their ability to take initiative and seek new arenas for learning.

Main take-home messages:
1) If clinical supervisors fail to greet medical students, they may create a psychologically unsafe environment where students lose trust, self-confidence, and agency.
2) Seemingly small acts of greeting, such as a nod, a smile, or a "hello", are essential for social functioning and can help medical students maximize their learning during clinical placements.

Co-authors:
Eivind A Valestrand, Beth Whelan, Knut Eirik Ringheim Eliassen, Edvin Schei,
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	Title	Name	Time	Location	Affilitation	E-mail
12.	**What and where would I be without ALOBA? The "Swiss Peace Knife" of giving feedback**	**Eirik Hugaas Ofstad**	**Tuesday 1145-1200**	**Old school HG**	**Nordland Hospital Trust/UiT the Arctic University of Norway**	**eirikofstad@gmail.com**

Abstract

Background: Agenda-led outcome-based analysis (ALOBA) is the Calgary-Cambridge approach to communication skills teaching. Besides in its inventors - Jonathan Silverman and Suzanne Kurtz' - book, and a 1996-paper, the method has hardly been described in the literature, but is being used in many medical schools teaching communication skills according to the Calgary-Cambridge model.

Summary of work: I will describe the ALOBA-model and simplify it to become a five-step process possible to remember. I will present how I have applied the ALOBA model in an increasing number of different settings and how I through self-reflection and discussion with others have come to see the method, not only as a teaching method, but as an approach and a way of communicating with others in all aspects of life.

Summary of results: I argue that the ALOBA model shares the traits of a Swiss Army Knife. The model's potent effect is largely due to it being on the premises of the person opening up for feedback. By making it about their agenda, the potential threat of receiving feedback is reduced, hence making it a diplomatic (Peace) rather than a hostile (Army) tool. With contextualization it works in any situation where giving feedback is an issue and I argue that it is a necessity in situations where there is a significant power differential (e.g., student and professor).

Take-home messages:

- ALOBA can work in all contexts where giving feedback is involved and especially if receiving feedback has the potential of being threatening (where there is a power differential).
- The ALOBA model operationalizes and provides a step-wise approach to the Norwegian term, ""supervisjon"", which has been heavily promoted in post-graduate medical education since its reform and which for many experienced clinicians is an enigmatic word, both in meaning and content.

Co-authors: No co-authors