

the questionnaire. Eligibility for participation implied that the actual drug consumer was present during the clinic. The topics discussed mainly dealt with attendee demographics (ie: age, sex, locality), diseases being treated as listed on the front of the Schedule V card, patient knowledge of all the names of the drugs and doses, identity of who prepares the medication for the attendee and availability of an up to date treatment list and who set it up. The questionnaire and study were approved by the Department of Primary Health and the University of Malta Ethics board.

**Results:** A peak age group of 60-69 years was noted, with a higher male attendance (58,5%). The problem of polypharmacy was noted with some patients taking as many as 11 different kinds of tablets daily, the largest number of drugs being taken by attendees on anti-hypertensive treatment. 56,1% of females knew what medication they were on, as opposed to 44,8% of males. 20,2% of males had an up-to-date treatment card, as opposed to 11,7% of females.

**Conclusion:** The study showed that prescription clinic attendees have a sub-optimal knowledge of their treatment. In addition, polypharmacy is very common and might be addressed using combination treatment. Patients experience difficulty with the changing names of generic drugs. The need for safer clinical practice and introduction of proper drug review is evident.

#### OP8.214

### The changing faces of future doctors: reflections of contemporary prospective patients in Star Trek over four decades

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Science fiction is ubiquitous in everyday life, and Star Trek (ST) has become part of popular culture. Doctors play important roles in these episodes. This paper explores depictions of these individuals over the four decades since the inception of the original series. ST demonstrates that doctors have reflected the shifting expectations of the general public in that medics have morphed from an old-style country doctor, to a supermom, to a genetically engineered human, to a sentient, computer-generated hologram and to an alien who uses also uses natural healing methods. Doctors are expected to provide total accessibility, the ability to utilise natural remedies when possible, compassion and unstinting commitment to their patients and their profession, infallibility and broad skills with flexibility that allows them to deal with virtually anything, in anything. These capacities appear desirable even if the traditional doctor is replaced by a machine, a warning that it would behave the profession to heed.

#### OP8.215

### Research involvement among 2011-12 Year 3 and 4 University of Malta medical students

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Evidence-based medicine (EBM) and research are core aspects of contemporary medical education. A retrospective study was conducted among MDIII and MDIV students. The aim of the study was to examine the involvement in EBM and research in these two cohorts of medical students, chosen because the former are the first class completing the new curriculum and the latter are the last class completing the old curriculum. Both cohorts were taught research methods simultaneously between October 2011 and January 2012. An electronic questionnaire was sent to all MDIII (n=112) and MDIV (n=86) students, of whom 41% and 45% responded respectively. Responses were analysed with descriptive and

inferential statistics. Three true-false questions regarding application of statistical knowledge to clinical scenarios were asked of both groups. MDIII and MDIV students scored a mean of 57% and 49% correct answers, respectively. The Chi-squared test did not reveal significant difference ( $p=0.9$ ,  $\alpha.05$ ). There was no significant difference in the number of students accessing the University of Malta journal database ( $p=0.7$ ,  $\alpha.05$ ) with an average of 32% reporting access in both groups ( $n=85$ ). No significant difference was found between groups in the reported number of extracurricular presentations given ( $p=0.2$ ,  $\alpha.05$ ), research undertaken ( $p=0.05$ ,  $\alpha.05$ ) or attendance in EBM seminars and workshops ( $p=0.17$ ,  $\alpha.05$ ). The reported Involvement of all respondents ( $n=85$ ) in these three activities was of 29%, 28% and 44% respectively. A total of 8% of all respondents (6.5% in MDIII and 10.2% in MDIV), reported presenting their research via a poster or audiovisual presentation ( $p = 0.53$ ,  $\alpha.05$ ) while 2% had their research published ( $p = 0.53$ ,  $\alpha.05$ ). The NICE guidelines (45%), PubMed (47%) and Cochrane library (29%) websites were accessed between 1 and 5 times during the year by both cohorts; no significant difference was found between the two groups. Almost 85% of MDIII and 90% of MDIV respondents were in agreement with the inclusion of completion of a research project as a compulsory requirement in the undergraduate medical curriculum. The study suggests that while some research initiatives are occurring among MDIII and MDIV students, more effort needs to be focused on increasing this involvement. Respondents reported lack of opportunities and lack of time as the main deterrents while pro-activity and students' organisations events were marked as main motivators. Due to the study limitations it is suggested that this survey be conducted annually in all undergraduate classes.

#### OP8.216

### An analysis of trainee clinical assessments within the Foundation Programme in Malta

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**Introduction and aim:** Mini-Clinical evaluation exercises (CEX) and Case-based discussions (CbD) are mandatory assessments in the Foundation Programme (FP). A trainee needs to complete a minimum 6 of each in order to complete the minimum requirements to achieve FY competence. A CEX assesses the doctors' abilities in history taking, physical examination skills, communication skills, critical judgement, professionalism, organisation/efficiency, and overall clinical care. A CbD assesses the doctors' abilities in medical record keeping, clinical assessment, investigations and referrals, treatment, follow-up and future planning, professionalism, and overall clinical judgement. The aims of this retrospective study were:

- To analyse the number of doctors who were flagged with any type of concern
- To analyse the relationship between staff group and the overall grades given.

**Methods:** Data was obtained from the NHS eportfolio - Malta database. The assessments received by FP Malta for trainees in FY1 and FY2 between the 11th July 2011 and 15th July 2012 were anonymised and analysed using the Statistical Package for the Social Sciences.

**Results:** A total of 917 CBDs and 924 CEXs were received and analysed. Assessors included Consultants, Resident Specialists, Higher Specialist Trainees, Basic Specialist Trainees, Family physicians and Others. Consultants awarded statistically significant less points to FY2s in both CEXs and CBDs when compared to more junior staff, an average of 4.75 and 4.68 respectively; while the BSTs awarded statistically significant less points to the FY1's with