# College of Medicine and Health


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| Opening Address & Poster Viewing | 09:00 to 10:40 in LG.01 |
| Optional Lego Serious Play Workshop | 9:30 to 10:15 in UG22/23 |
| Talks including one break | 10:40 to 14:40 in LG.51 |
| Lunch & Poster Viewing | 14:40 to15:00 in LG.01 |

## Organising Group

| Name | School |
|---|---|
| Mark McEntee | Vice Head Learning & Teaching |
| Sinead Moynihan | School of Clinical Therapies |
| Trish O'Sullivan | School of Clinical Therapies |
| Siobhan Lucey | CUDSH |
| Irina Korotchikova | School of Medicine |
| Maria O'Malley | School of Nursing & Midwifery |
| Maragret Bermingham | School of Pharmacy |
| Caleb Leduc | School of Public Health |
| Kacper Bogalecki | College of Medicine & Health SU Executive Representative |
| 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 their help with the poster exhibition and general facility setup.*

# Contents

## Schedule

| Time | Poster Venue:<br>LG.01, Pharmacy Building, UCC | Speaker |
|---|---|---|
| **09:00** | Poster Session Opens | Tea & coffee on arrival |
| **09:30 – 10:15** | Lego® SeriousPlay® (LSP) Workshop: Explore a creative mindset through LSP<br>**Venue:** UG22/23, Pharmacy Building | Sinead Moynihan<br>Lecturer, School of Clinical Therapies |
| **10:20** | Opening Addresses in LG.01 | Prof. Helen Whelton<br>Head of College and Chief Academic Officer to HSE South West<br>Prof. Stephen Byrne,<br>Deputy President and Registrar, UCC |
| | **Talks Venue:**<br>**LG.51, Pharmacy Building, UCC** | |
| **10:40** | Overview of COMH Creativity, Engagement and Inclusion in Learning & Teaching | Prof. Mark McEntee<br>Vice Head for Learning & Teaching, CoMH |
| **10:50** | The experience of progressing inclusivity in Library and University sectors | Dr Liz Jolly<br>University Librarian, UCC |
| **11:20** | **Q & A** | |
| **11:25** | Transferable solutions for healthcare workforce deficits; case-studies from medical education | Prof. Robert Scully<br>Professor of Rural and Remote Medicine, University of Galway |
| **11:55** | **Q & A** | |
| | **CHAIR: Trish O Sullivan** | |
| **12:00** | Learning Together: Student Experiences and Leadership Insights from AIPEC and IPL at UCC | Dr Aoife Fleming<br>Vice Head for Interprofessional Learning<br>Margaret Quigley (AIPEC Team 2025) and Laura Vesey (AIPEC Team 2026) |
| **12:15** | Student Voice: Reflections on the student experience | School Level Student Representative Pane<br>• Ben Wrixon (School of Medicine)<br>• Chiara Aceti (Dental School)<br>• Adam Neary (School of Pharmacy) |

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| | | • Saoirse Coffey (School of Clinical Therapies)<br>• Ruffa Marie Magno Guevaral (School of Nursing & Midwifery) |
| **12:30** | **BREAK & REFRESHMENTS in LG.01** | |
| | **SCHOOL PRESENTATIONS** | |
| | **CHAIR: Margaret Bermingham** | |
| **12:50** | Designing and developing a pedagogical practice using drama and acting techniques. Drama for Medicine | Maxine Acton<br>**School of Medicine** |
| **13:05** | Innovation in Practice Education: Year 1 Simulation Design and Implementation | Jean Harrington and Sinead Moynihan<br>**School of Clinical Therapies** |
| **13:20** | An evaluation of a Storytelling learning strategy to enhance empathy skills in pharmacy education | Teresa Barbosa and Suzanne McCarthy<br>**School of Pharmacy** |
| **13:35** | Standardising Cariology Teaching in Undergraduate Dental Education through a Digital Learning App | Cristiane Da Mata<br>**Dental School and Hospital** |
| **13:50** | Creating Healthy Places through Creative Engagement with Students: A Case Study | Monica O'Mullane<br>**School Public Health**<br>Jeanette Fitzsimons<br>**School of the Human Environment** |
| **14:05** | Bringing Lived Experience into Nursing & Midwifery Education: Establishing a Patient and Public Involvement Initiative at UCC | James O'Mahony, Maria O'Malley, Caroline Egan & Anne-Marie Martin<br>**School of Nursing and Midwifery** |
| **14:20** | **Panel Q&A** | **All School Presenters** |
| **14:30** | Closing Remarks | Prof. Mark McEntee<br>Vice Head for Learning & Teaching, CoMH |
| **14:40** | **Lunch & Poster Viewing in LG.01** | |
| 15:00 | Close | |

## Poster Abstracts

### Learning Outcomes of Evaluating a Simulation-Based Self-Harm Assessment and Management Training Programme for Healthcare Professionals: Results from Focus Groups

Presenting Author: **Almas Khan**

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**Presenting Author's Dept/School:** School of Public Health;National Suicide Research Foundation

**Co-Authors:** Isabela Troya (1), Anvar Sadath (1), Aileen Callanan (1), Grace Cully (1), James O'Mahony (2), Eric Kelleher (3), James Kinehan (3), Eve Griffin (1), Ella Arensman (1)
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2. National Suicide Research Foundation, University College Cork, Ireland
3. School of Nursing and Midwifery, University College Cork, Ireland
4. Department of Psychiatry, University College Cork, Ireland

**Key Takeaways:** -Findings from this focus group support the suitability of simulation training for self-harm assessment and management. The outcomes of the evaluation of the SAMAGH simulation training demonstrate that this training programme can be scaled towards other health and mental health professionals, including GPs and Paramedics.

**Poster Abstract**

Background and objectives:
Healthcare professionals report limited training on self-harm assessment and management. We examined the outcomes 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 December 2023, 55 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.

## Planetary Health and the Sustainable Development Goals in Health Professions' Education

Presenting Author: **Angela Flynn**

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**Presenting Author's Dept/School:** School of Nursing & Midwifery

**Co-Authors:** Angela Flynn (1), Margaret Murphy (1), Anna O'Leary (1)
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**Key Takeaways:** Guidance on how to embed sustainability and the UNSDGs into health professions' learning and teaching. A novel approach to student assessment of knowledge.

**Poster Abstract**

Carbon emissions from healthcare in developed countries account for between 5-15% of a country's total estimated emissions. Planetary health is gaining increasing attention within international literature, and it is important that healthcare students are equipped with the knowledge and skills to practice more sustainably and to reduce the carbon footprint of healthcare.

A module was developed in the School of Nursing and Midwifery that aims to help students gain an understanding of the United Nations Sustainable Development Goals (UNSDGs) and their relevance to healthcare. NU4115 Healthcare and the UN Sustainable Development Goals examines the UNSDGs as a globally accepted strategic framework, language, philosophy and plan of action to address the environmental, social and economic dimensions of sustainable development.

Students worked on relating sustainability to healthcare and understanding the impact of climate change on health. Students were guided towards seeing the climate crisis as a health crisis, relating sustainability to their healthcare practices, and were encouraged to consider themselves as climate champions who are articulate and informed about climate-smart healthcare.

Module assessment involved the students delivering at a public "elevator pitch" on solutions to a range of challenges to making healthcare more sustainable, namely:

- Waste management in clinical settings
- Aprons and Gloves: usage and overuse
- Food Waste in hospitals
- Energy and Water usage in healthcare
- Single Use plastics in healthcare

The students worked in groups to present solution-focused ideas using eye-catching displays and informative proposals for more sustainable healthcare. An assessment rubric was developed from an adaptation of Garcia-Ros (2011).

## Integrating Sustainability into the BSc Undergraduate Nursing programme

Presenting Author: **Ann McAuliffe**

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**Presenting Author's Dept/School:** School of Nursing & Midwifery

**Co-Authors:** Ann McAuliffe (1), Angela Flynn (1), Aoife O'Donoghue, Johnny Goodwin (1), Cora O'Leary (1), Caroline Dalton (1)
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**Key Takeaways:** An understanding of the extent of sustainable development related content in undergraduate healthcare courses. An insight into differences between staff and students' understandings of curriculum content.

**Poster Abstract**

The UN Sustainable Development Goals (UNSDGs) provide a widely applicable plan for actioning planetary health alongside peace and prosperity in a more equitable world. We undertook an in-depth quantitative examination of the inclusion of the UNSDGs within our nursing and midwifery undergraduate curricula, in partnership with students.
Scholars at UCC have already created a unique online tool for the objective mapping of the 17 UNSDGs within modules and programmes (https://www.ucc.ie/en/sdg-toolkit/teaching/tool/).
Utilising this established UCC tool, we measured the inclusion of the UNSDGs within the undergraduate curricula, capturing both student and academic staff perspectives.
Project Phases:
1. Academic members of the research team reviewed and mapped undergraduate modules, in relation to the inclusion of the UNSDGs.
2. Students reviewed and mapped undergraduate modules that they studied, in relation to the inclusion of the UNSDGs.
3. Analysis of academic staff and students' interpretation of the inclusion of the UNSDGs within the curricula and identification of gaps in interpretations.
It is important to examine the extent to which there is a match (or a mismatch) between what faculty members think is embedded in the curriculum and what students experience and understand.
These two perspectives have enabled us to identify the meeting point between what academic staff understand as the curriculum programme and the “lived curriculum” (Alonso, Sierra & Blanco, 2021).
This project has enabled us to embed sustainability content more clearly into areas in which the gaps are visible and to more explicitly include sustainability into the curricula where students evaluated its absence.

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

Presenting Author: **Anna M O'Leary**

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**Presenting Author's Dept/School:** School of Nursing & Midwifery

**Co-Authors:** Clodagh Earley1, Hayley Connolly1, Margaret Bermingham2, Sinead Flaherty3, Michelle Flood4 James Green5, Denise Healy6, Patsy McSharry6, Celine Murrin7, Maria O'Brien8, Anna M. O'Leary9, Deirdre Connolly1

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8. Health Service Executive, Ireland.
9. School of Nursing & Midwifery, University College Cork, Ireland.

**Key Takeaways:** Visual, multimodal resources support diverse learning needs and improve engagement.

**Poster Abstract**

Chronic diseases place a substantial burden on individuals, health services, and society, highlighting the need for healthcare professionals to be equipped with knowledge and skills to the support prevention and long-term management. In Ireland, a National Undergraduate Curriculum for Chronic Disease Prevention and Management (CDPM) was developed through collaboration between the Health Service Executive (HSE) and higher education institutions (HEIs). The curriculum comprises two components: Make Every Contact Count (MECC)1, which focuses on health behaviour change, and Self-Management Support (SMS)2, which focuses on supporting people with chronic conditions to manage their health. This study aimed to explore the implementation of the CDPM curriculum across HEIs in Ireland.

A mixed-methods approach recruited academics from Irish HEIs in health professional programmes. Data were collected through an online survey and individual interviews.

Fifty-six HEI academic staff completed the survey and 20 participated in semi-structured interviews. Focus groups were also carried out. MECC (98.2%) was more widely delivered than SMS (43.6%). The curriculum was predominately delivered through integration into existing modules (MECC, 85.2%; SMS, 100%), with variation across HEIs. Barriers included time constraints and curriculum space. Suitability for Developing Knowledge, Skills and Confidence highlighted gaps in mental health, intellectual disability and integrated care and current lifestyle behaviours. Opportunity to apply MECC and SMS during clinical placement was limited (MECC, 62.8%; SMS, 68.4%) and there was limited engagement with students during clinical placements. Interviewees also highlighted the importance of practical learning opportunities for students, alignment of the curriculum with professional standards, good quality and up-to-date resources, and strong links between HEIs–HSE to support sustained implementation.

Delivery and implementation of the CDPM curriculum varied across HEIs and programmes. Successful implementation requires stronger HEI–HSE collaboration, institutional prioritisation, and closer alignment with professional standards. Limited opportunities for students to apply MECC and SMS in practice highlight an important implementation gap. Addressing this gap is important to ensure that curriculum delivery translates into professional practice.

# Development of a digital badge: leadership in Physiotherapy

Presenting Author: **Ciara Hanrahan**

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**Key Takeaways:** Attendees may be interested in learning how to go about developing and implementing an application for a digital badge. We hope to inform attendees about our approach to identifying the need for the badge and how we propose to roll it out and evaulate it.

**Poster Abstract**

Background
This digital badge in leadership proposes to enhance the MSc Physiotherapy curriculum by offering second year students an innovative and flexible method to develop leadership competencies. The badge, designed for students, recognises the importance of inclusivity and leadership as core competencies for physiotherapists in clinical practice.

Aims
The badge aims to prepare physiotherapy students for future roles through integrated leadership theory and reflective practice.

Methods
Learning outcomes were mapped to Health Services Executive (HSE) strategies, University College Cork (UCC) graduate attributes and values, Irish Society of Chartered Physiotherapists (ISCP) policies and CORU standard of proficiency. Healthcare leadership theories such as collaborative leadership, transformational leadership, value-based leadership and emotional intelligence will inform the students learning. MSc physiotherapy students, leadership experts and adjunct lecturer colleagues (physiotherapy managers) were consulted on the development of the badge. Teaching will be delivered by UCC faculty and adjunct lecturers incorporating principles of universal design for learning (UDL) with flexible online learning accompanied by submission of a final proposal for a leadership theory-informed service initiative.

Results
The badge was approved by UCC digital badge sub-committee in December 2025, for roll-out January 2027. A survey of MSc physiotherapy students will be carried out pre and post enrolment in order to evaluate the quality of the badge.

Conclusion
The aim of this badge is to creatively support MSc physiotherapy students build readiness for leadership roles by translating leadership theory into practice. The badge will be evaluated by surveying the students pre and post enrolment.

## Enhancing Inclusion Health Education through Reusable Learning Objects

Presenting Author: **Ciara O'Toole**

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6. School of Pharmacy , University College Cork, Cork, Ireland

**Key Takeaways:** The poster will offer a clear, transferable model for strengthening IH teaching across programmes. Attendees will gain practical, student driven insights into how Inclusion Health can be embedded more effectively in their own teaching. They will see how real-life cases, lived experience voices, and small group learning can better prepare students for diverse clinical contexts.

**Poster Abstract**

Addressing health inequities requires healthcare students to develop the knowledge, skills, and attitudes needed to work effectively with socially excluded populations. Embedding Inclusion Health (IH) principles across healthcare curricula is essential for preparing practitioners who can respond with empathy, cultural awareness, and clinical competence. A 2022 SATLE project (INCLUDE) found that IH content was limited, inconsistently embedded, and left students underprepared for real-world clinical practice. Staff expressed strong interest in IH but lacked confidence and resources to teach it. This project responds by creating high-quality, reusable learning materials codesigned with IH practitioners and people with lived experience of exclusion.

Phase 1 involved four focus groups with 23 students from COMH programmes. Discussions explored students' understanding of IH, perceived curricular gaps, and preferred learning approaches. Analysis showed that students value IH and view it as essential, yet feel underprepared and want more explicit, structured, and diverse IH content. They favour interactive and experiential learning, along with assessments that reflect real clinical scenarios. Although IH appears across the curriculum, students want clearer signposting and better coverage of emerging or marginalised topics such as LGBTQ+ health, intersectionality, and cultural competence. Placement experiences were described as powerful but inconsistent, underscoring the need for better preparation and earlier engagement with people with lived experience.

The next phase will involve two IH practitioners collaborating with PPI partners to develop teaching materials aligned with students' identified needs and preferences. These resources will be made available for integration into existing COMH modules.

## From Lab to Learning: Transforming Rotator Cable Anatomy into Engaging Educational Resources

Presenting Author: **Clarice Anna O'Brien**

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**Presenting Author's Dept/School:** School of Medicine

**Co-Authors:** Clarice Anna O'Brien(1), Niamh Brady(1), Mutahira Lone(1)

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**Key Takeaways:** Combining dissection, imaging, and measurement enhances understanding of complex anatomy.

**Poster Abstract**

The shoulder joint is a complex anatomical region whose understanding is essential for students in medicine and allied health programmes. However, visualising the spatial relationships between soft tissue structures such as the long head of the biceps tendon (LHBT) and the rotator cable (RC) can be challenging using traditional teaching methods. This project integrates cadaveric dissection and morphometric analysis to enhance anatomical understanding and support applied learning.

The study aimed to generate a detailed anatomical description of the RC and LHBT, analyse their spatial relationship, and explore how pathology in one structure may influence the other. A secondary aim was to evaluate how combining dissection, imaging, and clinical context can support deeper student engagement and comprehension of complex anatomical concepts.

Eight shoulders from four cadaveric donors were dissected in the Department of Anatomy and Neuroscience, UCC, using a structured, layer-by-layer approach. High-resolution images were captured at each stage to create a visual learning resource. Morphometric measurements, including tendon length, were recorded using vernier callipers. These outputs were designed to be repurposed as multimodal teaching tools aligned with Universal Design for Learning principles.

Results show that the RC and LHBT were consistently identified, with clear spatial relationships that were effectively demonstrated through stepwise dissection. Student-facing resources developed from this process improved visualisation of the rotator interval and supported integration of anatomy with clinical concepts.
This work highlights how cadaveric research can be translated into accessible, high-impact educational resources that enhance anatomical literacy and clinical reasoning.

## Work-Integrated Learning (WIL) at UCC. A University Wide Survey reveals fragmented delivery and support

Presenting Author: **Clodagh Kerr**

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**Presenting Author's Dept/School:** Career Services

**Co-Authors:** Clodagh Kerr(1), Aileen Waterman(1), Ruth McCarthy(2)

1. Career Services
2. School of Pharmacy

**Key Takeaways:** A better understanding of WIL in UCC. Access to the WIL Community of Practice, sharing best practices in WIL across UCC.

**Poster Abstract**

Work Integrated Learning (WIL) is an educational approach that combines academic study with practical workplace experience. It allows learners to apply theory to real-world settings, develop professional skills, and enhance employability through placements, internships, projects, or industry-linked learning activities.

A survey was conducted in January 2026 to gather insights into WIL activities in UCC. There were 83 responses across all UCC colleges, with the majority (43%) from the College of Medicine and Health. Respondents included both academic (70%) and professional services (30%) staff. The supervision of WIL activities was supervised by 90% of respondents. Question topic included the types of WIL activities, who sources WIL activities, who manages WIL activities, types of support received by those organising WIL activities. Participants views on the strengths and challenges of WIL activities in UCC were also gathered as qualitative data.

This WIL discovery survey are UCC's first steps in gaining a better understanding of how WIL is delivered and engaged in within UCC.

## Beyond Borders: Belonging & Complex Care

Presenting Author: **Cora O'Leary**

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**Presenting Author's Dept/School:** School of Nursing & Midwifery

**Key Takeaways:** There needs to be consideration for new and innovative placements areas taking into account the growing and diverse population within our healthcare system. Students are allocated to a group and work with and stays in the hotel which gives them a uniquely immersive learning experience. Each group consists of one nurse, a group leader, 6 - 10 children and or adolescents with an additional 15 carers for support which gives students to opportunity to learn from other non nursing carers.

**Poster Abstract**

Approximately 400 Irish children and young people with complex and chronic healthcare needs are offered a week of respite in the South of France annually by a volunteer organization called Rise and Shine. Second year integrated students' nurses (n=9) went on clinical practice in April 2025 to pilot this respite week as a new placement site.

Background: Advances in medicine, nursing, pharmacology and technology has seen children with complex and chronic healthcare needs living longer, and there is an emphasis on care closer to home or ideally at home. To meet new nursing standards for integrated and community care, more community clinical placements are needed to give students hands-on experience with this cohort of children.

Aim: To explore an immersive learning opportunity with children and young people with complex and chronic healthcare needs during a week of respite.

Method: A pilot was undertaken with nine students travelling to the South of France in April 2025.

Results: Student feedback was overwhelmingly positive with 100% strongly agreeing they had unique learning opportunities, achieved learning outcomes, felt included in their groups, and were well prepared for clinical practice.

## Applying Universal Design for Learning to Complex Anatomy: Teaching the Anterolateral Complex of the Knee Through Multimodal Strategies

Presenting Author: **Daire Joseph Mooney**

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**Presenting Author's Dept/School:** School of Medicine

**Co-Authors:** Daire Joseph Mooney(1), Mutahira Lone(1), Katie Mill(1)

1. Department of Anatomy and Neuroscience, UCC

**Key Takeaways:** UDL-informed, multimodal resources improve accessibility and understanding of complex anatomy.

**Poster Abstract**

Understanding the anatomical complexity of the knee joint presents challenges for learners, particularly when visualising structures such as the anterolateral complex (ALC), which includes the AnteroLateral Ligament (ALL), Kaplan Fibers (KF), and Distal Iliotibial Band (ITB). Traditional teaching approaches may not adequately support diverse learning needs or facilitate integration with clinical concepts. This project applies Universal Design for Learning (UDL) principles to enhance accessibility, engagement, and comprehension of this intricate anatomical region.

While the Anterior Cruciate Ligament (ACL) is widely recognised as the primary stabiliser of the knee, emerging evidence highlights the importance of the ALC in rotational stability, particularly in ACL-deficient knees. This underscores the need for teaching approaches that support variability in how students perceive, engage with, and apply anatomical knowledge.

This study aimed to characterise the morphology of the ALC in an Irish population while developing inclusive, multimodal educational resources. Eight knees from four cadaveric donors were dissected using a structured, layer-by-layer approach. High-resolution images and morphometric measurements (fibre length and thickness) were captured and repurposed into flexible learning materials designed to support multiple means of representation and engagement.

Results show that the ALC components were consistently identified, with clear anatomical continuity between the ITB and Kaplan fibres, effectively demonstrated through staged visualisation. The resulting resources supported improved student understanding of spatial relationships and enabled flexible, self-directed learning.

By embedding UDL principles into anatomy teaching, this work promotes inclusive practice, enhances anatomical literacy, and supports meaningful connections between foundational science and clinical application.

## Audit: Mandatory Training Week – Nursing: Does it work?

Presenting Author: **Daniel Newman**

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**Presenting Author's Dept/School:** Centre for Nurse Education, Cork

**Co-Authors:** Daniel Newman - Director CNE Cork
Mary Claire Waters - Registered Nurse Tutor - CNE Cork

**Key Takeaways:** Educators and Managers can work together to address training needs. The benefits of this are widespread from an organisational, educational, and learner perspective.

**Poster Abstract**

Mental Health Services were largely non-compliant with regulations concerning training (Mental Health Commission 2021, 2022, 2023 and 2024.

According to the Training Needs Analysis (NMPDU, 2020), many challenges in accessing training were identified. After discussions between educators and Nursing Management, the Mandatory Training Week emerged to overcome staffing issues and organisational barriers.

The system was simple: the manager would organise for 20-30 staff to be sent for a week of training. The educator would ensure a learning contract was created and that learners had the opportunity to complete the training. Over 25 online and face-to-face programs are completed in a week.

According to an audit of 60 learners, the experience was found to be very beneficial (n=100%) And it suited 95% of learners to complete training in this manner. Additional training, such as Trauma-Informed Care/Domestic Violence, could be introduced to further future-proof the learner. As per the audit, they became the most popular training. More MHS services are compliant with MHC regulations.

The benefits for the organisation were that they had staff trained and never out of date. The learner had time to complete the learning, and the educator had a process to standardise these often-overlooked trainings.

## MENTBEST- Protecting Mental Health in Times of Change Limerick Alliance for Mental Health Support

Presenting Author: **Darragh O'Shea**

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**Presenting Author's Dept/School:** National Suicide Research Foundation

**Co-Authors:** Darragh O'Shea (1), Almas Khan (2), Aileen Callanan (1), Ella Arensman (2)
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2. School of Public Health, University College Cork, Ireland

**Key Takeaways:** The MENTBEST training programmes represent an upstream approach for mental health promotion and suicide prevention whilst involving a wide range of community faciliators and health professionals working in community-based settings.

**Poster Abstract**

Background:
The EU Horizon Europe MENTBEST (Protecting Mental Health in Times of Change) project aims to address psychological distress, depression and suicide through the implementation of the COMBINA trial: a multifaceted community intervention programme in the community using the European Alliance Against Depression's evidence-based model.

Method:
The COMBINA model works at four levels to reach the community: 1) training for health professionals; 2) awareness campaigns for the public; 3) trainings for community gatekeepers; and 4) resources for people with depression and/or at risk of suicide and their families. The COMBINA intervention will take place over a 24-month period and is being implemented in five new regions across Albania, Estonia, Greece, Ireland (Limerick), and Spain. Level 1 consists of training for primary care physicians and mental health care professionals on how to recognize and treat depression and comorbid anxiety and explore suicidal tendencies in the primary care setting. Level 3 consists of training for community facilitators who serve as gatekeepers to disseminate knowledge about depressive disorders.

Results:
The training and the data collection for the trainings is currently ongoing and so far, trainings for over 200 community-based gatekeepers and mental health professionals have been completed. Implementation outcomes will be presented at the Learning & Teaching Showcase.

Conclusion:
Through this intervention, the COMBINA trial aims to demonstrate in the general population the following: 1) a reduced number of suicides and self-harm related presentations, 2) improvements in knowledge and attitudes towards depression and help-seeking, 3) an improvement in wellbeing and mental health symptoms.

# Applicability of Anatomy Education and Dissection Training to Student-lead Societies

Presenting Author: **Emilie Aloeristok**

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**Presenting Author's Dept/School:** School of Medicine

**Co-Authors:** Emilie Aloeristok (1), Nicole Crellin-Parsons (1), Ashley Benge (1,2), André Toulouse (1,2)
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2. Department of Anatomy and Neuroscience, University College Cork, Cork, Ireland

**Key Takeaways:** 1. A stronger appreciation for the value of dissection based anatomy education in medical training
2. An understanding of the gaps in medical school curriculums that student run medical societies fill by providing safe learning environments
3. An evidence based approach to integrating anatomy and dissection knowledge into student led society activities

**Poster Abstract**

Cadaveric dissection provides a unique opportunity for medical students to develop a three-dimensional understanding of anatomy that includes tactile learning and spatial awareness through methods that are difficult to replicate by examining pre-dissected material or textbook learning. Direct engagement with human cadaveric anatomy supports procedural competence and anatomical recognition, making it a cornerstone of safe clinical practice. Despite this, limitations on curriculum time, resources, and costs have led medical schools away from using dissection-based learning.

Anatomy courses such as the AN3000 - Advanced Anatomical Skills module run by the Department of Anatomy and Neuroscience at University College Cork allow a subset of medical students to apply their foundational anatomy knowledge by performing their own teaching grade dissection. Following this type of instruction, medical students are then well situated to disseminate practical dissection skills within their peer group.

Medical societies often run events and workshops that focus on skills not directly targeted within the formal curriculum. This type of student-led learning is supported within the literature, leading to benefits in assessment and self-confidence. The technical teachings within a dissection course are transferable to many basic surgical procedures. The approach described presents a structured method for disseminating anatomical knowledge and dissection training through student-led society activities. It emphasizes a clear clinical focus, grounded in real-world application, by integrating hands-on dissection and simulation-based learning to reinforce clinically relevant understanding. This is delivered through a series of targeted sessions, beginning with foundational workshops and progressing to more advanced techniques, all facilitated by trained peer mentors.

## Developing a core cardio-oncology nursing curriculum: the Cardio-Oncology Nursing Education Programme

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**Key Takeaways:** The ability to work with international colleagues to develop an accredited online curriculum in a new clinical subspecialty.

**Poster Abstract**

Background: Cardio-oncology is a relatively new speciality that bridges oncology and cardiology to address patients' multifaceted healthcare needs and the cardio-oncology nurse is central as part of the cardio-oncology care pathway. The International Cardio-Oncology Society Nursing Research Group undertook an international survey of learning needs in an assessment survey. The results from 329 respondents showed a strong desire to learn more about cardio-oncology.

Purpose: Based on the survey, the aim was to develop a core cardio-oncology nursing curriculum.

Methodology: A working group was established to explore the development of a curriculum, identify and agree content with the appropriate modules along with specific aims and objectives. The group also identified subject experts to create the content for each module.

Results: Based on this feedback, a core curriculum was developed in conjunction with MD Anderson (Cardio-Oncology Nursing Education [CONE] Program). The CONE program consists of 20 modules covering all aspects of cardio-oncology nursing including cardiac medications and cardio-oncology, cardiotoxicity of targeted therapy, end-of-life care and patient education. Each invited expert video-recorded their session and provided questions for their module.

Conclusion: With the risk of cardiotoxicity during and after cancer treatment, the main role of the cardio-oncology nurse is to recognise, assess, manage and treat any signs and symptoms of cardiovascular complications. Nurses working in cardio-oncology need to have the necessary knowledge and skills to manage this population as people survive cancer treatment and live with CVD and CONE aims to provide this knowledge and hopefully ultimately improve patient outcomes in cardio-oncology.

## Exploring Neurodiversity Among Health Sciences Students: Implications for Teaching Practice

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**Key Takeaways:** Layered visualisation supports diverse learners in grasping spatial relationships.

**Poster Abstract**

Background:
Neurodiversity is increasingly recognised as an important consideration in higher education, particularly within demanding health sciences programmes where teaching methods, assessment styles, and learning environments may not always meet the needs of all learners. This project explores neurodiversity among students studying anatomy with a particular focus on understanding student experiences, challenges, and support needs.

Methods:
Using a student-centred research approach, data were collected through surveys with students enrolled in Medical and Health Science. The project aimed to identify common learning barriers, preferred teaching strategies, and perceptions of inclusivity within current teaching practices.

Results:
Preliminary findings suggest that neurodivergent students experience distinct challenges related to information processing, time-pressured assessments, and cognitively demanding spatial learning tasks commonly encountered in anatomy education. Students highlighted the value of multimodal teaching resources, structured learning activities, accessible visual aids, and flexibility in assessment formats. These findings reinforce the importance of embedding inclusive pedagogical approaches within anatomy teaching.

Conclusion:
This project highlights the need for greater awareness of neurodiversity in medical and health sciences education. By aligning teaching strategies with UDL principles, educators can create more inclusive learning environments that support student success, engagement, and wellbeing across diverse learner profiles.

## A Theoretical Application of Laurillard's Learning Framework in Dental Education

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**Key Takeaways:** Attendees may gain a practical understanding of how Laurillard's learning framework can be applied to dental education through a concrete operative teaching example. More broadly, the poster encourages educators to reflect on the balance of learning activities within their own teaching and to consider how curriculum design can move beyond demonstration and repetition to support discussion, investigation, collaboration and deeper professional learning.

**Poster Abstract**

Dental education requires learners to integrate technical skill, clinical reasoning, and professional judgement within practice-based learning environments. Although clinical teaching is often centred on demonstration and supervised repetition, these approaches alone do not fully capture the range of learning processes involved in developing competence. This poster presents a theoretical application of Laurillard's learning framework to dental education, with particular reference to operative technique training.

Laurillard's model conceptualises learning as a combination of acquisition, practice, collaboration, investigation, production and discussion. The poster analyses how each of these learning types may be identified within dental teaching and illustrates their manifestation through examples drawn from an operative technique laboratory context. In doing so, it positions dental education not simply as the transmission of procedural knowledge, but as a broader pedagogic process involving dialogue, problem-solving, reflection and application.

The poster suggests that while acquisition and practice remain central to operative training, effective dental education also depends on opportunities for collaboration, investigation, production and discussion if learners are to develop adaptability, independence and professional judgement. Laurillard's framework is therefore presented as a useful conceptual tool for examining the balance of learning activities within clinical teaching and for informing educational design.

# Critical Decisions in Paediatric Emergency Care: Simulation as a Model for Creative, Engaged and Inclusive Clinical Learning

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**Key Takeaways:** Attendees will gain practical ideas on how simulation-based learning can support creativity, engagement, and inclusion in their own teaching. The poster will show how real clinical cases can be adapted into structured learning activities that encourage active participation, teamwork, and discussion. It will highlight the importance of creating a psychologically safe learning environment where learners from different backgrounds and experience levels feel confident to contribute.

The poster will also demonstrate that working across disciplines can strengthen teaching and provide richer learning opportunities for students. In addition , it will highlight the need for protected training time for all healthcare workers.

Overall, the aim is to offer practical, transferable approaches that educators can apply to make their teaching more interactive, inclusive, and reflective of real-world practice.

**Poster Abstract**

Paediatric emergencies are rare but high-stakes clinical events that demand rapid decision-making, effective teamwork, and coordinated interprofessional responses. Traditional clinical exposure alone cannot reliably provide learners with experience of these critical scenarios. Simulation-based education offers a creative, engaging, and inclusive approach to bridging this gap while supporting active, team-based learning.

The Critical Decisions in Paediatric Emergency Care programme, delivered at the ASSERT Centre, University College Cork, was designed as a high-fidelity, multidisciplinary simulation course focused on complex paediatric emergencies. Participants included consultants and senior trainees from paediatrics, emergency medicine, anaesthesiology, and critical care across multiple healthcare institutions. Realistic scenarios were developed from authentic clinical cases, including neonatal status epilepticus, severe burns, polytrauma, overdose, and hypothermic cardiac arrest.

Creativity in curriculum design was demonstrated through immersive scenario development and structured debriefing that encouraged reflective practice and shared learning. Engagement was fostered through active participation in realistic clinical environments requiring collaborative decision-making under pressure. Inclusion was supported through multidisciplinary participation, psychological safety, and facilitated discussion that enabled learners from different specialties and experience levels to contribute equally.

This case study demonstrates how simulation can support creative curriculum design, sustained learner engagement, and inclusive interprofessional learning. It also highlights the potential for simulation centres to act as regional hubs for collaborative education, facilitating shared learning and strengthening healthcare workforce preparedness.

## Direct experience activities to encourage deep learning among students

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**Key Takeaways:** Attendees will take away practical insights into innovative methodologies that enhance student engagement and promote deep learning of key concepts in health-related education. The study illustrates how experiential, collaborative, and digitally supported approaches can be effectively integrated into teaching practice. In addition, participants will gain a transferable and scalable framework that can be adapted to different age groups, subject areas, and educational levels. This approach offers flexible strategies that educators can apply in their own contexts to foster more participatory, creative, and impactful learning environments.

**Poster Abstract**

Promoting meaningful learning in health-related education requires innovative approaches that encourage engagement, creativity and the knowledge transfer. This project explores an educational model designed to enhance dietary health knowledge through active, experiential and digitally supported learning strategies. This approach integrates hands-on activities, collaborative learning, and content creation, positioning participants as both learners and communicators of knowledge.

A series of 12 structured learning experiences, combining exploratory and sensory activities, hands-on experiences with real food, and creative workshops, were implemented with young students. Digital tools and social media formats were incorporated to encourage participants to translate their learning into accessible educational content, thereby fostering a deeper understanding and enabling peer-to-peer dissemination. Pre- and post-intervention evaluations revealed statistically significant improvements in participants' awareness of dietary health concepts, as well as positive shifts in attitudes and self-reported behaviours relating to food choices. Additionally, the initiative supported the development of transversal competencies, including critical thinking, creativity, and sustainability awareness. The findings also highlight the potential of combining experiential learning, gamification elements, and digital engagement to enhance motivation and inclusivity in health education. By empowering learners as active contributors and knowledge mediators, this model promotes a more participatory and impactful learning environment.

This work presents a proof of concept for innovative learning strategies and contributes to ongoing discussions on teaching practices in interdisciplinary and health-related education. It offers a scalable framework adaptable to diverse learning contexts, aligned with current priorities in creativity, engagement, and inclusion in teaching and learning.

# Micro Self-Assessment Techniques for Enhancing Academic Performance and Deep Learning

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**Key Takeaways:** The presented methodology will provide attendees with new methods to improve student participation and self-assessment in real time during lessons. Furthermore, as this methodology does not require additional resources or technical training, it can be implemented more flexibly at different levels and degrees.

**Poster Abstract**

Poor academic performance in higher education is often linked to an insufficient understanding of the subject matter, which can lead to demotivation and dropping out. Against this backdrop, this methodology proposes implementing micro-self-assessment techniques as an innovative strategy to promote active learning and student engagement.

The project is being carried out in bachelor's and master's degree programmes at the Technical University of Cartagena, integrating the digital tool Socrative with brief supplementary activities. The methodology is structured into four phases: (i) an initial 'breaking-the-ice' reflection, where students start with an initial question about the class; (ii) a 'pairs-discussion', where students discuss a specific question provided by the lecturer in pairs; (iii) a 're-pairs-discussion' at the end of the class, to assess understanding of the concepts covered; and (iv) the '1-2-3 technique', to identify what has been learnt, any remaining doubts, and actions for improvement. This approach enables real-time monitoring of understanding, encourages continuous reflection, and facilitates two-way feedback between students and teachers. Expected outcomes include improved academic performance, greater classroom engagement, and the consolidation of independent learning habits.

This methodology is highly scalable and replicable as it requires no additional resources or complex technical training. Overall, this work contributes to teaching innovation by incorporating dynamic, accessible, student-centred strategies that align with the current demands of higher education.

## How to apply the Universal Design for Learning guidelines to an online postgraduate health protection curriculum

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

**Key Takeaways:** How to apply the Universal Design for Learning guidelines to a postgraduate online programme.

**Poster Abstract**

Background
Aiming to develop online postgraduate health protection modules that were accessible, engaging, interactive and inclusive by applying the Universal Design for Learning(UDL) core principles: Engagement,Representation,Action & Expression.

Methods
To develop an inclusive virtual learning environment, I undertook digital badges in UDL, inclusive assessment and problem-based learning. To apply UDL principles to existing modules, the ADDIE model(analyse,design,develop,implement,evaluate) for instructional design was used.

Results:
1. Engagement:
- To scaffold learning, I used a framework methodology to structure modules.
- To reduce cognitive load, I designed diagrams as visual cues for each module, referring to them at the start of each week.
- I engaged different learning styles:
  - Research-based: students researched discussion topics using interactive data dashboards.
  - Narrative-based: to develop students' empathy and highlight the complexity of health protection in practice, storytelling was used for topics such as sex, gender, race, ethnicity, migration, sexual orientation, etc.
  - Problem-based: students undertook action-orientated learning by promoting the interrogation of available resources to practice critical thinking.
  - Peer-to-peer: weekly discussion boards facilitate supportive and reflective learning.

2. Representation:
- interactive software (Articulate 360) facilitates multiple formats such as video lectures, news articles, research papers, podcasts etc.
- multi-actor learning offered diverse perspectives through guest lectures with multidisciplinary experts.

3. Action & Expression:
- multiple assessment formats such as discussion boards, MCQs, and written assignments based on real-world scenarios.
- marks for continuous assessment increased from 20% to 40%.
- choice in assessment topics/formats.

Conclusion
Student feedback was very positive, citing enjoyment, easy navigation, good resources, useful real-life examples, interactive, achievable, interesting.

## How to implement the multi-actor approach to deliver an engaging, practice-based health protection curriculum

Presenting Author: **Julie Arnott**

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**Key Takeaways:** How to implement the multi-actor approach to deliver an engaging, practice-based health protection curriculum

**Poster Abstract**

Background:
Health Protection is a core function of public health.

- Historically, the focus was on controlling biological agents.
- Now, national strategy has adopted an all-hazards approach, including threats from chemical, radiological, and nuclear agents.

To enhance student engagement, I aimed to harness the multi-actor approach to offer students diverse perspectives into managing 'all-hazards' in practice and maximize their preparedness for the workforce.

Methods:
Using systems leadership, I engaged stakeholders across organisational and functional boundaries with a common goal, that graduates are fit-for purpose.
I developed a stakeholder engagement process to co-design guest lectures with stakeholders working directly in health protection and indirectly as allied occupations/healthcare workers.

Results:
Successful co-production of lecture material and recording of guest lectures with multidisciplinary experts. Students learned how health risks are managed in multiple settings.
1. Stakeholder feedback:

- "As an officer of the Defence Forces involved in emergency planning, I had the privilege of collaborating with Julie Arnott on the creation of lectures for the UCC postgraduate certificate in Health Protection."
- [Consultant in Public Health] "It was a pleasure for me to share my learning with both Julie and students on the MPH courses. This process worked well, a virtual educational platform facilitated both myself and the students regarding timing, convenience and obviating the necessity to travel."

2. Student feedback:

- "The real-life examples were very useful."
- "The course content was very well put together and interesting."
- "Very relevant".

Conclusion:
The multi-actor approach:

- Engages students with practice-based teaching,
- supports inter- and trans-disciplinary learning,
- ensures graduates are workforce aligned.

# Clinical-Academic Partnership in Image Guided Radiation Therapy (IGRT) Training for student Radiation Therapists (RTTs)

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**Key Takeaways:** Those attending will see how teaching and learning was aligned with the Cognitive Apprenticeship Model which may be useful in attendees that are involved in the delivery of healthcare education. It also demonstrates engagement between academic and clinical partners which is essential in the training of healthcare professionals.

**Poster Abstract**

Introduction: Image Guided Radiation Therapy (IGRT) is a core component of education programmes for Radiation Therapists (RTTs) [1]. Clinical and academic partnership in education of RTTs is essential to the delivery of RTT education [2]. IGRT academic teaching for a second-year, 10 credit module was adjusted to include a Clinical Specialist Radiation Therapist (CSRT) teaching. These sessions were facilitated through a clinical-academic partnership and were structured with reference to the Cognitive Apprenticeship Model [3].

Methods: Imaging tutorials were co-designed by the CSRT and module coordinator. The module coordinator liaised with the CSRT to provide academic oversight and requirements including learning objectives for the module, summative assessment criteria and timetable. Consideration of clinical resources included staff availability, room availability, access to IT resources and confidentiality. During the consultation process, alignment of academic learning objectives with clinical resources was considered. Resources to guide self-directed learning were created. The Cognitive Apprenticeship Model informed the tutorial design [3]. Students' IGRT knowledge was assessed during an imaging station of the summative end-of-module OSCE exam. Student feedback specifically on the IGRT training was sought.

Results: Clinical and academic partnership in the delivery of IGRT education was feasible. Sessions (totalling 13 hours) were delivered throughout the module. Of the 12 students who completed the OSCE assessment, the average mark for the imaging station was 29.9/50, with a range of 22.6-40.3. Of the five students who provided feedback, all students strongly agreed that the integration of clinical expertise into tutorial delivery were of benefit to their learning. Suggestions for improvements for future years included increasing the availability during the academic year.

Conclusion: Integration of CSRT teaching was feasible and well received by students. Future curriculum reviews will consider the availability of these sessions throughout the programme.

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# International Best Practices and Perspectives on AI Use in Anatomy Assessment

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**Key Takeaways:** Spot exams remain common but inconsistent across institutions
Anatomy educators are divided on using AI; some trial it for question creation, while many avoid or oppose it.

**Poster Abstract**

Spot examinations are widely regarded as a rigorous method for evaluating anatomical knowledge because they assess students' understanding in situ. Delivered as structured and timed assessments, they emphasise the recall of precise anatomical details rather than broader regional comprehension. Although formats differ across institutions, spot examinations typically involve a single pin placed on each prosection accompanied by a two-part question.

This study aimed to evaluate the current landscape of spot exams particularly in the UK and Ireland, as well as to explore how anatomy is taught within laboratory settings. In addition, the study sought to gather information on anatomy educators' experiences with and perceptions of Artificial Intelligence (AI), particularly regarding its use in exam generation. Data was collected using an anonymous online questionnaire.

Responses from 50 educators across 26 institutions had 62% of respondents stating they use in-lab prosection based anatomical spot exams, with 22% having no in-lab assessment of anatomy at all. Results have showcased a variety of spot methods being employed. Further analysis of respondents' use of AI, their experiences with and uses of it. Participants had varying opinions on AI, with some testing it for exam development and utilising it (30%), but most not utilising it (38%), and others being opposed to the use of it (30%). Of the 34 participants who have tested AI, 32 (94%) used it for MCQ development.

The findings have important implications for informing the future of anatomical education and assessment, providing insight into current practices, prevailing opinions, and potential future developments.

Additional work to extend these findings to a larger cohort of anatomy educators is ongoing.

## Pharmacy Students as Community Contributors: Insights into Volunteering Experience and Future Interest

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**Key Takeaways:** • Student interest in volunteering activities and experiential learning • Opportunities for community-engaged learning to enrich education of healthcare professional students, while mutually benefitting communities.

**Poster Abstract**

Background: Pharmacy education must respond to expanding professional, ethical, and community responsibilities placed on future practitioners. Opportunities to develop patient centred communication, professionalism, and social accountability extend beyond traditional classroom learning. Volunteering and community engagement learning (CEL) expose students to real world health needs and interprofessional contexts. Volunteering can enrich pharmacy education by bridging academic learning with community engagement and provide benefits for students.

Aim: This research aimed to explore pharmacy students' past and current engagement in volunteering and their interest in future activities.

Methods: A short online survey consisting of 10 questions was distributed to all undergraduate pharmacy students (n = 354) in the School of Pharmacy, UCC between November and December 2025 to explore volunteering experience, time commitments, and interest in future volunteering opportunities.

Results: The student survey received 104 responses (29%). At the time of survey completion, 12% (n = 12) were actively volunteering and 77% (n = 71) had volunteered previously. Respondents reported involvement in diverse settings including charity organisations, health related initiatives, and community groups. The majority 83% (n = 85) expressed an interest in undertaking volunteering in the future. Notably, the types of activities students find appealing include health promotion, charity and community initiatives.

Conclusions: High levels of student interest in volunteering suggests there are good opportunities to incorporate community oriented learning opportunities into the education of pharmacy students. Study insights can guide the development of meaningful, community oriented learning experiences that support both student skill development and benefit community partners.

## Evaluation of Core Competency Development in Pharmacology Workshops

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**Key Takeaways:** Participants might find inspiration in applying these same framework principles to their curriculum design aiding the development of core competencies in translational medicine-related programmes. Ensuring most optimal alignment with the international frameworks will support production of a highly educated and relevant workforce in demand by industry and academia (SDG4: Quality Education).

**Poster Abstract**

While pharmacology education research has largely focused on Core Concepts, less attention has been given to core competencies. We therefore combined internationally recognised competency frameworks to develop one aligned with expectations for pharmacology students in our BSc Medical and Health Sciences programme. This framework was used to evaluate the intended and experienced competencies taught in two fourth-year module workshops: (1) data analysis and (2) ethical design of animal experiments. Student feedback was collected through an anonymous Microsoft Forms survey, alongside lecturer reflections.

The data analysis workshop was designed to develop competencies in the “data handling and analysis” and “experimental design” clusters, while also offering opportunities to practise skills in the “professional and team skills”, “communication”, and “information and critical thinking” clusters. However, the workshop proved too conceptually and practically difficult, limiting students’ ability to engage independently.

The ethics workshop was designed to develop competencies in the “experimental design” cluster, while also supporting “information and critical thinking” and “communication ” skills. Some students appeared disengaged, possibly because not all intended to work with animals and therefore did not see the workshop as directly relevant. Nevertheless, understanding ethical research processes remains important for all graduates.

Student feedback (from one student) suggested that all intended competencies, except “experimental design,” were developed through the data analysis practical. Although student feedback was limited, staff reflections and competency mapping provided useful insights to refine both workshops, improve engagement, emphasise the broader relevance of these competencies, and support alignment with international standards.

## Establishing Professional Identity and Enhancing Employability through Experiential Research & industry Partnerships for Undergraduate Medical & Health Sciences Students

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**Key Takeaways:** Attendees will gain a practical framework for embedding experiential, research-led and industry-connected learning within their own teaching. This work demonstrates how aligning curriculum design with authentic real-world contexts can strengthen student identity, confidence and employability.
Key takeaways include:
- Designing for identity, not just knowledge: embedding opportunities for students to see themselves as professionals early in their degree.
- Creating structured experiential pathways: scaffolding research and/or industry exposure across years to move students from discovery to application to deployment.
- Building meaningful partnerships: co-designing modules with external stakeholders to ensure relevance, authenticity and graduate readiness.
- Embedding reflection and evaluation: using reflective practice and feedback to connect experience with learning and continuously refine curriculum design.
- Ensuring inclusivity and access: developing parallel pathways so all students can engage in authentic work-integrated learning.
Attendees will leave with transferable principles and a scalable model that can be adapted across disciplines to enhance engagement, professional identity formation and graduate outcomes.

**Poster Abstract**

This project presents a systemic, research-led educational innovation within the BSc Medical and Health Sciences programme at University College Cork, designed to address a critical gap in student professional identity and employability. Drawing on principles of constructive alignment, experiential learning and the Scholarship of Teaching and Learning, the initiative embeds two complementary experiential pathways across the undergraduate curriculum: the Translational Research Internship (TRAIN) Awards and the Eli Lilly Clinical Development Internship.

The TRAIN Awards provide early immersion in authentic research environments for Year 2 students, fostering technical competence, confidence and research identity. This is followed in Year 4 by a structured industry pathway, including the Introduction to Clinical Development module and a competitive 12-week internship co-designed with Eli Lilly, where students engage in real-world clinical trial activities. Together, these pathways create an integrated experiential pipeline spanning discovery to deployment.

Evaluation demonstrates significant impact. All internship participants rated the experience as excellent, with the majority reporting substantial gains in career readiness, confidence and professional skills. Notably, 43% of internship alumni have secured full-time Clinical Development Trial Lead roles with Eli Lilly, with all applicants successfully appointed. In

parallel, participation in the TRAIN Awards has influenced postgraduate progression and strengthened research identity.

This work demonstrates how strategically embedded, constructively aligned experiential learning can transform undergraduate education, enabling students to develop as confident, work-ready scientists while strengthening university–industry partnerships. The model provides a scalable framework for integrating research and employability within interdisciplinary health science programmes.

## From Simulation Lab to Skills WOD: Applying CrossFit Methodology to Midwifery Clinical Skills Education

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**Key Takeaways:** Attendees will gain a practical, adaptable framework for enhancing engagement in clinical skills teaching through structured active learning approaches. The poster will illustrate how time-bound, station-based formats (e.g., EMOM and AMRAP) can be applied across disciplines to promote participation, peer learning, and confidence development in a supportive environment. Attendees will leave with concrete examples of session design, facilitation strategies, and lessons learned from implementation, alongside reflections on how small changes in structure can improve inclusivity and student engagement. The approach is intentionally transferable and scalable, enabling educators to adapt the model to different class sizes, learner levels, and disciplinary contexts within medicine and health sciences.

**Poster Abstract**

Background:
Maintaining student engagement during clinical skills teaching remains an ongoing challenge across health professions education. Traditional demonstration–practice approaches can limit active participation, peer learning, and confidence development among novice learners. In response, a CrossFit-inspired "Workout of the Day" (WOD) model was developed, informed by principles of active learning, deliberate practice, and simulation-based education, to support engagement and inclusivity in midwifery skills teaching.

Innovation:
The Skills WOD adapts CrossFit training structures (e.g., EMOM—Every Minute on the Minute; AMRAP—As Many Rounds As Possible) into structured, time-bound, station-based sessions. Activities incorporate peer coaching, rotation through progressively challenging tasks, collaborative problem-solving, and brief facilitated debriefs. The approach seeks to create a supportive learning environment that accommodates varied learning paces and encourages participation across ability levels.

Implementation:
The model was implemented within undergraduate midwifery skills laboratories at Fatima College of Health Sciences (UAE). Sessions were developed for communication (SBAR), infection prevention (hand hygiene), and clinical assessment skills. Informal student feedback and facilitator observations suggested strong engagement, collaboration, and increased confidence in skill performance.

Implications:
The Skills WOD offers a practical and transferable approach to clinical skills teaching aligned with current priorities in inclusive and student-centred education. The model may be adapted across disciplines within medicine and health sciences. Further evaluation using structured educational outcomes is warranted.

## Equity and inclusion in teaching histology to undergraduate medical students: A scaffolded intervention study

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**Key Takeaways:** "Providing equity and inclusion in the histology lab is not expensive or complicated, it requires intentional design.When you scaffold the learning environment, every student benefits."

**Poster Abstract**

Introduction

Histology practicals present significant challenges for undergraduate medical students. Differential access to microscopy equipment, prior experience, engagement and diversity in learning abilities create unequal learning environments. Aligned with SDG4's commitment to inclusive and equitable quality education, this study investigated educator and student perceptions of equity and inclusion in histology teaching and evaluated the impact of a scaffolded teaching intervention on students' sense of inclusion and learning experience.

Methods

A mixed-methods sequential design was used. An initial educator survey (Survey 1) explored perceptions of equity and inclusion alongside current teaching methodologies. A subsequent student survey (Survey 2) identified perceived barriers and desired changes to histology practicals. Drawing on both surveys, a multifactorial scaffolded intervention was developed, including a pre-practical briefing, microscopy instructional video, coded equipment cards, annotated slide images, updated practical manuals, workbooks, practice spots and faculty support. Students experienced a crossover design across three consecutive modules: standard, modified, then standard. A post-intervention survey (Survey 3) assessed differences in student experience.

Key findings

Data analysis is currently underway. Preliminary findings are anticipated to demonstrate measurable differences in students' perceived sense of inclusion, opportunity and engagement between standard and modified practical formats.

Discussion

This study demonstrates that a systematically designed scaffolding operating at cognitive, affective, and motivational levels simultaneously can address equity and inclusion gaps in histology education. The findings offer a transferable, evidence-based model for inclusive practical teaching in health professions education. It has direct implications for curriculum designers seeking to establish SDG4.

## Pharmacy students' perspectives on self-efficacy in clinical pharmacy skills: A cross-sectional study

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**Key Takeaways:** Method of determining self-efficacy in healthcare students. Importance of placement in developing self-efficacy.

**Poster Abstract**

The role of a pharmacist is evolving, requiring the development of advanced clinical skills. Pharmacy education must adapt to meet these changing demands to prepare students for their future roles. Self-efficacy, which is defined as the confidence of an individual in their ability to successfully complete a specific task, is the strongest predictor of future performance and can be used to ensure students are prepared for the workplace. The aim of this study was to examine the impact of an updated clinical practice module on the self-efficacy of fifth-year pharmacy students.

Fifth-year pharmacy students from UCC were invited to take an online, anonymised survey, which had been adapted from previous research, regarding their perceived self-efficacy in clinical skills. The 2023/2024 cohort who undertook the original clinical practice module completed the survey in August 2024, while the 2024/2025 cohort who undertook the updated module completed the survey in October 2024.

Students who completed the updated module reported lower self-efficacy in every clinical skill. There were significant differences observed in many of the skills including conducting a medication history, counselling on commonly prescribed medications and devices, documenting clinical interactions, working with other healthcare professionals and evaluating scientific studies.

The decrease in self-efficacy contrasts with previous research. A possible explanation is that the cohort who undertook the updated module had not yet started their final placement while the previous cohort had almost completed theirs. This suggests that placements play a crucial role in building self-efficacy. Further research should compare students at equivalent stages of training for more reliable results.

## Integrating 3D Visualisation and Digital Simulation to Enhance Engagement in Oral Surgery Education

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**Key Takeaways:** Purposeful integration of 3D visualisation, digital simulation, guided discussion, and reflective learning can enhance student engagement, improve spatial understanding, and strengthen the connection between anatomical theory and clinical practice in oral surgery education. This project demonstrates how constructivist and experiential learning approaches can be applied within clinically relevant teaching sessions to build confidence, encourage active participation, and support meaningful learning experiences. It also highlights how translating educational research into interactive teaching materials can strengthen clinically relevant anatomy education and improve application of knowledge within patient-facing practice. Importantly, digital technologies should be used to enhance, rather than replace, high-quality face-to-face teaching and clinical supervision.

**Poster Abstract**

Undergraduate dental students often struggle to translate two-dimensional anatomical knowledge into the three-dimensional (3D) spatial understanding required for safe clinical practice. This challenge is particularly evident in procedures such as inferior alveolar nerve block administration, where precise anatomical interpretation is essential.

This project presents a creative, digitally enhanced teaching intervention designed to bridge the gap between theory and practice. A 4th year oral surgery tutorial was redesigned to incorporate interactive 3D anatomy visualisation (Complete Anatomy, 3D4Medical) alongside a guided digital simulation of the procedure. Students actively engaged with manipulable 3D models to explore key anatomical landmarks and spatial relationships, followed by facilitated discussion linking these insights to clinical technique. A structured reflective quiz supported consolidation and encouraged critical reflection.

Grounded in constructivist and experiential learning theory, the intervention prioritised active engagement, dialogue, and reflection within a blended learning environment. Initial evaluation, based on tutor observation, student reflections, and clinician feedback, indicated increased participation, improved spatial understanding, and enhanced confidence in clinical application. Students reported that combining 3D visualisation with simulation clarified complex concepts and strengthened the connection between anatomy and practice.

This project demonstrates how purposeful integration of digital tools can enhance creativity, engagement, and inclusion by supporting diverse learning needs and reducing cognitive barriers.

## Anatomy: A Shared Starting Point for Interprofessional Learning (IPL) in Preclinical Health Programmes

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**Key Takeaways:** A key takeaway is the value of embedding IPE within existing curricular structures rather than treating it as a separate activity. Colleagues may identify transferable approaches for integrating collaborative learning opportunities into their own teaching practice across medicine and allied health programmes.

**Poster Abstract**

Interprofessional education (IPE) is widely recognised as a cornerstone of contemporary healthcare education, promoting collaborative practice and improved patient outcomes. Within undergraduate health professions programmes, anatomy often represents one of the first shared educational experiences for students across disciplines, creating a valuable opportunity for early professional socialisation and collaborative learning. This poster presents insights from a review of anatomy-based IPE initiatives and explores their implications for curriculum design and teaching practice.

A review of literature published between 2000 and 2025 was undertaken using PubMed, Scopus, and relevant grey literature sources. Studies involving two or more health professions participating in anatomy-based learning activities, including dissection, prosection, simulation, and case-based teaching, were examined. Particular focus was placed on the design and delivery of learning activities, assessment strategies, and reported educational outcomes.

Findings highlight considerable diversity in how anatomy-based IPE is embedded within curricula, ranging from single-session workshops to longitudinal learning experiences. Across studies, students consistently reported enhanced communication, teamwork, role awareness, and professional identity development. These findings reinforce the value of anatomy as a pedagogically robust environment for fostering early interprofessional competencies.

The poster will showcase key models of delivery, approaches to evaluation, and practical considerations for implementing anatomy-based IPE within medical and health professions curricula. It also highlights the need for more standardised assessment frameworks and longitudinal evaluation to support sustainable integration into teaching practice.

## Bridging Fidelity Gaps: A Creative Hybrid Manikin–Biosimulation Model for Resuscitative Hysterotomy Training

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**Key Takeaways:** Attendees will see how creative use of simple, accessible materials can enhance realism and engagement in teaching without requiring expensive technology. The hybrid resuscitative Hysterotomy model demonstrates how combining existing simulation platforms with low-cost biological components can bridge fidelity gaps and stimulate meaningful learner discussion. Importantly, the model prompted consultant-level debate around incision choice, illustrating how well-designed simulation can support clinical reasoning as well as technical skill development.

A key takeaway for educators will be the value of staged learning design, progressing from low-cost repetition trainers to higher-fidelity scenarios. This approach promotes deliberate practice, builds learner confidence, and supports inclusive access to hands-on learning opportunities. The poster encourages educators across disciplines to experiment with adaptable, scalable teaching solutions that prioritise learner engagement, creativity, and accessibility rather than reliance on costly or complex equipment.

**Poster Abstract**

Resuscitative Hysterotomy is a rare but life-saving intervention performed during maternal cardiac arrest. Due to its infrequency and time-critical nature, opportunities for clinicians to practise the procedure in realistic settings are limited. Traditional training approaches rely on either high-fidelity simulators or biological tissue models alone, each with limitations in physiological realism or tactile authenticity. This project explored a creative hybrid approach designed to enhance learner engagement while maintaining accessibility and scalability.
A hybrid simulation model was developed by integrating a biologically constructed uterus, using porcine tissue, into a Gaumard Victoria obstetric simulator configured for emergency Caesarean delivery. The design prioritised affordability and adaptability, using readily available materials to support wider adoption across training settings. The model enabled realistic abdominal entry, uterine incision, fetal extraction, and uterine closure, supporting immersive, hands-on learning.

The hybrid model was demonstrated during consultant-level emergency procedural training. The session stimulated active learner engagement and prompted reflective discussion among participants regarding incision strategy selection, including midline versus Pfannenstiel approaches. This highlighted the role of creative simulation design in supporting not only technical skill acquisition but also clinical reasoning and peer learning.

Future work will focus on developing a low-cost repetitive task trainer using simple materials to support inclusive access to repeated practice opportunities. This staged training approach promotes engagement, progressive skill development, and equitable access to realistic simulation-based learning for rare, high-risk obstetric emergencies.

## Using Service Initiative Projects to Enhance Student Learning on Clinical Placement

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**Key Takeaways:** Attendees will see how these projects create active, and meaningful learning experiences beyond routine clinical tasks. Other take-home messages include: student-led service initatives can enhance service delivery and support student learning and autonomy as well as highlighting the roles played by practice educators and the university in supporting these projects.

**Poster Abstract**

Physiotherapy students on the University College Cork (UCC) MSc Physiotherapy Programme have been undertaking service improvement initiatives as part of their clinical placements since 2020. A service initiative refers to a structured effort aimed at delivering or enhancing services to meet specific needs within a community, organisation, or target group. Examples include clinical audits, development of patient information leaflets, literature reviews and patient surveys. Research describes the benefit of service improvement initiatives to student development, providing valuable learning opportunities through non-direct patient contact activities. (Baillie et al. 2014, Lawton, V. et al. 2021). A strong partnership between the university and clinical placement sites, along with regular student support is essential for the success of these initiatives (Baillie et al. 2014). This study examined perceived benefits to service provision and student professional development, identified barriers and facilitators to implementation, and explored how the University could better support student-led service initiatives on clinical placement. A Qualtrics survey was distributed to students and practice educators at the end of placement blocks 1, 2, and 3 to explore perceptions of these initiatives. Results will be presented in tabular format and supported by qualitative quotations on a poster.

## Bridging Language Barriers in Healthcare: A Transdisciplinary Simulation Approach to Interpreter-Mediated Communication in Medical Education

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**Key Takeaways:** Attendees at the 2026 CoMH Learning & Teaching Showcase are likely to take away several practical and transferable insights for shaping their own teaching practice:
The value of transdisciplinary collaboration: Bringing together students from different disciplines can create richer, more authentic learning experiences that go beyond traditional siloed education.

Simulation as an inclusive teaching strategy: Structured simulation allows students to engage safely with complex, real-world challenges, particularly those involving communication, culture, and diversity.

Embedding cultural competence in curricula: The project offers a model for integrating communication with diverse populations into existing programmes, rather than treating it as an optional add-on.

Scaffolded experiential learning design: Using frameworks like Kern's model ensures that innovative teaching is grounded in educational theory, with clear alignment between goals, activities, and feedback.

Practical approaches to work-readiness: The simulated sessions demonstrate how relatively low-resource interventions (case design, role-play, peer feedback) can significantly enhance students' preparedness for professional practice.

Potential for scalability: The initiative highlights how pilot teaching innovations can evolve into broader offerings, such as micro-credentials or interdisciplinary modules.
Overall, attendees can adapt this model to design creative, inclusive, and practice-oriented learning experiences within their own disciplines.

**Poster Abstract**

The increasing linguistic diversity of contemporary societies necessitates that healthcare professionals are equipped to communicate effectively with patients of limited English proficiency (LEP). Language barriers are well-documented contributors to health disparities, yet medical education does not consistently prepare students for interpreter-mediated clinical encounters. Simultaneously, student interpreters rarely engage with authentic healthcare scenarios during their training.

This project describes a transdisciplinary, simulation-based education initiative jointly developed by the School of Medicine and the Department of French at University College Cork. Final-year medical students and MA Translation Studies students participated in structured simulated sessions designed using Kern's framework for curriculum development. Kern's framework guides curriculum development through problem

identification, needs assessment, objectives, strategies, implementation, and evaluation with continuous feedback. These sessions simulated real-world clinical consultations involving LEP patients, where medical students conducted history-taking from simulated patients not speaking English, with the support of student interpreters. Case-based scenarios, glossary preparation, and facilitated feedback supported experiential learning.

The initiative fostered cultural competence, communication skills, and collaborative practice in a safe, reflective environment. Medical students gained insight into the complexities of interpreter-mediated communication and developed strategies to enhance patient understanding and care. Interpreting students benefitted from exposure to authentic medical contexts, strengthening their professional identity and applied skills.

Student feedback highlighted the value of the experience in enhancing preparedness for professional practice. The programme demonstrates how transdisciplinary, simulation-based education can promote inclusion, engagement, and creativity in teaching and learning. Future directions include scaling the initiative and extending it to other disciplines where interpreter use is essential.

## Enhancing Early Clinical Learning through Community Partnership: An Inclusive Practice Education Model for First-Year Speech and Language Therapy Students

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**Key Takeaways:** Attendees will gain practical insights into how early clinical learning can be enhanced through creative, inclusive partnerships with community-based organisations. The poster will demonstrate how meaningful learning opportunities can be created beyond traditional clinical settings by collaborating with charities and community services, while still ensuring access for large student cohorts through the use of live-streamed observation. The initiative highlights the value of involving service users and families directly in student learning, supporting a more holistic understanding of clinical practice and lived experience.

**Poster Abstract**

Traditionally, first-year Speech and Language Therapy (SLT) students engage in paediatric clinical learning through attendance at an onsite, HSE-led clinic. Student pairs actively participate while peers observe through live-stream. To enhance student engagement, inclusivity, and community connection, the Practice Education Team last year, initiated an innovative partnership with the community-based Down Syndrome Centre in Cork (DSCC). The DSCC, a charitable organisation providing therapeutic services to children with Down syndrome, collaborated with UCC SLT educators to deliver three therapy sessions. On three separate occasions, first-year student pairs attended the centre to participate in individual and group therapy sessions facilitated by the centre's SLT. The remaining cohort observed these sessions via live stream.

Students engaged directly with children and their families, gaining valuable insights into family-centred practice, inclusive communication strategies, and interprofessional collaboration. Learning was further enriched through exposure to alternative and augmentative communication methods, including Lámh signing, particularly within group therapy contexts. Parent involvement during sessions supported students' understanding of lived experience and disability awareness.

Feedback from students, parents, and staff at the centre indicated high levels of satisfaction and perceived educational value. Students reported increased confidence, enhanced understanding of inclusive clinical practice, and a deeper appreciation of community-based service delivery. Of note, several students subsequently sought and secured voluntary roles at the DSCC, supporting summer camps and activities, demonstrating sustained engagement.

This education initiative, which continued this year, illustrates how creative collaboration with community organisations can enhance clinical learning, promote inclusion, and deepen student engagement in early SLT education.

## Students' Views of a Novel Pharmacy Simulation Program: A Mixed-Methods Survey Study

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**Key Takeaways:** Use of simulated learning to support competence development

**Poster Abstract**

Background: MyDispense is an open-source, high-fidelity, low stakes, web-based pharmacy simulation which allows students to develop their dispensing and counselling skills, in a low-risk environment. During the 2025/26 academic year, University College Cork (UCC) School of Pharmacy integrated MyDispense into first- and second-year pharmacy practice modules. Students were given the opportunity via a mixed-methods survey to provide feedback regarding their experiences with the platform.

Aim(s): To investigate learners' views and experiences of MyDispense within an Irish university setting.

Methods: First- and second-year pharmacy students were invited to participate in a mixed-methods survey study to gather student perceptions of MyDispense. Quantitative Likert-Scale responses were analysed in MS Excel using descriptive statistics such as frequency and mean. MyDispense usage data was also gathered to measure student usage of the platform. Open-ended questions were analysed via open-coding and reflexive thematic analysis.

Results: Of 155 students invited to use the MyDispense platform,115 (74%) used the platform and 96 (68%) participated in the study. Nearly all first-year (83%) and second year (87%) found MyDispense to be an interesting and engaging learning experience. Students strongly agreed that MyDispense increased confidence in clinical skills, such as patient counselling (81% Y1; 87% Y2) and medication dispensing (79% Y1; 97% Y2). Almost three in four first year students and the majority of second year students strongly agreed that MyDispense helped to prepare them for future placement and exams. It is worth noting that only two-thirds of first- and second-year students strongly agreed that MyDispense helped prepare them for future practice as a pharmacist. Despite this, 82% of first, 89% of second, year students, strongly agreed that they would like to use MyDispense in the future. Open-ended responses were mapped to four overarching themes: 1) Realism without Risk, 2) Experiential Learning Support, 3) Student Onboarding and Accessibility, 4) Platform Limitations.

Conclusion: While the outcome of this study highlights that students have a positive perception of MyDispense as a learning aid, further research is warranted to investigate the effectiveness of the platform in clinical pharmacy courses via correlation of MyDispense exercise completion and exam scores to measure its impact in reaching learning outcomes

## Are Pharmacology examinations fit for purpose? A Legitimation Code Theory Semantics Study

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**Key Takeaways:** Given the versatility and transferability of LCT Semantics across disciplinary contexts, this approach offers significant value to educators seeking to evaluate and strengthen curriculum design and assessment practices, ultimately supporting more valid assessments, deeper learning, and improved student outcomes.

**Poster Abstract**

Background: Constructive alignment between module learning outcomes (LOs) and assessment practices is essential to ensure alignment between expectations and assessment. This alignment underpins the validity of assessment, promotes deeper learning, improves student outcomes, and is fundamental to effective curriculum design.

Objectives: Using the Legitimation Code Theory (LCT) dimension of Semantics, we aimed to (i) investigate the knowledge demands embedded in summative pharmacology assessments across programmes, (ii) analyse the extent to which summative pharmacology assessments reflect module LO knowledge practices and (iii) explore whether examiners' intentions align with their module LOs and assessment expectations.

Study: We chose four undergraduate pharmacology modules from Pharmacy, Dental and Medical programmes. Summative assessment demands and module LOs were coded for semantic gravity (the context-dependence of meaning) and semantic density (the degree of complexity of meaning).

Results: LCT semantics coding revealed that module LOs were conceptually driven (strong semantic density) containing varying levels of abstraction in the rhizomatic and worldly quadrants (Cartesian plane). When mapped to assessments, there is no radical semantic coding shift in years one and two, but assessments in years three and four demonstrate strengthening of semantic gravity relative to the curriculum with 100% coding in the worldly quadrant. Notably, year four revealed misalignment, with LOs emphasising abstract theory while assessments focused exclusively on application. Discrepancies also emerged between examiners' stated intentions and actual knowledge demands, particularly where essay questions required professional knowledge despite intentions to assess theory.

Conclusion: LCT Semantics has provided insight into knowledge practices in pharmacology assessment, highlighting misalignment between LOs, assessments, and examiner intentions, providing evidence-based recommendations for constructive alignment.

## Does VTS participation impact VLA outcomes?

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**Key Takeaways:** Adapting assessment and being responsive to the changing learning environment

**Poster Abstract**

Background:
With the changing learning environment teachers are responsible to provide guidance on the appropriate use of technology while maintaining academic content to support dental acumen and core competencies.

Increased access to generative artificial intelligence prompted a revision of assessment methods. Introduction of a Visual Literacy Assessment (VLA) replaced the previous online discussion board assessment and aligned with the Visual Thinking Strategies (VTS) programme.

VLA is about learning to look, observe, see, describe, analyse and interpret. VTS aims to develop critical thinking through observation and reasoning skills, using multiple perspectives. Living in a digital era skills like describing, analysing, interpreting is more difficult to cultivate and assess. Results of the VLA in semester one demonstrated a wide range in marks with some students unsuccessful. Feedback to unsuccessful students was to engage conscientiously with all elements of the VTS programme.

Aim:
To identify whether VTS participation positively impacts VLA outcomes?

Method:
Provide all students with a series of VTS lectures and small group teaching using images to develop critical thinking through enhanced observation and reasoning skills. Make explicit to students the relevance of VTS to VLA. Request unsuccessful students to resit VLA on completion of the VTS programme.

Results:
On completion of all VTS teaching, previously unsuccessful students demonstrated a clear improvement in their ability to observe, describe and analyse the visual image and to link content to course content.

Conclusion:
- VTS participation improves VLA outcomes.
- Assessments must be responsive to changes in the learning environment to ensure students develop dental acumen and core competencies.

## A qualitative study of learning spaces in undergraduate dental education: development of a thematic framework

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**Key Takeaways:** Attendees will:
Have a greater understanding of the potential impact of the physical learning space in dental education;
Consider the potential for similar or different impacts in other healthcare disciplines;
Appreciate the potential for collaborative, pedagogical research exploring the design and evaluation of clinical learning spaces.

**Poster Abstract**

Introduction
Given the unique nature of dental learning spaces, in which the delivery of high-quality patient care is balanced with students' educational needs, it is important to understand how physical infrastructure influences learning, teaching and practice in dental programmes. The aim of this study is to explore the impact of learning spaces in clinical dental education.

Method
A qualitative study design was employed using six focus groups, aided by a topic guide, with undergraduate dental professional students (n=15) and clinical teaching staff (n=14). Recordings were transcribed and the data were analysed using reflexive thematic analysis in NVivo 15 (Lumivero). A social constructivist interpretive framework was employed, with themes developed through structured, iterative engagement with the data. Coding was flexible and inductive, whilst remaining theoretically grounded. Reflexivity was maintained throughout the analytic process.

Results
Six inter-related themes were developed: (1) balancing patient care and learning; (2) shaping learning through spatial affordances and constraints; (3) organising teaching and learning through clinical space; (4) facilitating social interaction in clinical spaces; (5) experiencing clinical learning spaces at an individual level; and (6) structuring clinical learning through institutional systems. This thematic framework demonstrates that clinical spaces shape learning through their influence on practice, supervision and professional team-working.

Conclusion
This study highlights the active role played by physical learning spaces in dental education. By integrating patient care with key material, relational and institutional dimensions, the study offers a theoretically informed framework with implications for the advancement of evidence-based design and evaluation approaches for dental education environments.

## From Passive to Active Learning: Preclinical Medical Students' Perceptions of Simulation-Based Learning Focused on Sepsis and Infection

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**Key Takeaways:** This study reinforces that simulation is not just for advanced learners - even early-stage students appeared to benefit in terms of engagement and perceived understanding and introducing interactive methods of teaching through structured, supported simulation, can accelerate clinical reasoning. However, teaching resources are limited and so scalability to other preclinical years and subject areas would be a limiting factor.

**Poster Abstract**

Background
Simulation-based learning is increasingly used in postgraduate medical education to promote active learning and clinical reasoning. However, its role in early undergraduate teaching remains underexplored. This study evaluated student perceptions of a structured simulation designed to enhance sepsis and meningitis education. A secondary objective was to assess the feasibility of delivering simulation-based teaching using existing staff resources.

Methods
Second year graduate entry medical students (n=69) participated in simulation-based teaching focused on recognition and management of sepsis and bacterial meningitis after completing traditional lecture-based teaching. Groups participated in two high-fidelity simulation scenarios (meningococcal sepsis and bacterial meningitis), and a structured "ward round" comprising four infection-related clinical cases. Facilitators consisted of one full-time academic staff, three clinical senior lecturers, six adjunct clinical lecturers and two staff from the ASSERT centre, UCC.

Students completed a voluntary, anonymised survey (5-point Likert scale) assessing clinical management, diagnostic reasoning, specimen selection, antimicrobial knowledge, knowledge gained, and overall recommendation, along with qualitative feedback. Quantitative data were analysed using descriptive statistics and qualitative data underwent thematic analysis.

Results
Fifty-two students responded (75% response rate). Overall responses were highly positive, particularly regarding knowledge gained (median Likert score 5) and likelihood to recommend the session (median Likert score 5). Responses relating to students' confidence in identifying

causative pathogens, empiric antimicrobial choices and specimen selection were more variable (median Likert score 4). Thematic analysis identified strong engagement, value of applying knowledge in realistic scenarios, and enhanced clinical reasoning. Suggested improvements for future sessions included smaller group sizes and clearer role allocation.

From an organisation perspective, sessions were labour intensive to organise and deliver. Despite successful implementation and preparatory materials to aid future delivery, scaling to large cohorts would be challenging without additional staff or formal simulation centre partnerships.

Conclusion
Simulation-based teaching was highly valued and associated with strong perceived learning gains. Integrating structured simulation into early medical education may enhance clinical reasoning and engagement, though scalability would require additional resources.

# Perceptions of Children's Disability Network Team (CDNT) Placements Among Physiotherapy Students

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**Key Takeaways:**
- Engaging students as co-creators in curriculum design can uncover authentic learning needs and drive meaningful change.
- Creative, practice-based resources (e.g., videos, case-based learning, experiential activities) enhance engagement and preparedness.
- Early, structured, and accessible exposure to paediatric content promotes a more inclusive understanding of working with children with diverse needs.
- Embedding student voice and iterative evaluation supports sustainable, responsive curriculum development.

**Poster Abstract**

Background:
Recruitment into paediatric physiotherapy remains challenging, despite increased curricular focus and placement opportunities. Recent placement preference data from 30 second-year students showed no selection of paediatric settings as a first choice. During a Children's Disability Network Team (CDNT) placement, two physiotherapy students explored barriers to engagement and developed strategies to enhance interest in paediatric practice.

With academic support, a needs-analysis survey was distributed to first- and second-year physiotherapy students who had not completed a paediatric placement. Findings highlighted low confidence, limited exposure to paediatric conditions, and uncertainty regarding the CDNT role. Students requested more practical insight and introductory learning resources.

In response, students co-created an interactive teaching session titled "A Guide to Your First CDNT Placement", embedded within the Clinical Practice module. The session included CDNT service overview content, signposting to learning resources, and student-produced video demonstrations from a CDNT gym setting. It was also developed as a reusable digital resource.

Methods:
A mixed-methods service initiative was undertaken. Students completed an online survey exploring confidence, understanding of CDNT roles, perceived challenges, and learning needs. A concurrent audit evaluated existing learning resources for accessibility and usefulness. Findings informed development of targeted supports, including an exercise bank, communication tools (Lámh and AAC), case-based learning, and physiotherapy-led exercise resources for children with complex needs. An interactive engagement session delivered these resources within a preparation-for-practice module.

Results:
Students reported low confidence and limited understanding of paediatric physiotherapy roles. Key concerns included communication, clinical skills, and disability knowledge. Gaps in accessible, practical learning resources were identified.
Conclusion:

This student-led, co-created initiative demonstrates how creative, inclusive, and experiential learning approaches can enhance engagement and preparedness for paediatric physiotherapy practice while addressing workforce pipeline challenges.

# Designing an Engaging and Inclusive Learning Environment in Physiotherapy Education through a Digital Case-Based Platform

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**Key Takeaways:** Attendees may take away a practical example of how digital tools can be used to support case-based learning in physiotherapy education without requiring complex or resource-intensive systems. The poster aims to illustrate how a structured digital platform can help scaffold students' clinical reasoning while also promoting engagement and participation in classroom activities.
Rather than presenting a fixed model, this work offers an adaptable approach that colleagues might consider applying or modifying within their own teaching contexts. It may also encourage reflection on how relatively simple digital innovations can contribute to more inclusive and student-centred learning environments, particularly in practice-based disciplines.

**Poster Abstract**

Developing clinical reasoning is a core challenge in physiotherapy education, as students often demonstrate proficiency in technical skills but struggle to apply knowledge in complex clinical contexts. Digitalisation offers new opportunities to bridge this gap by supporting more interactive and flexible learning environments. Recent studies suggest that digitally mediated case-based learning can enhance student engagement and support the integration of theory and practice in physiotherapy education.

This project describes the design and implementation of a digital case-based learning platform integrated into an undergraduate musculoskeletal physiotherapy course. The platform provides structured clinical cases, guided reasoning pathways, and opportunities for collaborative discussion. Students engage with cases through a sequence of activities, including case analysis, group discussion, and practical application during in-class sessions.

The initiative aims to enhance student engagement and support inclusive learning by offering diverse case scenarios and flexible access to learning resources. It also seeks to strengthen clinical reasoning by encouraging students to move beyond procedural skills towards analytical thinking and decision-making.

Preliminary observations indicate increased student participation and improved ability to articulate clinical reasoning processes. The digital platform enables scalable and low-cost implementation, making it adaptable across different courses and contexts.

This study highlights how digital tools can support meaningful pedagogical innovation in physiotherapy education, contributing to more engaging and inclusive learning environments without requiring complex technological infrastructure.