SBME in teaching cardiac auscultation to different healthcare professionals were included. Outcomes were knowledge, skills and satisfaction relating to cardiac auscultation education. Data were analysed using Review Manager 5.3 software.

**Results** 15 RCTs (n=913) were included in this review. 10 RCTs (n=550) compared SBME versus usual teaching. The effect sizes for knowledge and skills were 1.04 (95%CI 0.78–1.29; p<0.00001) and -0.72 (95%CI -1.97–0.52; p=0.26) respectively (figure 1). 5 RCTs (n=363) compared two forms of SBME. The pooled effect sizes for knowledge and skills were 0.73 (95%CI -1.99–0.53; p=0.26) and 0.32 (95%CI -0.75–1.39; p=0.56) respectively (figure 2).

**Conclusions** SBME has effective results in knowledge and skills for teaching cardiac auscultation. Further research is needed to establish the effectiveness of different forms of SBME for different educational interventions.

**REFERENCES**

**P54** CLINICAL EXAMINATIONS: COMPARING TRADITIONAL BEDSIDE TEACHING WITH A SIMULATED WARD SETTING

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Background Bedside teaching with real patients on a ward is often viewed as the most effective method for learning physical examinations (Lloyd et al. 2014). However, the clinical requirements of a hospital ward can have profound effect on its ability to provide an effective learning environment (Hoffman and Donaldson 2004). Students at the beginning of their clinical training who are new to physical examinations may struggle with the added complexity of learning within a real clinical environment, and the advantages of a ward based teaching for preparing medical students for real practice may not be as relevant for students who are several years away from qualification.

**Summary of work** 121 2nd year medical students were taught seven different clinical examinations across 11 weeks in two different settings. They either examined real inpatients on a hospital ward, or stable outpatients in a simulated ward setting. Following each session student knowledge and confidence in performing the examination were assessed. At the conclusion of the course students completed a follow-up questionnaire to assess confidence and retention of knowledge.

**Summary of results** 340 post session questionnaires were completed from a total of 393 attendances (87%) at the teaching in a simulated environment, and 141 post session questionnaires were completed from a total of 189 attendances (75%) at the ward based teaching. 47 of 121 (39%) students completed the post course questionnaire.

Students taught in the simulated setting answered more questions on the relevant examination correctly, both immediately post session (p<0.001) and at the end of the course (p<0.001).

There was no significant difference in student confidence between the two groups immediately after each session, but there was when assessed at the end of the course (p<0.01).

When asked to compare teaching in the two different settings 86% of students who responded preferred teaching in the simulated environment.

**Discussion and conclusions** There was a significant improvement in knowledge retained by students taught in the simulated ward setting, this could be because a simulated setting allows greater control over lesson organisation and content. Without the competing clinical commitments of a real hospital ward the focus of the teaching could remain solely on student learning.