

Scenario 11 - Upper Gastrointestinal Tract: 182 Practice Questions: MCQs for Preclinical Medicine

AMEE 2010 ABSTRACTS

SESSION 1

1A Plenary: Training to Minimize Errors in Medical Decision Making: The challenges, obstacles, and the way forward *Itiel Dror (Institute of Cognitive Neuroscience, UCL, UK)*

Medical decision making takes place in complex and distributed cognitive environments, and sometimes involves risk and time pressure. These, along with the perception and judgement that precede the actual decision choice, potentially predispose towards error. Training and education must focus on cognitively informed strategies to prevent errors. However, since they cannot be eradicated and only minimized, we must also prepare and train how to recover from inevitable errors. Understanding the decision making processes guides the way to construct training that increases decision capabilities in terms of quality and efficiency, as well as decrease errors and help recover from them.

SESSION 2

2A Symposium: Updates in Medical Education – What you really need to know *Panel: Larry Gruppen (University of Michigan Medical School, USA) (Co-chair); Ahol Kent (University of Cape Town, South Africa) (Co-chair);*

Topic 1: Improving education to improve health
Bill Burdick (FAIMER, USA)

Topic 2: Improving basic sciences teaching
Geoff Norman (McMaster University, Canada)

Topic 3: Leadership in Medical Education
TBA

2B Symposium: Contextualised Simulation: New ways forward

Panel: R Kneebone (Imperial College London, UK) (Chair); P Bellio (Imperial College London, UK); D Nestel (Gippsland Medical School, Monash University, Australia); I Curran (London Deanery, London, UK)

This presentation will build on our group's work with innovative approaches to simulation. At recent conferences we have presented the concept of Distributed Simulation. A low-cost, portable yet highly immersive clinical environment uses highly realistic models to create an 'operating theatre' within an inflatable enclosure. We are now expanding our focus from surgeons to other members of the clinical team. A key principle is *selective abstraction*, focusing resources where they are most effective to recreate key elements of a clinical setting in a cost-effective way. In this symposium we will apply this principle to anaesthetists, exploring how 'good enough' simulation can capture the physical interactions required for effective engagement.

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-consisting of Pre-clinical subjects - Human Anatomy, Physiology including .. Upper Limb.1. scientific knowledge for medical practice. 2. skills . Page Structure of Year 3 Academic programme. Semester Module exam II Demography. (MCQ . Pre-clinical course - integrated (Anatomy, Biochemistry, Physiology) .. 2. describe the development of the gastrointestinal System Page

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