

SHMS Summer Education Day

17th June

Parallel Sessions outlines

PARALLEL SESSIONS 10.50 -12.00

Option A: Round Table

Curve Lecture Theatre

Supporting diverse patients in disease: recovering health but also personhood

The postgraduate course titled “Person centred care: applications in healthcare” offers varied perspectives of caring for different patients in healthcare. It discusses disparities due to gender, age, skin colour, sexual orientation, neurodiversity, ability. The course uses a mix of didactic lectures, workshops, class debates and class discussions to maximise interactions. A common theme over the last 5 years is that disease signifies often not just the loss of health, but a more profound and rather abrupt loss of personhood. Person-centred care needs to bring this personhood back, to heal the person before the patient. This round table will discuss the loss of personhood as a contributing factor towards healthcare inequalities and will examine different examples and use cases from the experiences of the speakers, academic and lived, in relation to physical and mental health, trying to offer best practice recommendations.

Facilitated by Christina Malamateniou, Associate Professor of Technology-enabled Care in Radiography.

Contributors: Marcus Jackson (Associate Professor Diagnostic Radiography), Julie Evans (Lecturer in Clinical Communications), Claire Copland (Consultant Clinical Psychologist), Emily Skelton (Lecturer in Diagnostic Imaging), Ben Potts (Doctoral Researcher)

Option B: Presentations

H0.2

Student-staff collaboration on health inequalities pedagogies

1. Health inequalities: an investigation into student preferences for inequalities pedagogy

Sonia Elks and Lucy Baxter

This study explores healthcare students' perspectives on the teaching of health inequalities at City St George's, University of London (Tooting campus), aiming to identify student preferences for the

effective delivery of this critical content. The study is motivated by the growing emphasis on health inequalities and inclusive care across healthcare education. A key goal is to use students' feedback to inform curriculum reviews and resource development, ensuring the integration of health inequalities education is both relevant and impactful for future healthcare practitioners. The study utilised a survey and follow-up focus group with healthcare students at City St George's to gather insights on the importance of teaching health inequalities, preferred teaching methods, and areas for improvement. Preliminary thematic analysis of the survey data has revealed key themes, including the importance of raising awareness about health inequalities, fostering equity in care, understanding systemic barriers, and preparing students for professional responsibility in addressing inequalities. The analysis also highlights students' preference for interactive, case-based learning and the integration of real-life patient experiences. The results emphasise the need for a diverse and inclusive curriculum that addresses intersectionality and provides both theoretical and practical applications in clinical settings.

2. Co-designing with students to reimagine Primary Care in Medical education

Roaa Al-Bedaery

The underrepresentation of primary care in UK medical curricula contributes to workforce shortages, limits students' understanding of its complexity, and reduces opportunities to teach healthcare inequalities within a primary care context. In response, we co-developed two complementary interventions: an online seminar series delivered in a 'primary care grand rounds' format and out-of-hours (OOH) placements for medical students.

Over 18 months, the seminar series attracted over 650 registrations, with 97% of surveyed participants reporting exposure to new aspects of general practice and increased interest in primary care careers. Reflexive thematic analysis of surveys and focus groups identified five core themes: the impact of speakers' personal stories, exposure to a broad range of primary care roles, continuity of care, personal motivation and the importance of relatable role models.

This presentation will explore these themes and share findings from both interventions, demonstrating how they helped challenge common misconceptions about general practice and increased student engagement with academic primary care. We will outline strategies for educators to co-design inclusive, student-centred learning through staff–student partnership. The session will highlight pedagogical approaches that embed healthcare inequalities, such as migrant health and prison healthcare into primary care medical education in meaningful and sustainable ways, which can be applied across educational settings.

PARALLEL SESSIONS 13.00 -14.10

Option A: Presentations

Curve Lecture Theatre

Developing insights that help shape how we educate.

1. Young adult carers in HE: Evidence and institutional responses

Becca Lacey, Reader in Social and Lifecourse Epidemiology

This presentation will begin by introducing the concept of young adult carers, including student carers. Drawing on national evidence, it will outline the socio-demographic characteristics of this group, the nature and intensity of their caring responsibilities, and the broader social context in which caring occurs. The focus will then shift to recent longitudinal findings from the UK Household Longitudinal Study (Xue et al., 2023), which show that young adult carers are significantly less likely to obtain a university degree and to enter paid employment compared to their non-caring peers. The presentation will highlight the relevance of this issue for higher education institutions, offering insights into how universities, educators, and health professionals can better identify and support young adult carers. It will also provide a brief overview of existing policies and reflect on what further measures are needed.

In doing so, the session will explore how greater recognition of young adult carers' needs can inform the training of healthcare professionals, encouraging more inclusive and empathetic practices. By understanding the lived experiences of student carers, we can begin to address structural inequalities and prepare future practitioners to engage more effectively with marginalised populations.

This session offers valuable evidence to inform practice, policy, and future research at the intersection of education, health, and informal care in early adulthood.

2. Understanding and Supporting Young Adult Carers

Alejandra Letelier, Lecturer in Global Health

This presentation shares preliminary findings from a qualitative study exploring the experiences of young adult carers—students under 29 who provide unpaid care for relatives or others with health needs—at St George's, University of London. Despite growing recognition, young adult carers remain an often-overlooked student group, facing unique barriers in accessing and completing higher education. Drawing on focus groups and semi-structured interviews, this research investigates the challenges these students encounter, from navigating academic responsibilities alongside caring, to the impact on mental health and future opportunities.

The study provides insights into the application and enrolment processes, ongoing support needs, and how institutional practices can better recognise and assist student carers. The findings will inform City St George's efforts to develop more inclusive support systems, with practical implications for student wellbeing, retention, and success.

More broadly, the research highlights how a deeper understanding of student carers' lived experiences can inform the education of all healthcare professionals—encouraging teaching practices that promote empathy, equity, and real-world relevance. Supporting carers within healthcare education doesn't only benefit students themselves but also shapes professionals who are more attuned to the complexities of health and care in society.

3. Participatory research in action: co-designing primary care simulations with educators, patients, actors and learners.

Jacqueline Driscoll, Clinical Teaching Fellow, Katie Campion, Community Visits and Patient Involvement Lead, Dr Judith Ibison., Professor of Primary Care Education

This co-design study aimed to level the epistemological playing field in the creation of simulation scenarios through meaningful co-design. In phase one, there were focus groups with each group (educators, patients, actors and learners) separately to understand their perspectives on simulation. These were then analysed thematically. In phase two, we brought everyone together, shared the starting perspectives of the groups and then drew on the humanities including narrative medicine, I-Poems and live drawing to enact power sharing and create in a psychologically safe way new simulations for training future GPs.

We will share learning from this study including:

1. Important considerations for the 'HOW' of co-design. This attends to questions such as:
 - who do we recruit?
 - what does payment look like?
 - how is psychological safety created?
2. Reflections on the merits and challenges of creative methods as a conduit for co-design, including sharing some of the poetry, drawings and graphics created as part of the event.
3. Findings from the study including themes from the five focus groups and feedback from our participant survey and focus groups after the co-design event.
4. A snapshot of the five simulations created spanning concerns from telephone consults to consulting with carers and how they differ from traditional practice.

Option B: Presentations

H0.2

Preparing student to address health inequalities in their practice

1. Addressing Health Inequalities in Clinical Communication Teaching for Healthcare Students

Rakin Anwar and Sarah Siddiqui, Medical Education

Patient-clinician communication is amongst the numerous factors identified as contributing to unequal healthcare with the potential to either generate or reduce health inequalities¹.

The Clinical Communication Skills Team at City St George's deliver teaching across all years of the Medicine programme, providing students with the skills they need to interact with patients. Our

priority is for students to understand the importance of and implement patient-centred care, moving away from a paternalistic model for clinical practice and towards working with their patients to achieve positive outcomes. Across our teaching we aim to promote ideas of inclusivity and accessibility, looking to introduce students to how bias and stereotyping can manifest in clinical communication and then may impact our patient's experiences of healthcare and their clinical outcomes.

In this presentation we will be exploring how addressing biases and effective clinical communication may influence the health care outcomes of marginalised populations. We will also outline how we have woven this theme into different sessions taught across the clinical communication skills curriculum with the aim to address it. We will be summarising how we have embedded in session design and our students' feedback.

1. Pérez-Stable, E. J., & El-Toukhy, S. (2018). Communicating with diverse patients: How patient and clinician factors affect disparities. *Patient education and counselling*, 101(12), 2186–2194. <https://doi.org/10.1016/j.pec.2018.08.021>

2. Developing prison placements and education for healthcare students

Agalya Ramanathan, Judith Ibison, Nicola Buxton, Roaa-Al-Bedaery, Katie Campion Medical Education.

Within Medicine, we are developing prison-based clinical experiences and preparatory education in partnership with healthcare providers, clinicians and people with lived experience of imprisonment. Such initiatives are limited in UK clinical education.

Following a constructivist paradigm, our approach is informed by Mattick et al (2013): development, feasibility and piloting, evaluation and implementation.

The aim is for students to:

1. Describe the impact of incarceration on health, healthcare services available to prisoners, and healthcare services available to prison leavers.
2. Contrast how individual clinicians and primary care organisations can best deliver healthcare for people who have been formerly incarcerated.

The pilot is currently open to students in their Penultimate (P) and Final (F) Years. Initial feedback from students indicates that they learnt about common conditions encountered in prisons and they enjoyed the session (and want more time).

Our plan is to embed contextual scaffolding in the early years of the Medicine programme through engagement with people with lived experience and healthcare providers, followed by clinical experiences in prisons, potentially making this compulsory within the P-year primary care placement from 2027. Systematic evaluation will inform further implementation and exploration of applications in other healthcare courses, including Paramedic Science where prison placements are already established.

References:

- Mattick K, Barnes R, Dieppe P. Medical education: a particularly complex intervention to research. *Adv Health Sci Educ Theory Pract*. 2013 Oct;18(4):769-78. doi: 10.1007/s10459-012-9415-7. Epub 2012 Oct 20. PMID: 23086398.

3. Embedding inequalities and inequities within teaching - the MBBS final year public health attachment

Tahira Chishti and Rebecca Fortescue, Medical Education

The final year public health attachment for medical students runs as a two-week classroom based clinical attachment which they attend on a rotational basis in groups of approximately 40-50. Over the years we have evolved the content to place increasing emphasis on the role of inequalities in public health. Students are reminded of the concepts of health inequalities from day one, and then it is interwoven into almost all subsequent teaching sessions.

In this presentation we will aim to provide some examples of inequalities-themed teaching, both within a UK and global context. We will also describe a structured debate session about universal basic income, which is the focus of a teaching quality improvement project, that investigates both student understanding of health inequalities and inequalities in student participation in teaching.

PARALLEL SESSIONS 14.25 -15.45

Option A: Round table

Curve Lecture Theatre

Addressing maternal and newborn inequalities: how can education make a difference?

Facilitator- Marina Daniele, Lecturer in Midwifery

For many years, the UK Confidential Enquiries have been highlighting inequalities in rates of maternal and perinatal morbidity and mortality across the population. Women and birthing people of Black, Asian and ethnic minority heritage, as well as people with lower socio-economic status, are disproportionately affected. Public and professional awareness of these issues has been growing, thanks in large part to service user-driven campaigns. We have the responsibility to take a stand on these issues to ensure the next generations of health care practitioners are equipped with the right tools to understand and address these problems. To this end, we will convene an interdisciplinary round table drawing together educators and practitioners from various disciplines across City St George's, including midwifery and obstetrics. We will also be joined by practice educators, service users and students.

Round table participants will discuss whether and how professional healthcare education can make a difference, exploring key content that educational programmes need to strengthen and skills and values that need to be cultivated in educators and students. Participants will discuss how these goals

can best be achieved, highlighting best practice, potential pitfalls, where to focus efforts and how to support each other.

Option B: Presentation and mini-workshop

H0.2

Mapping the Curriculum, Interrogating Connections

1. Health Inequalities in the Clinical Curriculum: Findings from a Medicine Working Group

Ban Haider, Umar Chaudhry, Margot Turner, Judith Ibison, Medical Education

Addressing healthcare inequalities requires comprehensive and co-ordinated action from policy makers and healthcare delivery services. This needs to be underpinned by improvements within clinical education to train future healthcare professionals to adopt a solution-focused approach to tackling health inequity. Furthermore, our institutional strategic objective of reducing the ethnicity-related awarding gap for students is closely related to our ability to recognise where cross-over exists between power imbalances disadvantaging individual patients and similar imbalances that disadvantage students.

To date, there have been efforts to include content within the Medicine curriculum to support this educational goal – producing doctors who are confident of proactively measuring equity and tackling inequity. Student-staff collaboration has been a vital mechanism for developing content. This presentation will share findings from a working group who have undertaken a mapping exercise of the curriculum to highlight relevant content, position within the course and associated learning outcomes. Our group aims to address the gaps that still exist in relation to health inequalities teaching, for example within the setting of clinical placements, and consider health inequalities education within a spiral curriculum approach.

2. Sustainability and Health Inequalities

Helen Puntha, Centre for Innovation and Development in Education

The [United Nations Sustainable Development Goals](#) (SDGs) offer a comprehensive framework for measuring progress on sustainability at global, national and local levels. Grouped under 17 broad-ranging themes the SDGs reflect key challenges of our time and are increasingly utilised by a range of health-related organisations including the NHS and WHO as well as within academia, industry and the third sector. As such they provide a valuable lens for examining complex connections between sustainability and health inequalities. Emerging research draws attention to how the climate and ecological crisis (IPCC, 2023) intersects with social and economic justice issues including disparities in health and indicates that solutions to the crisis must recognise and address these intersections to be effective in the long term (Fuso Nerini et al., 2019; Gupta et al., 2023).

In educational contexts, the SDGs offer a powerful tool to interrogate connections between seemingly disparate topics as well as to challenge dominant narratives and explore intersections of academic, professional and personal values. Participants will gain an understanding of sustainability and the SDGs, opportunities to explore health inequalities using the SDG framework and ideas for addressing health inequalities within the curriculum using a sustainability lens.