

**Evaluation of results and impact** The academies opened in 2005. In 2007 10 trainees from one academy's initial intake participated in semi-structured interviews regarding their training. Although some academy methods were perceived as successful, the interviewees were unanimous in highlighting the challenge of integrating clinical and academy training. The week-in, week-out format was adversely received because of its effect upon continuity of training. The interviewees felt this caused difficulties in their learning of practical skills and in building working relationships within clinical departments. A change to 3 days of clinical and 2 days of academy training per week was instituted, leading to better integration.

Some interviewees felt that additional problems with integration stemmed from the fact that different topics were covered in the clinical and academy settings during the same stage of training. These arose as trainees undertook diverse clinical attachments but were reunited for the academy programme. This was partly addressed by teaching more generic skills in the academy and could be further improved by having trainees use the e-learning in a more personalised fashion to reinforce individual clinical experience. When the two areas were well synchronised, trainees perceived a positive effect upon their learning. Skills laboratory training in ultrasound was generally praised for being realistic, well supervised and for the availability of feedback. This was reflected in the responses of some interviewees, who felt they had learned best by undertaking work that felt real and responsible. In summary, the R-ITI has increased trainee numbers and stimulated the introduction of new training methods. Addressing the integration of these methods with clinical work should lead to improved training in future.

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## Surveillance of Cerebral Palsy in Europe: Reference and Training Manual

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**Context and setting** Cerebral palsy (CP), although the most common cause of physical disability in children in Europe, is relatively rare, with a birth prevalence

of approximately two in 1000 live births. The Surveillance of Cerebral Palsy in Europe (SCPE) group, established in 1998, enables surveillance of the condition and collaborative research into its origins and risk factors. A first step was to agree inclusion criteria and the classification of neurological subtypes in order to enable data from similar cases from different centres to be pooled for further analysis. Overall 25 centres have contributed to the collaboration, and currently 19 centres in 11 countries contribute data.

**Why the idea was necessary** Cerebral palsy is an umbrella term and sharing the agreed criteria and definitions with the contributing centres is challenging. Those involved in identifying and classifying cases at a local level are numerous, come from a range of clinical disciplines, have different levels of experience and training, and speak different languages. Video clips of children with and without CP had been useful in agreeing the classification criteria and therefore funding was sought to develop a computer-based CD-ROM on which clinical signs would be described in words (in the local language of the user), alongside video clips demonstrating the signs. The program includes an interactive element, whereby users can classify cases of unknown diagnosis and obtain feedback on the correct answer.

**What was done** With the written informed consent of parents and guardians, the neurological examinations of selected children with CP or other neurological abnormalities were recorded on video. These recordings were edited and included alongside written descriptions of the SCPE classification criteria to form the Reference and Training Manual (R&TM). An English-language draft was piloted in 20 SCPE centres and feedback received from 200 participants. Based on this feedback, a final version of the R&TM was produced and translation into other languages begun. In July 2007, 6 months after the distribution of the completed R&TM, a semi-structured questionnaire was used to determine how each centre had used it.

**Evaluation of results and impact** Thirteen of 24 SCPE centres approached (54%) returned the completed questionnaire, 12 of which reported using the R&TM. Eight centres used their own-language version. In total, over 150 copies of the manual had been distributed by centres. Eight centres distributed it to people directly associated with data collection, with five centres distributing it more widely. It was being used for demonstration purposes (two centres), for training data collection staff (seven centres), and for more general teaching of health care professionals (seven centres). In addition to the intended outcome of improved understanding of the SCPE definitions

and criteria, centres reported that the R&TM had improved case ascertainment and enhanced communication between professionals. To date, the RT&M has been translated into 11 languages and over 1050 copies distributed worldwide. The R&TM has reached its target audience and beyond. Further work is now underway to assess whether its use has also improved the quality of data collected.

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## Innovating professional knowledge transfer: from academic poster to 'MediaPoster'

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**Context and setting** The dissemination of new research knowledge at conferences is commonly facilitated via oral presentations, poster presentations and workshops. Current literature examines the effectiveness of knowledge transfer within the health care field, although none of it examines the effectiveness of the academic poster as a medium for knowledge transfer.

**Why the idea was necessary** Posters are designed to give a visual representation of an issue in a way that first attracts attention and then conveys an intended message. Much of the poster's success as an educational tool therefore lies in its design. Layout, colour schemes, framing of information and readability all influence how effectively key information is conveyed to the reader. The resulting 'snapshot' looks to promote further discussion and interest in the subject area, but is dependent upon author engagement and lacks true interactivity. Although they are visually appealing, traditional poster presentations provide only limited information on their subject matter. As a result, a medium which aims to achieve professional knowledge transfer actually holds dimensional and compositional constraints, which paradoxically limit its overall efficacy.

**What was done** 'MediaPoster' combines information technology with a traditional poster appearance. The popular static image is retained, but a full interactive potential is incorporated. Presented from a computer base onto LCD or whiteboard screens, wall projection or even online, the MediaPoster allows individual aspects of the poster image to hold embedded links, releasing additional information.

Using touch or mouse, viewers may independently select an area of interest on the poster surface and access a full range of linked documents and imagery which open in a dedicated side area of the display. The original poster image remains unchanged and in full view for others to see. Supporting documents may be live and allow access to data and information in any publishing format. An enhanced view aids readability.

Digital video footage or specialist computer-assisted imagery may be viewed, with optional audio feed via supplied headphones, thus meeting a range of learning preferences. Links may be placed to individual and institutional resources. Authors may allocate as many or as few supporting data and material as are appropriate, so assigning their own choice of academic depth to the medium. The only restraints relate to the technological capability of the hardware system employed. The technology required for MediaPoster compilation is both familiar and commonly available.

Feedback to authors regarding both poster and oral presentations is generally informal. This often results in ineffectual poster presentations that are never seen again. MediaPoster permits authors to incorporate formal evaluation tools by use of questionnaire, website or live e-mail access, and promotes wider digital dissemination.

**Evaluation of results and impact** The MediaPoster concept has recently been presented at a variety of education, medical research and health care conferences, together with a concept model. Informal qualitative evaluation of the concept has been overwhelmingly positive and has resulted in funding to further develop the concept and its potential applications. A readily adaptable MediaPoster template is currently under development for general use; details will be published in the coming year.

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## A new communication skills course for junior doctors

Jonathan Beard, David Beard & Elizabeth English

**Context and setting** 'Needs-based communication' (NBC) is a new approach to improving doctors'