Civility Saves Lives from day one: empowering medical students as agents for change

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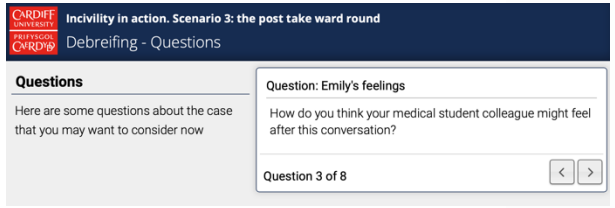
Why?

Students can be exposed to and act uncivilly from day 1 of medical school (Griffin et al, 2023, *BMC*)
Incivility harms learning, recall, reduces confidence and esteem
Faculty experiencing incivility reduce performance, increase attrition
New GMC Good Medical Practice standard

The vision

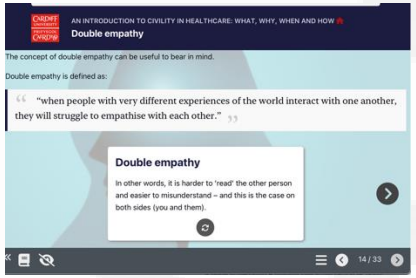
Offer a range of civility focused learning resources
Enable active, inclusive, flexible learning
Fit rich learning within a packed curriculum
Provide practically useful learning, realistic and reflective materials
Reflective and constructivism basis
Tailored to particular training stage
Empower and promote student understanding



How? An ongoing journey

Speculative pitch proposing civility introduction within undergraduate curriculum to Dean - support given
Meetings and scoping with curriculum, professionalism and year leads
Faculty education and scoping session
Initial medical student sessions, informal feedback
Full integration of civility into curriculum agreed, honorary contract awarded
Multimodal design:

1.**E-modules:**
Short, interactive, reflective**,** staggered across year groups and for faculty:
Module 1: Introduction to Civility in Healthcare
Module 2: Civility and Communication
Module 3: Civility in Healthcare
Module 4: Civility and Learning
Module 5: Causes and Cures
Module 6: Responding to Incivility
Summary Faculty module



2. **Podcast**-style **fireside chats:** student, near peer and senior clinician/educator, humanising healthcare civility

3. **Virtual reality:** healthcare VE incivility scenarios with desktop version: clinical incivility exposure in safe, contained environment applying pre-learning. Collaboration with Learning Technology team.

4. **Small group:** drop in Q+As, interactive **plenary sessions** further exploring meaning making

Acknowledgements: Cardiff medical school staff particularly Professor Duncan Cole and Dr Sinead O'Mahoney, HIVE learning technology team incl. Owen Crawford

The impact

Prescribed initial qualitative evaluative approach vs. usual quantitative (survey fatigue)
Positive feedback: applicable, useful diversity within civility
Negatives: Inherent interactivity limits to e-modules
Cup of Coffee method concerns regarding hierarchy

Challenges become opportunities

Innovation due to packed curriculum
Incremental introduction leads to more continuous improvement
Unpredictable timelines: medical school restructuring, more time for VR case creation
Faculty unfamiliar with civility concept: new opportunity to educate and raise awareness across career grades

The next chapter: future steps

1. Further interactive VR scenarios
2. Student SSE to enhance co-production
3. Further integration: micro civility learning events within other topic-focused tutorials e.g. SIM, CBL
4. Greater quantitative evaluation data return with full year cycle