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Patrice Anderberg, Leg.Sjuksköterska, Fil. Mag vårdvetenskap, Fil. Lic Omvårdnad. 1 Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad, Karolinska Institutet. Lena-Marie Petersson Leg. sjuksköterska, Filosofie doktor, Lektor. 1 Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad, Karolinska Institutet. Åsa Gransjön Craftman, Leg. Sjuksköterska, Lektor, Docent1 Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad,, Karolinska Institutet.	Utveckling av strukturerade läraaktiviteter vid Peer-Learning handledningsmodell.	86
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Tine Lass Klitgaard, Post Doc, Anthropologist, Department of Clinical Medicine, Aarhus University, Denmark; Department of Postgraduate Medical Education, Aalborg University Hospital, Denmark. ORCID: 0000-0003- 0863-0720 Jane Ege Møller, MA, PhD, Associate Professor, Department of Clinical Medicine, Aarhus University, Denmark. ORCID: 0000-0003-2661-0256 Signe Gjedde Brøndt, MD, PhD, Department of Clinical Medicine, Aarhus University, Denmark Flemming Randsbæk, MD, PhD, Department of Clinical Medicine, Aarhus University, Denmark. ORCID: 0009-0003-7453-9105 Søren Prins, MD, Department of Clinical Medicine, Aarhus University, Denmark Trine Lignell Guldberg, MD, PhD, Department of Postgraduate Medical Education, Aalborg University Hospital, Denmark; Department of Clinical Medicine, Aalborg University, Denmark. ORCID: 0009-0000-8028- 4573 Joachim Frølund Hansen, MD, Department of Clinical Medicine, Aarhus University, Denmark. ORCID: 0009- 0006-2184-0991	Learning Away from Home. A Qualitative Study of General Practice Trainees' Educational Experiences in Hospitals	152

Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

Please submit your abstract by 30th April 2026 using the following survey. Kindly note that all abstracts must be submitted in English and presented in English.

Your abstract will be reviewed and you will be notified before the end of May 2026 as to whether or not it has been accepted.

When you select your preferred presentation form, a template for the abstract will appear. Please note that you need to fill out this form in one go, it is not possible to save the form for later completion.

Note: All abstracts are subject to peer review.

Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Patient-centered communication during gynecological examinations: Learning outcomes and affective responses using virtual reality (VR).

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

The use of virtual reality (VR) technology in clinical education is increasing. However, there is limited knowledge about the learning outcomes compared to other educational tools. This includes uncertainty about the potential effect of VR on learning more complex interpersonal skills, such as patient-centered communication during gynecological examinations (GE).

Aim

We aimed to investigate

- medical students' self-reported learning outcomes after a teaching session about patient-centered communication during GE.
- how different teaching methods contribute to the learning that students report.
- what affective reactions students report immediately after the teaching sessions as measured by the Positive and Negative Affect Schedule (PANAS) questionnaire, and whether the reactions vary by teaching method.

Method

Medical students at the University of Bergen taking a course in clinical communication in November 2025 were invited to the study and divided into 12 groups.

- Four groups viewed a video on flat screen with a woman sharing her experiences with communication during a GE.
- Two groups viewed the same video in 360° format with VR headsets.
- Four groups viewed a video on flat screen showing a GE filmed from the woman's point of view.
- Two groups viewed the same video in 360° format with VR headsets.

Results & Conclusion

Students' responses will be analyzed using both qualitative and quantitative methods and the results will be presented at the conference. The increased sense of presence, combined with the opportunity to engage in realistic clinical scenarios without risk, may explain the potential of VR technology to support learning.

3. Name of author/s in order of appearance:

Gunnar Tschudi Bondevik
Endre Visted
Signe Hjelen Stige
Monika Kvernenes,

4. Name of a contact person (one of the presenters):

Gunnar Tschudi Bondevik

5. Contact person's email address:

gunnar.bondevik@uib.no

6. Contact person's University/University College/Hospital affiliation:

University of Bergen, Norway

7. Contact person's department / division:

Department of Global Public Health and Primary Care, Faculty of Medicine

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

None of the above



Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

Due to participation as instructor in an exercise with the Swedish Navy, I am only available to present on the 8th of October.

2. Title of your submission:

Learning curve in neurosonography

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background: Neurosonography provides non-invasive tools to assess cerebral perfusion and intracranial pressure. This is appealing since invasive neuromonitoring requires neurosurgery, with concomitant risks of bleeding and infections. The learning curve in neurosonography is poorly researched. It is commonly suggested in point-of-care ultrasound circles that basic training followed by 20 independent exams is sufficient for reliable results.

Aim: This project aimed to evaluate the learning curve in a neurosonography operator after the first 20 independent exams.

Method: An intensive care nurse without previous ultrasound experience received basic training in two common neurosonography modalities. After the first 20 independent exams, blinded inter-rater exams were performed in 10 healthy volunteers, comparing the novice operator with a senior operator. After performing an additional 40 independent exams, inter-rater reliability was re-assessed with 10 blinded exams in healthy volunteers, once again comparing with a senior operator. The inter-rater reliability was described with Bland-Altman analysis.

Results and Conclusion: Initially, the 95% limits of agreement (LoA) for both techniques were wider than the expected measurement errors and physiological fluctuations. There was significant bias between operators and the LoA:s were wide enough to introduce clinically significant errors. In the re-assessment of inter-rater reliability, the LoA:s were narrow and corresponded to the expected measurement errors and physiological fluctuations, without significant bias.

These results suggest that 20 independent exams after basic training may not be sufficient for reliable and repeatable neurosonography. However, after an additional 40 exams, inter-rater reliability may have reached its peak.

3. Name of author/s in order of appearance:

Jakob Pansell, Emelie Eng, Tina Thomsson, Anja Rosén, Peter Rudberg, Charith Cooray

4. Name of a contact person (one of the presenters):

Jakob Pansell

5. Contact person's email address:

jakob.pansell@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Clinical Neuroscience

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

Please submit your abstract by 30th May 2026 using the following survey. Please note that abstracts may be submitted in either English or Swedish and must be presented in the language used for submission.

Your abstract will be reviewed and you will be notified in June 2026 as to whether or not it has been accepted.

When you select your preferred presentation form, a template for the abstract will appear. Please note that you need to fill out this form in one go, it is not possible to save the form for later completion.

Note: All abstracts are subject to peer review.

Workshop: 60–90 minutes (depending on scheduling availability). Max 350 words.

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Why in-situ simulation needs a DJ: event design as operationalised psychological safety

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background: In-situ simulation rests on psychological safety and engagement as preconditions for deliberate practice, yet how these are operationalised in event design is rarely described. Simulation scholarship focuses on scenario fidelity, facilitator technique, and debriefing frameworks. The event itself, (its rhythm, rituals, and atmosphere), is treated as ornamental rather than as pedagogy.

Aim: To describe a set of event design principles developed across seven clinical contexts over fifteen years, anchor them in psychological safety and engagement theory, and share them as a portable scholarship resource for simulation educators.

Description of innovation: A half-day multi-station in-situ simulation (~60 staff, 7 stations) was designed around explicit event principles: a 100–120 BPM playlist calibrated to chest compression rate, so teams embody tempo before entering the room; sticker hearts as peer recognition; Melodifestivalen-style "applaud now" signs marking transitions; scratch-card rewards for instructors; managers carrying portable speakers between stations — physically participating rather than sponsoring from afar; and a closing ceremony with medals, certificates, and an AI-generated pop song composed for the cohort. Participant confidence rose significantly, and 86% reported benefit to real patient care at three months.

Reflection & conclusion: These elements are not decorative. Embodied tempo, flattened hierarchy through shared silliness, ritual marking of transitions, and public recognition make psychological safety structural rather than aspirational. Event design is operationalised educational theory. These principles transfer across clinical contexts, specialties, and resource levels, offering a concrete vocabulary for educators who want to move psychological safety from the pre-brief slide into the architecture of the event itself.

3. Name of author/s in order of appearance:

Anna Sundelin, Mini Ruiz, Therese Djärv

4. Name of a contact person (one of the presenters):

Anna Sundelin

5. Contact person's email address:

anna.sundelin@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet / Capio Artro Clinic

7. Contact person's department / division:

CLINTEC / FyFa / Sophiahemmet

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

This short communication presents the material outcome of the project "Digitala färdighetsträningsmiljöer" (Dnr: 3-2961_2022)

"

2. Title of your submission:

Designing digital skills training: CaseLab as a multimodal and pedagogically designed learning environment at Karolinska Institutet

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background:

Skills training is a core component of health professions education but there is limited access to training for campus-based education. To address this, a project for digital skills training was initiated; within this project, CaseLab was developed as a digital learning environment designed to support training in a range of professional competences, including core competences such as Patient-Centred Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, and Informatics, as well as more generic competences such as communication and leadership. Designing CaseLab had to address the implicit tension embedded in constructing a student-centred low-stake environment for practice at the same time as teachers should be able to use CaseLab resources for their courses or as pedagogical inspiration.

Aim:

This presentation will account for the pedagogical design process underlying CaseLab and articulate how the environment was designed for student agency through self directed, low stakes skills training focusing on core competences, while remaining usable as a pedagogical resource for teachers.

Method:

The presentation adopts a Multimodal Social Semiotic perspective, from which learning is understood as a social endeavour. CaseLab is examined as a digital and multimodally designed learning environment comprising written text, as well as visual and interactive elements.

Conclusion:

We show how CaseLab functions as a pedagogically integrated learning resource. We use examples from the CaseLab environments—and the AI supported development of interactive resources embedded within this broader design—to illustrate how multimodal and pedagogical design can support digital skills training that complements existing educational practices at KI.

3. Name of author/s in order of appearance:

Henrika Florén
Marcus Emas

4. Name of a contact person (one of the presenters):

Henrika Florén

5. Contact person's email address:

henrika.floren@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Teaching and Learning

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

No alternative selection	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Conscientiousness as part of the being, becoming, and belonging to the biomedical laboratory scientists' profession

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Introduction: Biomedical laboratory scientists (BLS) are licensed healthcare professionals in most European, Asian and African countries, and their work is fundamental to clinical decision-making, patient safety, and quality assurance. Despite this critical responsibility, the BLS profession often remains largely invisible within healthcare systems and its education is seldom the focus of research. Students' understanding of what it means to be, become, and belong to the BLS profession develops primarily during their education. While previous research has focused on technical competencies and curriculum outcomes, less is known about how students themselves understand professional development, responsibility, and conscientiousness throughout their education. This study addresses this gap by exploring BLS students' evolving understandings of their profession at different stages of their educational journey.

Method: A qualitative research design was employed using semi-structured peer interviews conducted in dyads. Participants were first-, second-, and third-year students enrolled in a Bachelor of Laboratory Science program. Students interviewed one another using predefined questions, with interviews audio-recorded via mobile phones. This peer-based approach was chosen to promote reflection, dialogue, and shared meaning-making. Data were analyzed deductively using Wenger's Communities of Practice (Wenger, 1999) framework and complemented by a phenomenographic approach to identify qualitatively different ways students conceptualized conscientiousness within the BLS profession ((Wenger, 1999)

Results: The findings demonstrate a clear developmental trajectory in students' professional understanding where the concept of conscientiousness turned into an important concept. Early in the program, conscientiousness was primarily viewed as a personal trait or practical skill, shaped by individual imagination and assumptions. Midway through the education, exposure to authentic laboratory practice fostered a more process-oriented and system-based understanding. By the final year, students aligned their perspectives closely with professional practice, conceptualizing conscientiousness as responsibility and accountability linked to patient safety, quality assurance, and ethical resource management. Conscientiousness emerged as a boundary object mediating students' transition toward shared professional understandings.

Conclusion: This study concludes that conscientiousness is a core professional competence that develops through education, social interaction, and reflection. Integrating structured opportunities for peer dialogue and ethical reasoning may strengthen professional development in BLS education.

Importance of the Topic: This topic is important because understanding how BLS students develop professional awareness and ethical responsibility can inform curriculum design, pedagogical strategies, and professional socialization, ultimately supporting safe and high-quality laboratory practice.

Reference

Wenger, E. (1999). Communities of practice: Learning, meaning, and identity. Cambridge university press.

3. Name of author/s in order of appearance:

PhD student: Amrah Heikkinen
Supervisor: Klara Bolander Laksov
Co-supervisor: Max Scheja
Co-supervisor: Jenny Flygare

4. Name of a contact person (one of the presenters):

Amrah Heikkinen

5. Contact person's email address:

amrah.heikkinen@edu.su.se

6. Contact person's University/University College/Hospital affiliation:

Education department, Stockholm University

7. Contact person's department / division:

Education department in Stockholm University

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work



Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Educators' perspectives on implementing education for sustainable development and sustainable healthcare in health professions education, a qualitative study.

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

(a) Background

Health professions education is increasingly expected to equip future clinicians with competencies to address healthcare's environmental impacts and contribute to sustainable development. Education for Sustainable Development (ESD) and Education for Sustainable Healthcare (ESH) provide relevant frameworks, yet integration across programmes remains uneven. Educators play a central role in turning institutional ambitions into practice, but their perspectives across different health professions are still insufficiently understood.

(b) Aim

The aim of this study was to explore university educators' perspectives on prerequisites, challenges, and opportunities for implementing ESD and ESH in health professions education at Karolinska Institutet.

(c) Method

A qualitative study was conducted using six focus groups with 25 educators representing medicine, nursing, dentistry, midwifery, occupational therapy, and speech therapy. Data were collected using a semi structured interview guide informed by the Consolidated Framework for Implementation Research (CFIR) and analysed through reflexive thematic analysis.

(d) Results & Conclusion

Three themes captured educators' experiences. "It's on us to put the university aspirations into practice" reflected strong alignment with institutional goals but highlighted lack of time, guidance, and structured support. "We are committed educators but feel like we're navigating uncharted waters" described high pedagogical responsibility paired with uncertainty about content, evidence base, and professional boundaries. "We need to balance sustainable development and professional skills" demonstrated tensions between curricular overload and safeguarding profession specific competencies, while also identifying integration within existing courses as the most feasible strategy.

Educators were motivated but felt underprepared and insufficiently supported. Meaningful implementation of ESD and ESH requires clearer institutional frameworks, protected time, faculty development, and stronger alignment with clinical practice to ensure that sustainability competencies taught at university are reinforced in real world healthcare environments.

3. Name of author/s in order of appearance:

Sara Widén (KI), Emma Swärdh (KI), Åsa Norman (UU, KI), Michael Håkansson (SU)

4. Name of a contact person (one of the presenters):

Sara Widén

5. Contact person's email address:

sara.widen@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of psychology, CNS

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

Please submit your abstract by **30th May 2026** using the following survey. Please note that abstracts may be submitted in either English or Swedish and must be presented in the language used for submission.

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Workshop: 60–90 minutes (depending on scheduling availability). Max 350 words.

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Precision training step 1: Identifying relevant challenges

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

(a) Background

Continuous education in psychiatry is important since patient outcomes are partly explained by therapists' skills in managing difficult patient behaviors and clinical situations. Organizational factors also influence outcomes, likely through their impact on therapist well-being, such as burnout. However, there is a lack of systematic knowledge about which patient-, therapist-, and organizational-level challenges are perceived as most difficult, thereby limiting the development of individualized supervision and training.

(b) Aim

The study aimed to develop a taxonomy of psychotherapists' clinical challenges and to examine how different types of challenges are associated with clinically relevant measures, such as burnout and work context. The long-term goal is to facilitate personalized training in continuous education.

(c) Method

A mixed-methods design was used. Initially, nine psychotherapists reported weekly clinical challenges over four weeks, followed by semi-structured interviews. Thematic analysis and a literature review informed a 105-item survey, which 162 Swedish psychotherapists completed. Data were analyzed using principal component analysis, correlations, regression analyses, ANOVA, and Friedman's tests.

(d) Results & Conclusion

The analysis identified three main domains of challenges: patient behaviors, therapist behaviors, and organizational factors. Patient-related challenges included severe symptoms, avoidance, confrontational behaviors, and interactional difficulties. Therapist-related challenges involved self-doubt, balancing engagement, maintaining structure, over-involvement, and managing technology. Organizational challenges concerned limited resources, rigid work structures, and insufficient professional development. All domains were associated with outcomes such as job satisfaction and training preferences. The findings highlight previously underexplored areas and indicate substantial variability between therapists, supporting the need for individualized approaches to supervision and training.

3. Name of author/s in order of appearance:

Simon Fagernäs, Boel Edholm, Ulrike Maass, Tobias Lundgren, Martina Wolf-Arehult, and Sven Alfonsson

4. Name of a contact person (one of the presenters):

Sven Alfonsson

5. Contact person's email address:

sven.alfonsson@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

CNS

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

The hidden face of supervision competence: an interpretation of learning outcomes in 24 postgraduate supervision courses for health professional education

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background:

Supervision competence is widely recognized as important for enabling supervisors to support student learning and wellbeing in health professions education (HPE) during fieldwork placements. Despite its importance, the concept is ambiguously defined and underexplored in research. In Norway, clinical supervisors are required to complete postgraduate courses to develop supervision competence, yet how these courses operationalize such expectations is unclear and has not been studied before.

Aim:

This study aimed to interpret explicit and implicit expectations of supervision competence in HPE by analyzing postgraduate course syllabi within a Nordic (Norwegian) context.

Method:

A qualitative document study analyzed 271 learning outcomes from 24 postgraduate course syllabi, using reflexive thematic analysis with a focus on reflexivity and interpretation of metaphors.

Results & Conclusion:

Supervision competence was interpreted as a multifaceted yet generic concept, with limited contextualization to HPE. The patient perspective, clinical, and organizational contexts were notably absent. Implicit expectations were captured through the Janus face metaphor, framing supervisors as “gate workers” balancing “gate opening” (fostering learning) and “gate keeping” (ensuring professional standards). The duality implied in the Janus metaphor further problematizes a possible tension between the “doing” and “being” in clinical supervision. The study argues for a need to embed the HPE context more explicitly in supervision education, and to adopt a reflexive approach to the assumptions underpinning competence theory and discourse. These findings advance the understanding of supervision competence and call for its expanded conceptualization.

3. Name of author/s in order of appearance:

Even Elias Edvardsen

Iris Borch

Anita Iversen

4. Name of a contact person (one of the presenters):

Even Elias Edvardsen

5. Contact person's email address:

even.e.edvardsen@uit.no

6. Contact person's University/University College/Hospital affiliation:

Even Elias Edvardsen

7. Contact person's department / division:

Even Elias Edvardsen

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

The article is published in both English and Norwegian:

Skonnord T, Schei E, Brænd AM, Bondevik GT, Fossum GH, Rebnord IK, Romøren M, Werner EL, Eliassen KER. Patients' experiences of consultations involving medical students in general practice.

Tidsskr Nor Laegeforen [Internet]. 2026 Mar 18.

Available from: <https://tidsskriftet.no/en/2026/03/original-article/patients-experiences-consultations-involving-medical-students-general-practice>

2. Title of your submission:

Patients' experiences of consultations involving medical students in general practice

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

a) Background

Patient contact during clinical placements is crucial for medical students to develop their professional identity. Encounters with patients allow students to navigate complexities of medical practice, including problem identification, therapeutic relationship building, clinical decision-making, and uncertainty. Overall, patients tend to have a positive impression of consultations with students but with limitations when it comes to mental health issues and intimate examinations. Additionally, patients from minority backgrounds are more likely to decline student involvement.

b) Aim

The aim of the study was to investigate patients' attitudes to and experiences of consultations in general practice where medical students were observers or conducted independent consultations. Participants were also asked about advantages and disadvantages of student involvement.

c) Method

We conducted a cross-sectional study in which patients completed a questionnaire in general practitioners' waiting rooms, having been invited to participate by medical students in a clinical placement.

d) Results & Conclusion

A total of 2263 out of 5576 (41%) invited patients participated. Out of these, 1287/2263 (57%) had experienced consultations involving students, 890/1277 (70%) reported that they valued the experience and 1009/1248 (81%) agreed that it was a positive experience. Of the 847 patients who clearly recalled a consultation involving a student, 763/837 (91%) reported feeling safe and 806/846 (95%) felt they received adequate care.

Although the vast majority of patients in the study felt well cared for in consultations involving medical students in clinical placement in general practice, special attention should be paid to vulnerable patient groups.

3. Name of author/s in order of appearance:

Trygve Skonnord, Edvin Schei, Anja Maria Brænd, Gunnar Tschudi Bondevik, Guro Haugen Fossum, Ingrid Keilegavlen Rebnord, Maria Romøren, Erik Lønnmark Werner, Knut Eirik Ringheim Eliassen

4. Name of a contact person (one of the presenters):

Knut Eirik R Eliassen

5. Contact person's email address:

knut.eliassen@uib.no

6. Contact person's University/University College/Hospital affiliation:

University of Bergen

7. Contact person's department / division:

Department of Global Public Health and Primary Care

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster



Abstract submission for KI's Educational Congress 2026 (Research track)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

NA

2. Title of your submission:

Doing process evaluation in health professions education: a practical approach to studying interventions in practice

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

What do outcome measures tell us about an educational intervention in practice? In a simulation-based training programme implemented across several hospital departments, the aim was to increase the amount of in situ simulation in everyday clinical work. Outcomes were expected to show whether the intervention worked. In practice, though, activities were organised differently across settings in ways not captured in outcome measures. This raised a more fundamental question: what intervention was actually carried out in each setting? Without examining implementation, it remained unclear what the observed outcomes could be taken to represent.

Aim

To show how process evaluation can be used to examine how an intervention was implemented in practice and to support interpretation of outcomes.

Method

The presentation outlines a practical approach to process evaluation in health professions education. The starting point is that an intervention cannot be assumed to be stable in practice. The task is to identify where variation in implementation matters for interpretation and to select data that make this visible. The presentation shows how feasible data sources can be used to establish what was done in specific settings and how this relates to observed outcomes.

Results & Conclusion

Process evaluation enables specification of how an intervention was implemented in each setting and links outcomes to that work. This shifts interpretation away from treating outcomes as direct indicators of effectiveness and towards examining what was actually carried out. Even limited process data can change what conclusions can reasonably be drawn under everyday clinical conditions.

3. Name of author/s in order of appearance:

Anders Lund Schram

4. Name of a contact person (one of the presenters):

Anders Lund Schram

5. Contact person's email address:

anders.schram@rm.dk

6. Contact person's University/University College/Hospital affiliation:

Aarhus University, Denmark

7. Contact person's department / division:

MidtSim, Department of Clinical Medicine
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8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

None of the above	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

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Workshop: 60–90 minutes (depending on scheduling availability). Max 350 words.

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☒ Workshop

☐ Short communication

☐ Poster

Comments

A workshop would be ideal, given the breadth of the data we have to work with and the relevance to a wide range of faculty in all departments. If needed, a short communication or poster would be possible.

2. Title of your submission:

Comprehension in English medium instruction: Some evidence from and implications for lectures

Workshop description (max 350 words): Please include:

(a) Background

(b) Aim/Learning outcomes

(c) Workshop method (Please describe pedagogical methods to ensure learner activity during the session)

(d) Results and conclusion

The lecture is a staple of higher education, yet what goes on in a student's mind during lectures has been largely unexplored, especially when teacher and/or students are operating in an additional language, such as English. Viewed from a complex dynamic systems theory perspective (e.g., de Bot, et al., 2007), the various pre-existing conditions that students bring to the lecture (e.g., language proficiency, background knowledge, motivation) mean that their lecture experiences can be vastly different. This practical workshop reports on the ReMoDEL project (Real time monitoring of dynamic English listening), which used an innovative footpedal mechanism to collect data on moments of non-comprehension experienced by students during English medium instruction (EMI) lectures. Set at Stockholm University, the project involved video recordings of 12 EMI lectures and time stamps provided by the footpedal, where students indicated where they had difficulties understanding the lecture. Then, in stimulated recall interviews, the 40+ student participants explained the reasons for their comprehension challenges, which were coded into six categories informed by psycholinguistic research and expanded through the student reports: top-down, bottom-up, affective, multimodal, environmental, and teacher-related. Published results from various project papers will be shared.

This workshop will focus on and exemplify select aspects of lectures that induced moments of non-comprehension and discuss with attendees related pedagogic implications. Attendees will have opportunities to categorize and discuss data samples while considering the six categories of comprehension challenge in relation to their own teaching and disciplinary expectations of lecture teaching and learning. Attendees will leave the workshop with new insights on how students experience lectures given in EMI that can help them increase their teaching effectiveness and efficiency.

3. Name of author/s in order of appearance:

Joseph Siegel, Maria Kuteeva, Aki Siegel

4. Name of a contact person (one of the presenters):

Joseph Siegel

5. Contact person's email address:

joseph.siegel@english.su.se

6. Contact person's University/University College/Hospital affiliation:

Stockholm University

7. Contact person's department / division:

Department of English

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

A Multi-Station In-Situ Simulation Curriculum for Interprofessional Surgical Teams: Evaluation Across Kirkpatrick Levels 1–4

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background: Training interprofessional surgical teams for rare critical events such as intraoperative cardiac arrest in the beach chair or prone position poses a fundamental educational challenge. Complex repositioning, unclear roles, and bulky equipment create barriers that generic resuscitation training does not address. Few studies evaluate structured interprofessional curricula for surgical teams, and even fewer report outcomes beyond Kirkpatrick Level 2.

Aim: To design, deliver, and evaluate a multi-station in-situ simulation curriculum for interprofessional surgical teams across all four Kirkpatrick levels.

Method: A 3.5-hour curriculum was delivered at an elective orthopaedic surgery unit in Stockholm. Five interprofessional teams (n = 63; anaesthesiologists, orthopaedic surgeons, OR nurses, and perioperative nurses) rotated through seven concurrent stations in actual operating rooms: deliberate CPR practice, defibrillation, timed repositioning drills (sitting-to-supine and prone-to-supine with C-arm and microscope), two full cardiac arrest scenarios, and structured ROSC management. Evaluation combined anonymous 11-point confidence questionnaires (before, immediately after, and at three months), repositioning time trials, self-reported transfer to clinical practice, and institutional guideline implementation.

Results & Conclusion: Response rates were 74–92%. Confidence improved significantly from baseline to three months across all domains (Wilcoxon signed-rank test, $r = 0.4\text{--}0.7$; $p < 0.001$), with the largest gain in managing beach chair CPR (median 4 to 8). Repositioning times decreased by ~30–40 s within sessions. At three months, 48/56 respondents (85.7%; 95% CI 73.8–93.6) reported benefit to real patient care, predominantly in everyday situations beyond cardiac arrest. The curriculum also prompted formal institutional guidelines (Level 4). A structured multi-station in-situ format, delivered during planned surgical downtime, produces outcomes spanning Kirkpatrick Levels 1–4 and fosters transferable team competencies.

3. Name of author/s in order of appearance:

Anna Sundelin, Andreas Wiklund, Mini Ruiz, Anders Stålmán, Therese Djärv

4. Name of a contact person (one of the presenters):

Anna Sundelin

5. Contact person's email address:

anna.sundelin@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet / Capio Artro Clinic

7. Contact person's department / division:

CLINTEC / FyFa / Sophiahemmet

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

A Practice-Based Master-Level Programme for General Practitioners being Supervisors for Medical Students:
A Feasible Model for High-Quality Clinical Supervision

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background:

High-quality supervision is essential for medical students' learning in primary care settings. Although clinical placements in general practice are central to medical students' professional learning, supervisors often lack formal training. There is a need for supervisor education models that integrate learning theory, reflection, and feedback into clinical contexts. In Norway, the National Council for Universities and Colleges recommends that clinical supervisors in health professions should complete a 10 ECTS master-level supervisor education. However, concerns have been raised about the feasibility of such training for general practitioners (GPs), given clinical workload and limited time away from practice.

Aim:

Here, we describe the development and implementation of a newly established practice-based supervisor education for GPs, designed to be both academically robust and feasible.

Method:

Through collaboration across educational, clinical and pedagogical units, the programme is now cross-national for Norway's four medical schools. The curriculum combines four days of in-person sessions with workplace-based learning activities at GPs' own clinics integrated into their ongoing student placements. Participants engage in preparatory tasks, structured supervisory conversations, reflective writing, peer feedback based on video-recorded supervision, and progressively advanced learning objectives across two 6-week student practice periods.

Results & Conclusion:

Across three cohorts, participation increased and national collaboration among medical faculties was established. The programme aligns partially with physicians' specialist training requirements, enhancing attractiveness and completion. The programme demonstrates that master-level supervisor education in general practice can be feasible, practice-integrated and scalable, while strengthening supervision quality through integration of theory, reflection and practice.

3. Name of author/s in order of appearance:

Knut Eirik Eliassen, Gunnar T Bondevik, Julie S Knutsen, Monika Kvernenes, Edvin Schei, Steinar Hunskår

4. Name of a contact person (one of the presenters):

Knut Eirik Eliassen

5. Contact person's email address:

knut.eliasen@uib.no

6. Contact person's University/University College/Hospital affiliation:

University of Bergen

7. Contact person's department / division:

Department of Global Public Health and Primary Care

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Engaging with the Intangible – The role of the patient in students' learning during clinical encounters

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Patients are widely recognised as important contributors to health professions education, yet research has primarily focused on structured educational initiatives. Less is known about how learning develops through everyday clinical encounters, where patients are often unprepared and affected by illness or distress.

Aim

To explore how medical students perceive the role of the patient in their learning and how this unfolds in authentic clinical encounters.

Method

Using a phenomenographic approach, semi-structured interviews were conducted with 14 medical students during clinical rotations at a general surgery ward in a Stockholm university hospital.

Results & Conclusion

Five qualitatively different perceptions of the patient's role were identified: as a Body, a Learning Tool, a Partner, a Mirror and an Endeavour. Across categories, variation was reflected in students' conceptions of their own role, learning context, activities and outcomes, access to patients, and patient autonomy. Progression involved a shift from viewing patients as sources of clinical information to engaging with them as participants in a shared interpretive process. In more advanced understandings, students described self-reflection, attention to non-verbal cues, and the use of mentalising activity to interpret patients' dynamic emotional states.

Findings extend existing literature by highlighting how challenging encounters may act as catalysts for developing cognitive empathy. However, they may also lead to retreat strategies if not adequately processed. Patients may thus function not only as educational resources but as drivers for increasingly complex forms of learning, particularly when opportunities for independent interaction and reflection are offered.

3. Name of author/s in order of appearance:

K Rombo; A Elmberger; A Sondén; T Stenfors

4. Name of a contact person (one of the presenters):

Karl Rombo

5. Contact person's email address:

karl.rombo@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

LIME

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster	▼
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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Exploring the Potential of Virtual Patients to Foster Self-Reflective, Differential Diagnostic Reasoning in Emergency Medicine

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

Simulation with manikins and actors is an established but resource-intensive method for teaching clinical reasoning. Virtual patients (VPs) offer a potentially valuable complementary approach. However, how to design VPs to foster learning of specific abilities required in the unique environment of the Emergency Department, where high-stakes decisions are taken under pressure with limited information, remains insufficiently studied.

Aim

This study aimed to explore how the design of VPs fosters higher levels of learning of clinical reasoning in emergency medicine.

Methods

We developed critically ill VP cases using OpenLabyrinth, with management of differential diagnostic dilemmas being the main learning objective. Tenth-semester medical students (n=18) attending a course in emergency medicine completed the cases and participated in semi-structured interviews about their views on case design, learning, and reflection about learning. Reflexive thematic analysis was conducted, guided by the uPEA-framework originally developed for analyzing learners' discussions in post-simulation debriefings.

Results and conclusions

Participants described that VP design supported learning of clinical reasoning by engaging learners, requiring independent decisions, and exposing them to uncertainty. Game elements sustained motivation and encouraged iterative decision-making, and students reflected on being able to train independence and accountability. Time-pressure and ambiguity enabled practicing stress management, reflecting key features of emergency medicine.

Tensions between pedagogy and realism were highlighted, particularly regarding need for feedback.

Perceived transferability to clinical practice was central to how the experience was valued, especially regarding decision-making under pressure.

Careful VP design and piloting are essential to promote self-reflective learning of clinical reasoning in emergency medicine.

3. Name of author/s in order of appearance:

Isac Olsson, Kristian Ängeby, Klas Karlgren, Anders Sondén, Sara Kozizic, Natalia Stathakarou

4. Name of a contact person (one of the presenters):

Isac Olsson

5. Contact person's email address:

isac.olsson@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Institutionen för klinisk forskning och utbildning, Södersjukhuset

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster

Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

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Workshop: 60–90 minutes (depending on scheduling availability). Max 350 words.

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Lärandeaktiviteter för studenter på Rehabiliteringsmedicinska universitetskliniken

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Bakgrund

På Rehabiliteringsmedicinska universitetskliniken i Stockholm arbetar det Pedagogiska rådet för att stärka den verksamhetsförlagda utbildningen för de ca 70 hälso- och sjukvårdsstudenter som tas emot varje år.

Målet är att upprätthålla god kommunikation mellan utbildning och klinisk praktik, erbjuda säkra välfungerande praktikplatser och ge pedagogiskt stöd till kliniska handledare. För att främja interprofessionellt lärande arrangerar det pedagogiska rådet lärandeaktiviteter för klinikens studenter.

Mål

Främja interprofessionellt lärande, facilitera möten studenter emellan och underlätta för handledare.

Metod

Varje termin arrangeras flera IPL-workshops för studenter på kliniken där de bjuds in att diskutera ett fiktivt patientfall. Studenter från olika professioner och lärosäten placeras i möjligaste mån i samma team på enheterna och får träffas i egna studentteamkonferenser för att träna sin interprofessionella kompetens i ett tryggt sammanhang.

Resultat och konklusion

Placering av studenter i samma team underlättar gemensamma aktiviteter, så som gruppbehandling. En lärandemiljö som främjar möten mellan studenter öppnar även upp för peer-learning. För handledarna innebär aktiviteter arrangerade av pedagogiska rådet att tid frigörs samt stöd i att utvärdera studentens lärande och interprofessionella kompetens. I studenternas utvärdering efter sin praktikperiod lyfts positiva upplevelser från IPL-workshops och kliniskt arbete tillsammans med andra studenter. I vår senaste handledarenkät framkom att även handledare uppskattar dessa aktiviteter. Sammantaget innebär samordningen av det pedagogiska arbetet att kliniken kan erbjuda studenterna en lärandemiljö med unika möjligheter att utveckla sin interprofessionella kompetens.

3. Name of author/s in order of appearance:

Johanna Stöckl, Ingrid Stavring, Ellen Grut, Elisabeth Hedberg, Eva Melin, Linnéa Wessberg

4. Name of a contact person (one of the presenters):

Ingrid Stavring

5. Contact person's email address:

ingrid.stavring@regionstockholm.se

6. Contact person's University/University College/Hospital affiliation:

Danderyds sjukhus

7. Contact person's department / division:

Rehabiliteringsmedicinska universitetskliniken

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster



Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

Norway admits medical students solely by GPA. Combined with free education and low attrition, future doctors are largely a result of self-selection.

Aim

Characterise personality traits of medical students at the University of Oslo and compare them with the Norwegian population and medical students in other countries.

Methods

Across 2022-2026, five newly admitted medical student cohorts completed the BFI-20S (n=535, 89%) and six the MBTI (n=632, 95%) personality tests (mean age = 22.1, 68% female). T-tests compared BFI-20S with Norwegian workers (n=6,372), French (n=1132) and German (n=880) medical students. Chi-squared tests compared MBTI sixteen personalities between general Norwegians (n=159,468), U.S. (n=83) and South Korean (n=171) medical students.

Results & Conclusion

On BFI (1–5), Norwegian medical students scored higher on Agreeableness, mean 4.3 (SD=0.5) and Extraversion, 3.7 (0.89), though lower in Neuroticism, 2.5 (0.8) than French (3.8, SD = 0.6; 3.1, SD = 0.8; 3.0, SD = 0.8) and German (4.2, SD = 0.6; 3.6, SD = 0.8; 2.9, SD = 0.8) medical students ($p < 0.001$). These also differed from Norwegian workers ($p < 0.001$).

Most medical students were MBTI Extraverted (70%), Intuitive (59%), Feeling (66%), and Judging (78%). The ENFJ (22%) was overrepresented compared with U.S. (2%) and South Korean (3%) medical students, and Norwegians (6%) ($p < 0.001$).

Norwegian medical students display high Conscientiousness and Agreeableness with gross overrepresentation of ENFJ. Although these are considered well-suited for medical practice, the limited personality diversity might implicate coping mechanisms and problem-solving strategies in the physician workforce.

3. Name of author/s in order of appearance:

Lena Kristin Bache-Mathiesen
Torbjørn Moum
Reidar Tyssen
Jarle Breivik

4. Name of a contact person (one of the presenters):

Lena Kristin Bache-Mathiesen

5. Contact person's email address:

lenakba@uio.no

6. Contact person's University/University College/Hospital affiliation:

University of Oslo

7. Contact person's department / division:

Department of Behavioural Medicine, Institute of Basic Medical Sciences

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

None of the above

Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Interculturality in Healthcare: An Educational Experience Connecting South American and European Perspectives in Health Sciences Education

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

(a)Background:

Collaborative Online International Learning (COIL) has emerged as a relevant strategy for promoting internationalization at home, intercultural learning, and more equitable access to global educational experiences. This communication presents a COIL experience jointly hosted by two applied linguists from institutions in Brazil and Belgium. The course brings together undergraduate and graduate students from eight universities across health-related fields in a virtual intercultural learning environment focused on healthcare communication, cultural awareness, and inclusive practices.

(b)Aim:

This presentation discusses the pedagogical design, theoretical underpinnings, and educational potential of this initiative while reconsidering the role of applied linguists in multilingual healthcare learning environments.

(c)Method:

This experience report adopts a practice-based reflective approach grounded in a pedagogical roadmap for internationalized education organized around seven interconnected signposts: sustainability, balanced and horizontal internationalization, critical interculturality, language and discourse as resources, transdisciplinarity, active methodologies, and virtual mobility. Through problem-solving and collaborative tasks, participants critically reflect on healthcare, culture, and communicative practices.

(d)Results & Conclusion:

The initiative fosters critical intercultural awareness, transdisciplinary dialogue, and more equitable approaches to health sciences education. Students engage with empirical data, case discussions, and intercultural exchanges that encourage intersectional analyses of healthcare challenges across linguistic, disciplinary, cultural, and geographical contexts. The experience also highlights the contribution of applied linguists to health sciences education, arguing that language in multilingual medical contexts is not merely a neutral medium or a matter of specific purposes, but a central resource for critical thinking, intercultural negotiation, professional identity formation, and equitable healthcare communication.

3. Name of author/s in order of appearance:

Ana Luiza Freitas
Julie Walaszczyk

4. Name of a contact person (one of the presenters):

Ana Luiza Freitas

5. Contact person's email address:

analuzaf@ufcspa.edu.br

6. Contact person's University/University College/Hospital affiliation:

Federal University of Health Sciences of Porto Alegre

7. Contact person's department / division:

Department of Education and Humanities/ Internationalization Office

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster

Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

Entrustable Professional Activities (EPAs) aim to bridge curriculum design and clinical practice. However, their enactment has been shown to vary across institutional and clinical contexts. While Delphi studies are widely used to define EPAs through expert consensus, agreement on content may not translate into shared expectations in clinical work.

Aim

We aimed to examine whether a Delphi process could not only establish agreement on EPA design, but also reveal how EPAs are interpreted by attending to patterns of variation rather than consensus alone.

Methods

We conducted a two-round Delphi study with 42 anaesthesia experts across Sweden, representing diverse institutional and clinical settings. Participants rated proposed EPAs on relevance, frequency, entrustability, clarity, and complexity using Likert scales, alongside free-text comments. Quantitative data were analysed for both consensus and dispersion, while qualitative comments were analysed inductively to explore patterns of uncertainty and disagreement and how these related to differing interpretations of clinical work.

Results and Conclusion

Consensus was achieved for most EPAs, particularly for relevance and clarity. However, agreement on content was accompanied by differing expectations of clinical practice. Variation in responses reflected differences in views on autonomy and supervision, organisational differences in working conditions, and differences in how EPA constructs were interpreted in relation to clinical reality. These findings suggest that focusing on variation, rather than consensus alone, reframes the role of Delphi studies from agreement-building to an implementation-sensitive design approach, and may help anticipate challenges and support more contextually grounded EPA-based curricula.

3. Name of author/s in order of appearance:

Hanna Chin, Martin Thorsson

4. Name of a contact person (one of the presenters):

Hanna Chin

5. Contact person's email address:

hanna.chin@vgregion.se

6. Contact person's University/University College/Hospital affiliation:

Sahlgrenska University Hospital & Sahlgrenska Academy, Gothenburg University

7. Contact person's department / division:

Department of Anesthesiology & Intensive care

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Bakgrund

Allt fler studenter använder generativ AI i studierna, men systemen är sällan anpassade för utbildning. Osäkerhet kring AI-svarens tillförlitlighet är vanlig, och nödvändig faktagranskning är svår utan tillräckliga förkunskaper. I kurserna om patofysiologi möter studenterna mycket nytt innehåll och de ställer ofta frågor kring vilken kunskapsnivå som krävs för en sjuksköterska.

Syfte

Syftet med projektet var att utveckla och utvärdera en AI-chattbot, tränad på kursmaterial och integrerad i lärplattformen.

Metod

Vi har tagit fram en AI-chatbot som hämtar sin information direkt från kursinnehållet, samt från trovärdiga samarbetspartners som 1177 och Internetmedicin. Det gör det enklare för studenterna att få korrekt information från trovärdiga källor. AI-chatboten är integrerad i lärplattformen. Tidigare undersökningar från vårt lärosäte har visat att studenterna i första hand använder AI-verktyg som en studiekompis. Med vår AI-chatbot får studenterna en kunnig studiekompis som ger korrekta svar och håller det på rätt nivå, dessutom kan studenterna få svar direkt - oavsett dag och tid på dygnet.

Vi har genomfört detta som ett samarbetsprojekt mellan lärare, pedagogiska utvecklare och IT-avdelningen under våren. Projektet har utvärderats genom en enkät, samt genom objektiva användardata.

Resultat och slutsats

Studenternas erfarenheter är övervägande positiva, 87% uppgav att AI-boten helt eller delvis i varit ett stöd i deras studier. Svaren från AI-chatboten uppfattades som korrekta, pålitliga och i linje med lärandemålen. 80% ansåg att AI-boten påverkat deras studieteknik positivt. Vår slutsats är denna typ av AI-chatbot kan bidra med en mer studentcentrerad och anpassad väg mot lärandemålen.

3. Name of author/s in order of appearance:

Charlotte Romare
Anna Manneklint

4. Name of a contact person (one of the presenters):

Charlotte Romare

5. Contact person's email address:

charlotte.romare@bth.se

6. Contact person's University/University College/Hospital affiliation:

Blekinge Tekniska Högskola

7. Contact person's department / division:

Institutionen för Hälsa

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster



Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

We have updated the abstract for this submission.

2. Title of your submission:

Designing a Virtual Educational Escape Room for Higher Education: A Nordic-Baltic Collaboration

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

(a) Background

Educational escape rooms (EERs) are an emerging form of technology-enhanced learning in higher education, promoting student-active learning through the application and integration of knowledge. As interest in EERs grows, there remains a need for practice-based accounts that reveal the design decisions involved in aligning game mechanics with learning outcomes.

(b) Aim

Here, we present a design case for the development of a biomedical EER. We examine selected design decisions, including how scientific reasoning was translated into puzzles and how guidance and autonomy were balanced. We also examine collaborative design across institutions as part of the development process.

(c) Method

The EER development team comprised educators from six universities with complementary disciplinary expertise within the BalticSeaBioMed network, funded by Nordplus. The EER was explicitly aligned with learning outcomes related to scientific reasoning and knowledge integration. The development followed an iterative design process in which puzzles, narrative elements, hints, and wording were refined through collaborative deliberation informed by teachers' observations and student feedback.

(d) Results & Conclusion

Across three iterations involving approximately 300 students, preliminary evaluations indicate strong engagement and support for scientific reasoning. Through iterative and collaborative work across institutions, we gained practical insights into key design considerations, including the translation of scientific reasoning into puzzles and the balance between guidance and autonomy. Our experience also offers transferable insights for designing game-based learning experiences. The EER will be released as an Open Educational Resource in September 2026.

3. Name of author/s in order of appearance:

Louisa Cheung (Karolinska Institutet), Ullamari Pesonen (University of Turku), Jenny Isaksson (Åbo Akademi University), Irena Nedveckyte (Vilnius University), Einari A. Niskanen (University of Eastern Finland), Leena Strauss (University of Turku), Veit Stefan Schwämmle (University of Southern Denmark), Rachel Fisher (Karolinska Institutet), Sonsoles López Pernas (University of Eastern Finland)

4. Name of a contact person (one of the presenters):

Louisa Cheung

5. Contact person's email address:

Louisa.Cheung@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

MedS

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Leadership priorities and clinical supervision competence in Norwegian healthcare

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

- a) Learning in clinical settings is a core component of health professional education (HPE). Optimal learning conditions during clinical placements depend on qualified clinical supervisors who can facilitate and support students' learning processes. However, it remains unclear how healthcare leaders prioritize the development of clinical supervision competence.
- b) This study explores how leaders in Norwegian healthcare perceive and facilitate the development of supervisory competence within their units, with the aim of understanding their role in this process.
- c) Interviews were conducted with 19 leaders from municipal and hospital-based healthcare services in Northern Norway, where HPE students regularly undertake clinical placements.
- d) Preliminary findings reveal substantial variation in how supervision competence is prioritized by leaders. Leaders with formal training in supervision demonstrated a broader understanding of supervisory requirements, emphasized the importance of formalized education for supervisors, and highlighted high-quality supervision as a factor in future recruitment. In contrast, leaders without such supervision training rarely facilitated discussions on students learning or supervision. All leaders prioritized clinical skill development over clinical supervision in internal professional forums. Although student supervision is an expected responsibility for health professionals in Norwegian healthcare, it was not systematically addressed in recruitment processes. This study identifies a gap between the recognized importance of supervision competence and its prioritization in practice. Strengthening collaboration between healthcare leaders and HPE institutions may be essential to ensure that more supervisors obtain formal training and to enhance the overall quality of clinical education.

3. Name of author/s in order of appearance:

Iris H. Borch, Catrine Buck Jensen, Rigmor Furu, Beate Garcia, Anita Iversen

4. Name of a contact person (one of the presenters):

Iris H. Borch

5. Contact person's email address:

iris.h.borch@uit.no

6. Contact person's University/University College/Hospital affiliation:

UiT the Arctic University of Norway

7. Contact person's department / division:

Centre for Faculty Development

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

We have submitted three abstracts that are included in our development of a new course in child and adolescent psychiatry. One abstract is in the research section. And we have two in scholarship track. All three would fit in a 60 min symposium.

2. Title of your submission:

"I cut myself, but please don't tell my mum": Experiences from launching a digital skills training for medical students in legal clinical reasoning in mental health services for youth

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background: Healthcare involving children and young people requires clinicians to not only have clinical competence but also skills in navigating different laws affecting healthcare of children such as confidentiality, parental information and mandatory reporting. Medical students at Karolinska Institutet have no clinical placements in child psychiatry and no possibilities to practice under supervision. There is a need for case-based training to combine legal, ethical and clinical aspects of care.

Aim: To describe a digital learning activity for legal clinical reasoning.

Method: The 2.5-hour training is hosted on a newly developed digital platform. It uses authentic clinical learning in curated difficult situations. Concise legal input is integrated with scenario-based decision points, structured writing tasks, worked examples and teacher comments. After the training, all medical students responded to a brief survey including free-text questions.

Results & Conclusion: Preliminary evaluation with medical students (n=83) showed high acceptability. On a 1–9 scale (7=agree, 9=fully agree), mean ratings were 7.6 for understanding how laws affect care and 7.4 for strengthened ability to make a mandatory report to social services. Qualitative responses suggested movement from uncertain legal intuition toward more structured, child-centred legal reasoning. The training can be made available to interested KI educators and is currently being implemented in healthcare settings, offering a shareable best-practice resource for programmes seeking active and authentic legal skills training.

3. Name of author/s in order of appearance:

Josefin Ivarson, MD, PhD student

Anna Lundh, MD, PhD

4. Name of a contact person (one of the presenters):

Anna Lundh

5. Contact person's email address:

anna.lundh@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

LIME, NASP and CNS

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

No alternative selection	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

When one model meets multiple practices: Variation in the enactment of team-based learning in a medical curriculum

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

Shared pedagogical models are commonly used in undergraduate medical programmes to promote coherence and student-active learning. However, how such models take shape across a curriculum remains underexplored. Using concepts from communities of practice and epistemic cultures, this study examines variation in how team-based learning (TBL) is understood and enacted in a reformed six-year undergraduate medical programme where it served as the principal instructional approach.

Methods

We conducted semi-structured interviews with teachers from different parts of the medical curriculum. Data were analysed using reflexive thematic analysis.

Results

Three interrelated themes were identified: TBL as enacted practice, positioning of teacher and student, and ways of knowing and learning. TBL was understood and enacted in qualitatively different ways across the program. These differences reflected two distinct communities of practice associated with different epistemic cultures. In basic science contexts, TBL functioned as an organising system supporting the structured acquisition and verification of core knowledge. In clinical contexts, it was positioned alongside existing teaching practices and valued for enabling discussion, reasoning, and contextual application. These orientations shaped how TBL was implemented, as well as how teacher and student roles were configured. Variation within groups indicated that teachers could also draw on multiple epistemic orientations.

Conclusions

TBL was not enacted as a uniform model but took different forms across the curriculum, reflecting how teachers understood and positioned TBL in their local contexts. These findings illustrate how pedagogical models are interpreted and reshaped within distinct communities of practice and epistemic cultures, rather than implemented as designed.

3. Name of author/s in order of appearance:

Anders Sondén, Irene Sterpu

4. Name of a contact person (one of the presenters):

Irene Sterpu

5. Contact person's email address:

irene.sterpu@ki.se

6. Contact person's University/University College/Hospital affiliation:

Södersjukhuset, KArolinska INstitutet

7. Contact person's department / division:

Institutionen för klinisk forskning och utbildning, Södersjukhuset

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work

Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

The findings from this study are analytically relevant to medical education research, as they identify recurring patterns and transferable evaluative principles in teachers' assessment practices. Although the empirical material is drawn from professionally oriented higher education contexts outside medical education, the analysis demonstrates how similar negotiations between academic standards and professional norms operate across diverse educational domains.

2. Title of your submission:

Assessing Multimodal Texts: Straddling Academic and Professional Standards

Short communication description (max 250 words). Please include:

- (a) Background
- (b) Aim
- (c) Method
- (d) Results & Conclusion

Background:

Assessments in higher education increasingly concern student created multimodal texts, e.g. video and slide presentations. This presentation draws on qualitative research into teachers' assessments of student created multimodal texts across five different courses in Swedish higher education (Florén, 2026). It responds to pressures on assessment shaped by technological developments, including generative artificial intelligence.

Aim: The aim is to explicate how teachers' assessments of multimodal texts operate as an interpretive practice straddling academic requirements and professional norms. The presentation contributes to discussions of assessment literacy in professionally oriented higher education contexts.

Methods: Through a Multimodal Social Semiotic lens, multimodal transcription and fine grained analyses the study examines and describes how eight teachers assessed multimodal texts. Data were collected from five different campus based courses geared towards specific professions. The course contexts varied across academic and professional domains outside medical education.

Results & Conclusions: Analyses show that teachers' assessments of multimodal texts extended beyond written assessment criteria; teachers also drew on implicit norms of associated professions. Although assessment practices varied across the courses, analysis identified common principles: Textual Appraisal, Contextual Calibration and Evaluative Interpretation. The findings are relevant across educational domains, including medical education, and can be used to inform the design of multimodal assessments in relation to grading criteria formulated in broad terms.

Reference:

Florén, H. (2026). Assessment of Multimodal Texts: A qualitative study of eight teachers' assessments of student-created multimodal texts across five courses in different subjects within Swedish Higher Education [Doctoral dissertation]. University College London.

3. Name of author/s in order of appearance:

Henrika Florén

4. Name of a contact person (one of the presenters):

Henrika Florén

5. Contact person's email address:

henrika.floren@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet & Univeristy College London (UCL)

7. Contact person's department / division:

Teaching and Learning

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

None of the above

Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

This work was supported by the project "Digital Morphometry and Molecular Profiling of the Cerebral Cortex Using Machine Learning" (DIMOPRO, 10106-25-2973, PI: Ivan Banovac)

2. Title of your submission:

Towards Measurable Constructive Alignment: Integrating Expert Review, Large Language Models, and Machine Learning in Health Professions Education

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background:

Constructive alignment (CA) is a widely recognized framework for curriculum design in health professions education, aiming to align intended learning outcomes, teaching and learning activities, and assessment. However, CA remains difficult to evaluate systematically, limiting its usefulness for quality assurance and educational research. Existing review processes rely heavily on expert judgement, which can be time-intensive and difficult to scale.

Aim:

To propose a practical and scalable framework for measuring CA by combining structured expert evaluation with artificial intelligence (AI)–supported document analysis.

Method:

We developed a conceptual framework centred around the Constructive Alignment Quality Index (CAQI), a structured scoring model designed to operationalize key dimensions of CA at course level. The framework integrates three complementary layers. First, expert reviewers apply explicit scoring criteria to evaluate intended learning outcomes, teaching activities, assessment, feedback, and course coherence. Second, large language models support extraction and preprocessing of curricular information from documents such as syllabi and assessment blueprints. Third, machine learning approaches may support identification of alignment patterns, classification of potential misalignment, and scalable quality assurance workflows across larger curricular datasets.

Results and Conclusion:

This hybrid framework aims to move CA from a largely conceptual ideal toward a measurable educational quality construct. Beyond supporting curriculum review and accreditation processes, the framework may enable future research examining relationships between alignment quality and educational outcomes such as student performance, perceived workload, learner satisfaction, and assessment quality indicators. This work presents an early methodological innovation in AI-augmented curriculum evaluation in health professions education.

3. Name of author/s in order of appearance:

Ivan Banovac, Vedran Katavić

4. Name of a contact person (one of the presenters):

Ivan Banovac

5. Contact person's email address:

ivan.banovac@mef.hr

6. Contact person's University/University College/Hospital affiliation:

University of Zagreb School of Medicine

7. Contact person's department / division:

Department of Anatomy and Clinical Anatomy

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster



Abstract submission for KI's Educational Congress 2026 (Research track)

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Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Integrating human experience into the practice of medicine: an interview study of physicians who have studied medical humanities

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Medical humanities are increasingly being incorporated into health professions education. Frameworks for epistemic functions of medical humanities teaching exist, but what is later manifested in clinical practice is not as well understood. If we are to continue to view humanities as a resource for health professions education, we should try to understand how it can inform clinical practice and how this interacts with institutional and cultural structures.

Aim

To explore how engagement with medical humanities informs physicians' understanding and practice of medicine.

Method

We performed 15 semi-structured interviews with physicians who participated in an elective course in medical humanities during undergraduate training. Participants were sampled across 1-15 years post-course to capture variation in long-term integration of humanities engagement and represented a variety of specialties. We used reflexive thematic analysis informed by a critical realist perspective for data analysis.

Results & conclusion

In our preliminary analysis we have generated four themes: 1) Engaging with the human experience sits at the core of medical practice, 2) The separation of medicine and human experience, 3) Medical humanities as a way to build a reflective practice and 4) Creating the personal-professional identity through medical humanities. Taken together, these themes reveal a tension in medical education and practice: medical science is separated from human experience and institutional structures support the former while neglecting the latter. In this context, medical humanities engagement builds reflexive capacities that reposition human experience as central to physicians' understanding and practice of medicine.

3. Name of author/s in order of appearance:

Alexander Tejera, Christopher Mathieu, Lars Hagander, Katarina Bernhardsson, Kristine Hagelsteen.
Drs Bernhardsson and Hagelsteen are co-last authors.

4. Name of a contact person (one of the presenters):

Alexander Tejera

5. Contact person's email address:

alexander.tejera@med.lu.se

6. Contact person's University/University College/Hospital affiliation:

Lund University

7. Contact person's department / division:

Department of Clinical Sciences Lund, Paediatrics

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Utveckling av strukturerade läraaktiviteter vid Peer-Learning handledningsmodell.

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

a.) Tidigare forskning visar att sjuksköterskestudenter som handledts enligt Peer-Learning (PL) handledningsmodell skattar tilltron till sin kunskap i sitt framtida yrke högre än studenter som handledts utifrån en traditionell modell med en student och en handledare. Peer Learning är en studentaktiv handledningsmodell där studenter på samma utbildningsnivå arbetar i par och handleds av en gemensam handledare. Karolinska Institutet förespråkar PL som bygger på jämbördigt lärande där strukturerade läraaktiviteter utgör ett centralt pedagogiskt verktyg för att stödja studenternas koppling mellan teori och praktik genom didaktiska frågorna vad, hur och varför under verksamhetsförlagd utbildning (VFU).

b.) Syftet med studien är att belysa sjuksköterskestudenters och handledares erfarenheter av strukturerade läraaktiviteter i samband med verksamhetsförlagd utbildning (VFU) vid vård- och omsorgsboenden under termin två. VFU vid vård-och omsorgsboenden termin två.

c.) I det aktuella projektet har tre strukturerade läraaktiviteter utvecklats som berör måltid, förflyttningar och hygien. Dessa används under den första VFUn i grundsjuksköterskeprogrammet termin två, fr. o. m- HT-25. Datainsamling genomförs under HT-26 och med en kvalitativ ansats genom fokusgruppsintervjuer med sjuksköterskestudenter i termin två samt handledare vid vård- och omsorgsboenden med erfarenhet av PL och strukturerade läraaktiviteter.

d.) Studier på detta projekt ska genomföras under de kommande åren.

3. Name of author/s in order of appearance:

Patrice Anderberg, Leg.Sjuksköterska, Fil. Mag vårdvetenskap, Fil. Lic Omvårdnad.

1 Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad, Karolinska Institutet.

Lena-Marie Petersson Leg. sjuksköterska, Filosofie doktor, Lektor.

1 Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad, Karolinska Institutet.

Åsa Gransjön Craftman, Leg. Sjuksköterska, Lektor, Docent1 Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad,, Karolinska Institutet.

4. Name of a contact person (one of the presenters):

Patrice Anderberg

5. Contact person's email address:

patrice.anderberg@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet Huddinge

7. Contact person's department / division:

Institutionen för neurobiologi, vårdvetenskap och samhälle, Avdelningen för omvårdnad, Karolinska Institutet.

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

No alternative selection



Abstract submission for KI's Educational Congress 2026 (Research track)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Work-based peer learning in teams - nursing students' perspective

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background:

Work-based learning constitutes an essential component in health care education. However, it is challenging to create a clinical learning environment where students can be actively engaged and receive functional feedback. Peer learning, mostly in pairs, is a widely used method to meet these challenges. However, there is a knowledge gap concerning workplace-based peer learning in teams.

Aim:

To explore nursing students' experiences of learning in teams with peer students in a clinical education ward, focusing on their perceptions of how peer learning contributes to professional proficiency.

Method:

A qualitative interview study informed by a constructivist interpretive perspective was designed. Ten semi-structured individual interviews were conducted with second- and third-year nursing students during the final week of, or immediately after, their workplace-based learning placement in a clinical education ward. Data were analysed using qualitative content analysis.

Results and Conclusion:

Two themes were identified: (1) An interactive learning space makes a difference and (2) Pathfinding in becoming professional. Theme 1 describes students' experiences of the physical space and of how the ward and supervision were organised. Theme 2 describes students' learning processes during clinical practice in relation to patients and peer students. Peer learning in this context included two intertwined and interdependent dimensions: individual learning and team learning. Individual learning concerned a path towards becoming a professional and was linked to autonomy, authenticity, and attachment. Team learning was a dynamic group process in which knowledge was collectively acquired, shared, and applied while caring for patients.

3. Name of author/s in order of appearance:

Katri Manninen, Angelica Fredholm, Peter Henriksson, Anna Kiessling

4. Name of a contact person (one of the presenters):

Katri Manninen

5. Contact person's email address:

katri.manninen@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of Learning, Informatics, Management and Ethics

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Development and Evaluation of an Instrument for Assessing Professionalism in Speech and Language Pathology Education

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Clinical education is a core component of medical education, enabling students to develop clinical skills and professional behaviours in a patient care setting. Structured and transparent assessment of professionalism is essential, including from a legal and fairness perspective.

Aim

To develop and evaluate an assessment instrument for professionalism in speech and language pathology education, aligned with Swedish degree requirements and learning outcomes.

Methods

An assessment instrument was developed based on the Competency Assessment in Speech Pathology (COMPASS) and Swedish national degree objectives. The instrument was piloted over two academic years in the speech and language pathology program at KI. Content validity and usability were explored using qualitative focus group interviews with students and clinical supervisors as well as a questionnaire focusing on experiences using the assessment instrument.

Results & Conclusion

The instrument assesses five domains: (1) Communication and documentation, (2) Assessment, (3) Intervention, (4) Professionalism, and (5) Learning, comprising of 20 skills rated on a visual analogue scale. Qualitative findings indicate good usability and relevance across clinical education contexts. The assessment shows promising quality, and further psychometric evaluation is underway.

3. Name of author/s in order of appearance:

Joakim Körner Gustafsson

Terese Stenfors

Christina Samuelsson

4. Name of a contact person (one of the presenters):

Joakim Körner Gustafsson

5. Contact person's email address:

joakim.gustafsson@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of clinical science, intervention and technology - Division of speech and language pathology

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Designing Fair and Transparent Practical Assessment: A Constructively Aligned Approach

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Practical examinations are a form of authentic assessment in laboratory education and offer a way of evaluating practical competence that is less vulnerable than written assignments to challenges associated with generative AI. However, they can be demanding for both students and teachers, requiring careful design to support preparedness, transparency, and fairness.

Aim

This study presents the pedagogical design of a summative practical examination in the first course of a revised Biomedical Laboratory Science curriculum, introduced in autumn 2024, to assess foundational laboratory skills and students' ability to perform laboratory work systematically from given instructions.

Metod

The examination was first designed using constructive alignment and assessed two intended learning outcomes: correct use of basic laboratory equipment and volume measurement, and systematic laboratory work based on given instructions. Thereafter, teaching and learning activities were designed to support learning through digital resources, instructional videos, compulsory laboratory sessions, and optional supervised practice. Students received clear information about the examination format, expectations, and assessment criteria. Examiners participated in calibration activities, rehearsals, and grading discussions to strengthen consistency in assessment.

Results

The examination was implemented for approximately 100 students in a standardised one-day format. While not all students passed the examination on the first attempt their feedback indicated that the assessment was experienced as fair, transparent, and supportive of learning.

Conclusion

A pedagogically informed and constructively aligned practical examination can strengthen validity, fairness, and student confidence in the assessment of laboratory skills. Clear student scaffolding and systematic examiner calibration were central to its implementation.

3. Name of author/s in order of appearance:

Staffan Wallin, Veronika Tillander, Victoria Menendez Benito, Kristina Dufvefelt, Maura Heverin

4. Name of a contact person (one of the presenters):

staffan wallin

5. Contact person's email address:

staffan.wallin@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Clinical Chemistry / Laboratory Medicine

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Building Readiness for Youth Suicide Prevention: A Theory-Informed Digital Skills Training for Emerging and Experienced Clinicians

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background:

Clinical suicide prevention with children, adolescents and caregivers is being reoriented in guidelines: from risk stratification towards person-centred assessment, formulation and collaborative safety management. This creates a health professions education problem: how to teach integrated capabilities—relational stance, communication, assessment in context, documentation and safety planning. Existing studies report confidence, knowledge or preparedness after suicide preventive clinical training; less is known about pedagogical design across professional groups.

Aim: To articulate design principles of SPERA Clinical Suicide Prevention – Children and Adolescents, a skills training delivered to undergraduate and postgraduate learners and clinicians in youth mental health services.

Method: A design-oriented mixed-methods study analysed materials and data from Swedish senior medical students (n=77), postgraduate nursing students (n=43) and clinicians (n=90). Cognitive apprenticeship guided analysis of modelling, scaffolding and feedback; narrative pedagogy of case-based interpretation; and communities of practice of how expert and peer perspectives supported calibration across experience levels. Data comprised readiness measures, evaluations, reflections and interviews (n=18).

Results & Conclusion: Four design principles were identified: narrative grounding; active articulation of clinical reasoning through case-based exercises; guided calibration through expert modelling and peer examples; and sequenced multimodal rehearsal of emotionally demanding clinical work. Findings suggest increased readiness to approach suicidal children, adolescents and caregivers. Less experienced learners valued guidance and examples for rehearsing action and building structure, while experienced clinicians valued opportunities to refresh, calibrate and reflect on their practice. Moving from outcome evaluation to pedagogical clarification, the study offers transferable principles for clinical suicide prevention education across professional groups.

3. Name of author/s in order of appearance:

Josefin Ivarson, Martina Gumpert, Matti Cervin, Eva Serlachius, Ulrika Lögdberg, Anna Lundh

4. Name of a contact person (one of the presenters):

Josefin Ivarson

5. Contact person's email address:

josefin.ivarson@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet, Stockholm Health Care Services, Region Stockholm

7. Contact person's department / division:

Department of Clinical Neuroscience

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

Scholarship work	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

Please submit your abstract by **30th May 2026** using the following survey. Please note that abstracts may be submitted in either English or Swedish and must be presented in the language used for submission.

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Workshop: 60–90 minutes (depending on scheduling availability). Max 350 words.

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Teaching for suicide prevention: experiential learning across the Youth Aware of Mental Health (YAM) educational system

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background: Youth Aware of Mental Health (YAM) is an evidence-based school mental health promotion and suicide prevention programme for adolescents. While YAM is often described in terms of its content and effects, less attention has been paid to its pedagogy: a multi-level educational system extending from students to Instructors, Trainers and Train-the-Trainers, where learners are invited to practise and reflect throughout an educational chain.

Aim: To explore YAM from a pedagogical perspective and discuss how experiential learning is used across multiple educational levels.

Method: The presentation draws on experience from the global training and implementation of YAM. It examines two experiential pedagogical features: role-playing and modelling. These elements are used not primarily to transmit information about mental health and suicide prevention, but to create learning situations in which young people as well as professionals can explore possible ways of learning and acting.

Results & Conclusion: YAM can be understood as an example of education where the learning objective is not only factual knowledge, but also practical and relational competence. The educational system uses experiential learning across multiple levels, from students to Instructors, Trainers and Train-the-Trainers. This raises broader questions relevant to health professions education and public health education: What pedagogical methods are needed when the desired outcome is practical knowledge in interpersonal situations? How can educators model learning without turning complex human situations into fixed scripts? How can training support participants in handling uncertainty? The presentation contributes to discussions about how experiential learning can be used across multiple levels of an educational system, and about the relationship between theoretical concepts and practical skills in educational contexts such as this.

3. Name of author/s in order of appearance:

Niklas Andersson

4. Name of a contact person (one of the presenters):

Niklas Andersson

5. Contact person's email address:

niklas.andersson.1@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet/Region Stockholm

7. Contact person's department / division:

NASP

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Medical students' perspectives on troublesome knowledge and its significance for the development of professional understanding and skills

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

Work-based learning (WBL) is fundamental for medical students to develop a professional role and clinical competence. During WBL students have the opportunity to integrate clinical and professional knowledge with relevant basic science and apply this in a professional context. This situated integration is an essential skill for a practicing physician.

Aim

This study aimed to explore medical students' perspectives on knowledge, skills and attitudes perceived as crucial for professional practice, but difficult to develop a deep understanding of or apply in clinical practice.

Method

We performed semi-structured interviews with last semester medical students. Interviews were analysed using qualitative thematic analysis. All authors read the interviews and collaborated in the analysis until agreement was reached.

Results & Conclusions

Three themes were identified:

Clinical reasoning: included challenges associated with the need to integrate different aspects of learning in situations demanding a holistic understanding rather than mastery of factual knowledge.

Learning: encompassed understanding as developing gradually over time, initially performing tasks as procedural, without understanding their purpose. Only later, through continued experience, students developed an understanding that enabled them to act meaningfully in practice.

Context of care: comprised how to understand practice, how to collaborate, prioritise and communicate with patients. Further, to understand the student's own role in different healthcare settings.

The results underscore that students perceive the difficulty in learning as less about mastering isolated concepts and more about developing cognitive and practical maturity to adopt a holistic perspective and situated understanding of the patient and an appropriate handling across contexts.

3. Name of author/s in order of appearance:

Kristina Hagwall
Anna Bonnevier
Peter Henriksson
Charlotte Leandersson
Anna Kiessling

4. Name of a contact person (one of the presenters):

Kristina Hagwall

5. Contact person's email address:

kristina.hagwall@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of Clinical Sciences, Danderyd Hospital (KI DS)

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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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1. Type of submission:

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Poster:

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☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Building Supervisory Capacity in Doctoral Education: Lessons from the PhD4Moz Programme

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

(a) Background

Strengthening doctoral education in low- and middle-income contexts requires sustainable models of supervision that address capacity, quality, and equity. The PhD4Moz programme, a collaboration between three Mozambican universities and three European partners, including Karolinska Institutet, aims to enhance PhD education in medical sciences in Mozambique through structured doctoral support. A key component of the programme focuses on developing supervisory practices that respond to diverse academic contexts and evolving expectations in doctoral education.

(b) Aim

This presentation aims to share experiences and lessons learned from the doctoral supervision component of PhD4Moz, with a focus on enhancing supervisory capacity, fostering collaborative supervision models, and supporting high-quality doctoral training.

(c) Method

The initiative includes the design and implementation of capacity-building activities for supervisors, such as workshops, peer-learning exchanges, and the consolidation of a Training of Trainers initiative. It promotes co-supervision across institutions and encourages reflective practice through dialogue and experience-sharing. The approach emphasises contextual adaptation, mutual learning, and strengthening institutional environments for supervision.

(d) Results & Conclusion

Preliminary insights indicate increased awareness of effective supervision practices, strengthened collaboration between supervisors, and improved support structures for doctoral candidates. Challenges include institutional constraints and the development of relevant incentives meaningful at the local level, as well as ensuring sustainability. The programme highlights the value of structured, collaborative, and context-sensitive approaches to doctoral supervision. It contributes to ongoing discussions on how partnerships can support capacity development and quality enhancement in doctoral education across diverse settings.

3. Name of author/s in order of appearance:

Natalie Jellinek, KI & Juha Nieminen, KI

4. Name of a contact person (one of the presenters):

Natalie Jellinek

5. Contact person's email address:

natalie.jellinek@ki.se

6. Contact person's University/University College/Hospital affiliation:

KI

7. Contact person's department / division:

UoL

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Abstract submission for KI's Educational Congress 2026 (Research track)

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

"They don't grow on trees..." – What teachers seek when involving patients in HPE

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

Patient involvement in health professions education (HPE) is increasingly promoted and widely described in the literature. However, such initiatives often remain isolated, ad hoc, and poorly structured. Although teachers play a key role in recruiting and involving patients, little is known about what they seek in the patients they involve and, consequently, which perspectives are brought into education.

Aim

To explore what teachers seek when involving patients in health professions education and subsequently, how patient involvement works in practice.

Method

Semi-structured interviews with 20 teachers across eight HPE programs at one university. Data was analyzed using reflexive thematic analysis.

Results & Conclusion

Teachers sought patients who were physically and mentally ready, communicative and outspoken, relatable to students, representative of a condition, positive and reasonable, and appropriately prepared. The findings indicate that teachers' selection practices are not neutral but influence which patient perspectives are made visible in HPE, and that teachers act as gatekeepers for patient perspectives in education. We suggest that teachers' preferences are closely tied to the purpose of patient involvement, shaping which patient qualities are considered valuable. Increased awareness of how purpose and context affect selection criteria, diversity, and emotional dimensions of learning may support the sustainability of patient involvement in HPE. To strengthen patient involvement initiatives, universities should develop local, structured models that promote meaningful and sustainable patient engagement in health professions education. Furthermore, local models may promote patient involvement as a means for health care improvement and societal change.

3. Name of author/s in order of appearance:

Elias Schriwer
Agnes Elmberger
Anders Sondén
Terese Stenfors

4. Name of a contact person (one of the presenters):

Elias Schriwer

5. Contact person's email address:

elias.schriwer@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

LIME

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a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Entrepreneurship for good: How external lecturers can bring impact and realism

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Imagine a disease that terrorises people. Now imagine that you and your students have just come up with a promising new treatment. You want to take the research results and bring it to the people who need it the most! But how do you do it? What is the process for bringing research to patients? And is it really going to cost 1 Billion USD? Can medicine ever be free?

In the course Life Science Industry, 66 Biomedicine Bachelor students explored these topics in 2026. Critically, external experts were invited onboard to teach entrepreneurship from a more humane and sustainable viewpoint than is classically taught. The International Vaccine Institute – a non-profit set up by the UN to deliver vaccines – lectured on how to develop and ship free drugs globally. KI's own Global Public Health spoke about communication and the roots of vaccine distrust, and the president of Swedish Médecins Sans Frontières talked about how to run a medical organisation without political funding, to be free to tell the truth. Students also learnt about cornerstones of all drug development – Regulatory, as well as securing your rights (via Swedish Intellectual Property Office) – and research was brought to life by SciLifeLab. At the course finale, student teams presented how to try to reach vaccine sceptics to International Vaccine Institute.

Pharma entrepreneurship is about delivering research to patients, but this is often done at the expense of independence, and sometimes humanity. Here, inviting external lecturers were key to a both another perspective and realism.

3. Name of author/s in order of appearance:

Caroline Dahl

4. Name of a contact person (one of the presenters):

Caroline Dahl

5. Contact person's email address:

caroline.dahl@ki.se

6. Contact person's University/University College/Hospital affiliation:

KI

7. Contact person's department / division:

LIME

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a Poster	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Becoming a university teacher: A qualitative study of critical incidents in a landscape of practice

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Recognition of teachers' need for pedagogical training to maintain quality in health professions education has increased. Nevertheless, academics often participate in faculty development primarily due to institutional demands rather than a desire to develop as educators. Hence, a deeper understanding of the identification processes involved in becoming a teacher is needed. The framework of landscape of practice (LoP) offers a perspective focusing on identity formation when crossing a boundary into a new field.

Aim

The aim of this study was to explore how educators construct and negotiate their professional identity as teachers at the intersection of research, clinical work, and teaching.

Method

Written critical incident analyses (N = 69), submitted during two iterations of a faculty development course were collected and analysed using qualitative content analysis.

Results & conclusion

Four themes characterised participants' experiences: (1) self-blame and external attribution of responsibility, (2) facing circumstances beyond the teacher's control, (3) relational and communicative challenges, (4) pedagogical commitment and professional agency. Participants described strong emotional reactions, including abandonment and isolation, but also engagement and responsibility for delivering high-quality education. The findings illustrate the complexity of developing a professional identity as a teacher, which is often experienced as disconnected from academics' primary practices. To strengthen identification with teaching, three actions are proposed: (1) increased support from primary communities of practice and across organisational levels, (2) structural and cultural conditions that recognise education as a scholarly activity integral to the university's LoP, and (3) enhanced educational awareness and competence at the management level.

3. Name of author/s in order of appearance:

Anna Bonnevier, Anna-Klara Rundlöf, Per J. Palmgren, Charlotte Silén

4. Name of a contact person (one of the presenters):

Anna-Klara Rundlöf

5. Contact person's email address:

anna-klara.rundlof@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Unit for teaching and learning

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

None of the above	▼
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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Over the past three decades, medical error has received increasing scholarly attention. Research consistently shows that physicians experience medical errors as emotionally challenging. Although communication with colleagues is crucial for coping and learning, errors are often insufficiently discussed. Insight into residents' experiences of medical error and their training in managing such events is essential to support learning, emotional well-being, and patient safety.

Aim

This study aimed to explore how medical residents experience medical errors in daily clinical practice and during postgraduate training.

Method

An exploratory qualitative design was applied. Seven semi-structured focus groups were conducted with 22 residents from 11 medical specialties, representing postgraduate training years one to five. Data were analysed using reflexive thematic analysis.

Results & Conclusion

Four themes were identified: (1) conceptualisations of medical error, (2) communication about errors among colleagues, (3) contextual conditions shaping communication, and (4) training in managing errors. Residents found medical errors to be distressing and reported difficulties in defining what constitutes an error.

Approaches to discussing errors varied widely across departments and were perceived as either constructive or punitive. Despite colleagues' attempts to normalise errors, actual sharing was limited. Training primarily focused on legal procedures, while practical skills in disclosure and emotional coping were largely absent and inconsistently addressed.

The findings highlight a persistent lack of systematic, practice-oriented training in error management. Enhancing postgraduate education with attention to the complexity of errors, emotional impact, and colleague support is essential to foster a learning-oriented safety culture.

3. Name of author/s in order of appearance:

Jane Ege Møller
Linda Marie Kai
Maja Bertz Hansen
Flemming Randsbæk
Bente Vigh Malling
Mads Skipper

4. Name of a contact person (one of the presenters):

Jane Ege Møller

5. Contact person's email address:

jane@clin.au.dk

6. Contact person's University/University College/Hospital affiliation:

Aarhus University, Dnemark

7. Contact person's department / division:

Jane Ege Møller

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

Experiences from launching a simulation-based seminar in consultation skills in family systems for medical students

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background: Clinicians often meet patients together with members of their families, especially in health care involving children. They need to be able to navigate different opinions in the family system that affects the patients' situation. Moreover, there are several evidence-based treatments for mental health disorders among children that involve active participation from parents and families. Since medical students at Karolinska Institutet have no clinical placements in child and adolescent psychiatry, there is a need for structured skills training in how to carry out a consultation that includes both the patient and family members.

Aim: To test whether it is feasible and acceptable to conduct a simulation-based live seminar in consultation skills in family systems for medical students.

Method: After interviewing experts in family therapy, we developed a student instruction based on two clinical cases with a focus on four concrete consultation strategies. The students worked in small groups, and rotated roles as doctor, parent, child and observer. During the seminar (3,5h), the students reported their reflections after each simulation round. At the end, there was a brief survey.

Results & Conclusion: The overall impression was positive ($M = 4.0$; $n = 120$). The majority rated the seminar as good or very good. Students highly valued clinically relevant practical skills training, often experienced for the first time. The project demonstrated that large-group seminars (65 students) with family-system consultation training are feasible and useful for future clinical practice.

3. Name of author/s in order of appearance:

Josefin Ivarson, MD, PhD-student
Martin Forster, Lic. Psych, PhD
Anna Lundh, MD, PhD

4. Name of a contact person (one of the presenters):

Anna Lundh

5. Contact person's email address:

anna.lundh@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of LIME, National Center for Suicide Research and Prevention and Dep CNS

8. If your abstract is not accepted as a workshop or short communication, would you like to submit it as:

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Abstract submission for KI's Educational Congress 2026 (Research track)

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Am I a professional? - an exploratory study into medical students' professional identity work at the entry of workplace-based learning.

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

The concept of professional identity work focuses on day-to-day activities in clinical learning environments and describes the continuous underlying process of professional identity formation. However, educational support for students across different stages of identity formation in workplace-based learning remains underexplored.

Aim

The aim of this exploratory study was to understand students' perceptions and experiences of professional identity work at the entry of workplace-based learning.

Method

Semi-structured interviews were conducted with 13 third-year medical students during their first month of workplace-based learning. Participants were recruited using quota sampling, and transcripts were analyzed using reflexive thematic analysis with a socio-constructivist approach.

Results and conclusion

Six themes divided by two main themes were constructed: (1) Preconceptions, captured the interplay of awareness and unawareness experienced among students entering workplace-based learning and consisted of Defined responsibility and Am I a professional?; (2) Becoming a professional, illustrated a dynamic process moving from initial uncertainty to active engagement in identity work and consisted of Identifying the real doctor, Taking matters into my own hands, Experiencing ambivalence, and It's not in my hands.

These themes summarize the baseline for students' professional identity work. The preconceptions reflected total or partial unawareness of what professionalism is and how to practice it. At the same time, students suggested a range of potentially viable strategies to develop their professional identity. The results of this snapshot study will serve as a baseline for a longitudinal follow-up for students' professional identity work during the three-year period of workplace-based learning.

3. Name of author/s in order of appearance:

Tilda Jalakas, intern physician and PhD student at the Department of Health, Medicine and Caring Sciences, Linköping University
Katarina Kågedal, PhD, senior associate professor at the Department of Biomedical and Clinical Sciences, Linköping University

4. Name of a contact person (one of the presenters):

Tilda Jalakas

5. Contact person's email address:

tilda.jalakas@liu.se

6. Contact person's University/University College/Hospital affiliation:

Linköping University

7. Contact person's department / division:

Department of Health, Medicine and Caring Sciences (HMC)

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a Poster



Abstract submission for KI's Educational Congress 2026 (Research track)

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Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

The Tip of the Iceberg – A Bibliometric Analysis of Medical Education Research in the Scandinavian countries

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background: Bibliometric studies have shown that medical education research is dominated by scholars from English-speaking countries and the Netherlands. In recent years, the research landscapes of Swedish, Norwegian, and Danish medical education research have been examined separately, while publication patterns across the Scandinavian countries as a whole remain poorly documented. Moreover, most bibliometric studies restrict their scope to a small set of leading medical education journals, potentially overlooking a substantial body of relevant research published elsewhere.

Aim: The aim of this study was to investigate where Scandinavian medical education research is published between 2015 and 2025, and to assess how bibliometric analyses limited to core medical education journals may misrepresent the scope and distribution of the field.

Method: We conducted a broad database search followed by systematic screening to identify medical education research publications. The dataset was examined for patterns in publication channels in order to explore which scholarly conversations Scandinavian research contributes to and which readerships it seeks to engage.

Results and Conclusion: Approximately one-third of the identified articles were published in specialized medical and health professions education journals, while nearly half appeared in a wide range of specialty-specific clinical journals. Notably, the publications were dispersed across almost 300 different journals, highlighting the field's broad reach and cross-disciplinary character. These findings suggest that bibliometric analyses limited to a narrow selection of core medical education journals capture only the tip of the iceberg. Such approaches risk producing a distorted understanding of publication patterns, research trends, and knowledge contributions in medical education.

3. Name of author/s in order of appearance:

Kvernenes, Monika
Terese Stenfors
Jane Ege Møller
Caroline Susanne Armitage
Mette Krogh-Christensen

4. Name of a contact person (one of the presenters):

Monika Kvernenes

5. Contact person's email address:

monika.kvernenes@uib.no

6. Contact person's University/University College/Hospital affiliation:

University of Bergen, Norway

7. Contact person's department / division:

Center for Medical Education

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

Please submit your abstract by 30th April 2026 using the following survey. Kindly note that all abstracts must be submitted in English and presented in English.

Your abstract will be reviewed and you will be notified before the end of May 2026 as to whether or not it has been accepted.

When you select your preferred presentation form, a template for the abstract will appear. Please note that you need to fill out this form in one go, it is not possible to save the form for later completion.

Note: All abstracts are subject to peer review.

Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Phantom vs Virtual Reality Simulation for Guidewire Navigation: Effects on Learning Trajectories and Retention in a Randomized Crossover Trial

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Simulation-based skill training is widely used in surgical education, including guidewire navigation in orthopaedic trauma surgery. Training modalities primarily comprise phantom-based and virtual reality (VR) platforms; however, their relative effects on skill acquisition trajectories, retention, and cost-efficiency remain unclear.

Aim

To investigate whether supervised simulation-based training influences acquisition trajectories and short-term retention of guidewire navigation skills compared with repeated task exposure alone, and to determine the impact of training modality on learning over time and cost-efficiency.

Method

A randomized controlled crossover study was conducted. Fifty medical students without prior procedural simulation experience were randomized into five groups (n=10): repeated phantom training, repeated VR training, phantom→VR crossover, VR→phantom crossover, and repeated-testing-only (controls.) All participants completed baseline, post-training, and retention assessments. Performance was evaluated using a composite metric (wire spread, fluoroscopy use, and procedural time) on a pediatric supracondylar humerus fracture simulator. Learning trajectories were analyzed using linear mixed-effects modeling.

Results & Conclusion

A significant group × time interaction demonstrated distinct learning trajectories across modalities. The largest improvements were observed in repeated phantom training ($\Delta=2.63$) and the control group ($\Delta=1.98$), while gains were smaller in VR-based conditions. No significant change from post-test to retention was observed, indicating stable short-term retention. VR demonstrated superior cost-efficiency with repeated use, whereas phantom training was more cost-effective in short-course settings.

In conclusion, training modality influenced the magnitude of learning but not retention. Notably, repeated testing alone yielded improvements comparable to supervised training, suggesting that task exposure itself is a key driver of skill acquisition.

3. Name of author/s in order of appearance:

Jacob Schade Engbjerg, Lisa Beicker Salling, Rune Dall Jensen, Steven Long, Rikke Thorninger, Michael Tjørnild, and Jan Duedal Rölfing.

4. Name of a contact person (one of the presenters):

Jacob Schade Engbjerg

5. Contact person's email address:

jaceng@rm.dk

6. Contact person's University/University College/Hospital affiliation:

Aarhus University, Denmark and Regional Hospital Randers, Denmark

7. Contact person's department / division:

MidtSim, Department of Clinical Medicine and Department of Orthopedics.

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Abstract submission for KI's Educational Congress 2026 (Scholarship track)

7-8 October 2026 (Stockholm, Sweden)

Please submit your abstract by 30th May 2026 using the following survey. Please note that abstracts may be submitted in either English or Swedish and must be presented in the language used for submission.

Your abstract will be reviewed and you will be notified in June 2026 as to whether or not it has been accepted.

When you select your preferred presentation form, a template for the abstract will appear. Please note that you need to fill out this form in one go, it is not possible to save the form for later completion.

Note: All abstracts are subject to peer review.

Workshop: 60–90 minutes (depending on scheduling availability). Max 350 words.

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability). Max 250 words.

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3)

Poster:

☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

From moral failing to epistemic resource: Four ways students with ADHD make sense of their diagnosis in medical education

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background: Medical education foregrounds inclusion, yet marginalized students continue to encounter exclusion. Medical students with Attention Deficit Hyperactivity Disorder (ADHD) report greater academic distress and psychiatric comorbidity than peers, but little is known about how they make sense of their diagnosis within medical training. Aim: This study aimed at exploring how Swedish medical students conceptualize ADHD and how these understandings intersect with normative expectations and agency. Method: Semi-structured interviews were conducted with 18 medical students with ADHD from all Swedish medical schools. Phenomenographic analysis produced an outcome space of qualitatively different ways of understanding ADHD. Norm-critical perspectives informed the study. Results: Four understandings were identified. In Accepting the verdict, ADHD was understood as a moral failing subject to judgment; In Playing by the rules, ADHD was framed as a medical deficit tied to compliance; In Negotiating the terms, ADHD was understood as a contextual (mis)match, and the student positioned as an equal partner negotiating conditions; In Rewriting the script, ADHD was treated as epistemically and professionally meaningful, reworking the norms defining competence. Each understanding shaped what forms of support appeared possible, legitimate, and imaginable. Conclusion: These understandings illuminate three mechanisms of exclusion: constructing competence as needlessness, gating access to advocacy and support through high performance, and delimiting acceptable conduct through narrow professional norms, producing shame, masking, and distancing from peers with ADHD. Findings point to an opportunity for inclusion through spaces for collective recognition. Strengthening inclusion requires addressing normative structures, rather than relying on individualized accommodations within unchanged structures.

3. Name of author/s in order of appearance:

Golmann, Joelle; Stenfors, Terese; Brown, Megan; Sondén, Anders

4. Name of a contact person (one of the presenters):

Joëlle Golmann

5. Contact person's email address:

joelle.golmann@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of Clinical Science and Education, Södersjukhuset

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Your abstract will be reviewed and you will be notified before the end of May 2026 as to whether or not it has been accepted.

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Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Pedagogical forums as Communities of Practice - Fostering sustainable academic teaching environment

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

(a) Background

High-quality university education relies on opportunities for teachers' to collaboratively develop their pedagogical practice. At the Department of Women's and Children's Health at Karolinska Institutet, structured pedagogical forums have been established to support collegial learning, foster a shared pedagogical culture promote sustainable academic teaching. Since 2023, 16 pedagogical forums have addressed themes such as course design, research-integrated teaching, ethics, sustainability, and student-centred learning. However, despite such forums are often described as valuable arenas for pedagogical development, there is limited empirical knowledge about how they function in practice, particularly within health professions education.

(b) Aim

The aim of this study is to explore how pedagogical forums operate as Communities of Practice and how they support sustainable academic teaching environment. The study will investigate teachers' experiences of collegial learning, the forms of knowledge exchange that occur, the factors that facilitate or hinder participation, and the ways in which forum involvement influences teaching practices and pedagogical approaches.

(c) Method

The project will use a qualitative exploratory design. Beginning in early autumn 2026, data will be collected through 3–4 focus groups and 5–8 semi-structured interviews with teachers, course directors, and facilitators who participate in the pedagogical forums. The data will be analysed using reflexive thematic analysis, supported by the theoretical framework of Communities of Practice with a focus on participation, shared practice, meaning-making, and organizational conditions.

(d) Results & Conclusion

Grounded in a Communities of Practice framework, the study examines how voluntarily participating in structured pedagogical forums enables shared meaningmaking, supports the development of professional identity, and fosters collaborative learning among academic teachers. By exploring how engagement in these voluntary communities fosters pedagogical reflection and sustainable teaching practices within complex, research intensive environments, the study is expected to generate new insights into mechanisms that strengthen collegial learning. The findings will inform recommendations for designing effective learning structures that enhance student-centered, activating pedagogy, and encourage interprofessional collaboration. Ultimately, the project aims to contribute to improved educational quality at Karolinska Institutet and to provide transferable models for pedagogical development across higher education contexts.

3. Name of author/s in order of appearance:

Johanna Granhagen Jungner, Eva Elvin, Sofia Alsing, Juha Nieminen, Malin Sellberg & Marie Klingberg-Allvin

4. Name of a contact person (one of the presenters):

Johanna Granhagen Jungner

5. Contact person's email address:

johanna.granhagen-jungner@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of women's and children's health

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Your abstract will be reviewed and you will be notified before the end of May 2026 as to whether or not it has been accepted.

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Note: All abstracts are subject to peer review.

Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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Comments

2. Title of your submission:

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

Background

Effective and constructive feedback is essential for medical students' professional development. However, both international and Swedish studies show that students are infrequently observed and often receive insufficient feedback during clinical placements, which may hinder the development of clinical skills. At the same time, participation in traditional faculty development for clinical supervisors is low due to time constraints and competing clinical demands. This creates a gap between educational expectations and actual teaching practice, highlighting the need for scalable and time-efficient educational approaches.

Aim

To explore whether nano-learning can serve as a feasible and scalable approach to reach and educate clinical supervisors in providing constructive feedback to medical students.

Methods

A nano-learning course consisting of seven short (3–4 minute) lessons was developed in collaboration with educational experts and experienced clinical supervisors. Lessons were distributed every two weeks over a four-month period. The evaluation includes participation rates, knowledge-based questions, qualitative interviews, and surveys of both physicians and students.

Results and Discussion

The course was distributed digitally to 1,035 physicians at Södersjukhuset. 170 (20%) initiated the course, an uptake comparable to that reported in voluntary digital learning initiatives, including those in corporate contexts. The findings suggest that nano-learning may offer a low-threshold, scalable approach to reaching clinicians without disrupting clinical work, although organisational and contextual factors remain critical for engagement. Ongoing analyses will further examine completion rates, knowledge outcomes, perceived usefulness, and the extent to which the format supports changes in clinical feedback practice.

3. Name of author/s in order of appearance:

Anders Sondén, Irene Sterpu

4. Name of a contact person (one of the presenters):

Irene Sterpu

5. Contact person's email address:

irene.sterpu@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet, Södersjukhuset

7. Contact person's department / division:

Department of Clinical Science and Education, Karolinska Institute, Södersjukhuset, Stockholm

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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1. Type of submission:

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- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background: Innovative approaches to teaching statistics to medical students focus on a student-centered and active learning methodology. Recognizing that students are co-creators of their learning, this course framework empowers them to take ownership of their educational journey. Studies have shown that anxiety about statistics seems to have a negative impact on the students' learning. However, motivation and the willingness to engage with facilitators and peers counteract this effect. There are some studies available on problem-based learning of biostatistics and possible lessons learned from other Swedish universities.

Aim: We aim to develop a unique problem-based learning (PBL) design for teaching statistics in medical education to achieve a statistical reasoning learning environment with active students constructing their own knowledge and becoming independent, critical users of statistical methods.

Method: PBL provides an environment where students can relate theory to practice. By bringing real-world problems into student learning, the studied cases bring active participation and innovative solutions as students work together to reach a decision, recommendation, prediction, or other concrete outcome.

Results & Conclusion: A student interview and course evaluation confirm that student-centered learning activities such as PBL are the key for success in activating students to construct knowledge. Linking the students' needs with the relevance of the subject statistics in different types of activities will be the key to statistically literate medical professionals with the ability to statistically reason and critically review AI generated content. This will contribute to high quality research and better health for all.

3. Name of author/s in order of appearance:

Azadeh Chizarifard, Ph.D. and Henrike Häbel, Ph.D.

4. Name of a contact person (one of the presenters):

Azadeh Chizarifard

5. Contact person's email address:

azadeh.chizarifard@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of Learning, Informatics, Management and Ethics / Medical Statistics Unit

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

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- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Choosing Not to Use Generative AI in Higher Education: A Mixed Methods Study of Student reasoning, Assessment Design, and AI Literacy

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background: Generative artificial intelligence tools are rapidly becoming embedded in higher education, yet little is known about students who deliberately choose not to use such tools, even when permitted.

Aim: This exploratory study examines how non-using students' reason about GAI in relation to learning, assessment, and academic integrity.

Methods: Using a mixed-methods design, descriptive data on GAI use were combined with in-depth qualitative interviews with biomedical laboratory science students in Sweden who refrained from using GAI during a take-home examination followed by a viva voce assessment. This assessment format provided an authentic opportunity for students to engage with AI tools if they chose to, reflecting real-world educational conditions where digital assistance is increasingly available. Results: Among students completing the take-home examination (n=46), most reported using GAI, while a small group reported deliberate non-use; two non-users participated in semi-structured interviews. Thematic analysis identified ethical considerations, perceptions of learning depth, and assessment design, as key factors shaping non-use. In particular, the viva voce examination functioned as a regulatory mechanism that foregrounded responsibility for independent understanding and reduced the perceived value of GAI-generated outputs. Non-use was not accompanied by lower pass rates in the viva voce examination and was interpreted as a context-sensitive, reflective form of AI literacy rather than resistance to technology.

Conclusion: These findings highlight the importance of assessment design in shaping meaningful and equitable engagement with GAI and suggest that institutional policies should support both users and non-users of AI tools in higher education.

3. Name of author/s in order of appearance:

Annica Lindkvist, Sophie Curbo, and Catharina Hultgren

4. Name of a contact person (one of the presenters):

Catharina Hultgren

5. Contact person's email address:

catharina.hultgren@ki.se

6. Contact person's University/University College/Hospital affiliation:

Karolinska Institutet

7. Contact person's department / division:

Department of laboratory medicine, division of clinical microbiology

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Workshop: 60–90 minutes (depending on scheduling availability).

Short communication: Oral presentation of 10–15 minutes (depending on scheduling availability).

Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

Should you have any questions regarding the submission, please contact karen.gustafsson@ki.se

1. Type of submission:

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☐ Workshop

☒ Short communication

☐ Poster

Comments

2. Title of your submission:

How to engage medical students in curriculum and attendance; a focus group study

Short communication description (max 250 words). Please include:

- (a) Background**
- (b) Aim**
- (c) Method**
- (d) Results & Conclusion**

Background

We are currently educating Generation Z students in medical school – a cohort whose expectations differ markedly from those of prior generations and who increasingly challenge traditional teaching models. Established lecturing practices are being tested as students selectively bypass in-person sessions, and research indicates that Generation Z favours learning environments and formats that mirror their digitally centred daily lives. This trend raises concerns for medical education, which integrates natural and human sciences and relies heavily on communication, reflection, managing clinical uncertainty, and sound decision-making. With increasing digital options such as streaming and recorded lectures, selective attendance has grown, prompting questions about whether future clinicians will develop essential competencies.

Aim

In this study, we aimed to investigate medical students' learning experiences and attitudes toward learning to guide the adaptation of lecturing methods within a Danish–Norwegian context.

Method

This is a qualitative study with medical students in Odense, Denmark and Oslo, Norway participating in focus groups in 2024 and 2025. We have performed 6 focus group interviews lasting 33–86 minutes, with up to seven participants in each group, using a semi-structured interview guide. The interviews have been recorded digitally and transcribed ad verbatim. The interviews will be analysed using thematic analysis ad modum Braun and Clarke.

Results & Conclusion

Insights from this study will be used to optimize curriculum design and teaching strategies with the goals of increasing student engagement, thereby fostering clinical competence and professional identity. We will present the preliminary results of the thematic analysis at the conference.

3. Name of author/s in order of appearance:

Trygve Skonnord, Anja Brænd, Holgeir Skjeie, Christina Louise Lindhardt

4. Name of a contact person (one of the presenters):

Trygve Skonnord

5. Contact person's email address:

trygve.skonnord@medisin.uio.no

6. Contact person's University/University College/Hospital affiliation:

University of Oslo

7. Contact person's department / division:

Department of General Practice, Institute of Health and Society

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

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Abstract submission for KI's Educational Congress 2026 (Research track)

7-8 October 2026 Stockholm, Sweden

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Poster: Please bring a printed paper poster to the congress; it will be displayed for the duration of the event.

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1. Type of submission:

Please select one of the following for your abstract (1) Workshop (2) Short communication or (3) Poster:

- ☐ Workshop
- ☒ Short communication
- ☐ Poster

Comments

2. Title of your submission:

Learning Away from Home. A Qualitative Study of General Practice Trainees' Educational Experiences in Hospitals

Short communication description (max 250 words). Please include:

(a) Background

(b) Aim

(c) Method

(d) Results & Conclusion

A) Background

In postgraduate training for general practice (GP), trainees commonly undertake multiple hospital rotations to build clinical competencies and gain exposure to diverse patient groups. While these placements are intended to support learning, prior studies suggest they may also involve challenges such as disconnection from primary care and increased stress.

B) Aim

However, there is limited insight into how GP trainees themselves experience and manage learning within hospital contexts. This study aimed to explore these experiences in a Danish setting.

C) Methods

A qualitative design was employed, combining 38 hours of ethnographic observations of nine GP trainees with ten group interviews involving 44 participants. Data were analysed using principles of reflexive thematic analysis.

D) Results and Conclusion

Participants viewed hospital rotations as important for acquiring relevant skills for future GP work, but also as complex and sometimes difficult learning environments. Through our analysis, we developed three overarching themes: 1) Finding meaning away from home; 2) Learning in frequent transitions; and 3) Working and learning at the margins. Hospital rotations offer significant educational potential, yet their value depends on how clearly their relevance to general practice is articulated and how well transitions are supported. Recurrent shifts between hospital and primary care settings may create a form of double peripherality, making continuity and belonging fragile. Enhancing clarity of learning goals, improving rotation structure, and strengthening access to supervision and peer support may help optimise learning outcomes and support the development of a GP professional identity.

3. Name of author/s in order of appearance:

Tine Lass Klitgaard, Post Doc, Anthropologist, Department of Clinical Medicine, Aarhus University, Denmark; Department of Postgraduate Medical Education, Aalborg University Hospital, Denmark. ORCID: 0000-0003-0863-0720

Jane Ege Møller, MA, PhD, Associate Professor, Department of Clinical Medicine, Aarhus University, Denmark. ORCID: 0000-0003-2661-0256

Signe Gjedde Brøndt, MD, PhD, Department of Clinical Medicine, Aarhus University, Denmark

Flemming Randsbæk, MD, PhD, Department of Clinical Medicine, Aarhus University, Denmark. ORCID: 0009-0003-7453-9105

Søren Prins, MD, Department of Clinical Medicine, Aarhus University, Denmark

Trine Lignell Guldberg, MD, PhD, Department of Postgraduate Medical Education, Aalborg University Hospital, Denmark; Department of Clinical Medicine, Aalborg University, Denmark. ORCID: 0009-0000-8028-4573

Joachim Frølund Hansen, MD, Department of Clinical Medicine, Aarhus University, Denmark. ORCID: 0009-0006-2184-0991

4. Name of a contact person (one of the presenters):

Tine Lass Klitgaard

5. Contact person's email address:

tine.klitgaard@rn.dk

6. Contact person's University/University College/Hospital affiliation:

Aarhus University, Denmark

7. Contact person's department / division:

Department of Clinical Medicine

8. If your abstract is not accepted as a workshop or short communication for the Research Track, would you like to submit it as:

a Poster