Introduction: Recognising potential advantages of community-oriented education, and responding to reforms in medical education policy, our medical school developed a community-focused module (Ní Chróinín et al., 2012). In partnership, Medicine for the Elderly and General Practice deliver the module in a combination of primary and secondary care settings. As students’ perceptions of the educational environment may affect learning outcomes, the Dundee Ready Educational Environment Measure (DREEM), a reliable, validated tool, specific to healthcare education, was used to assess participants’ views of the environment in which this module was delivered.

Methods: All medical students complete the module in years 5/6 of the undergraduate MB programme; 155 students undertook the module in 2010. The DREEM questionnaire comprises 50 statements assessing features of the education climate, using a 5-point Likert-type scale, with an overall maximum score of 200 (150–200 excellent), with separate ranges for individual subscales of the questionnaire.

Results: Response rate was 98/1% (152/155), mean age 23.99 (SD 3.9 years), 58.8% were female, 67.5% Irish. The overall mean score 135.5 (SD 20.1) indicates a generally positive environment. For specific subscales, mean scores with interpretations were: learning- 31.6/48 (SD 6.1) (more positive perception); course organisers 32.1/44 (SD 4.9) (moving in the right direction); academic self-perceptions 21.7/32 (SD 3.9) (more positive feelings); atmosphere 32.4/48 (SD 5.6) (a more positive attitude); social self-perceptions 17.7/28 (SD 3.6) (not too bad). All areas ranked in the second highest of four possible categories; 68.6% of respondents agreed or strongly agreed with statements reflecting positive perceptions of the environment.

Conclusion: Students’ perceptions of the educational environment in which the module was delivered were largely positive, although there is room for continued development and improvement. A cooperative care model involving Medicine for the Older Person and General practice, with combined delivery in the community and hospital settings, offers a learning environment that is generally perceived positively by students.

Introduction: Threshold concepts (TCs) as an educational theory were first described in 2003. They describe the potential educational portals to be passed through in order to become proficient in a given area. As such within each area of education these ‘core’ concepts will need to be learnt in order to become ‘expert’.

The Mental Capacity Act highlights the importance of being able to assess capacity and thus relates to the work of being a Geriatrician. The assessment of capacity is included in the learning objectives for higher training in Geriatric Medicine.

Methods: A qualitative study was performed to look for the existence of potential threshold concepts in Geriatric Medicine. Fourteen semi-structured interviews were conducted with trainers (consultants) in the South-East region. The interviews were transcribed and then with a method rooted in grounded-theory a discourse analysis was performed. Capacity was identified as a potential TC and was then assessed against the proposed characteristics of threshold concepts (they are: transformative, irreversible, integrative, bounded and troublesome).

Results: Trainers feel that capacity assessment is ‘troublesome’ to learn. The assessment may at first appear counter intuitive and it seems that to fully understand capacity an ontological change to some degree is needed.

While not specific to Geriatrics there is a feeling that, within hospital medicine, Geriatricians often take the lead on capacity assessment. Once learnt there is little evidence that trainees can unlearn the concept (irreversible). Finally capacity once understood integrates a number of different areas of the specialty.

Conclusions: The assessment of capacity is highly likely to be a threshold concept for trainees in Geriatric Medicine. Full understanding of this concept may prove difficult for some trainees and trainers should be aware of this. Once understood, capacity assessment involves all areas of the patient pathway through hospital.