

thereby embedding learning in its clinical context. The benefits of 'joint training' and 'reflection' were also repeatedly noted. Finally, the use of local data was described as 'eye-opening' and 'enlightening'.

A key finding from our experience was the need to increase the time allocated for debriefing when using local incidents. We found discussions following real-life scenarios evoked emotive responses and that additional pedagogical space to address the themes, concerns and emotional discourses that arose was required. Critical incident analysis provides a powerful platform for reflection, but requires experienced facilitators to sensitively guide and support learners.

The design methodology we used is easily transferable and has the potential to improve postgraduate learning, and the quality and safety of patient care. Of note, participants in this pilot exercise were keen to become involved in the identification and construction of scenarios from subsequent incident reports, which highlights the sustainability of this technique.

We know there is a need to embed learning in an authentic context,¹ but it is not always possible to bring simulation to the clinical environment. Using incident reporting to generate authentic interprofessional learning scenarios allows the use of high-fidelity simulation in its clinical context. This has the potential to foster and encourage collaborative practice and is a well-received method of simulation delivery.

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Community health fair with follow-up

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What problems were addressed? Medical and health professions schools commonly host community health fairs staffed by students. Fairs typically provide patrons with free health screenings and

health education. These events allow students opportunities to practise health promotion, while forging relationships with their local communities. Although health fairs appear to offer patrons many benefits with little risk for harm, these events nevertheless require review to ensure they are established ethically and that their benefits outweigh any risks.¹ Potential risks include the instigation of expensive tests indicated by false positive screenings and the delivery of false negative results.

As our institution's annual health fair in a historically medically underserved community grew in both attendance and scope, we hoped to ensure our patrons benefited from the services we provide. Unfortunately, assessment of health fair successes in the literature is largely limited to measures of outputs (e.g. number of people screened), and rarely are actual health outcomes following fairs reported. We decided to investigate whether our health fair was ethically and sustainably implemented to promote tangible benefits.

What was tried? Student leaders of our annual health fair developed an institutional review board-approved health awareness programme (HAP) to establish follow-up contact with fair patrons. The HAP committee recruits medical and health professions students throughout the year, and these students receive monthly training in health promotion and disease prevention. At the fair, these volunteers identify patrons at increased risk for adverse cardiovascular events through self-report surveys and connect them with local health care providers and community clinics. These patrons undergo an informed consent process to protect their autonomy and privacy. HAP volunteers then contact study subjects quarterly to track their progress in finding access to medical care and to collect information about outcomes following the fair. Patrons who have not visited a doctor or clinic are offered more information and assistance in accessing medical services. Ultimately, the goal of the HAP is to sustain data-driven follow-up that expands the impact of our annual fair.

What lessons were learned? Through HAP follow-up, we have learned that our fair can have a measurable, positive impact on members of the community it serves. Data from our most recent fair revealed that after 1 month 30% of patrons had already scheduled a doctor's appointment and 65% planned to schedule one. However, nearly 75% of those planning to schedule an appointment wanted help in finding a clinic and making an appointment. Although patrons had been given information about scheduling appointments at community clinics on the day of the fair, the majority requested

additional help 1 month later. After 6 months, 65% of those contacted had visited a doctor, and 57% of those who had done so had been given a new diagnosis. Without HAP follow-up, many patrons might never have visited a doctor after the fair. The HAP committee will continue to improve this model to ensure patrons screened at the fair successfully establish continuity of care.

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A multiprofessional paediatric society for undergraduates

Stephanie Connaire & Hannah Jacob

What problem was addressed? Multiprofessional team-working is was established in child health.¹ Nevertheless, undergraduate training for health care students is usually delivered separately for each professional group and there is little interaction between students who will work together in multiprofessional teams upon graduation. We conducted a survey of undergraduate health care students at one UK medical school and found that all (74/74) respondents viewed multidisciplinary team-working highly. However, 84% (62/74) reported little or no previous contact with at least two other members of the core paediatric team. This intervention aimed to address this disparity by promoting increased integration among health care students interested in child health.

What was tried? We established a multiprofessional paediatric society for undergraduate health care students interested in child health at our university. The aim of the society was to provide educational activities that allowed health care students to interact with each other. We advertised the society through social media, the Students' Union website and a newly created Paediatric Society website. This facilitated recruitment from health care disciplines including medicine, nursing, physiotherapy, pharmacy and occupational therapy.

We ran evening symposia on common childhood diseases and their management, with the aim of helping students to develop their understanding of one another's roles. Our volunteering schemes at the university hospital and in the community allowed health care students to gain experience together in communicating with children and young people. Students also worked together on research projects and fundraising for local charities.

What lessons were learned? In its first year, the society recruited 196 members, confirming the appetite for multiprofessional interaction amongst health care students. Initially, the committee was largely comprised of medical students, but we soon realised it was important to include representation of each professional group. Having students from each discipline on the committee boosted recruitment from all professional groups and helped ensure adequate advertising of society events. The evening symposia have undergone considerable improvement since we began to run them. Firstly, we had underestimated students' desire to hear the patient perspective; all sessions now aim to include parents or patients as guest speakers, in addition to health professionals. Secondly, in response to student feedback, we now indicate explicitly to speakers that sessions should be interactive rather than didactic lectures. We also make clear beforehand that the audience is multiprofessional to allow speakers to plan a session that caters to the whole audience. Thirdly, we struggled initially to find willing speakers to represent each profession. Rotating the hosting of events among the disciplines has distributed the workload for committee members and optimised the quality of external speakers as student organisers have generally found it easier to arrange guests from their own disciplines.

Overall, the establishment of this multiprofessional society demonstrates a way of promoting shared learning and understanding among health care students. Embedding such opportunities firmly in undergraduate training should encourage high-quality multiprofessional working upon graduation.

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