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**Australian & New Zealand
Association for Health
Professional Educators
(ANZAHPE)**

2020 Conference

PROCEEDINGS



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A “planetary health” case study of a student-faculty co-development of ‘big picture’ health learning outcomes in graduate medical education

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Doctors and other healthcare workers are key mediators between patients and the broader sociopolitical, economic and environmental ‘upstream’ determinants of ‘downstream’ health status. Planetary health encompasses these factors and is a framework to understand health. Universities have struggled to successfully integrate planetary health into healthcare curricula.

Within the context of the current review of the Melbourne Doctor of Medicine (MD) graduate curriculum, an opportunity arose to partner across multiple departments, schools and faculties, to forge a more coherent methodology for teaching medical students about the planetary determinants of health.

We undertook qualitative methodologies to engage both students and staff in reviewing and refining an evidence-informed planetary health map to address planetary health learning outcomes for MD students.

An opportunity arose when a new ‘determinants of health’ model was being developed by the First Nations Health team of the Melbourne Medical School and the Melbourne School of Population and Global Health academic team as a response to a recognised gap in teaching First Nations health and public health concepts more broadly to the current MD students and recent alumni. Our aim was to integrate mechanistic planetary health learning outcomes and the organ system model of teaching in first year medicine at the University of Melbourne.

:

Addressing the mental health needs of MD students

Jacqueline Payne, Alex Gentle, Karen Dwyer, Laura Gray

School of Medicine, Deakin University, Australia

Introduction/background:

Health professions students, and in particular medical students, have widely been identified as a group experiencing significantly higher rates of psychological distress and specific mental health diagnoses than the general population. Health professions programs need to support students in weathering the demands of both the course itself and the impact of work and study in the clinical environment.

Aim/objectives:

The aim of this presentation is to share the experiences of our school as we have implemented a student support program, with a counsellor embedded in the school who has a deep knowledge of the taught programs.

Discussion:

Since introducing the service, the number of students from the school accessing counselling has averaged over 500 visits per year, up from 3 visits to the general University service in the year prior. This dramatic increase may relate to the increased visibility of the service, but also the place of the school counsellor as a trusted member of the school community who understands the structure, challenges and contexts of the programs offered by the school.

The availability of the counsellor has also facilitated the development of an integrated program of skills development sessions and workshops for staff and students on a wide range of topics, to bolster the reach and effectiveness of the support program.

Additional benefits of the embedded counsellor include the (generalised and de-identified) insights provided into the health and perspectives of the student cohort, and into particular aspects of course design and structure which may impact student welfare. This has proved to be beneficial in course review and governance processes.

Allied health clinicians' informal interprofessional interactions in the workplace

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Introduction/background: (113)

Collaborative, interprofessional practice is integral to effective patient care.¹ This approach can be challenging for healthcare teams as it relies on numerous factors including trust, respect for professional roles and a shared identity.² Evidence suggests that organic social processes engender trust and professional and team identity.³

Interprofessional socialisation among undergraduate healthcare students facilitates perceptions of interprofessional equality and enhances interprofessional relationships.⁴ Informal interprofessional workplace learning aids healthcare students address negative interprofessional attitudes and develop interprofessional identities.³

The presence of a multidisciplinary staff room in a maternity ward provided for informal socialising between colleagues from nursing and medicine backgrounds and that this engendered trust, friendship and an appreciation of one another's skills and strengths.⁵

Aim/objectives: (74)

There is a paucity of literature that relates to the impact of informal interprofessional interactions among qualified allied health clinicians in the healthcare workplace. This survey study seeks to ascertain allied health clinicians' perceptions of the frequency, benefits and enablers of, and perceived barriers to, informal interprofessional interactions. Subsequently, we will take an action-based research approach to addressing the findings of the study: that is, the barriers to informal interprofessional interactions in the workplace.

Discussion: (39)

It is anticipated that the initial study will highlight historical and cultural norms as influences of informal interprofessional interactions. Taking an action research approach, we then seek to facilitate a bottom-up approach to increasing opportunities for informal interprofessional interactions.

Issues/questions for exploration or ideas for discussion: (24)

We expect to find there are socio-historical norms among the professional groups that may inhibit interprofessional interactions and may also be challenging to shift.

¹ World Health Organisation (2010). Framework for action on interprofessional education and collaborative. Geneva, Switzerland.

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³ Rees, C. E., Kent, F., & Crampton, P. E. (2019). Student and clinician identities: how are identities constructed in interprofessional narratives? *Medical Education*.

⁴ Olson, R. E., Klupp, N., & Astell-Burt, T. (2016). Reimagining health professional socialisation: an interactionist study of interprofessional education. *Health Sociology Review*, 25(1), 92-107

⁵ Liberati, E. G., Tarrant, C., Willars, J., Draycott, T., Winter, C., Chew, S., & Dixon-Woods, M. (2019). How to be a very safe maternity unit: An ethnographic study. *Social Science & Medicine*, 223, 64-72.

An exploration of the self-assessment experiences of first year medical students

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²Maastricht University, Maastricht, Netherlands.

Introduction/background:

Portfolios have been introduced to medical programs to enhance skills in reflection as a basis for developing insight into knowledge and skills to and to promote lifelong learning. Medical students are preferentially selected for their high academic achievement yet little is known about their self-assessment skills on entry to medical school.

Aim/objectives:

The aim of this study is to explore the factors that have shaped self-assessment prior to their entry to medical school.

Methods

A representative sample of first year medical students will be invited to participate in interviews at around the time they are introduced to the school's portfolio. The students' experiences in self-assessment will be explored through semi-structured in-depth interviews designed to elicit stories about their past learning and study methods. Thematic and narrative analysis will identify underlying themes.

Results:

Piloting of the interviews has revealed themes informing self-assessment related to student characteristics and responses and the influences of people, contexts and experiences. Further analysis will explore these preliminary findings.

Discussion

Understanding the variation in student experience in self-assessment skills provides a basis for the design of portfolio tasks that promote insight into study progress.

Conclusions:

Medical students share past academic success but have varied experiences, competence and confidence in reflecting on their learning and learning about themselves from experience.

An innovative online learning tool in Objective Structured Clinical Examinations

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Introduction/background:

Objective Structured Clinical Examinations (OSCE) practice sessions are logistically challenging and resource demanding. The balance between managing resourcing for live practice sessions using simulated patients but allowing for enough opportunity for individual practice has been a constant struggle. With the advantages of online training and virtual patients in mind, we sought a more sustainable OSCE preparation approach called Monash OSCE Virtual Experience (MOVE) (<https://pharmacademy.org/node/944>). MOVE consists of twenty online case scenarios with virtual patients using Articulate Storyline™ software. MOVE uses a standardised question guide where students can navigate through the case and will be provided an ideal response guide at the completion of the case for self-assessment.

Aim/objectives: To present MOVE and describe how it aligns with our OSCE learning assessments, and to highlight some of the feedback received by students in regards to its useability.

Discussion:

MOVE was introduced in 2017 to our 4th year Pharmacy undergraduate cohort. In 2017, 99% of Pharmacy students utilised the program, escalating to all students utilising the program as an OSCE practice tool in 2018 and 2019. From student feedback, it as reported MOVE has prepared students with targeted and time-bound history taking and clinical problem solving in a realistic but a less daunting learning environment than live practice.

Issues/questions for exploration or ideas for discussion:

Can MOVE be further developed and used to practice communication skills?

Can MOVE be futher developed to replace live practice of OSCEs?

Attending to learner and educator well-being in the midst of a climate emergency with no end in sight.

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¹University of Newcastle, Australia

Introduction/background:

Educating health professionals about the impacts of climate change and the need for an urgent transition to environmentally sustainable healthcare is now core business for health programs. Exciting opportunities arise from promoting the health benefits of reduced carbon footprints, and from helping vulnerable patients and communities adapt to the health threats from climate change such as heatwaves and poor air quality.

However, many of the messages around these issues are deepening concerning. Leading authorities warn of an existential crisis for human civilisation, and in order to urge governments to take necessary action, professional colleges have declared a climate emergency with no foreseeable end in sight.

Aim/objectives:

To highlight the need and available means to attend to learner and educator well-being when communicating about climate change and the state of the environment.

Discussion:

Students of the health professions are reported to have higher levels of mental health symptoms and diagnoses compared with the general population. Climate change distress presents an added challenge which must be considered and managed when educating learners about these topics.

Health professions educators are able to draw on principles of environmental psychology in developing learning activities, for example promoting behavioural, relational, cognitive and emotional coping strategies.

Issues/questions for exploration or ideas for discussion:

How principles of well-being promotion have been applied in climate change health education for multiprofessional undergraduate and postgraduate groups and feedback received will be discussed.

What approaches can guard against burn-out for students and educators who become involved in environmental education and advocacy?

Challenging the students' independent decision-making to foster preparedness for practice. A purposely-designed serious game: the JMP Phase1 Amazing Race

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Introduction

The transition between campus-based and clinical-based years often creates feelings of inadequacy in students. Through monitoring and feedback activities at our institution, students reported struggling with making independent decisions regarding the patient work-up process, despite knowing that their supervisor would review their recommendations. We decided to create a serious game to target this aspect and evaluate its feasibility and effect on a small sample of year 2 students.

Methods

The JMP Phase1 Amazing Race is a purposely-designed serious game that challenges students to make independent decisions in diagnosing common patients' presentations. While in PBL the case evolves through predetermined events, in the Race the students will make decisions that will affect the (fictional) patients. Five teams of 4-5 students each will participate in the Race, accompanied by a researcher as facilitator. Following the Race, the students will debrief the experience in a focus group. Observation notes, transcriptions of the debriefing and data on the students' performance will be collected and analysed qualitatively.

Results

This pilot project will provide insight into the feasibility and effectiveness of serious games to improve the decision-making skills of Phase1 students, in order to better prepare them for placements and independent clinical practice.

Discussion

The students' activities during campus-based years are predominantly externally directed: the PBL sessions are mainly tutor-led, and the OSCE sessions are guided by the marking rubric that is provided to the students ahead of time. A serious game setting can provide a learning environment for the students to make independent decisions in complete safety.

Communication Skills Teaching in Geriatric Medicine, does it work?

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Introduction/background:

Communication is a core skill for medical practice. It can be more challenging in Geriatric Medicine given patients often have multiple comorbidities including cognitive impairment.

Communication skills training often focuses on specific scenarios, such as breaking bad news or end of life care. However, the process skills used in communication are the same, irrespective of the scenario. Hence, the focus has moved to teaching common process skills which can be applied in any situation. This is the basis of the Calgary-Cambridge Guide to the medical interview.

Participating in communication skills workshops can be challenging for participants and it is also difficult to measure outcomes.

Aim/objectives:

To assess the participants perceived level of challenge in the workshops.

Discussion:

Following a general introduction to the Calgary-Cambridge Guide to the medical interview, advanced trainees in Geriatric Medicine are offered up to five small group communication skills sessions involving role play with simulated patients. The focus is on the use of communication skills such as establishing rapport, checking understanding, shared decision making etc rather than coming to a specific "solution" to the scenario. Following the session the participants are asked to rate their perceived level of challenge. 3% of respondents reported no challenge, 30% rated feeling "challenged a lot, but still in my comfort zone" and 12% rated feeling "challenged beyond my comfort zone".

Issues/questions for exploration or ideas for discussion:

How to assess the impact of a communication skills training program?

This program used participant perceived level of "challenge" as a determinant of the success of the program; is this reasonable?

Complexity seen in three ways in three minutes

Dr Hubert van Doorn

Shepparton Medical Centre, Shepparton, Victoria

Introduction/background:

Our lives and those of our families, friends, colleagues and clients are all complex. Words that signify complexity can emerge easily or hesitatingly. Visual imagery, especially with dynamic features can help us here.

Aim/objectives:

To provide three ways of seeing what Complexity means and how it works. This will be shared by employing three different visual media; the documentary photography of Eugene Smith portraying the life of an American country doctor in the LIFE magazine of 1948, maps and images of Tokyo subways and photographs capturing Australian Weaver Ants building a home.

Discussion:

This lightning talk will use visual imagery to illustrate key notions about Complexity. The intent is to offer an approach that integrates words and images in combination, to optimise the educational interaction.

Developing End to End training in medicine in established medical courses. A third year rural pilot programme.

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Rural Clinical School, Tasmania, Australia

Background:

Medical schools across Australia are looking at ways to increase the length of student training in rural areas. Research suggests that rural training widens access to higher education, contributes to community engagement and better student experience. Students of rural origin and attending rural clinical school students have been shown to come back to regional areas.

The Rural Clinical School of Tasmania has traditionally trained fourth and fifth year students of an undergraduate course. A pilot to host third year medical students for 6 months was held to extend our rural training capacity. Third year medical students are given some clinical exposure but also have a large content component delivered in a lecture style..

Aim:

To Increase capacity for teaching early year medical students in a rural area

Discussion:

The pilot enabled third year teaching to be undertaken at a rural distant campus. This was made possible by live streaming and recording of lectures. This was combined with face-to-face support by local rural academics who deliver a flipped classroom model of teaching, focusing on practical skills and authentic clinical learning.

Issues for discussion:

What are the barriers to extending rural medical education?

Do rural areas have the capacity to have more medical students?

How can the use of technology deliver medical education in rural regions?

Enhancing a culture of communication and collaborative learning through an undergraduate interprofessional midwifery and medical simulation program

Name: e.g. Lyn Gum¹, Liz McNeill¹, Liz Beare^{1,2}, Kristen Graham¹, Linda Sweet^{1,3}, Rosalie Grivell^{1,2}

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Introduction/background:

Effective interprofessional communication and collaboration is essential to improve women's maternity care. Recognising the importance of developing students' understandings and skills for effective midwifery and obstetric medical staff partnerships, we developed an interprofessional experience (IPE) workshop program.

Aim/objectives:

This workshop enables students to develop professional skills for future workplace collaboration in a safe, simulated environment during their undergraduate program.

Methods

From 2018 and during 2019, we facilitated 16 IPE workshops, for a total 320 students; 2nd and 3rd year midwifery students and 3rd and 4th year medical students. Students completed a pre-and-post workshop survey. We had a 75% survey completion rate.

Quantitative data was gained through student feedback using two interprofessional learning instruments: ITST (2018) and SPICE-R2 (2019). Qualitative responses regarding students' expectations and take-home messages were reviewed.

Results:

Qualitative pre-workshop expectations included wanting to understand their roles and where they fit into teams. Post-workshop improvements: the student's identification of performing well in team-based healthcare environments and in settings that bring together students from different professions; learning in simulated environments; facilitation of communication between team members; and conflict resolution.

Discussion

Students increased their understanding of other professional roles and demonstrated woman-centredness when care was provided by an interprofessional team. Students gained an appreciation that 'doctors aren't scary', 'it's okay to ask midwives for advice', and the importance of teamwork in enhancing women's maternity care.

Conclusions:

An undergraduate IPE experience enables students to collaborate in real-time which enhances their ability to practice collaboratively in their future practice.

Evaluating the effect of confidence-weighted versus conventional multiple-choice tests

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Introduction/background:

Conventional multiple-choice tests are ubiquitous assessment tools, but allow students to guess the correct answer despite being uncertain. Confidence-weighted tests are designed to improve test reliability because participants are able to express confidence in their answer by assigning relative weights to the available options, and therefore receive a proportion of the available marks per question.

Aim/objectives:

We sought to compare student scores across conventional and confidence-weighted test paradigms, and to investigate if there were any inherent systematic differences present.

Methods:

Twenty-nine optometry students undertook a test of 39 questions. For each question, they were asked to answer under two specified test paradigms; for the first paradigm, they could weight their answers based on confidence, the other forced them to choose one answer. Upon test completion, students undertook a survey regarding their experience and perspectives on the conventional and confidence-weighted paradigms.

Results:

There was no overall significant difference between paradigms, with a median difference of 1.3% ($p = 0.593$, Wilcoxon rank sum). Thirteen students performed better with confidence-weighted (median difference = 3.8%), 13 performed better with conventional (median difference = 2.6%) and 3 scored the same for both. The survey indicated that students did not have a strong preference towards one particular method.

Discussion/Conclusions:

The confidence-weighted paradigm offers no disadvantage to students compared to the conventional paradigm with regards to summative outcomes, but provides students and educators with richer formative information about student uncertainty around particular subject matter. This provides opportunities to guide teaching methodology and student study strategies.

Evaluating the utility and Queensland Public Health Service staff satisfaction of the CPQS-S placement evaluation survey on APPLinkup

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Introduction/background:

Obtaining information regarding clinical placements is essential in order to provide training and support relevant to clinical education needs. Up until 2019, the method of conducting physiotherapy clinical placement evaluations has varied across Queensland Public Health Service (QPHS) sites with sites either electing to evaluate placements via traditional paper-based surveys, utilising online surveys, or not utilising placement surveys at all. From January 2020 the evaluation of physiotherapy clinical placements in Queensland will shift from the traditional methods to a secure, centralised, online platform hosted in Australia (APPLinkup). The survey to be utilised on the APPLinkup platform is the Griffith University Physiotherapy Clinical Placement Quality Survey (CPQS-S). This survey has already previously been evaluated on both face and content validity.

Aim/objectives:

The aim of the project is to evaluate the frequency by which the CPQS-S is utilised on the online APPLinkup platform; timing that placement CPQS-S results are available to each QPHS facility; and assess the QPHS physiotherapy Facility Clinical Education Coordinator's (FacCEC) satisfaction with the utility of the CPQS-S on the online APPLinkup platform.

Discussion:

This project is currently underway and due to be finalised by June 2020. This project will potentially result in increased volume, timing and quality of student post clinical placement feedback provided to universities and QPHS facilities. This project also has the potential to inform universities and QPHS facilities regarding placement quality at QPHS facilities.

Issues/questions for exploration or ideas for discussion:

Can we improve the quality of clinical placement experiences within Queensland by having consistent and timely access to student post placement feedback?

Evolving learning cultures: a study of students' preferences for engagement with lecture material and correlation with performance

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Introduction:

Lectures have historically been the mainstay of university teaching. However, recent shifts in teaching and learning culture have seen a move away from didactic teaching towards approaches which provide greater flexibility and accessibility.

Year 2 students in The University of Queensland's medical program may engage with lecture material via live attendance, live video-conferencing, viewing recordings at a later time; or they may choose not to engage at all.

Aim/objectives:

This longitudinal research project aims to identify students' preferences for engagement with lecture material in selected courses according to their demographic groups, and explore the relationship between their preferred mode of engagement and their overall performance.

Methods:

All year 2 students in 2017 (n=505, response rate 92%) and 2019 (n=494, response rate 68%) were invited to complete a survey identifying their preferred methods for engagement with lecture material.

Results:

No gender differences in preferred engagement were noted. The most marked difference between demographic groups was that students from the United States (who are required to sit their medical licensing examination at the end of that year) were far more likely to never attend or view lecture recordings than domestic students. A formal analysis of correlation with performance will be completed for presentation at the conference.

Discussion:

This study provides evidence that the decision to engage with lecture material may be influenced by external factors in addition to personal preferences. As we conclude our data analysis, we will be able to provide insight as to whether this decision impacts student performance.

Exploring innovative strategies to change medical students' behaviours towards hand hygiene compliance in clinical settings

Gwen Leow Gui Yen

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Introduction/background:

The World Health Organisation (WHO) regard compliance to hand hygiene as a primary measure to reduce healthcare associated infection in clinical settings. Since hand hygiene is introduced at the start of medical schools' training program, there are limited opportunities to assess and observe students' compliance in clinical settings. Mystery audits conducted by the Infection Control Department of Tan Tock Seng Hospital (TTSH) have consistently reported that medical students' hand hygiene compliance were below expectations during clinical postings. In order to ensure optimal patient care, it is necessary to instill good hand hygiene practices at pre-professional level.

Aim/objectives:

The aim of this work was to promote conscious behavioural changes in medical students towards proper hand hygiene practices through positive education strategies and reinforcement.

Discussion:

The hand hygiene initiatives included but are not limited to the implementation of online infection control quizzes with live dashboard, demonstration of glo-germ exercises and nomination of student champions. In-house designed collar pins worn by the hospital's staff and senior management to promote good hand hygiene compliance and culture were also awarded to commendable students who demonstrated good hand hygiene awareness. Beyond verbal and written reminders, using innovative strategies would be a better way to approach the education of hand hygiene. Since June 2018, we have carried out the hand hygiene initiatives to over 250 students.

Issues/questions for exploration or ideas for discussion:

To delve into the concept of gamification and how it may increase personal responsibility towards hand hygiene.

Integrating top-down and bottom-up approaches where role modelling creates positive cultures towards hand hygiene.

Gaming the Medical School Application System: Revealing the Coaching Effect Size of a Constructed Response Situational Judgment Test

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Introduction: Situational judgment tests (SJTs) are increasingly used for medical trainee selection, but the effects of test preparation strategies on these tests, especially open-ended SJTs, has not been explored. The greatest concern is coaching effects, as they threatens score enhancement driven by construct-irrelevant factors like response distortion and test-wiseness, and advantage high SES applicants with access to these resources. This study sought to examine the role of coaching effects on SJT performance.

Methods: We invited test-takers to indicate whether they used any of the following preparation strategies: read the tips for applicants on the test website, completed the free practice test, participated in a commercial test preparation course, studied potential questions based on assessment competencies, rehearsed responses with technology, and rehearsed responses without technology. We conducted a multiple regression analysis to compare the additive effect of each preparation method on SJT scores.

Results: Of the six preparation strategies, only completing the free practice test on the test website ($b = 0.16$, $p < .001$), studying potential questions based on the assessment competencies ($b = 0.13$, $p = 0.02$), and rehearsing responses with technology ($b = 0.18$, $p < .001$) provided significant additive benefit to test scores. Test preparation method only accounted for 2% of the overall variance in test scores ($R^2 = 0.02$, $F(6,2887) = 14.44$, $p < .001$).

Discussion: Results suggest coaching effects are extremely small. These results highlight the importance of ensuring equitable access to practice tests, and relieves concerns over potential socially regressive impact of commercial test preparation.

Grappling with linguistic subtleties when teaching interprofessional practice: Can theory help move us from ‘bewilderment’ towards ‘clarity’?

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Introduction/background:

The complexity of language is largely overlooked in strategies helping students learn to work with other professions. Literature relating to this area is generally silent on embracing the linguistic embeddedness of professional practice. Instead it focuses on simplifying language between professions, seeking out the lowest common denominator to ensure shared understanding. Two recent ‘aha’ moments within our research were identifying different ‘languages of practice’ (used within own profession, with patient/client/caregiver, and with other professions), and using theory (in particular Communication Accommodation Theory) as a way of valuing these languages in preparing students for interprofessional practice.

Aim/objectives:

Through our collaborative dialogical inquiry, six educators and researchers from five different professions explored the question: How might our educational practice transform by embracing linguistic complexities?

Discussion:

The notions of *convergence*, *maintenance* and *divergence* are key to the framework provided by Communication Accommodation Theory. In assisting students to navigate the ‘languages of practice’, these notions provide guidance for grappling with linguistic subtleties when teaching interprofessional practice. Accordingly, during interprofessional learning activities we are deliberately making different languages explicit. In doing so we are creating opportunities for (i) educators to rolemodel transitioning between these languages, and (ii), for students to use and transition between the different languages as appropriate.

Issues/questions for exploration or ideas for discussion:

The value of recognising ‘bewilderment’ and seeking ‘clarity’ through being open to theories that originate beyond the (usual) interprofessional space.

How do we create time and space to grapple with theory to inform our ongoing practice?

Vita Activa: Hannah Arendt's way of understanding - The Human Condition

Dr Hubert van Doorn

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Introduction/background:

Hannah Arendt's contribution to 20th Century Philosophy was as broad and complex as the events that unfolded over this period. Whilst she is best known for her political philosophical work, especially on totalitarianism and the banality of evil, her work on exploring the nature of human lives has been profoundly influential. Following her escape from Europe and settling in America, in 1958 she wrote *The Human Condition*. In it she offers the notion of *Vita Activa* as a way of comprehending how we live. She does this by proposing that our lives are undertaken in the domains of; labour, work and action.

Aim/objectives:

To provide ways of seeing what Arendt means when she explores the human condition as labour, work and action.

Discussion:

This lightning talk will use visual imagery to illustrate Arendt's key notions; a watercolour painting by Australian artist Kenneth McQueen and two documentary photographs, one by Australian photographer Wolfgang Sievers and the other Swiss documentary photographer Jean Mohr. The intent is to offer an approach that integrates words and images in combination to optimise the educational interaction.

Title: Harnessing team-based learning to introduce troublesome conceptual topics of professionalism and evidence-based medicine

Rachel Thompson¹, Rose Leontini¹, Jarett Pareira², John Vassil², Barbara-Ann Adelstein³, Rajneesh Kaur¹, Michelle Moscova¹

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Introduction/background:

Professionalism, quality and safety and evidence-based medicine (EBM) are difficult topics to teach to early clinical students due to limited engagement and poor understanding of the clinical context. Team-based learning (TBL) stimulates student engagement in active team-work, which deepens student learning.

Aim/objectives:

To improve the engagement, teamwork and conceptual learning of professionalism, quality and safety, and EBM skills in 3rd year clinical students in the UNSW medicine program.

Methods

We combined professionalism and quality and safety content to create a TBL module simulating a medical council tribunal case. Two other modules were centred on authentic patient cases developed by student partners to emphasise EBM processes in preventative medicine. Data collection was through observations, teacher reflections and student surveys. Data was analysed thematically and descriptively.

Results:

Preliminary analysis provides useful insight into how the students tackled the class activities. Students considered the immediate feedback of the team testing most valuable, together with the intra- and inter-team case discussion. Teacher reflections showed that teams were challenged to work together more efficiently and students were more engaged in TBL classes compared to previous individual/peer-learning classes.

Discussion

Stand-alone TBL classes were perceived to be more effective than previous formats in terms of engagement, teamwork and depth of discussion. The team dimension focused students on case narratives and stimulated deeper discussion into essential areas of curricular content.

Conclusions:

TBL is effective for teaching difficult conceptual content through maximising student preparation and careful construction of authentic application case activities.

Health professions educators' system-oriented roles as educational advocate, quality improver and broker

Koshila Kumar¹ & Adrian Schoo¹

¹ Prideaux Centre for Research in Health Professions Education, Flinders University, Adelaide, Australia

Introduction/background:

Health professions educators have many facets to their educational role, but the literature focuses mainly on what they do in facilitating learning, leadership or scholarship. Their roles and activities which are oriented towards the organisation and its' broader educational mission are far less prominent in the literature.

Aim/objectives:

This presentation highlights the system-oriented roles and activities that health professions educators undertake as part of their educational work.

Methods

Data was gathered using survey and interview methods from health professions educators from different clinical backgrounds and teaching settings, who had a formal role in clinical education. In this presentation we report the qualitative data gathered in this study. Thematic analysis was used to interpret data and involved an iterative process of theme development.

Results:

Health professions educators engage in a number of system-oriented roles. These include being an: 1) educational advocate focused on helping to build education visibility and capacity in the system; 2) educational quality improver focused on critically examining and questioning existing educational practices, identifying opportunities for change, and considering the educational evidence; and 3) educational broker who is focused on connecting clinical and educational communities, working with different stakeholders and gaining consensus.

Discussion

Health professions educators engage in a range of system-oriented roles as educational advocates, quality improvers and brokers in support of the educational mission of the organisation in which they are situated.

Conclusions:

By recognising and responding to the breadth and diversity of roles, continuing professional development initiatives can help to prepare educators within various health settings for these vital system-sustaining educational roles and responsibilities.

HealthStop@Agfest – Student led health promotion at an agricultural show.

Name: Kathryn Ogden¹, Anne Todd¹, Zi Long Chow¹, Melissa Holman¹, Mara Schneiders¹.

¹University of Tasmania

Introduction/background:

Health promotion is an important role of health professionals. Providing future health professionals with opportunities to develop these important foundational skills requires contextual opportunities in community-based and real life settings.

Aim/objectives:

HealthStop@Agfest (HealthStop) is an interprofessional student-led community engagement program which provides students the opportunity to develop skills for health promotion through interaction with members of the public at a 3-day agricultural festival. This presentation aims to describe HealthStop and present evaluation findings relating to student experience and learning.

Methods

As part of interative evaluation in 2019, students were surveyed about preparation, experiences and learning outcomes and asked “What is one person or experience from today that stands out?”

Results:

HealthStop provides preventive health screening and counselling to members of the public in addition to a suite of children’s activities promoting healthy messages. Students from five health disciplines undertook online and face to face training, in preparation for leading the activities, supervised on site by clinicians and academics.

There was almost universal agreement on the value of participation to students’ training. Eighty percent reported increased confidence in talking about health-related issues. Interprofessional learning opportunities could be improved.

Key themes were: enjoyment of participation; providing meaningful health promotion; and diversity of people attending HealthStop. Challenges were students’ inability to participate in all activities and integrate fully with students from other disciplines.

Discussion/conclusion

HealthStop has evolved over eight years and is a valuable community engagement opportunity for students with reported benefit to student learning. HealthStop’s concept is potentially applicable to other settings.

How do you moderate OSCE's when things go wrong?

Lizzi Shires¹ and Acclaim collaborators₂

¹University of Tasmania ² ACCLAIM Australian Collaboration for Clinical Assessment in Medicine.

Introduction

Despite our best intention OSCEs sometimes go wrong and we need a fair transparent system to moderate OSCE stations that have gone wrong so that individual student are not disadvantaged in high stakes exams..There is little in the literature around the principles that should underpin our decisions about OSCE moderation.

Purpose:

To share participants own experiences and principles in OSCE moderation.

To agree a set of principles on how OSCE's should be moderated when things go wrong.

Anonymised cases will be given to participants to discuss to help develop these principles..

Issues for exploration or ideas for discussion:

What are universities current practices?

What would universities do in the cases described?

What are the underlying principles for these practices.

In which sequence? Does it matter?

Manori Amarasekera¹, Rebecca Anglin¹

¹The University of Notre Dame Australia, Fremantle, Australia

A distinctive feature between the delivery of traditional preclinical and clinical curricula is that discipline-based clinical curriculum is delivered in a series of parallel clinical rotations for different groups of students, whereas the curriculum is synchronized across the cohort in preclinical years. Therefore, the sequence of learning themes or topics is more relevant to the preclinical years compared to clinical years in which the beginning and end points of the curriculum are different from one student to another. Many factors, both pedagogical and logistic, influence the optimal sequence of themes for the preclinical curriculum. During the process of reorganizing the sequence of themes for the preclinical curriculum at the University of Notre Dame Fremantle, we identified a relative gap in literature on this topic. Given the importance of the sequence of themes for learning in the preclinical years, we were surprised to learn that publications on this topic are sparse. We will discuss “lessons learned” that may help curriculum developers and educators in creating or reviewing the preclinical curriculum at their respective institutions.

Incorporating Evidence Based Medicine into the Medical Curriculum

Name: Pippa Burns¹, Kathryn M Weston¹, Warren C Rich¹, Judy R Mullan¹, Peter L McLennan¹.

¹University of Wollongong, NSW, Australia

Introduction/background:

Evidence-based medicine (EBM) is the integration of the best research evidence with clinical expertise and the patient's unique values and circumstances. At the University of Wollongong (UOW), the Research and Critical Analysis (RCA) curriculum has been developed specifically to integrate with other course content while teaching students the fundamentals of EBM. RCA aims to develop student skills in finding, appraising, interpreting and applying evidence to their clinical practice.

Aim/objectives:

This presentation aims to report on the longitudinal teaching and integration of EBM into a four-year medical course.

Discussion:

The graduate-entry, MD program at UOW is delivered in four phases, over four years. Each phase seeks to build on students' existing knowledge and skills base. Skill development occurs through a mixture of lectures, a student-led journal club, a community research project and assessment tasks. This culminates in the students' completion of a capstone task during a six-week elective placement. The capstone task has been mapped to relevant journal submission guidelines and students are encouraged to submit their work for publication.

The longitudinal integration of EBM into the medical curriculum provides students with multiple opportunities to learn, understand and apply the underlying concepts behind EBM. By linking EBM content to clinical concepts through case-based learning, we hope to equip the new generation of doctors with a sound understanding of the importance of EBM in clinical decision-making.

Issues/questions for exploration or ideas for discussion:

1. How do we encourage students (and faculty) to recognise the importance of learning about EBM?

Integrating a 2020 Genomics Curriculum within extant curricula

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² University of Otago, Dunedin, New Zealand.

³ University of Auckland, Auckland, New Zealand.

Introduction/background:

While the scientific basis of genetics is taught in medical schools, the essential skills to apply the knowledge in practice are not widely taught or learnt. Using Kern's curriculum development model and a modified Delphi method to generate and confirm relevant learning outcomes, we propose a New Zealand National Genomics Curriculum that integrates with existing competencies of the Auckland and Otago Medical Schools' curricula.

Aim/objectives:

To create and implement a future-focussed, fit for purpose genomics curriculum within both New Zealand medical schools.

Discussion:

The new aspects of the developed genomics curriculum include specific competencies in Maori and Pacific health, ethics, interprofessional teamwork, health informatics and professional practice. A 2020 genomics curriculum must include wider competencies such as use of decision support, ethical and culturally appropriate genomic discussions, teamwork and patient education.

Issues/questions for exploration or ideas for discussion:

What factors in the classroom and workspace cultures of learning will influence implementation of this curriculum?

Will the developed genomics curriculum result in more sustainable use of healthcare resources, in clinical practice?

What does a productive genomics learning culture look like?

Killing two birds with one stone – enhancing student engagement in lectures and providing feedback to clinician lecturers

Michaela Kelly¹,

¹University of Queensland, Brisbane, Australia

Introduction:

Two challenges in clinical education are medical student engagement with lectures and clinicians being able to obtain meaningful feedback from students about their teaching. Attendance at lectures in preclinical years is not compulsory at many universities and many students prefer to view lecture recordings rather than attend in person. A consequence is that students miss out on the social benefits of such teaching forums and become strategic observers of, rather than active participants in lectures. In the clinical years, when students are dispersed across clinical placement sites, lecture attendance helps students maintain connection with colleagues, engage in the type of professional development forums that characterise the profession and question and learn from the experiences and clinical expertise of medical practitioners.

Aim:

To enhance student engagement in a clinical lecture program and provide feedback to clinician lecturers about what students learn from their lectures.

Methods:

As part of their assessment, third year medical students complete several reflective learning tasks centred on lectures delivered by clinicians. Students identify what they learned, material they did not fully understand, discrepancies between their prior understanding and material presented, and how they intend to apply material learned to future practice. Aggregated student learning reflections are returned to the lecturer for consideration.

Discussion:

The experience of this approach determined from structured interviews and survey evaluation will be presented.

Ideas:

Helping clinician lecturers understand the learning impact of their lectures
Encouraging students to better understand continuing professional development
Creating a culture of collegiality – the lecturer is also my colleague

Navigating the Allied Health graduate year: A narrative analysis

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Introduction/Background: A narrative analysis was conducted to explore graduate allied health professional experiences in their graduate year and how they navigated any challenges encountered.

Aim/objective: The primary aim of this study was to explore the experiences of graduate allied health professionals in their first year of clinical practice and investigate whether participation in a structured education program assisted transition to practice.

Methods: An in-depth narrative study was conducted with eight graduates representing a range of allied health professions in the latter stages of their graduate year. Participating graduates had attended a structured interprofessional graduate education program over four months. Data was analyzed using narrative framework analysis.

Results: A total of 29 incident narratives were identified. The most challenging aspects of the first year of practice included rotating across clinical areas of practice and navigating clinical supervision arrangements. Positive patient outcomes, particularly in challenging clinical situations were recognized as highlights.

Discussion: Graduates used varied and multiple useful educational strategies to support transition to practice including; access to clinical supervisors, senior staff and broader health team support. The value of face to face interprofessional discussion and peer support, formalized through the graduate program was also identified.

Conclusion: There is need to foster broad positive learning environments to support allied health graduates to navigate the challenges of their graduate year. Graduate programs for allied health graduates should include: dedicated and ongoing supervision structures, peer support opportunities and facilitation and support of interprofessional practice.

Peer-assisted learning: An evaluation of the benefits and improvements in peer-assisted mock OSCEs

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Introduction/background:

Peer-assisted learning (PAL) is a well-established adjunct to formal faculty teaching for medical students. However, few studies investigate the specific use of PAL in preparation for Objective Structured Clinical Examinations (OSCEs).

Aim/objectives:

We analyse the benefits and improvements of vertically integrated PAL for OSCE preparation at a single large institution. Medical students across all year levels were invited to partake in a student-run mock OSCE: 'VESPA OSCE Night'. Participants rotated between 'examiner', 'examinee' and 'simulation patient' roles for a total of 8 stations. A standardised questionnaire was administered for all participants. Frequency of responses for each question were summarised and qualitative data was thematically analysed.

Discussion:

144 responses were received and analysed. In general, students found VESPA OSCE Night highly beneficial: 62% found it consolidated course content; 69% expressed it elucidated assessment design; 82% found it highlighted knowledge gaps and 50% felt the experience of being a simulation patient was valuable.

Issues/questions for exploration or ideas for discussion:

Vertically integrated PAL for OSCE preparation is a valuable resource for medical students with benefits for participants across all roles: examiner, examinee and simulation patient. Further research is required to elucidate the optimal integration of this structure with formal faculty teaching.

Pharmacology Education in Medicine: Studying for Success

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² Monash Rural Health, Medicine, Nursing & Health Sciences, Monash University, Victoria, Victoria

Introduction/background

Pharmacology is an essential component of medical education as it underlies safe and rational prescribing practices. However, medical students and junior doctors have reported concerns regarding perceived proficiency in clinical pharmacology. Numerous gaps exist in the literature with respect to how students understand, retain and apply pharmacology knowledge. One technique of interest is spaced-repetition, which is associated with improved academic performance.

Aim/Objectives

This project aims to explore medical student learning techniques and approaches with a view to identify predictors for success in pharmacology. Additionally, the usefulness of pharmacology resource operating on an open-source, flashcard based, spaced-repetition program (Anki) will be evaluated.

Methods

Surveys and focus groups will be conducted to qualitatively and quantitatively document medical student learning techniques and approaches in pharmacology, as well as the effectiveness of an Anki pharmacology resource developed, “by students for students,” as a form of interrogating knowledge acquisition.

Results

Content developed thus far includes survey and focus group questions based on well-validated learning inventories to investigate the effectiveness of different learning approaches. The utility of the Anki Resource intervention was also evaluated.

Discussion

Responses from student feedback and focus groups will be crucial to evaluate the utility of spaced-repetition methods for learning, as well as other potential strategies to improve medical pharmacology education.

Conclusions

Strategic and personalised techniques for pharmacology learning will be elucidated in order to enhance the confidence and knowledge of medical students in pharmacology, and with an eye to improving the quality use of medicines by junior doctors.

Production Development, Research and Usability Study of the University of Sydney/ WSLHD Code Black Training App

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Introduction:

Currently, Australian hospital emergency departments (EDs) have a very high incidence of violent events. Up to 90% of ED staff have experienced some form of violence and severe staff injuries have occurred. Violent events range from verbal abuse and threats to physical attacks.

A Code Black (CB) emergency is a situation of aggression, assault or a threat of assault. Training is required for ED staff to recognise a potentially violent situation, apply de-escalation strategies, and to respond using appropriate coordinated techniques. Each Local Health District develops its own training program and CB response strategy.

Meeting CB training requirements is difficult: ED environments are impossible to replicate in a conventional, training environment; patient presentations and learner profiles are diverse; and operational exigencies restrict training opportunities.

To evaluate the issues in CB events and provide for future training needs, 17 interviews and a series of ED observations across four hospitals in Western Sydney Local Health District were conducted. Data comprising 40 cases of ED violence was analysed and presented in stakeholder consultation.

Aim:

To provide an effective, evidence-based, technology-mediated resource for CB training: one which prepares learners to rapidly respond to a potentially violent situation.

Discussion:

A virtual reality (VR) training tool may help alleviate CB training issues by providing a realistic, portable, scalable, standardised resource.

Issues for exploration or ideas for discussion:

Further investigation is required as to how well VR can prepare health practitioners to deal with high risk situations in a busy healthcare setting.

Research capacity development in healthcare clinicians: a rapid realist review of education programs

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Introduction/background (57):

Policy-makers and health services recognise the need for clinicians to provide services in line with best available evidence. Accordingly, governments and health services have invested in strategies to enhance clinician capacity and organisational research culture.¹ There is however, a paucity of knowledge of the most effective ways to structure and deliver research education in the healthcare sector.

Aim/objectives (27):

Our rapid realist review concludes what educational approaches to research education and capacity development work (or fail to work), under what circumstance, for whom, how and why.

Discussion (112):

We have employed Pawson's five-stage approach: (1) clarifying scope, (2) searching for evidence, (3) assessing quality, (4) data extraction, and (5) data synthesis.²

Preliminary findings indicate that research education programs can positively influence research capacity, culture and evidence-informed clinical practice. Programs of research education which include mentoring or supervisory support, provide clinicians with opportunities to learn experientially through progressing their own research idea and to learn from peers in a social learning environment. Organisational prioritisation of research and supporting infrastructure appear central to developing research capacity, as evidenced by an increase in the quality of research projects and outputs, intra- and inter-organisational research collaborations and by the establishment of research leadership positions.

Issues/questions for exploration or ideas for discussion (51):

This rapid realist review will inform the development of research education for healthcare clinicians in the local area and will provide an evidence-based case for funding to support research education in the health sector. Other researchers, educators and health services could be guided by the methodological approach adopted in this study.

1. Slade SC, Philip K, Morris ME. Frameworks for embedding a research culture in allied health practice: a rapid review. *Health Research Policy and Systems*. 2018;16(1):29.
2. Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review-a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10(1_suppl), 21-34.

Student-Ratings in Clinical Teaching (STRICT) – Devise a New Questionnaire Based on Meta-Analysis

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Introduction/background:

Numerous teaching factors are introduced in the existing measurements for clinical teaching. However, the measurements do not comprehensively cover relevant teaching factors and they are largely different from each other.

Aim/objectives:

This study aims to devise a reliable and valid measurement for clinical students to report the perceived teaching practices.

Methods

The new tool was devised based on a meta-analysis encompassing effective clinical teaching-learning factors. An item pool was generated and reduced from 202 to 79 items through discussions with scale experts, medical educators and students. Frequency scales from never to always were applied. The newly devised tool, Student Ratings in Clinical Teaching (STRICT), was implemented to UNSW year 2, 3 and 6 medical students.

Results:

Among 834 medical students, 352 (44.2%) completed the questionnaire. The exploratory factor analysis identified Student-Centred Learning, Problem-Based Learning, Self-Directed Learning, and Visual Technology. The reliability was acceptable (.77 to .89). The subsequent confirmatory factor analysis showed that former three factors were highly correlated to each other (.72 to .77).

Discussion

Apart from visual technology, the other teaching practices can converge into “student active learning”. Clinical teachers may adapt their teaching practices with more student active learning activities and utilise visual technology to facilitate clinical learning efficacy.

Conclusions:

STRICT is a valid and reliable tool which demonstrates how students perceive clinical teaching efficacy. Clinical educators may apply Student-Ratings of Clinical Teaching to assess how these teaching practices is implemented in current clinical settings.

Supporting International Medical Graduates transitioning to working in an Australian Health System – the role of an Observership Program

Alison Giles¹, Rachael Coutts¹

¹ Northern Health Service, Epping, Victoria

Background:

A Victorian outer metropolitan teaching hospital relies on International Medical Graduates (IMGs) for staffing junior medical positions. An observership program, consisting of 6 weeks observing in General Medicine and the Emergency Department (ED), has been established to orientate IMGs and support their transition into working as junior doctors in the Australian Health system.

Aim:

To describe the IMG Observership Program, including data collected for the purpose of evaluation of the program.

Discussion:

The Observership program is a comprehensive model consisting of observation, supervision, assessment, portfolio, peer mentorship, and an education program that utilized a community of practice concepts.

Over one hundred and sixty applications were received for the Observership program. Twenty-five observers went through the program from February 2018 until December 2019. Of those, eleven (44%) went on to obtain medical appointments at the same hospital. 80% of hospital doctors involved in supervising observers were either neutral or positive about the experience of IMGs observing. 76% of observers were satisfied with ED rotation, 70% satisfied with General Medicine rotation.

Conclusion:

There is a high demand for an Observership program amongst IMGs. Almost half the observers went on to secure employment at the hospital. Positive themes identified from supervisors included assistance with clinical workload, using the IMGs to interpret and the ability to orientate and observe IMGs prior to offering employment. Negative themes expressed included observers adding to the workload of doctors. Reported satisfaction ratings amongst IMG observers was high.

Technology enhanced learning through the use of a video assessment – lessons learned

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Introduction/background:

Technology enhanced learning (TEL) refers to the development of digital strategies that utilise appropriate technological tools to enhance student learning. Ubiquitous smartphone ownership, built in laptop cameras and freely accessible video editing software has prompted an increase in video TEL content. Many educators have also introduced video assessments. But the transition is not always smooth.

Aim/objectives:

To report on the use of a video assessment in a capstone unit from a graduate entry medical program.

Discussion:

Overall the students reported a positive learning experience. Qualitative data indicated that 'having a project to show off', being creative and working as a team were key benefits of the assessment. However, the assessment instructions and marking criteria were identified as requiring improvement. The time taken for the students to make a video was substantially longer than for an oral presentation. Some students described the use of video assessment as unfair as video editing was not taught in their degree. The marking criteria needed to be open enough so that students could express their creativity but not too ambiguous that they didn't know was expected of them.

Issues/questions for exploration or ideas for discussion:

Video provides an exciting platform for assessment overcoming the limitations of traditional oral presentations being scalable and sharable and necessitating the application of creativity, communication and teamwork skills. However, the requisite skills, marking of the final product and the assessment context all need to be considered in the adoption and design of video assessments.

The Australian New Zealand Burn Association (ANZBA) Burn Rehabilitation Course (BRC): A Trauma Informed and Bio-Psychosocial Approach to Allied Health Education and Training

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⁵Agency for Clinical Innovation, Statewide Burn Injury Service, Royal North Shore Hospital, Sydney NSW, Australia

⁶Speech Pathology Department and Burns Unit, Concord Repatriation General Hospital, Sydney NSW, Australia

⁷National Burn Centre, Middlemore Hospital, Auckland North Island, New Zealand

Introduction:

ANZBA nursing and medical burns management courses contribute considerably to improving burns care. However, there was no equivalent rehabilitation course to enhance recovery.

The ANZBA Burns Rehabilitation Course (BRC) is a one-day intensive course designed to inform health providers regarding the assessment, treatment and complexity of rehabilitation of the burned patient. The course focuses on clinical reasoning, problem solving, trauma focused care and adopts the principles of adult learning education. Teaching is experiential and conducted in small interactive groups and rotating skills stations.

It covers physical and psychosocial aspects of rehabilitation and is presented within the biopsychosocial model of care.

Aims:

To develop an evidence and consensus based burns specific rehabilitation course for health professionals working with burn injury patients.

Discussion:

The development process included the completion of an evidence-based resource manual with input from over twenty ANZBA members, training of five instructors in teaching methods and input from the ANZBA Education Committee.

Issues for exploration:

Burns recovery is complex & multifaceted. The burden of burns treatment can add to the initial trauma. There is a strong link between physical & psychological injury and recovery. Interestingly, the physical severity of injury does not always predict outcome.

Through collaboration an evidence based resource & consensus course has been developed, even though individually practices vary. This course will ensure health professionals throughout Australia and New Zealand can better met the complex long term rehabilitation needs of patients with severe burn injuries, so that the quality of outcome is worth the pain of survival.

The Evaluation of Foundational Placement Competencies (EFPC): Student readiness for learning on placements

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Introduction/background:

Allied health educators frequently lack the tools to assess early learners' skills and readiness to progress in their clinical placements. A high-quality assessment is needed to enable targeted support to students, maximising clinical placement success and minimising the detrimental effects of placement failure on students and clinical educators.

Aim/objectives:

This study psychometrically evaluated an assessment of novice allied health professional students' competencies in readiness for learning in subsequent clinical placements.

Methods

A multi-site study was conducted with undergraduate and graduate entry physiotherapy, occupational therapy and speech pathology students completing varied placement preparation simulation programs in several Australian universities. Rasch analyses and an argument-based validity framework were used to investigate the psychometric properties of the assessment.

Results:

Rasch analysis of 965 student assessments to date has demonstrated that the 20 assessment items together measure a unidimensional construct. The person separation index (4.64) demonstrates the capacity to reliably distinguish a range of levels of performance. Further, the assessment has good precision (small standard errors) in the range critical to determining whether a student is adequately prepared for placement, although at the well-performing extreme of the scale a small number of students (n = 38) obtained maximum scores.

Discussion and Conclusion:

It is feasible and sound to assess students' readiness for placement across multiple disciplines and in a range of simulation-based placement preparation programs. This provides a unique, evidence-based, assessment and feedback to students. Further, the broad applicability enables evaluation of placement preparation programs to meet students and clinical educators' needs.

This project was supported by a 2019 ANZAHPE Research grant

The impact of high stakes assessment on performance of medical students over time

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Background

High stakes assessments act as an important indicator of student performance and progress in the medical degree. The use of longitudinal data allows the identification of trends of poor performing students, the ability to predict progress and recognise areas within the medical curriculum that are deficient and require supplementation.

Aim/objective

The aim of our research is to investigate how student performance changes over time by assessing the internal consistency of high stakes assessment, Objective Structured Clinical Examinations (OSCEs) and end of year written assessments.

Methods

A total of 705 medical students were enrolled from 2013 to 2018 and had completed yearly grades. Detailed psychometric analysis was completed using ten assessment items.

Results

The assessment items showed considerable internal consistency (Cronbach's alpha 0.768). However, the 1st clinical year grades were found to be the least correlated with the student's overall performance. Further, when the 1st clinical year assessment items were excluded internal consistency significantly increases to 0.829. Written assessment in that year had the least correlation with a student's overall performance.

Discussion and Conclusions

High stakes exam results showed considerable internal consistency and play a role as a predictor of student overall performance. Interestingly, the 1st clinical year assessments were found to have the least correlation with the student's overall grade. Therefore, it questions whether these assessments are capturing the graduate skills required for this transition from pre-clinical to clinical. Therefore, considering the complexity of the transition from pre-clinical to clinical the assessments requires tailoring to capture this transition.

The impact of interprofessional education in communication skills on learning outcomes for students of paramedicine and medicine.

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Introduction/background:

A new health institute in QLD has drawn together four partner organisations (health, vocational and tertiary) with a mandate to deliver cross-sectoral interprofessional education (IPE). IPE occurs when “students from two or more professions learn about, from and with each other”. IPE can assist students to transition into healthcare workplaces with the knowledge, skills and ability to function within multi-professional teams.

Aim/objectives:

To evaluate the impact that three interprofessional communication skills workshops have on paramedic and medical students' knowledge, confidence, attitudes and perceptions of other health professionals.

Methods:

First-year students enrolled in a post-graduate entry medical degree attending compulsory communication skills workshops, and third-year students enrolled in a Bachelor of Paramedicine that participated in the workshops were eligible to participate in the study. The study used a mixed-methods sequential design involving both a cross-sectional survey and focus groups.

Results:

Thirty-six medical students and six paramedic students took part in the project. The overarching theme was ‘scope of practice’ and included four sub-themes: communication, attitudes, experiential learning and patient assessment. Students described the IPE activity as valuable to identify their own profession’s strengths and appreciate the perspective that other professions have regarding the patient journey in the health care system.

Discussion:

IPE workshops centred around communication with standardised patients were an effective way to increase student confidence and understanding of the styles, roles and abilities of other professions.

Conclusions:

This study represents one of the first steps of cross-sectoral collaboration at our health institute.

The Inclusion of Trans and Gender Diverse Teaching in Medical School Curricula

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²Canberra Sexual Health Centre, Canberra Health Services, Canberra, Australia

Introduction/background:

The transgender and gender diverse (TGD) community, inclusive of people whose gender identities do not align with sex assigned to them at birth, represent a marginalised and medically underserved population who face many barriers to accessing appropriate, timely, respectful, and culturally sensitive health care. Lack of provider knowledge contributes to these disparities. Gaps in transgender teaching exist at all stages of medical education worldwide. Improving medical student attitudes, knowledge and skills through curriculum innovation may help redress health inequalities experienced by TGD people.

Aim/objectives:

To determine best practice for the inclusion of TGD health care in medical school curricula and to develop a set of clinical competencies to equip graduating doctors to respond to the needs of TGD patients.

Discussion:

Literature review confirms limited data in relation to TGD health teaching in medical schools and specialist training programs whilst supporting clinical exposure to transgender patients accompanied by didactic lectures and integrated seminars to improve medical student knowledge, skills and attitudes. Curriculum co-design with the involvement of students, community and faculty can be used to develop content and identify competency outcomes.

Issues/questions for exploration or ideas for discussion:

- What is best practice for the inclusion of TGD health in medical school curricula?
- What are the most effective teaching interventions to deliver transgender health teaching?
- Will exposure to TGD patients improve attitudes, knowledge and skills of medical students to TGD populations accessing health services?
- Is there a need for standardised clinical competencies in TGD health teaching for Australian medical schools?
-

The Monday-Friday, 1300hrs intervention. Addressing the mental health and wellbeing of postgraduate healthcare students within the business of higher education delivery

Anthony G Tuckett¹

¹The University of Queensland

Introduction/background:

Health is a key strength of Australia's higher education system. For domestic students, enrolments are growing in health-related courses more than in any other major field. University students are more likely to experience mild-moderate psychological distress. In 2016, 41 per cent of Australian 19-year-olds were enrolled in higher education institutions. Three in five university students are at an age when mental ill-health often onsets and is the leading burden of disease. Three years ago it was speculated that upwards of 210,000 Australian university students aged 18-25 years would experience mental ill-health.

Aim/objectives:

This lightning talk aims to be the advocatus diaboli (devil's advocate) and examine the implications of a university-wide mental health policy designed to promote mental health and wellbeing of students.

Discussion:

The mental health and wellbeing of university students ought to increasingly part of the core business of higher education delivery. Universities ought to provide evidence-based interventions for mental ill-health among university students. It is true that stigma exists about mental ill-health and there may be a lack of understanding among some academics about the seriousness of these conditions and effective ways to respond. It is also true that universities are now responding, developing mental health policies. One of these is the curfew now placed on student submission of assessment, such that submission occurs only between Monday-Friday and before 1300hrs.

Issues/questions for exploration or ideas for discussion:

Does a 1300hours intervention support mental health and wellbeing of students and the academic and teaching functions of the university?

‘The Poop it Kit’; addressing a real world problem through research and innovation.

Kerry Reid-Searl¹, Kate Crowley¹, Nicole Blunt¹, Carmen Barnard¹, Rachele Cole¹, Carina Anderson¹

¹CQUniversity Australia.

Introduction/background:

Constipation affects up to 30% of children in Australia and the western world. Children need an understanding of healthy bowel functioning. Nurses play an important role in the delivery of health education and to address a target audience of children means being innovative. ‘The Poop it Kit’ is one such strategy.

Aim/objectives:

This study aimed to create, implement and evaluate an innovative educational tool kit for children relating to healthy bowel functioning.

Methods

Undergraduate nursing students and parents/ caregivers were recruited to provide feedback about their experience with ‘The Poop it Kit’. This qualitative data would then be analysed using a thematic analysis approach.

Results:

Key themes surrounding the design, innovation and end user response would serve as valuable findings necessary for the enhancement and wider dissemination of the ‘Poop it Kit’.

Discussion

In 2019 a team of nursing academics together with undergraduate nursing students designed and implemented ‘The Poop it Kit’. This resource, aimed at children from 4- 8 years of age, would include fun and innovative activities that would allow children to become interested in their own healthy bowel functioning. In the process, undergraduate nursing students would learn about health promotion and gain an understanding of ways to address and engage children.

Conclusions:

Academics and nursing students came together with a research project that would encompass innovation, creativity and collaboration. The ‘Poop it Kit’ would result in a deliverable product that upon dissemination would prove to have real impact.

The Royal Melbourne Hospital Clinical School Peer Mentoring Program

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¹Melbourne Medical School, University of Melbourne, Melbourne, Australia

Background

Transition from a pre-clinical to the clinical environment can be challenging for medical students.

Methods

The Royal Melbourne Hospital Clinical School delivers the medical course to 60 students in the first clinical year ("MD2") after the pre-clinical year (MD1). Students in the second clinical year ("MD3") are ideally placed to become peer mentors. 36 "MD2 peer mentors" were selected on non-technical skills. They participated in 2 professional development workshops (Personality Types and Emotional Intelligence). Program evaluation after 12 months was through mixed methods.

Results

Mentees: N=39 (65%) completed the evaluation. All found the program useful. The most marked improvements were "understanding of role/demystifying MD2" (82%) and "sense of community/belonging" (79.5%) and "clinical skills/knowledge" (97.4%).

Mentors: N=24 (67%) completed the evaluation. 91.7% found the program helpful to their own learning. All wanted to continue mentoring. Significant gaps included lack of confidence in teaching and need for professional development in teaching strategies.

"MD2 is overwhelming Having people who... had been through it recently and could help us along the way made a world of distance..they became like family.. I really don't think we would have made it through MD2 without them"

2019 Mentee

Discussion and Conclusions

A peer support program is a valuable additional support during a time of transition and the professional development of mentors is a key factor to success. Gaps and future directions will be discussed.

The UNSW Independent Learning Project (ILP) and Honours programme for Year 4 undergraduate Medical Students: An analysis of the student experience, satisfaction and learning outcomes

Kerry Uebel, Greg Smith, Jane E Carland, John Hall and Maha Pervaz Iqbal

University of New South Wales

Introduction/background:

The practice of evidence-based medicine requires that medical professionals have a good understanding of basic skills to evaluate and conduct medical research in the course of their career. Training in these research skills is an essential requirement of undergraduate medical curricula.

Aim/objectives:

The aim of this study was to explore the experience and learning outcomes of Year 4 medical students who completed their ILP/Honours project in 2019 at UNSW.

Methods

Students were invited to complete an anonymous survey ranking statements using Likert scales and completing open-ended questions to explore their experience, satisfaction, support received and learning outcomes during their ILP/Honours project.

Results:

117 of 252 students (46%) completed the survey. The majority (84%) said that they were satisfied or very satisfied with their ILP/Honours experience, but 29% said they did not have sufficient preparation, 42% said that they did not have a clear idea of what was expected of them most of the time and 35% said their supervisor(s) did not regularly discuss performance objectives. For learning outcomes 94% and 93% agreed that they had learnt a lot about writing literature reviews and research reports respectively, but 39% reported that they had not learnt a lot about medical research ethics.

Discussion

There are gaps in preparation and support for ILP/Honours and in learning outcomes in medical research ethics.

Conclusions:

Students and supervisors need better preparation and better structures are needed to promote learning in medical ethics.

Turnitoff®: Preventing plagiarism at the cost of educational creativity (and am I failing to provide a productive online learning opportunity?)

Anthony G Tuckett¹

¹The University of Queensland

Introduction/background:

Global news outlets report on racketeers who charge and will write student essays guaranteeing the text can avoid a high similarity score on antiplagiarism courseware. Academic misconduct in the form of plagiarism amongst university students is endemic. Universities and secondary colleges now only accept student essay submissions via online plagiarism detection software. Entire new senior administrative roles and departments exist across the University, in the Faculty and within Schools to assist health professional educators deal with student academic misconduct of this kind.

Aim/objectives:

Aim of this lightning talk is to incite discussion around the educational conundrum whereby on the one hand, the mandate to use antiplagiarism software to ensure academic integrity might also on the other hand, anaesthetise assessment creativity amongst health professional educators.

Discussion:

Preventing plagiarism and taking steps to ensure postgraduate student work is original is an educational challenge for health professional educators in the academy and should be taken seriously. The use of antiplagiarism software, as the chief mechanism for ensuring a student's academic integrity, is not without controversy. However, given the reliability of the software to scan massive internet collections of written work and the health professional educator's reliance on an informed interpretation of the similarity score, the question can be asked: 'Ought I keep recreating anew my essay question(s) – why bother'?

Issues/questions for exploration or ideas for discussion:

Do health professional educators have an obligation to continually recreate assessment(s) when antiplagiarism software is designed to ensure no two written submissions are 'similar'?

Working towards a future of interprofessional collaboration using a multi-trauma case for Allied Health students.

Elisha Matthews¹, Trent Wilkie¹, Jillian Fitzgerald¹, Kate Nield¹, Greg Cull¹, Phoebe Malone¹ & Ruth Nicholls¹

¹The Royal Children's Hospital, Melbourne Australia

Background

In 2019, the Royal Children's Hospital (RCH) Melbourne provided clinical placements to over 300 Allied Health (AH) students across 15 professions. Previously, interprofessional learning (IPL) activities were opportunistic and limited, hence the need for structured, inclusive IPL for AH students.

Aim

IPL through a multi-trauma case-based student tutorial to enhance future collaboration in patient care.

Method

The experience of a multi-trauma paediatric patient was converted into a case-based tutorial, comprising an introductory activity which challenged students' understanding of professional roles, followed by exploration of the case with guided questioning and reflection. The tutorial was facilitated by two student coordinators however design input from other coordinators supported inclusion of a breadth of professions in the discussion. By adapting the patient's care journey, students identified the relevance of their profession to the patient's experience, while simultaneously learning about numerous AH roles.

Results

Four professions (Medical Imaging, Dietetics, Occupational Therapy, Physiotherapy) were represented among the 20 participants. Student evaluation indicated improved understanding of AH roles (rating pre-tutorial: 2.8/5, post-tutorial: 4.2/5), increased confidence referring to other AH professions (2.5 vs 3.9) and a greater commitment to collaboration (3.9 vs 4.9). Students identified interprofessional communication as the most meaningful concept, namely, the importance of effective handover, team work and role awareness.

Discussion

Educational input from multiple AH professions led to meaningful student discussion. Future scheduling will aim to expand the professions present.

Conclusion

The care journey of a paediatric multi-trauma case was an effective scenario that promoted IPL and role recognition among AH students.

Writing up the Results of Qualitative Research: Crafting Interviews into Thematic Narratives for Analysis.

Dr. Anne-Marie Murray

Flinders University, Adelaide, Australia.

Aim/objectives:

When writing up the results of a PhD or research article, a major challenge is to find a balance between description, interpretation and analysis of qualitative research given the large volume of data. This is additionally challenging to achieve within a complex learning environment of health professional education. The objective of this presentation is to provide a worked example of how Research Interviews from medical students were constructed into a series of thematic Narratives. These narratives formed the basis of constant comparison analysis for a theoretical framework of personal epistemology.

Discussion:

The method of constructing thematic narratives will be outlined using four interviews as examples. The narrative form can take two forms: thematic analysis or structural analysis. In this study, thematic analysis was chosen and in the process the investigator begins with a single interview at a time, isolating and ordering relevant episodes of speech into a chronological account. This was informed by the research literature on narrative methods and a brief overview of the different approaches will be provided together with justification for the method of choice.

Issues/questions for exploration or ideas for discussion:

Does this process reflect the meaning of the participants interviewed?

“At First I didn’t want to accept it.....”**The final year medical student experience of remediation.**

Laurel Weaver, Anita Phillips, Kate McCloskey, Mary Lawson

Introduction/background:

15% of medical learners will require remediation during their course, and are difficult to identify and engage in remediation programs. Underperforming medical students have unique personal factors and educational deficits, and complex barriers to seeking help.

Aim/objectives:

To understand the student experience when invited into a pilot remediation program in their final year of medicine.

Methods

A voluntary remediation program was designed for identified underperforming final year medical students with individual mentor allocation and video analysis of simulated clinical encounters.

Students participated in voluntary semi-structured interviews about their program experience. Qualitative thematic analysis was conducted using open, axial and thematic coding.

Results:

Three overarching themes identified; Learning opportunities, Effective study techniques, Perceived feedback value. No participants previously identified academic difficulties. Students experienced a range of emotional reactions including feeling confronted, vulnerable and relieved. Engaging with peers and the ability to self-reflect were seen as important. Individualised mentor feedback, guidance and systematic review of performance were key elements of the program.

Discussion

Engaging in remediation is difficult for underperforming vulnerable students.

The remediation program was found useful and acceptable to students.

Students were surprised by how valuable peer support was.

Remediation programs need to be holistic, as external stressors and mental health impact on students’ ability to learn.

Conclusions:

Remediation requires students to be open to learning opportunities at a time when they feel vulnerable.

Despite this, the students found the process positive. Self-reflection, peer support and improving clinical performance was supported by targeted, individualised feedback by senior mentors.

“4 eyes are better than 1”. Palliative care interprofessional simulation design characteristics as perceived by allied health students

Marie-Claire O’Shea¹, Nathan Reeves¹, Claire Palermo², Gary D. Rogers³, Lauren T. Williams¹ (presenting author underlined)

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2 Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria, Australia.

3 School of Medicine, Griffith University, Australia

Introduction/background:

Including simulated patients (SP) within simulation-based learning experiences increases scenario realism and opportunity for feedback within a safe environment. Considerable literature supports including allied health students in medical and nursing simulations. Little research exists outlining allied health only SP-simulation activities and which design features are important to allied health student learning.

Aims/objectives:

To identify the key simulation design characteristics important to allied health students participating in a palliative care human-patient simulation, using a modified version of the Jeffries Simulation Design Scale (2005).

Results:

136 students participated in the simulation and completed the evaluation (34 Pharmacy, 3 Social Work, 18 Exercise Physiology, 81 Nutrition and Dietetics). A 5-point likert scale and qualitative comments across five categories identified Feedback/Guided Reflection as the most valued design element of the simulation as assessed by Social Work, Exercise Physiology, Nutrition and Dietetics students. Pharmacy students rated this category second to Fidelity/Realism. All students, except Social Work found the Objectives/Information provided in the simulation ‘limited and confusing’ and rated this category the least desirable design feature.

Discussion:

Students’ report of ‘helpful feedback’ and ‘learning a lot from feedback’ are consistent with findings from the nursing literature where simulations have been evaluated using this tool. This allied health only SP-simulation activity was found to be valuable in supporting student learning. Feedback and guided reflection are the most important design features perceived by allied health students to support their learning in this context

“Good Morning, Dave”: When did the student’s tutor evaluation score take over the enterprise of our teaching and learning?

Anthony G Tuckett¹

¹The University of Queensland

Introduction/background:

Universities are ranked. Academics have performance metrics. Journals boast impact factors and citation counts as key measures of performance. An individual’s scholarship of teaching and learning (SoTL) is increasingly gauged against, and promotion within the academy contingent upon, a time series of student tutor evaluation scores. In a 2001: A Space Odyssey, the HAL9000 computer takes over control of the on-board systems of the Discovery One spacecraft. Now and beyond, like HAL9000, more and more the students’ formal tutor evaluations risk controlling how teaching academics do what they do and also what they say.

Aim/objectives:

Aim of this oral presentation is to gauge the sentiment amongst colleagues and reveal a common understanding about the educational challenges that have arisen from the use of the student’s tutor evaluation score.

Discussion:

Key Performance Indicators (KPI’s) in healthcare are used to monitor, analyse and optimise processes to increase patient satisfaction. The student tutor score is the value that indicates how effective the health professional educator is as a lecturer. It has become the KPI of student satisfaction.

Issues/questions for exploration or ideas for discussion:

Has the student tutor evaluation become like a HAL9000 computer and taken over what health professional educators do and say?

How instructional is the student tutor evaluation for the health professional educator’s course development and design?

How instructional is the student tutor evaluation for the health professional educator’s career/promotion?
With a futuristic vision, what is to become of the student tutor evaluation for the health professional educator?

“Let’s videoconference them in”: Is learning via technology really as simple as it seems?

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¹University of Newcastle Department of Rural Health, Tamworth, Australia

Introduction/background:

Despite the reliance on videoconferencing (or similar) as a technology medium for student learning in rural areas, there is little critical examination of this burgeoning practice. Missing in the literature is a conceptual overview to inform ongoing development of pedagogical underpinnings and supportive structures. For rural areas such an overview is important to ensure videoconferencing experiences do not inadvertently reinforce that rural is all about disadvantage, challenge and difference. These sentiments were experienced by rural educators as: “*The session began with students being told ‘We will start by muting you’*”; “*We can have a disempowering relationship with technology can’t we?*”; “*We often start with an apology about IT [information technology] issues*”; and “*We had to cancel and continue by phone*”.

Aim/objectives:

Through our collaborative dialogical inquiry, supported by a University of Newcastle equity grant, fifteen educators and researchers from different professions explored the question: What are the pedagogical and equity implications of videoconferencing for healthcare students’ education?

Discussion:

The sense-making framework we developed introduces the terminology “joining-via-technology-from...” and four interrelated concepts: (i) CURRENCY as value for acquiring...; (ii) CURREN(T)CY as up-to-dateness for... (iii) CONNECTEDNESS between people and... (iv) CADENCE OF CONVERSATION in relation to...” These concepts provide a foundation for ongoing conversations that bring issues and implications related to IT into the foreground in order that they be discussed and then become less visible in pedagogical practices.

Issues/questions for exploration or ideas for discussion:

How can we shape our use of technology in videoconferencing, rather than it shaping us?

“Shifting mindset” – experiences of transforming a postgraduate nursing program from blended delivery mode to fully online

(a presentation about new learning, teaching or assessment practices, and educational challenges relevant to others)

Gail Forrest¹, Debra Palesy¹, Rochelle Firth¹ and Michelle Hrlec¹

¹University of Technology Sydney, Australia

Introduction/background:

This project reports the experiences of a team of academics at a large Australian university in adapting a traditional postgraduate nursing course to a fully online accelerated model. Technological advances have led to an increase in the development of online nursing programs to meet the demands of the working professional¹. Although often resistant and embedded in traditional models of teaching and learning, academics have been required to shift their mindset to develop new ways of working and consider a range of online strategies to address educational needs.² There is a paucity of literature which suggests the kinds of practices which might assist academics to transition from face-to-face to the online space. By reporting our experiences, this project seeks to address this gap.

Aim/objectives:

Our presentation will: (a) identify enablers and barriers in shifting the mindset of academics when adapting a traditional course for an online offering; (b) propose recommendations for fostering a positive work culture and facilitating a smooth transition from face-to-face to online mode; and (c) demonstrate how our experiences may be translated to programs outside the postgraduate nursing suite.

Issues/questions for exploration or ideas for discussion:

Quantitative (surveys) and qualitative (interviews) data is currently being collected around academics' mindset at three points over the 12-month course transition. Discussion of our preliminary findings will highlight issues such as academics' changing roles and responsibilities, curriculum and pedagogical considerations including use of technology, and working relationships which may all impact on workplace culture. ³ We will share our experiences and offer strategies for other education providers who are considering a similar transition.

¹ McCutcheon, K., Lohan, M., Traynor, M. and Martin, D., 2015. A systematic review evaluating the impact of online or blended learning vs. face-to-face learning of clinical skills in undergraduate nurse education. *Journal of advanced nursing*, 71(2), pp.255-270.

² Redmond, P., 2011. From face-to-face teaching to online teaching: Pedagogical transitions. In *Proceedings ASCILITE 2011: 28th Annual Conference of the Australasian Society for Computers in Learning in Tertiary Education: Changing Demands, Changing Directions* (pp. 1050-1060). Australasian Society for Computers in Learning in Tertiary Education (ASCILITE).

³ Yang, Y., & Cornelious, L. F. (2005). Preparing instructors for quality online instruction. *Online Journal of Distance Learning Administration*, 8(1), 1–16.

4 or 5 options, does it make a difference for Situational Judgement Tests?

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Introduction/background:

Situational Judgement Tests (SJT) are used for selection and within the curriculum. Rating style SJTs are based on workplace/educational scenario with behavioural options rated in terms of appropriateness. Some studies claim that the validity of SJTs is influenced by lower usage of the extremes points of response options.

Aim/objectives:

The aim of this research was to measure the impact of the neutral category on the usage of the outlying points on a SJT rating scale.

Methods

An SJT completed by Year 1 students in 2018 and 2019 included 60 common items using a rating scale from very appropriate to very inappropriate. In 2018 the option 'neither appropriate nor inappropriate' was included. The scoring key was based on Concordance Panel responses from 36 subject matter experts (SMEs) using the neutral category and 39 SMEs with no neutral option.

Results:

Very small differences were found for SMEs for the two versions, with a low usage of the neutral category (mean 3.9%, sd 5.7%). Year 1 students were found to be twice as likely to use the neutral category (mean 7.3%, sd 8.3%) and when there was no neutral option their average score for the extreme ends of the scale were higher (4% for Very Appropriate and 3% for Very inappropriate).

Discussion

More methodological research is required to improve the consequences validity of SJTs.

Conclusions:

The inclusion of a neutral category in a SJT rating scale affects student usage of the full rating scale to demonstrate their recognition of appropriate and inappropriate behaviour.

A balancing act: The Supervisor of Training role in anaesthesia education

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Introduction/background:

In this qualitative study, we report how Supervisors of Training, educational supervisors overseeing the learning of anaesthesia trainees, experience their role in practice.

Aim/objectives:

We asked 'what do you see as your role as a Supervisor of Training?' and explored the response in detail.

Methods

Using purposive sampling, we interviewed Supervisors of Training from across Australia and New Zealand. Following the technique of thematic analysis, inductive analysis occurred as data were collected until we generated a thematic structure sufficient to address our research question after 19 interviews.

Results:

In the first three of the four identified themes, Supervisors of Training perceived themselves as the fulcrum of the learning environment, 'the something in-between'. These three themes were: guiding and assessing trainees; identifying, supporting, and adjudicating trainee underperformance; and mediating trainees' relationship with the hospital. Participants perceived themselves as a broker between trainees, their colleagues, their hospital, the Australian and New Zealand College of Anaesthetists and the community to varying degrees at different times. Negotiating these competing responsibilities required Supervisors of Training to manage multiple different relationships and entailed significant emotional work. Our fourth theme, scarcity, described the imbalance between these demands and the time and resources available.

Discussion

The complexity of the Supervisor of Training role and the tensions between these competing demands is underappreciated.

Conclusions:

Our findings support strategies to mitigate the administrative load and share the decision-making burden of the role and to enhance the capability of Supervisors of Training by requiring formal training for their role.

A longitudinal faculty development program: supporting a culture of teaching

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³The University of Sydney, Faculty of Medicine and Health, Sydney Medical School, Central Clinical School, NSW, Australia,.

⁴Brain and Mind Centre, Faculty of Medicine and Health, University of Sydney, Sydney, Australia.

Introduction/background:

Recent trends in faculty development demonstrate a shift from short term to long-term programs; formal to informal learning in the workplace; individual to group settings; and from individual support to institutional support.

Aim/objectives:

The purpose of this study was to develop and evaluate a one-year Clinical Teaching Fellowship (CTF) program designed to equip early career medical practitioners and basic scientists with necessary skills to facilitate Team-based learning (TBL).

Methods

The CTF program provided formal training, a choice of informal professional development activities, and practical co-teaching opportunities in TBL. Of the 40 registrants, 31 (78%) completed the program. Data were collected via questionnaire and focus group. Quantitative data were analysed using descriptive statistics. Framework analysis, using the conceptual framework of experience-based-learning, was used to analyse qualitative data.

Results:

Participants felt learning was enriched through the combination of training, practical teaching experience alongside senior clinical teachers, the multi-disciplinary context of training and co-teaching in TBLs; and the sense of community. Competing clinical responsibilities made it difficult for some to attend training and TBL teaching.

Discussion:

Participants considered the CTF program as relevant to their needs and useful to their career. Most expressed a desire to continue teaching TBLs in future years, and an interest in remaining connected with the CTF program

Conclusions:

The CTF program provided a longitudinal faculty development framework promoting preparation, practice and development of teaching skills. Securing institutional support to invest in the growth and development of early career teachers is essential to sustained innovation and excellence in teaching.

A much needed capacity boost: Value and benefit of nutrition and dietetic student placements for hosting organisations

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Introduction/background:

Learning through work experience is a common feature of higher education, including accredited nutrition and dietetic programs. The literature on health professional student placements is centred on learners being consumers of learning experiences rather than providing benefit to the organisation in which they are placed.

Aim/objectives:

The aim was to explore the perceived value and benefits of work-integrated learning experiences to the organisations in which nutrition and dietetic students are placed.

Methods

A multiple methods study was conducted in a large university that provides public health placements for nutrition and dietetics students. Seventeen of 20 eligible placement educators were interviewed, with interview data coded using a thematic framework analysis approach. Document analysis of student poster presentations completed as part of assessment were analysed, combining content and thematic analysis. Both sets of data were used to develop themes.

Results:

Three themes emerged from the data: 1) Students as a workforce resource for organisations, 2) Benefits of student work outweighs the time cost of planning and supervising students and 3) The wider organisation perceives value in student work placements.

Discussion:

The ways in which student work placements add value to organisations can be communicated to students approaching placement to prime them for opportunities to learn while adding value. The findings may also be used to recruit partner organisations to become involved in student placements.

Conclusions:

Student placements can add value to organisations and these benefits should be communicated to all stakeholders involved in the university-community collaboration.

A nudge in the right direction: Moving from profession centricity to person-centred care.

Jane Morgan¹, Brenda Flood²

Auckland University of Technology, Auckland, New Zealand

Introduction/background:

Auckland University of Technology offers students from a number of health disciplines with opportunities for interprofessional learning through the provision of practice-based programmes with clients. Students in their final year of undergraduate study, work with each other and with clients to assess, support and assist in facilitating person-centred care. Students initial participation in these practice-based programmes, even before meeting with clients, is frequently unsettling for them as they are scaffolded into viewing a client-practitioner relationship from a person rather than a profession perspective.

Aim/objectives:

The shift from profession- to person and whanau- centricity is achieved by expanding health-care lenses, and is identified as a threshold concept for transformative learning towards what it means to engage in interprofessional person-centred relationships.

Discussion:

The terms of *easy* and *complex* client(s), with corresponding labels, diagnoses and judgements, are replaced with *What Matters... to the patient and their whanau*. Focusing on health care in this manner requires students and clients to reposition their health care lens, to think about what this means in terms of their initial, early and ongoing interaction with each other. The IPE mantra of “learning with, from and about...” is thus repositioned to include all those involved in a health care relationship.

Issues/questions for exploration or ideas for discussion:

This session will provide opportunities to reflect on the value of person-centred care through sharing the experiential accounts of students’ and clients’ engagement in interprofessional practice

Accessing student perspectives to help develop a framework to optimise work integrated learning across the health professions

Name: Charlotte Denniston¹, Leonie Griffiths¹, Elizabeth Molloy¹

¹University of Melbourne, Melbourne, Australia

Introduction:

Despite work integrated learning (WIL) forming an integral part of programs in health professions education, there are few published guidelines for WIL implementation. Student voice has been relatively absent in informing existing guidelines.

Aim:

To access students' perspectives and experiences of WIL to help inform an evidenced based, actionable curricular framework that describes clear standards for WIL across the health professions.

Methods:

Final year students from the Faculty of Medicine, Dentistry and Health Sciences (n=1200) were invited to complete an online questionnaire regarding their experience of WIL curricula before, during and after work-based placements. Quantitative data was analysed using descriptive statistics and qualitative data with thematic analysis.

Results:

296 students completed the questionnaire. Prior to placement, students indicated learning about cultural competency and communication skills were priorities. Access to feedback was considered important during placement while opportunities to improve the experience for the next cohort were important after placement. Students indicated contact with peers, mentors and supervisors throughout a structured learning continuum was key.

Discussion:

Students articulated their preferences for activities to better equip them for WIL. The results will be used alongside data from clinical educator leads, and international experts in WIL to help develop standards relating to pre-clinical curriculum, workplace learning design, transition to practice, faculty development and communication systems between workplace and university.

Conclusion:

Student perspectives are integral to the design of a WIL framework. There were consistent themes relating to what worked before, during and after clinical placements, along with structural features that were deficient.

Acting like a doctor: a qualitative evaluation of theatre skills workshops for medical students and junior doctors

Dunn, Emily,¹ Scott, Karen,² Nash, Louise,³ and Hooker, Claire⁴

¹Sydney Medical School, ² Brain and Mind Centre, University of Sydney, ³Children's Hospital at Westmead Clinical School, University of Sydney, Australia, ⁴Sydney Health Ethics, University of Sydney

Introduction/background:

In many countries around the world, medical students and junior doctors describe workplace mistreatment ranging from teaching by humiliation to outright and sometimes extreme bullying and harassment. This negatively impacts learning and workforce retention as well as doctors' mental health and wellbeing. Theatre workshops, focused on embodiment, self awareness and skill development rather than role play or simulation, have been posited as a creative way of building professionalism and improving communication skills generalisable to a variety of interpersonal situations.

Aim/objectives:

To evaluate participant experiences of *Grace Under Pressure* theatre skills workshops.

Methods

Three hospital-based *Grace Under Pressure* theatre skills workshops were evaluated using semi-structured audio-recorded phone interviews with 12 participants. The data was analysed using inductive thematic analysis.

Results:

Three themes were identified. Participants reflected that acting like a doctor primarily meant acting within a hierarchy. Secondly, workshop activities exploring status equipped participants with tools to recognise, and improve resilience to, workplace mistreatment.

Discussion

Participants found acting skills activities offered skills generalisable to a range of scenarios. Participants considered they provided insights and experiences that could improve relationships with colleagues.

Conclusions:

Theatre skills workshops provide tools for enacting medical professionalism for students and junior doctors and have a role in combating workplace mistreatment.

Action research to implement the Aboriginal and Torres Strait Islander Curriculum Framework and improve student reaction and learning domains.

Cath Wilson¹, Liesl Heinrich¹, Parvaneh Heidarirojloo¹ & Karen Adams¹

Monash University, Victoria, Australia

Introduction:

In recent decades Indigenous health curriculum frameworks have been developed, however, few studies about implementation of these exist.

Aim:

The aim of this study was to understand how an Indigenous health curriculum framework could be applied and associated learning and teaching iteratively improved.

Methods

Critical theory methodology and action research methods were applied. Three action research cycles were conducted from 2017-2019. This required collation of evidence that captured: what we were doing; whether we were doing it better than before and; documenting this in a way that could be analysed, interpreted and reflected upon. Therefore we captured student reaction, student learning and content analysis. The teaching team met to reflect on findings and plan enhancements to learning and teaching.

Results:

Over 2017-2019 there was a pattern of improved student reaction and learning. The online unit and workshop delivery were scalable, overcame a barrier of educator expertise and confidence to teach in this area, allowed for quality content control and provided data for analysis. Interestingly, learning gained from this unit matched that described as occurring from student placements in Indigenous health settings.

Discussion

Student learning occurred across the taxonomy of the Framework three levels (novice, intermediate and entry to practice) suggesting that this does not necessarily align with the reality of learning and teaching.

Conclusions:

Connecting this research to a Faculty level Indigenous health curriculum committee led to widening success of the practice. Research on Indigenous health learning and teaching relating to behaviour and results in workplaces is needed.

Activate the brain or smart Information-Communication-Technology device during formal active-learning? Implications for learning.

Gillian Kette
Flinders University

Introduction/Background

Active-learning (AL) and Information-Communication-Technology (ICT) usage should be compatible, but are they? Universities control the AL curriculum but don't control how students use ICT for learning. Disallowing ICT-use in AL is not an option as it is here to stay. So, the question is how students learn effectively in the combination of university education and the ICT afforded environment.

Aims

To study students' ICT seeking behaviours and understand how they stimulate or hamper learning in this AL/ICT environment.

Methods

Medical students, undertaking AL tutorials, were videoed. ICT-interaction events were identified, transcribed and triangulated with video-stimulated-retrospective-think-aloud transcripts, ICT history-logs and field notes. Analysis was undertaken through a theoretical framework lens in conjunction with ICT affordances and AL tenets.

Results

Various fundamental insights were gained. E.g., students were constantly transitioning between different communities of formal university-controlled, informal student-controlled and internet-uncontrolled collaboratives (communities). Each transition incurred a cognitive loss. Additionally, learning opportunities were lost when students preferred mainly ICT-afforded communities outside of the formal face-to-face knowledge co-construction of the tutorial. These situations resulted in an ICT affordance-effectivities mismatch that led to ineffective learning. Other results will be presented.

Discussion

Learning is only effective if formal-controlled and informal-controlled learning-affordances are in alignment and combined purposefully. Previous assumptions that "digital-natives" are better at ICT use is contestable. Therefore, informing, alerting and equipping educators and students with ICT-aware strategies and adapting pedagogies is critical to maximising future learning environment quality.

Adaptive Tutorials versus Web-Based Resources in Radiology: A Mixed Methods Analysis in Junior Doctors of Efficacy and Engagement.

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Introduction/background:

Junior doctors need training to adequately utilise diagnostic imaging. However, they are often time poor and balance multiple commitments. Online adaptive tutorials may offer a flexible alternative form of radiology education.

Aims/objectives:

Evaluate the effectiveness of adaptive tutorials in radiology education for junior doctors compared with peer reviewed web-based resources.

Materials:

A randomised controlled crossover trial was performed to evaluate the impact of adaptive tutorials on engagement, indications and interpretation of head and chest CT scans. Ninety-one volunteer junior doctors, 53 post graduate year 1 and 38 post graduate year 2, were randomly allocated to one of two groups. In the first phase of the trial, one group accessed head CT adaptive tutorials while the other received web-based resources, followed by an online assessment. A crossover was performed prior to the second phase of the trial on chest CT which was followed by another online assessment. At the study's conclusion, participants completed an online questionnaire evaluating perceived engagement and efficacy of each resource.

Results:

There were no significant differences in mean quiz scores between groups however, the adaptive tutorials in significantly less time than web-based resources. Both groups reported significantly higher engagement with, and perceived overall value of, adaptive tutorials.

Discussion:

Junior doctors' learning of radiology did not objectively benefit from adaptive tutorials when compared with peer-reviewed web-based resources. However, the learning gains from adaptive tutorials were achieved in significantly less time.

Conclusions:

Adaptive tutorials might be a more time-efficient and engaging means for junior doctors to learn radiology.

An authentic interdisciplinary approach to understanding and responding to grief and loss

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² Lecturer, Social Work, The University of Queensland, School of Nursing, Midwifery and Social Work

Introduction/background: Health professional students are often challenged to respond effectively to death and the emotional impact this has on patients, colleagues and themselves. The capacity to respond effectively is a fundamental skill for nurses, midwives and social workers. Anecdotal reports suggest current undergraduate programs are not reflective of this practical reality, with educational units around bereavement typically presented in uncoordinated sessions. Student feedback identifies the need for more education and strategies to assist in care around bereavement.

Aim/objectives: To establish current practice in undergraduate bereavement education of health care professionals (nurses, midwives and social workers). A systematic review of the literature was undertaken in partnership with undergraduate students representing the three disciplines to identify common and discipline specific themes as well as barriers and facilitators to undergraduate bereavement education.

Discussion: Consensus is apparent in the need for bereavement education. However barriers to implementation were also identified. These prevented skill development and critical reflection, both evidence based pedagogical strategies for bereavement education.

Issues/ questions for exploration or ideas for discussion: How are educators able to support students develop the skills necessary to respond to bereavement and loss within their clinical practice given resources and time implications in full curricula?

An innovative example of interprofessional clinical experiences in health professional education.

Vidya Lawton¹, Associate Professor Taryn Jones¹, Angela Stark¹, Dr Kelly Gray¹, Professor Julia Hush¹, Associate Professor Bernard Champion¹, Professor Catherine Dean¹.

¹ Macquarie University, Sydney, Australia

Introduction:

Clinical experiences are an integral part of health professional education programs. Scaffolding of experiences across a program enables development of skills to optimise person-centred healthcare in a complex clinical environment. Furthermore, interprofessional healthcare learning is important in ensuring students are able to appreciate and understand the different roles within a healthcare team. However traditional clinical programs within healthcare institutions are becoming increasingly difficult to implement due to the increase of student numbers within health professions programs. Innovation is required to ensure students have these experiences to attain the knowledge, skills and attributes for practice upon graduation.

Aim/objectives:

To describe an innovative program at Macquarie University that combines both early and interprofessional clinical experiences. Data from surveys of participants will be reported and iterative quality improvements in the program discussed.

Discussion:

Macquarie University's Doctor of Physiotherapy and Doctor of Medicine programs deliver an innovative program - the Health and Wellbeing Collaboration. Students in interprofessional pairs/triplets follow the healthcare journey of community volunteers. The collaboration enables students to practice communication and assessment skills including history taking, whilst developing an understanding of person-centred care, specifically how personal factors such as beliefs, education, finances, health literacy and experiences impact healthcare decisions and navigation of the healthcare system. Survey data from volunteers and students is positive with expansion of this community placement to include cultural and volunteer opportunities.

Issues/questions for exploration or ideas for discussion:

- The highs and lows of delivering an interprofessional, volunteer program: lessons learnt
- The benefits for students (and volunteers!)

Applying a social theory of learning to explore the impacts of interactive continuing professional development programs

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Background:

Continuing professional development (CPD) is the backbone of life-long learning for health professionals, yet a narrow perspective of the impacts of CPD programs is presented in the literature.

Objectives:

This study explored the range of impacts that result from attending immersive CPD programs that promote interaction and engagement.

Methods

Twenty semi-structured in-depth interviews were conducted with past scholars from two exemplar CPD institutes. Inductive thematic analysis was used to analyse the data. Wenger's social theory of learning was applied to explore why these impacts occur.

Results:

Five themes were identified that illustrated the broad impacts of attending CPD programs that focus on promoting interaction, creating engagement and are based on pedagogical theory; 1) growing and utilising a network of like-minded individuals, ii) forming stronger identities, iii) applying learnings to practice, iv) obtaining achievements and recognition, and v) going beyond the scholar. Participants experienced sustained impacts due to ongoing engagement that was fostered by the community of practice created by the courses.

Discussion:

This study has identified longer term, sustained impacts that are rarely the focus of evaluations of continuing professional development programs including formation of identities and impacts beyond the participant such as benefits to learners, colleagues, patients and organisations. It has shown the importance of social learning in producing these sustained impacts. Our findings challenge the value of considering limited impacts when evaluating CPD programs, and show that decision making on the utility of CPD programs should consider a much broader range of impacts.

Are Entrustable Professional Activities useful in assessment of students in nutrition and dietetics

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Introduction/background:

Entrustable Professional Activities have been proposed as a way forward to support competency based assessment decisions, but only shown to be useful in medicine and pharmacy. A new assessment paradigm using Entrustable Professional Activities was introduced in the University of Queensland's (UQ's) Master of Dietetics Studies Program in 2016 to improve authenticity of assessment using an outcome-based framework.

Aim/objectives:

To evaluate the UQ Entrustable Professional Activities for dietetics.

Methods:

An interpretive evaluative study was conducted. Focus groups were completed with two groups of students (n=9, 2016; n=8, 2017); directors at partner hospital sites (n=5, 2017) and clinical educators at partner hospital sites (n=7, 2017). Consultation with four EPA experts were also conducted. Two team members coded the data independently using NVivo.

Results:

The findings revealed: (1) EPAs promote outcome-focused and flexible assessment; (2) the roles between university, student, preceptors and clinical educators is fundamental for quality implementation; (3) a range of opportunities and challenges may be encountered with implementation and (4) EPAs improve work readiness by assisting students to build evidence of their employability.

Issues/questions for exploration or ideas for discussion:

EPAs help promote flexibility in assessment, providing students with opportunities to personalise their study programs to include diverse practice areas. Significant collaboration is required between the university, students, preceptors and clinical educators for implementation success. Fulfilling each EPA means students have built a strong profile of evidence which they can use when seeking employment. EPAs are therefore considered very beneficial for assessment in nutrition and dietetics.

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Are lateral ankle ligament sprain management curricula based on evidence? A qualitative study.

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Introduction/background:

Production of competent practitioners requires educators to balance contemporary clinical practice, accreditation and registration requirements while including the latest research in their teaching. Clinical Practice Guidelines (CPGs) are tools for translating evidence into clinical practice.

Aim/objectives:

1. What are the lateral ankle ligament sprain curricula for the Australasian College of Sports and Exercise Physicians (ASCEP), St John Ambulance first aiders, pharmacy, nursing, and physiotherapy?
2. What are the perceived barriers to and enablers of the uptake of evidence-based practice for LALS by educators?

Methods

Using purposeful sampling with semi-structured questions and a LALS case study, nineteen Australian educators were interviewed. Interviews, curricula and textbooks were coded and themes were developed, discussed, and defined.

Results:

The participants had a mean age of 49 years, 63% were male and 47% had a Doctor of Philosophy. Educators were from a range of professional disciplines with representatives of every state and territory in Australia. Thematic analysis found that no educator used a CPG to inform their teaching. There was no common LALS curriculum for the five professional groups studied. It is clear from the results that there are two distinctive approaches: a non-EBM triage curriculum (St John Ambulance, pharmacy, nursing) and a reflective EBM curriculum (ASCEP and physiotherapy).

Conclusions:

Despite not using the CPGs to inform curriculum, physiotherapy and ACSEP are aligning their curriculum with EBM. However, nursing, pharmacy and first aid trainers are not.

Assessment design in an online Health Professions Education course: helping students see assessment differently.

Amy Seymour-Walsh^{1,2}

¹ Prideaux Centre for Research in Health Professions Education, Flinders University, Adelaide, Australia; ² South Australian Ambulance Service

Introduction/background:

The online teaching environment allows busy health care professionals (HCPs) to complete further study amidst busy schedules. While this can allow learners the flexibility to negotiate multiple demands, sometimes the busyness of life can lead to assessments being conceived as a hurdle to clear before continuing on. How students conceptualise an assessment affects their transformation, the workload of assessing academics, and successful course completion. This presentation will outline the assessment redesign in a postgraduate health professions education (HPE) topic to address these issues.

Aim/objectives:

Over three consecutive semesters, changes have been made to a online topic within the Master of Clinical Education at Flinders University with the aim of improving successful assessment completion and reflective student transformation. This presentation will summarise the rationale for changes at each point, and review the outcomes for each semester.

Discussion:

Student engagement can have a profound effect on academic workload. Likewise, while students who clearly pass are to be celebrated, but often this is not the cohort where academics' time and energy is expended. Borderline performance and clear failure often demands much feedback in order to justify and defend an assessment judgement, and scaffold a path towards remediation. Additionally, assessment design is integral to assessment which transforms rather than simply acts as a litmus test for course progression.

Issues/questions for exploration or ideas for discussion:

This presentation will address the following questions:

Can assessment be designed to ensure learning and reflection?

How can assessment be used to support health professional educators to develop educational expertise?

Becoming known as whole persons in clinical encounter

Janette Tolich¹, Liz Smythe¹, & Josie Goulding¹

¹ Auckland University of Technology, Auckland, New Zealand

Introduction/background:

The importance of therapeutic relationship has been extensively studied and validated as having a place to promote better healthcare outcomes. In wholeperson viewing, encountering and embracing multidimensional personhood underpins clinical practice. Each person in the encounter is considered as whole, experiencing their life and illness together.

Aim/objectives:

This study sheds light on the unique essence of clinical encounters in biomedical contexts when those seeking wellness and healthcare students were invited to 'whole person encounter'. This landscape differs from current healthcare paradigms. It blends predominant scientific, objectified stance of the bio-medical environment integrating it within the dynamic of what happens person to person.

Methods

This study used hermeneutic phenomenology to represent the nature of experiential reality of a lifeworld interrupted by illness. The hermeneutic process deepens meaning by capturing participants' stories in order to reveal the phenomena of this lived experience.

Results:

Three major themes emerged and revealed aspects of whole person healthcare including 1. the experience of the personal struggle in illness; 2. how being deeply known as a person is particular to this experience; 3. an emergent organic space of loving intention provides a vital component

Discussion

It points out that important matters are being overlooked in healthcare by continuing to pursue a narrow dualist focus. The findings in this project demonstrated that whole person healthcare delivered with a mindbody clinical sensibility is remarkable and contributes to personal reintegration and wellness.

Conclusions:

Whole person healthcare within a biomedical context significantly enhances positive outcomes for all parties.

Bringing education and practice together – the Interprofessional Twilight Challenge

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¹Barwon Health, Geelong, Australia ²Deakin University, Geelong, Australia

Introduction/background:

The Interprofessional Twilight Challenge (ITC) is an annual education event co-designed and co-delivered by Barwon Health (BH) and Deakin University (DU). Evidence suggests ways of group working between and within healthcare teams is problematic and impacts healthcare outcomes negatively. Students report mismatches between what is taught about group working and observations on clinical placement. BH and DU are addressing this issue by role modelling collaboration and through innovative education design, in theory and practice.

Aim/objectives:

To bring students, clinicians and academics together to foster institutional collaboration.
To improve interprofessional communication, workplace learning culture, and healthcare outcomes.

Discussion:

The ITC was conceived by an organising committee comprising representatives from BH and DU. Representatives consulted with experts, stakeholders and evidence to ensure content remained clinically relevant to all participants, true to defined event objectives, and consistent with the strategic plans of both institutions.

Methods:

During the ITC, sixteen interprofessional teams comprising students, academics and clinicians compete in six problem-solving activities based on a case study. A rubric based on the Canadian Interprofessional Health Collaborative (CIHC) Framework is used to assess collaborative behaviours. The highest scoring team is declared the winner.

Results and Discussion:

Run annually since 2017, 222 individuals have competed in the ITC. Feedback (RR= 75%) revealed 96% of respondents agreed the ITC created an authentic learning experience promoting interprofessional collaboration. All respondents (100%) agreed it enabled interprofessional learning in a fun and engaging manner.

Conclusion:

The ITC provides a learning experience which is helping to bring education and practice together in relation to interprofessional collaboration.

Bringing Health Humanities to the next generation of health professionals

Sandra E Carr¹ and Brid Phillips¹

¹The University of Western Australia (UWA)

Introduction/background:

The gap between patient expectations and the performance of health professionals appears to be widening. With our crowded and shorter courses there is less time to shape the professional that can appreciate diversity and uncertainty so as to become a person centred practitioner. Many educators recognise the value of balancing the sciences with the arts and have been working to bring the Arts and Humanities into health professions education. Most commonly this effort has resulted in small scale, individual or short series' of learning activities. UWA however has succeeded in introducing an undergraduate major in Humanities for Health and Medicine.

Aim/objectives:

This presentation shares our journey to establish an undergraduate degree in health humanities as a pathway to the health professions.

Discussion:

The research undertaken to develop the course structure and curriculum will be presented leading to a discussion around the resulting educational philosophy. How the learning and assessment activities are utilising health humanities to achieve the development of observation, listening, critical and reflective skills in students will be explored along with a summary of the planned program evaluation strategy.

Issues/questions for exploration or ideas for discussion:

The course development process has revealed the highly variable quality of research into the effect of education using Health Humanities approaches and evaluation to substantiate such programs remains a challenge. A discussion around approaches to research in health humanities will be facilitated.

Bringing the 3-6-3C learning framework to life: A pictorial comparison to the human brain, with worked examples of how it can assist both students and Faculty

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Introduction/background:

To navigate the current gaps in designing systems of assessments for the complex skills/behaviours needed by medical graduates, we conceptualised a meta-theoretical 3-6-3-Cs curricular framework. This underpinned our system of learning and assessments, by providing meaningful and holistic linkage between the micro, meso, and macro-level curricular subsystems of learning.

Aim/objectives:

The framework links the micro-level system of 3-Cs of learning: Cognition, Content, Confirmation, to the institution program-specific meso-level system of 6-Cs for conducting and assessing learning: Commands, Contexts, Coordinates, Collections, Collations, Connection, which are linked to the macro-level system of 3-Cs for life-long learning: Collective reflection, re-Calibration, Continual development. These linkages were translated into a diagram, which pictorially reflects the human brain.

Discussion:

The micro level is represented by the brainstem, aligning rudimentary unconscious reactions with internal and deeply established personal beliefs. The meso level is represented by the temporal, parietal, and occipital lobes, aligning with process-driven and conscious functional decision-making processes. The macro level is represented by the frontal lobes, aligning with aspects of personality and conscious big-picture decision-making.

Issues/questions for exploration or ideas for discussion:

For example, we take the currently problem of students reporting that they feel medical school does not prepare them for clinical practice, and they re-learn when they start working. This is the macro level changing the micro level, however, what is needed is a better repeated use of the meso-level to change the students' underlying cognitive frames at the micro level, so they can adapt easier to changes at the macro-level.

Building competent health professionals via a structured group supervision program for new graduates

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¹Monash Health, Melbourne, Australia ²La Trobe University, Melbourne, Australia

Introduction/background:

It is acknowledged that transition from university training to health professional is associated with steep learning and can be stressful. Supervision and peer networking can be protective factors mitigating these challenges. Monash Health has developed a psychology graduate program that targets early career development, specifically core competencies through the format of a structured group supervision program which could be applied to other early career health professions.

Aim/objectives:

To develop an innovative way of supporting and educating new psychology graduates via structured group supervision, utilising a competency-based model focusing on the use of self-reflection. Self-reflection is instrumental to individuals learning, and is facilitated through creating a group environment that promotes interactive and collaborative problem-solving and decision-making, drawing on the graduates knowledge and experience and shared learnings within the group. Self-reflection is guided by the group facilitator, a senior clinician who specialises in the graduates' area of training. Group content centres on the professional competencies required, and includes topics such as legal and ethical matters, and cultural diversity, that may apply to all health professionals.

Discussion:

The group supervision program provides a safe environment that allows new graduates to engage in self reflection in a clinically meaningful way. The framework introduced aims to promote lifelong skills to improve clinical practice, culture, and ongoing professional development. Formal evaluation via focus groups and survey of the program has shown that this has the dual benefit of developing core competencies, and supporting graduates through peer connection. The research undertaken into the program suggests this format may be an effective education tool that can be applied across various health professions.

Issues/questions for exploration or ideas for discussion:

How can we support new graduates from all professions in the health sector?

Building ethical professionalism with acting skills: The Theoretical Framework for *Grace Under Pressure* workshops

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¹Sydney Health Ethics, University of Sydney, Australia ²Children's Hospital at Westmead Clinical School, University of Sydney, Australia ³Brain and Mind Centre, University of Sydney, Australia ⁴Theatre and Performance Studies, University of Sydney

Introduction/background:

Extensive evidence in several countries has established that many clinicians experience mistreatment and poor workplace behaviour from colleagues. We developed a creative response to this issue, the use of designed acting skills workshops. These used non didactic and embodied practices to strengthen participants' ethical professionalism. The workshops have been very positively evaluated by participants.

Aim/objectives:

In this presentation we aim to set out the multidisciplinary theoretical framework that informed the design of the workshops.

Discussion:

'Enacting professionalism' is a theoretical framework that integrates four propositions:

1. That workplace communication and interaction can be understood as micro systems, allowing for any change in input to affect the dynamics of the system
2. That the development of ethical professionalism requires complex moral growth, well captured in the psychological construct of 'differentiation of self'
3. That embodied learning was a key tool for reflexivity and hence, differentiation
4. That 'acting the role' of doctor could be pursued authentically and as an embodied practice.

We theorized that professionalism would develop as an emergence from the embodied and interactive practices used by each individual to authentically perform being a doctor. Drawing from techniques used by professional actors to authentically develop a stage role, we hypothesized that enacting professionalism would improve reflexivity, increase capacity to communicate effectively, and support differentiation in professional development. In workshops we applied this framework through the use Boalian theatre-for-change techniques.

Issues/questions for exploration or ideas for discussion:

How can this theoretical framework be usefully applied in additional learning contexts? How can the *Grace Under Pressure* workshops be situated more explicitly in culture change processes and activities?

By the Students for the Students: Exploring Perspectives of Medical Students Undertaking Peer-Written Exams.

Fawzy Peter¹, Mogno Keanu¹, Tepper Carmel¹

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Introduction/background:

In recent decades, the student-centred model in medical education has extended to the field of assessment writing to promote self-regulated learning and facilitate metacognition. Medical students are encouraged to write questions, often aimed at creating question banks. However, there is a paucity in the literature regarding full-length student-written exams. Perception of students utilising peer-written questions is also lacking, with previous studies limiting their attention to students generating questions.

Aim/objectives:

This study aimed to gain insight into the perspective of medical students undertaking a formative full-length peer-written exam. This would help inform medical educators of the learning utility of peer-written assessments in medical school curricula.

Methods

Fourth-year medical students (n=106) were given access to a timed, full-length formative exam created by their colleagues in fifth year. A focus group design was utilised to explore students' perceptions of the exam (n=17), with two groups of 8-9 students. Interviews were recorded, transcribed and qualitatively analysed. Psychometric data was also obtained for objective assessment.

Results:

All participants deemed the formative exam valuable to their learning, comparable to faculty assessments in difficulty and quality. They favoured assessments authored by academically distinguished students and reported higher engagement when such initiatives are endorsed by faculty. The exam was completed by one-hundred students (95%) with a high reliability index (KR-20=0.91).

Conclusions:

Findings suggest that peer-written exams are valued by students. Guided by educators, students can create reliable full-length formative assessments for the benefit of their peers. Further research is warranted to incorporate this initiative in faculty curricula.

Can a curriculum design for the Spacing Effect be used to develop an effective Learning Culture: a scoping review

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¹University of Otago, Wellington, New Zealand

Introduction/background:

The spacing effect is the observation that learning sessions or repetitions spaced out in time produce better learning and/or retention than repetitions massed together in time. The spacing effect is used by *individual* health professional students to master information. We analyse how the spacing effect has been used within *curricula* for health professionals, and its effect on learning.

Methods

Using the five steps of scoping review methodology we used a structured search of six electronic databases to identify studies that incorporated spaced or distributed learning and health professional occupations.

Three authors independently screened articles using Rayyan QCRI. Inconsistencies were discussed and resolved. Data were charted in excel, with three authors validating initial data, with an iterative refinement of data charting rules before all data was extracted by CS.

Results:

757 articles were reviewed for inclusion, with 113 articles meeting the criteria for data extraction. While analysis is ongoing, initial results describe how spacing effect is implemented in health professional programmes, focussing on the most effective content (e.g. clinical cases, factual questions, inference/application questions, MCQs) and methods (e.g. lectures, group work, email, mobile app, spacing intervals, repetitions,) that improve learning outcomes.

Discussion

Health professional educators have implemented different schema for spacing using different content, methods and technologies. Synthesis of these results will describe characteristics of effective spaced learning within health professional learning environments.

Can the hidden curriculum impact on Interprofessional Education for Collaborative Practice? A systematic review of the literature.

Vanessa Ryan¹, Sue Gordon¹ Nicky Baker¹ Alison Jones¹

¹Flinders University, South Australia.

Introduction/background:

In health professions curricula, interprofessional education is aimed at developing collaborative practice skills. Interprofessional learning involves formal and informal elements. It is often the tacit or 'hidden' curriculum that impacts on capabilities related to collaborative practice such as professional behaviour, values, cultural norms, team participation, hierarchy and organisational behaviour. As collaborative practice is acknowledged as the optimal approach for management of complex and chronic health conditions it is important to understand the contribution of the formal and hidden curricular to student learning.

Aim/objectives:

This presentation will provide the findings of a systematic review about the role of the hidden curriculum in student interprofessional learning for collaborative practice, in particular it reports:

- The impact of the hidden curriculum on health students learning for collaborative practice
- How, where and what collaborative practice capabilities are learned from the hidden curriculum.

Methods:

A mixed methods systematic review using the PRISMA protocol.

Search terms include:

- Population – Health professions students (Preregistration)
- Intervention/Exposure – Hidden curriculum explored within University learning environment and outside of University (Clinical learning environments) No minimum length of time/exposure no methodology omitted
- Context - No geographical or date restrictions applied
- Outcomes – student learnings from the hidden curriculum about collaborative practice skills/domains

Applied to CINAHL, EMBASE, Ovid MEDLINE, Cochrane Database of Systematic Reviews and ERIC Registered with Prospero.

Results:

A qualitative and quantitative synthesis of findings will be provided.

Conclusion:

A summary will be presented about how student learning for collaborative practice can be optimised via the hidden curriculum.

Developing and implementing a single organisation-wide inter-professional student experience survey and performance dashboard.

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¹Clinical Education Unit, Austin Health, Heidelberg, Australia

²Business Intelligence unit, Austin Health, Heidelberg, Australia

Introduction/background:

Feedback on student's placement experience is important but can be challenging. At Austin Health, paper-based processes, questions and governance varied significantly across disciplines.

Aim/objectives:

To understand student experiences of clinical placements across all areas of the organisation to facilitate a positive learning culture.

Discussion

This project involved four key phases:

1. Review and development of a single streamlined organisation-wide interprofessional survey.
An Interprofessional steering group reviewed all current student surveys. These were compared with the Best Practice Clinical Learning Environment (BPCLE) toolkit of questions. 20 questions were selected.
- 1) Implement a uniform process.
An online Survey Monkey was created and embedded as part of an online education program delivered to all Austin Health students' in 2019.
- 2) Create a rigorous and user friendly reporting dashboard for all disciplines to review and compare data.
The Clinical Education Unit partnered with Austin Health's Business Intelligence Unit (BIU) to create a Clinical Experience Dashboard. This dashboard provides users with a visual indicator (traffic light system) to view performance across all questions and all areas in one snapshot. A drill down function allows de-identified qualitative and quantitative data to be accessed by all.
- 3) Embed data review in key organisational education committees and processes.
Training tools were created to improve student participation and stakeholder knowledge of the dashboard. Completion rates were monitored monthly and fed-back to stakeholders.
Yearly summary data reports were also developed to feedback key performance data and increase awareness of the tool and process.

Results:

681 student responses have been gathered across 16 different disciplines as of 28-11-19 for the 2019 academic year. Austin Health provides an environment where 90% of students feel valued and 91% of students stated they were very satisfied/satisfied with their placement.

Conclusion:

The implementation of a unified inter-professional survey and reporting framework has allowed organisational oversight on student experience for the first time. It has increased awareness and importance of student experience and embedded the practice of regular evaluation.

Change in conceptions of teaching and learning, and teaching approach through participation in a post-graduate professional development program

Brett Vaughan¹ Jayne Lysk¹

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Introduction/background:

Programs of variable duration have been designed as faculty development for educators in an effort to improve the teaching and learning experience in the clinical education environment. There is emerging evidence that longer-duration programs (i.e. 1 year or more) facilitate change in behaviour.

Aim/objectives:

Evaluate self-perceived change in approach to clinical teaching and changes in conceptions of teaching and learning.

Method

Participants in the 2019 Graduate Certificate in Clinical Teaching at the University of Melbourne completed the Conceptions of Learning and Teaching questionnaire, Approaches to Teaching Inventory and the Masstricht Clinical Teaching Questionnaire. The program explicitly uses a constructivist approach. The questionnaires were completed prior to participation in the course and on completion 7-8 months later.

Results:

Data are currently being analysed however the initial analysis suggests a positive shift in clinical educator conceptions of teaching and learning, and a positive change in their approach to clinical teaching.

Discussion

These preliminary results are in accord with recent literature that suggests longer duration faculty development programs encourage behaviour and attitudinal change.

Conclusions:

Using a constructivist approach to faculty development may facilitate change in clinical educator conceptions of teaching and learning and how they approach their clinical teaching. These results could inform where additional faculty development may be of benefit.

Changing the culture of clinical teaching – developing a training programme based on a self-reflection on strengths and weaknesses by clinical teachers

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Introduction/background: In the Medical faculty at UNSW Sydney we rely heavily on clinical teaching done by 'conjoint' clinical teachers who supervise students during clinical placements. There is a wide variety of teaching skills amongst these clinicians and a number of competing pressures for their time.

Aim/objectives: The aim of this study was to allow clinical conjoint educators to reflect on their strengths and weakness and the areas where they felt that they most needed development.

Methods: We conducted a survey based on the Maastricht Clinical Teaching Questionnaire For Clinical Educators which has previously been validated.

Results: There were 181 respondents in this study. The areas where clinical educators consistently self rated highest related to asking students questions aimed at increasing their understanding, encouraging students to ask questions and serving as a role model. They self rated lower on demonstration of clinical tasks, creation of opportunity for students to observe their clinical skills and lowest on observing students during the clinical attachment. In the qualitative data, most clinical educators felt that the biggest barriers to clinical teaching were time pressure, lack of teaching skills, engagement with the curriculum and guidance in relation to student learning goals.

Discussion: From this study, we identified a clear need for better integration and support of clinical educators, as well as an appetite for educational skill development.

Conclusion: This study has re-inforced data collected informally from both clinical teachers and students about the need to implement a formal training program to support and develop clinical teachers.

Clinical handover can be taught within general practice

Malcolm Moore, Phillip Gray, Sarath Burgis-Kasthala

Introduction

Clinical handover is a key part of safe medical care. Most handover literature is focussed on hospitals: no literature was situated within general practice. Handover occurs in general practice when a trainee presents to their supervisor and when GPs refer outside. The ISBAR framework (Introduction, Situation, Background, Assessment, Recommendation) is used widely. The Clinical Handover Assessment Tool (CHAT) has been used in work-based primary care assessment and training.

Aims

This study aims to explore: the use of structured handover in GP; and the utility and educational impact of a structured handover training tool (CHAT).

Methods

This cross-sectional, qualitative study interviewed GPs using semi-structured phone interviews. Transcriptions were coded and thematically analysed.

Results

Four major themes were identified from eight interviews: the effect of context; the suitability of structured handover assessment; barriers to handover training; and pitfalls in student handover. Participants considered ISBAR suitable across various settings, including inter-disciplinary. There were varied opinions as to whether handover should change across contexts: and how much social information should be included.

Participants stated that CHAT was appropriate, facilitated feedback, and was clinically helpful - encouraging the supervisor to take a structured approach.

The main barriers were finding time and having the skills for providing structured feedback.

Supervisors identified handover deficiencies consistent with students' early stage. Several noted the difficulty of knowing which handovers to trust.

Discussion

Structured handover using ISBAR is suitable within general practice. CHAT was considered easy to use and appropriate for assessing and training handover across several GP contexts.

Clinical Placement Quality Survey–Student (CPQS-S): Validity and reliability of a novel inter-professional tool to evaluate Allied Health placement quality

Taryn Jones¹, Andrea Hams¹ Simone Howells¹ Garry Kirwan^{2,3},

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Introduction/background:

Quality clinical education is fundamental to professional competence. In 2012, Health Workforce Australia (HWA) published best practice clinical education guidelines identifying five quality indicators including; culture for quality, effective supervision, learning opportunities, effective communication and collaboration, and resources and facilities. The CPQS-S was developed from these guidelines to evaluate students' perception of placement quality.

Aim/objectives:

Establish appropriate validity and reliability of the CPSQ-S as a measure of clinical placement quality for Allied Health students.

Methods

The CPSQ-S was informed by the HWA guidelines and face and content validity established through consensus of an inter-professional expert panel (n=8). To determine test-retest reliability and internal consistency, 37 Allied Health completed the CPQS-S at the end of their clinical-placement and two weeks later. Construct validity was determined by factor analysis.

Results:

The quality indicators for the CPSQ-S demonstrated excellent test re-test reliability (ICC = 0.9). Factor analysis (n=557) identified two discrete themes relating to the students perception of quality clinical placements, the 'student-educator relationship' (38.3% variance) and 'learning environment' (9.6% variance).

Discussion

The CPQS-S development has face and content validity and test-retest demonstrated excellent reliability, suggesting the CPQS-S is a consistent and accurate measures of Allied Health student's perception of quality clinical placements. Current best practice guidelines furthermore provide support for the surveys construct validity through confirmation of the key themes.

Conclusions:

The CPQS-S is a valid and reliable tool for evaluating Allied Health students' perception of a quality clinical placement experience, and provides Universities an objective method for delivering feedback to stakeholders.

Clinician-initiated blended learning program for final year medical students on a 4-week clinical rotation in Intensive Care Unit – mitigating the effect of leaving their learning to chance

Manisa Ghani¹

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Introduction/background:

Intensive Care Unit (ICU) is a complex environment. Our tertiary ICU receives final year medical students, four per rotation, on 4-week clinical rotations throughout the year. Previous feedback indicated variability in their learning experience due to multiple factors including inadequate orientation and lack of clear expectations. The author, a clinician without an academic role, took an initiative to create a blended learning program to optimise the students' learning experience. The blended learning program combines an online learning platform with learning activities, twice face-to-face weekly tutorials, and clinical exposure. The program took a significant effort to establish due to lack of expertise and resources. Once established, the delivery of consistent high quality learning was made possible. Feedback from the students regarding their learning experience since the start of the program have been consistently positive.

Aim/objectives:

To describe the process of creating a blended learning program, in particular the use of open access learning management system (LMS) for online learning platform, for clinicians involved in supervising students and junior clinicians on clinical rotation.

Discussion:

The discussion will be in 3 parts: i. The strength and limitations of our current clinical rotation system for student learning; ii. The process of creating a blended learning program, including the skills and knowledge required; and iii. The resources available to help clinicians with the process.

Ideas for discussion:

Healthcare training time is decreasing. Clinician demands are increasing. Can we mitigate leaving learners' learning to chance by using blended learning program as a sustainable solution?

Clinicians' assessment double-think: usefully navigating the borderlands between paradigms

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¹Prideaux Centre, Flinders University, SA ²CRADLE, Deakin University, Vic

Introduction/background:

Clinicians are essential to assess students' developing clinical competence. Introduction of programmatic assessment-for-learning represents a paradigm change, which challenges assessment beliefs, practices and purposes. Thus it is important to investigate clinicians' assessment beliefs and practices.

Aim/objectives:

The research aims to understand clinicians' epistemic beliefs about assessment of clinical competence and how this affects their assessment practice.

Methods

To research clinicians' epistemic beliefs about assessment, we interviewed doctors who assess at two medical schools. 17 audio-recorded interviews were qualitatively analysed using constructivist grounded theory methods to expose practices and underlying epistemic beliefs. An ANZAHPE grant funded the research.

Results:

During formal assessment, clinicians navigated multiple tensions (subjective - objective, formative - summative and informal - formal) to balance summative requirements with rich formative learning opportunities. Epistemic beliefs centred on the complex nature of clinical competence, which only clinicians could appreciate. Competence, manifested through students' integrated clinical performance, was seen as unique to each clinical circumstance and evolving over time. Thus subjective description by experts had value; objective rating was 'defensible' but less useful. Similarly, clinicians thought multiple assessments by multiple people would enhance validity of summative decisions.

Discussion

Clinicians are capable of 'double-think', balancing paradigms in tension to ensure summative and formative purposes of assessment are achieved. Separating summative decisions from individual workplace-based assessment moments could address concerns about defensibility of individual summative WBAs and associated failure-to-fail.

Conclusions:

The findings have implications for the design of clinical assessment, the programmatic use of WBAs and the use of assessment information when making progress decisions.

Codesign of creative and sustainable interprofessional education within a student led clinic

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¹University of Queensland, Brisbane Australia

²UQ Healthy Living

Introduction/background:

The University of Queensland established UQ Healthy Living, a clinic that provides assessments and interventions in exercise, diet and lifestyle tailored to meet the needs of older people. Clinical educators facilitate student IPE teams across eight health professions to deliver a range of interventions designed to promote healthy outcomes.

An IPE initiative focused on the development of an innovative, flexible and sustainable interprofessional student model within this service. Following an evaluation of the needs of the community and student learning requirements a program was developed, codesigned with students, clients, academic and clinical staff.

Aim/objectives:

To describe the process of implementing a student led collaborative practice model at UQ Healthy living.

Discussion:

An IPE Clinical Educator (CE) position was established in UQ Healthy living. The IPE CE, facilitated both staff and student learning. Weekly tutorials were delivered based on the competency domains for collaborative practice for the Canadian Interprofessional Health Collaborative framework.

Students were assigned into two interprofessional teams of four to six health professions. The student team engaged in a range of flexible learning reflective activities to develop their IPE skills. These activities were supported by flexible timetabling, workplace culture, and use of technology and student 'scorecards' to track *IPE development*.

Issues/questions for exploration or ideas for discussion:

How can you create or build on existing student experiences to further develop interprofessional education in your context?

Collaborative practice through the cultural lens of international Allied Health and Nursing students

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Introduction/background:

Clinical practice demands that health profession graduates demonstrate competency in both individual practice and teamwork. Culturally and linguistically diverse students in health professional courses have different language and cultural orientation than local peers and supervisors. Increased challenges to interprofessional teamwork have been described for this cohort, but not investigated.

Aim/objectives:

This study explored culturally specific experiences of international students working in interprofessional teams in clinical settings, to inform facilitation of confidence and competence in collaborative practice.

Methods:

A qualitative exploratory research design was adopted. Semi-structured interviews were conducted with educators and final year international students in dietetics, nursing, physiotherapy and occupational therapy at Monash University. Interviews were audiotaped, transcribed and analysed using a constructivist approach.

Results and discussion:

Four themes emerged from four educator and 16 student interviews. Asian students reported entering clinical placement with an expected hierarchy between medical, nursing and allied health professionals, which contributed to their hesitation to voice opinions. Some were self-critical, describing a lack of flexibility in language and difficulties in engaging in informal conversations with team members, thus impacting on work relationships. Asian students were described by educators as respectful of others and less likely to ask questions or challenge decisions. The role of clinical supervisors was critical in addressing cultural differences and providing coaching for collaborative teamwork skill development.

Conclusions:

International students presented with unique cultural orientations in communication, power relationships and interactions, which impacted on their perception of collaborative practice. Clinical supervisors are key in coaching students in collaborative skills development.

Communicating with impact: Innovative assessment to build skills for future-focused healthcare professionals

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Introduction/background:

In today's world vast amounts of digital information are delivered to healthcare consumers at an ever-increasing pace. Healthcare professionals must be able to move beyond traditional scientific communication methods to communicate in the digital sphere in innovative and creative ways in order to create impact in a world of excess. Communication must be clear and concise, it must capture and hold an individual's attention, it must be meaningful and contextual, and it must be delivered in a format that meets modern communication needs. In training our future healthcare professionals we must create opportunities to build the skills to communicate with modern healthcare consumers and other stakeholders effectively.

Aim/objectives:

To describe the scaffolded approach of applying innovative and creative assessment tasks, including infographics, podcasts, and advocacy videos, to build digital technology and modern communication skills in physiotherapy students.

Discussion:

Macquarie University's Doctor of Physiotherapy program has implemented a range of innovative and creative assessment tasks that are intentionally designed to enhance communication and digital technology skills in order to optimise impact. In a programmatic approach foundational skills are built through early assessments with guided, structured and supported assessments that utilise a variety of different mediums, including infographics and podcasts, progressing to more complex assessments, such as creating an advocacy campaign presented at an annual Flickerfest event, and culminating in an ePortfolio incorporating a body of works of their choosing to optimally showcase their knowledge and skills.

Issues/questions for exploration or ideas for discussion:

Practicalities of implementation.

Providing feedback.

Compassion and Empathy in creating a productive learning culture for medical students: Lessons for ANZAHPE medical schools from dedicated US-based programmes

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¹ The University of Queensland, Brisbane, Australia

Introduction/ background:

Between the milestone of entry into medical school when compassion and empathy are selective advantages in some medical schools, and professional practice when they are assumed traits, there is little data on the expression and practice of compassion and empathy in medical school and on creating a productive learning culture based on compassion and empathy.

Some institutions have sought to address this gap by running programmes for medical students on compassion and empathy. However, the features, strengths and weaknesses of these programmes have not been compared. Medical schools in the ANZAHPE jurisdiction considering designing curricula that embed compassion and empathy would be helped by such an analysis.

Aims/ objectives:

This study aims to compare three US-based programmes dedicated to teaching compassion and empathy to medical students: the Schwartz Center for Compassionate Healthcare, Center for Compassion and Altruism Research and Education (CCARE) at Stanford University School of Medicine, and the University of Louisville School Of Medicine.

Methods

A narrative literature review has been conducted on the role of compassion and empathy in clinical care and medical education. Criteria for assessing the efficacy of the three programmes will be drawn from the literature to formulate a framework to enable comparison. Suggestions and lessons for medical schools in the ANZAHPE jurisdiction will be drawn from this comparison.

Conclusions:

Medical schools in the ANZAHPE jurisdiction can learn valuable lessons from established programmes in reputable institutions in the US dedicated to teaching compassion and empathy to medical students.

Conceptual thresholds in Health Professions Education (HPE) research: identifying key transition points in developing HPE research expertise and identity

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Introduction/background:

When health care professionals (HCPs) who are socialised into a clinical and scientific worldview venture into health professions education (HPE) research, they enter unfamiliar territory. While the disorientation, disquiet and dissonance faced by HCPs transitioning into HPE research has been described in the literature, this has not been theorised. Conceptual thresholds provide one way of thinking about how novices learn and the transition points at which novices 'make learning leaps, develop their identities as researchers, and start to work at a critical, conceptual and creative level' commensurate with increasing expertise. Using theory can provide deeper insights into how novices develop expertise in HPE research and guide our thinking about the implications for facilitating a culture of learning.

Aim/objectives:

In this presentation, we illustrate how conceptual thresholds can be applied as an interpretive lens to analyse the transition points in learning for HCPs who are newly engaging in HPE research.

Discussion:

HCPs encounter three main conceptual thresholds: recognising the limits of existing knowledge; joining a scholarly conversation; and negotiating multiple identities. These constitute major transition points in the development of HPE research expertise and identity. This presentation highlights the epistemic, social and existential repositioning that is a feature of HCPs' journey into and within HPE research, and the implications for learning and teaching.

Issues/questions for exploration or ideas for discussion:

Questions for discussion:

How does conceptual thresholds as an interpretive lens help us understand the key transition points in learning for novice HPE researchers, and how ?

What strategies can novice HPE researchers and their research supervisors/mentors use to productively navigate key conceptual thresholds in HPE research?

Concord or discord? Student and educator self-perception of clinical teaching effectiveness.

Anthea Cochrane¹ Brett Vaughan¹ Kwang Cham¹ Daryl Guest¹

University of Melbourne, Melbourne, Australia¹

Introduction/background:

By being explicit about what constitutes good clinical teaching and by providing opportunities for both students and educators to provide feedback we should improve the clinical education experience.

Aim/objectives:

To evaluate the quality of clinical teaching at the University of Melbourne Optometry Clinic using a validated questionnaire.

Method

In Semester 1 2019, third and fourth year optometry students were invited to complete the clinical teaching quality questionnaire for educators. Clinical educators also completed a self-evaluation version of the clinical teaching quality questionnaire.

Results:

10 educators were rated by students and provided a self-evaluation. Student perceptions of educator performance were largely positive (mean 51/60). Educators were largely positive (mean 50/60) about their own performance however this was variable. Whilst a number of educator and student perceptions were in accord, a number were also different. Generally this was the educator rating their own performance higher than the students. Students typically rated educators lower on professional wellbeing and communication, and highest on technical skills.

Discussion

Concordance in perceptions of clinical teaching performance between educators and students were evident in this study. There is some evidence of discord in clinical teaching performance, particularly in the non-technical aspects. This outcome provides an avenue for further professional development around communication and student well-being training. This faculty development could be targeted towards providing educators with the tools to effectively communicate with students and also foster student well-being. The latter may assist students in transitioning and adapting to the often chaotic clinical learning environment.

Conclusions:

Optometry students and their educators appear to be in accord with clinical teaching performance.

Connecting Practice: A group telesupervision trial.

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¹La Trobe University

²Catholic Education Melbourne

Introduction/background:

Connecting Practice is a practitioner-centred supervision 'meta-model' that allows a clinical specialist to provide supervision. This model was trialed as part of a 12-week clinical telepractice program.

Aim/objectives:

The study aims were to: (a) trial the Connecting Practice framework in a group, synchronous technology format, (b) explore the effectiveness of group supervision and (d) determine participant attitudes towards telesupervision.

Methods

This study was a prospective qualitative study involving five speech pathologists from the same organisation, but in three geographic regions, who received group telesupervision to deliver telepractice intervention for children who stutter. Data was collected from a focus-group before and after the telesupervision program and from eight recorded 75-minute group supervision sessions. Data was analysed using an inductive coding methodology.

Results:

Thematic analysis of the data revealed a positive change in attitude towards telesupervision. During the trial participants sought normative, formative and restorative supervision, with content being clinician and client focussed. The group engaged in clinical and logistical problem solving, reflection and began to self-report changed clinical behaviours.

Discussion

This study provides preliminary evidence to support the use of the Connecting Practice model for group telesupervision practices within an organisation. Organisations should consider the economic benefit of employing specialist telesupervision consultants to overcome the cost and loss of productivity associated with clinicians travelling to a central location, or in situations where remote clinicians require individual supervision.

Conclusions:

The Connecting Practice model, where a specialist consultant is employed to support clinicians within their context, appears to be a potentially effective model for group telesupervision.

Creating effective patient educators in the health professions

Roma Forbes

The University of Queensland, Brisbane, Australia

Introduction/background:

Patient education is fundamental in effective patient management and a clinical competency required for practice. Current literature suggests that novice health professionals may not be prepared for this important area of practice and most health professional students do not undertake specific training in this area.

Aim/objectives:

This presentation will outline the implications of a series of studies investigating patient education use, preparedness, self-efficacy and performance of physiotherapy students, new-graduates and professionals. In doing so, this presentation will provide health professional educators with an understanding of the importance of patient education training and how training can be embedded into health professional curricula using contemporary approaches including simulation.

Discussion:

Patient education is a critical skill for health professionals. Research has indicated that without specific training, health professionals tend to rely on didactic and generalised patient education rather than using patient-centred approaches. This presentation will provide health professional educators with an understanding of how to structure patient education training of health professional students within their programs.

Issues/questions for exploration or ideas for discussion:

Why is patient education an important skill for health professional students?

What issues do novice health professionals face in practice?

How can patient education skills be taught in a patient-centred way?

How can I foster patient education self-efficacy and skills into my clinical teaching?

Creating learning cultures enabling difficult conversations: supporting teaching, learning and assessment of professionalism

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Ash Susan, Professor (Adjunct), Department of Nutrition, Dietetics and Food, Monash University, Clayton, Australia

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Rees Charlotte, Dean for Research & Innovation, College of Science, Health, Engineering & Education, Murdoch University, Murdoch, Australia and Professor (Adjunct), Monash Centre for Scholarship in Health Education (MCSHE), Monash University, Clayton, Australia

Introduction

Teaching, learning and assessing professionalism in health professions education is recognised as challenging and complex yet vital in preparation for safe practice. It requires safe and supportive learning spaces and cultures enabling honest, open and at times difficult conversations and reflexivity.

Methods

This research uses constructionist qualitative inquiry and is situated within an interpretivist paradigm. Semi-structured individual and group interviews were conducted with three participant groups – 51 academics, 28 practitioners and 21 students. Sampling was guided using maximum variation alongside the concept of information power. Framework analysis is the key data analysis approach.

Results

This research presents findings from interviews with 100 participants across 17 universities and diverse healthcare settings. Findings show evidence of supportive learning cultures across contexts including: safety for disclosure of challenges, limitations and mistakes, clear expectations, accountability, openness, imperfection – all of which are enabled by difficult conversations supporting remediation and reflexivity. There also exists opportunity and need to build capacity and strengthen cultures and approaches for learning professionalism by engaging in difficult conversations.

Discussion

Learning cultures incorporating difficult conversations have vital roles to play in learning, teaching and assessing professionalism. There has been a tendency to avoid such discussions because they are “subjective” and “personal” and people lack confidence. There is benefit in creating learning cultures where people step into difficult conversations, based on honesty, accountability and respect.

Conclusion

This research provides evidence that learning cultures enabling difficult conversations foster and strengthen healthcare professionalism.

Creative development of effective professional communication skills.

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¹ The University of Queensland School of Dentistry,

² The University of Queensland Institute of Continuing & TESOL Education

Introduction/background:

The Undergraduate Dentistry Program delivered at The University of Queensland attracts a large proportion of students who have English as a second or other language. Effective professional communication is a key competency required of dental students and many of the cohort struggle in this area.

Aim/objectives:

To evaluate the effect of a professionally supported English for Academic Communication learning module on early clinical communication skills.

Discussion:

Creative video reflexivity learning activities designed to complement existing course Virtual Patient resources were piloted with students identified as lacking effective clinical communication skills and volunteers during a nine-week extracurricular module in Semester 2 of Year 1. Participants engaged enthusiastically with the learning activities and their scores for a reflective practice skills assessment item and an assessment of clinical communication skills were compared with scores by students who chose not to attend the interactive language learning module.

Favourable outcomes of this pilot learning module's novel learning activities prompted embedding professionally supported English for Academic Communication into the earliest clinical skills training course to enhance effective professional communication skills for all students.

Issues/questions for exploration or ideas for discussion:

Teaching and Learning sustainability includes the sensitive issue of external professionals teaching into a professional program. Evaluation of effective clinical communication skills required development and implementation of a suitable clinical skills assessment tool.

Demonstrate what you can do at the end of the learning cycle is part of developing a learning culture

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Introduction/background:

Planning your learning journey begins with knowing where you want to go. The current learning culture ideology is that content drives learning and curriculum. A productive learning culture needs to be based on a longitudinal perspective, focused on the ability to progressively achieve and demonstrate knowledge and skills. The prevailing teaching and learning culture within health professional course is influenced, and at times driven by industry standards resulting in competencies driving curriculum content which in turn drives assessment. We propose a learning culture based on transparent programmatic assessment where the student can demonstrate their knowledge and skills in line with industry competencies and that curriculum is driven from reverse engineering these competencies to meet professional accreditation.

Aim/objectives:

This proposed methodology was developed in response to a review and restructure of a clinical masters program with the objective of aligning international competencies to program and course learning outcomes.

Discussion:

A visual spreadsheet has been developed to align assessment tasks to the Program Learning Outcomes and industry competencies. The spreadsheet allowed the reverse engineering of the PLOs from the international standard and the distribution of assessment can be developed across the program. The intention is for students to experience a range of assessments throughout their learning journey but ensure transparency of assessment enabling visualisation and alignment with international standards.

Issues for exploration or ideas for discussion:

This presentation will benefit academic staff who want to understand how a programmatic level of assessment can improve constructive assessment alignment to ensure program accreditation.

Designing a short-duration supervision training program for health and human services workers: What did program developers expect to achieve?

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² College of Science, Health, Engineering and Education, Murdoch University, Perth, Australia.

Introduction/background:

There is lack of research evaluating supervision training programs for health and human services (H&HS) workers, particularly including comparing outcomes anticipated by program developers with the actual outcomes as perceived by the training recipients.

Aim/objectives:

To evaluate half-day, introductory-level, face-to-face supervision workshops for H&HS workers.

Methods:

Realist evaluation was conducted employing 10 program developer interviews. Using realist logic, interview transcripts were analysed to inform initial program theories for the realist evaluation. Transcripts were coding for contexts, mechanisms and outcomes of the workshops.

Results:

This presentation will report the expectations of workshop developers, funders and facilitators. The use of mixed pedagogical approaches (mechanisms) was expected to enhance supervisory knowledge and practices, plus satisfaction with training (outcomes). The use of social learning approaches (mechanisms) were further expected to expand supervisors' professional networks (outcomes). These positive learning outcomes were expected to be achieved through workshop facilitator skills and supervisors' active engagement within the workshops (mechanisms). Supervisors were expected to further improve their supervisory practices (outcomes) through supportive workplace and management (mechanisms). Resistance to learning from medical supervisors was also expected (context).

Discussion:

The findings reflect the rationale behind the design and approach to delivery of the workshops based on the expert knowledge and experience in H&HS of the workshop developers, funders and facilitators.

Conclusions:

These findings contribute to a better understanding of the anticipated outcomes (and underlying contexts and mechanisms) of the workshops. Further work is now needed to compare these program developers' expectations with the actual evaluations of supervisors undergoing training.

Developing a patient-rich feedback learning culture

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²Monash University, Eastern Health Clinical School, Australia

Introduction/background:

Developing a learning culture of feedback literacy is necessary for health professional students to refine a patient-centred professional identity. Understanding the contribution patient feedback can make to the learning environment as a critical 'other' feedback provider compared to clinical tutors, is the context for this collaborative study.

Aim/objectives:

We aimed to better understand exactly how patient and clinical tutor feedback on the same patient-centred, interpersonal criteria aligned.

Methods

In a patient-centred medical education program with community patients with chronic illness for medical students in their first clinical year, a 10-item patient feedback instrument (Medical Student Interpersonal Skills Questionnaire) was completed by patients and clinical tutors each consultation. Descriptive analysis and correlations were examined and logistic regression determined the comparative weightings on each item when considering a more overall assessment of performance.

Results:

Data from 222 matched MSISQs were analysed. A key finding was no correlation for items regarding 'respect' and 'concern shown as an individual'. Patient and tutor groups placed different weightings on different items when considering the overall performance of students.

Discussion

The study shows empirically that patients and tutors 'see' things differently in patient-student consultations, both can be considered as 'experts' for feedback. The results provide important insights for improving understanding about patient-centred, interpersonal criteria that patients consider matter to them, thereby providing opportunities to increase the effectiveness of social interactions within the clinical learning environment.

Conclusions:

Building acceptance and valuing of this different perspective, patient feedback, is crucial to create new learning cultures which enhance students' capacity to use feedback for improvement.

Developing an indicator for annual reporting on the inclusion of health and climate change within medical curricula in Australia for the *MJA-Lancet* Countdown.

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Introduction/background:

Climate change and environmental degradation threaten human health and society. The medical workforce must be skilled to deliver environmentally sustainable health care. Medical programs in Australia, however, currently do little to prepare graduates.

[The Lancet Countdown](#) provides independent monitoring of the global health impacts and responses to climate change. One indicator, yet to be reported, will seek to measure the response and impact of medical education. The *MJA-Lancet* Countdown provides a national Countdown for Australia. From 2020, the Countdown will include the indicator to measure the inclusion of climate change and health in Australian medical curricula.

MDANZ, the Australian and New Zealand peak body for professional medical education, has formed a Climate Change and Health Working Group. The Group have developed graduate outcome statements and learning objectives which have been circulated to medical schools to support integration.

Aim/objectives:

The indicator will measure the degree to which medical schools engage with learning objectives and outcomes. Through stakeholder engagement, the Group will define the numerator(s) for the indicator, determine ways to collect and report this annually.

Discussion:

Progress in developing the indicator will be reported. How the indicator will be monitored will, however, need to be established. In terms of preparing a workforce to adapt to and mitigate further climate change as well as practice sustainably, the impact of medical education needs to be measured.

Issues/questions for exploration or ideas for discussion:

What should comprise the numerator(s)?

Can other regulated health professions use this approach?

Developing capabilities in the workplace: exploring the contributions of a dedicated support role to Occupational Therapists' learning

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¹Gold Coast Health, Gold Coast, Australia; ²Bond University, Gold Coast, Australia; ³The University of Queensland, Herston, Australia.

Introduction/background:

Healthcare practitioners are required to develop capabilities in an effective and efficient manner. Yet, developing capabilities in healthcare settings can be challenging due to the unpredictable nature of practice and increasing workloads. Unsurprisingly, healthcare practitioner development is often situated outside of practice e.g. formal teaching sessions. Supporting practitioners to develop capabilities through engagement with day to day practice, whilst advantageous in terms of authenticity and being highly valued, remains a key challenge for healthcare educators.

Aim/objectives:

This qualitative interview study aimed to explain, from the learner's perspective, how a dedicated support role develops Occupational Therapists' capability to contribute to decision-making capacity assessments.

Methods

Individual semi-structured interviews were conducted with a purposive sample of 12 Occupational Therapists. Thematic analysis was informed by workplace learning theory.

Results:

Participants valued the 'just in time' learning contributions made by the dedicated support role and believed their ability to engage in decision-making capacity assessments improved. Participants reported that their learning was facilitated in three key ways: 1) a structured learning journey, 2) receiving tailored guidance, and 3) experiencing a supportive learning environment.

Discussion

Findings suggest that capabilities, such as decision-making capacity assessment, can be developed through practice when enriched by a dedicated support role. However, further research examining the sustainability and transferability of this model and its application to other capabilities are warranted.

Conclusions:

Participants valued the authentic and timely workplace learning opportunities afforded by the dedicated support role.

Developing Clinical Judgement Skills in Healthcare Students Using Standardised Holographic Patients.

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Introduction/background:

Ensuring healthcare students develop clinical judgment skills is critical to safely care for clients. In 2018 the School of Nursing at Otago Polytechnic was among the first to use mixed reality (MR) to develop these skills with standardised holographic patients.

Aim/objectives:

1. To evaluate students' experiences of using MR to view holographic patients.
2. To explore how MR helps develop clinical judgment skills.

Methods

Second-year nursing students (N=99, 94%) participated in this year-long project. Students received a verbal patient 'handover', and then worked in facilitated small groups to visually assess two holographic patients. Students then completed a worksheet based on the clinical judgement process. The worksheets were analysed using the Virtual Patient Version of the Lasater Clinical Judgement Rubric (vpLCJR) to determine where students were positioned in relation to developing clinical judgement skills.

Results:

1. Quantitative results indicated that all students felt that their learning experience was enhanced by using of MR technology. Qualitative results showed that the best feature of the MR technology was being able to see the patient in a safe facilitated environment.
2. Most students were at the 'beginning' or 'developing' skill level of the vpLCJR.

Discussion

Using MR offers a dynamic and effective experience for students. It also allows educators to determine a student's development of clinical judgement skills and tailor learning experiences to further develop these skills.

Conclusion:

The use of standardised holographic patients in MR is useful for students to develop clinical reasoning judgement skills. Progress in developing these skills can be mapped on the virtual patient rubric.

Developing the education research capacity of health professional educators through multidisciplinary action research

Karen M Scott¹, Monica Hughes^{1,2}, Jennifer Davids²

¹University of Sydney, Sydney, Australia ²Western Sydney Local Health District, Sydney, Australia

Introduction:

Educational research aims to advance knowledge and practices in learning and teaching. In the Westmead health precinct, education research has occurred in isolated pockets of academic scholarship. Little professional development has been undertaken in education research practice, despite the number of health professional educators. We developed a course comprising seven lunch-time workshops to introduce educational research practice to multidisciplinary health professional educators across the precinct in 2019.

Aim:

We explored how we, as multidisciplinary teacher educators, could improve our educational practice through peer teaching to enable health professional educators to undertake education research.

Methods:

Using Social Development Theory and action research methodology, we conducted: facilitator and learner pre-course reflective surveys on knowledge, aims and expectations; facilitator and learner post-workshop reflective surveys on learning/ teaching practice; mid-course facilitator focus group exploring improvement; facilitator and learner post-course evaluations and recommendations. Data were analysed through theoretical thematic analysis.

Results:

Participants were positive about the content and introductory level of information, hands-on practice and interactivity with colleagues and facilitators. They found regular attendance difficult due to workloads and wanted more time for application to their projects. Following reflection and discussion, the facilitators increased project development opportunities but found timing challenging. In 2020 we will restructure as a one-day course with drop-in project discussion sessions.

Discussion:

Health professional educators are enthusiastic about research in education but find devoting time to it challenging in hospital settings.

Conclusions:

Action research benefits participants and educators by improving teaching practice through embedded opportunities for discussion and mindful reflection.

Development of a Postgraduate Clinical Observership Curriculum to orientate International Medical Graduates to the Australian Healthcare System

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Introduction/background:

It is estimated that 32.2% of the Australian Medical workforce is comprised of International Medical Graduates (IMGs). IMGs are a diverse group regarding their clinical experiences, educational and cultural backgrounds; factors which contribute to an IMG's performance as a medical officer. Clinical Observerships are a popular way to assist the transition of an IMG into the Australian Healthcare system to provide culturally competent care.

Although Clinical Observerships have become increasingly commonplace there is relatively little guidance, structure or regulation resulting in a varied experience for the IMGs.

Aim/objectives:

We have used a modified Delphi process to develop consensus agreement on a new Clinical Observership competency-based curriculum. The aim of this Curriculum is to provide meaningful exposure to clinical practice in Australia as well as provide transparency to all stakeholders of the expectation of Clinical Observers within the LGH.

Discussion:

This presentation will discuss the process of the medical education team in developing the Clinical Observership curriculum leading to a shared understanding of the applicability of the curriculum in orientating IMGs to the Australian Healthcare System.

Issues/questions for exploration or ideas for discussion:

This proposed curriculum is a first for Clinical Observerships within Australia and will be of interest to educators involved in supervising, or orientating IMGs to the Australian Healthcare System using a structured and practical approach.

Development of an asynchronous inter-professional educational program on medication management

Kellie A. Charles^{1,2}, Nicholas Buckley¹, Sarah Hilmer¹, Lisa Koulajian O'Donnell¹, Rebekah Moles³, Stephen Carter³, Astrid Frotjord⁴, Brooke Storey-Lewis¹, Nicholas Randal¹, Carl Schneider⁴.

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Introduction/background:

Australia is a participant of the WHO 3rd global patient safety challenge. Medication management is taught traditionally in silos within health professional degree programs. Inter-professional education enables students from multiple professions to learn core clinical and teamwork skills within authentic clinical teams.

Aim/objectives:

To develop an understanding of individual and shared professional roles and responsibilities to safely prescribe, dispense and administer medicines.

Discussion:

A design thinking framework was used to develop an asynchronous education program of face-to-face and online teaching activities on the main aspects of medication management and safety in 3 student cohorts; Medicine, Pharmacy and Nursing (n=750 students in total). Data analytics were built into the Canvas to quantify the student engagement and via an electronic medication chart to assess completeness of the medication chart at each stage of the medication cycle. Finally, an interprofessional de-brief session was developed for all disciplines for reflection on the shared responsibility for medication safety.

Issues/questions for exploration or ideas for discussion:

Methodological approaches to developing new inter-professional educational activities within structured professional degrees and timetables will be discussed.

Devoting resources to the development of Active Learning. A worthwhile vision?

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Background:

Griffith Health is one of the largest and most diverse health faculties in the Australian University sector, with over 10,000 students and 500 academic staff. In 2019, the faculty created ten Teaching Fellow positions to advance learning and teaching and particularly to promote active learning, thereby promoting health and enabling communities.

Aim:

To explore the effectiveness of the Griffith Health Teaching Fellow initiative.

Methods:

Every fortnight, the Fellows participated actively as members of a Community of Practice. Using the Bass Model of Holistic Reflection, they wrote reflective accounts of their experiences, which were analysed utilising an established phenomenologically-informed method of thematic analysis.

Results:

The Fellows used their time initially to establish and build collaborative partnerships and identify courses that required improvement in terms of curriculum, assessment and teaching delivery. There was evidence of substantial positive impact on both the Fellows and their academic colleagues in terms of educational effectiveness. Pockets of resistance and pitfalls were identified and managed. Building relationships and networks was a catalyst for change. The collaboration generated confidence and action. As individuals, the Fellows facilitated change but as a group, they empowered change.

Discussion:

Cross-disciplinary linkages and innovations in teaching and research emerged. The initiative enhanced academic programs and promoted stronger professional identity as educators. The initiative brought individual and collective rewards.

Conclusions:

Devoting resources to active learning through the Teaching Fellow initiative allowed time to engage with educators, build effective relationships, enhance academic programs and prioritise the role of health professional educators.

Do the health and human services sectors have different supervision training needs?

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Introduction/background:

Through a state-wide program funded by the VicDHHS, we are offering supervision training to 7900 health and human services (HHS) workers from 2017-2020.

Aim/objectives:

Our study aimed to investigate: (a) whether the impact of two half-day introductory supervision workshops on participants' self-reported knowledge, skills and confidence (KSC) in supervision differed by workshop type and/or participant sector and therefore (b) whether the sectors have different training needs.

Methods:

Two half-day, face-to-face introductory level workshops: 'Introduction to Supervision of Students' and 'Introduction to Supervision of Peers' were offered free to participants. Participants were surveyed at three time-points: registration (T1), immediately after (T2) and at least 3 months post-training (T3).

Results:

Participant responses for student (n=2446) and peer (n=2550) workshops showed self-reported KSC (using an 8 point scale) improved over time. Knowledge scores at T1, T2 and T3 were 4.3:5.4;5.7 for student and 4.5:5.5:5.7 for peer workshops. Skills scores for the survey time-points were 4.2:5.1;5.5 (student) and 4.3:5.3:5.5 (peer). Confidence scores changes were 4.2:5.2:5.5 and 4.4:5.3:5.6 respectively.

Self-reported KSC was observed to be lower in participants from the human services sector compared with the health sector at all time-points. Participants from all sectors were interested in further training in feedback, supervision and working in challenging situations. Human services participants additionally requested training in trauma and self-care.

Discussion:

Supervision training received as part of this program appeared beneficial to participants from HHS sectors with an increase in KSC over time. There is a need for further training in supervision, feedback and challenging situations.

Doctors as agents in complex adaptive health care systems: A participatory concept mapping project

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¹University of Tasmania

Introduction/background:

Health-care systems have, and continue to undergo extraordinary transformation and are widely considered complex adaptive systems. Preparing doctors to practice effectively as agents in complex health-care systems requires making overt the requisite attributes and competencies.

Aim/objectives:

Conceptualise the requirements for doctors to be effective agents in health care systems

Methods

Using Group Concept Mapping, multiple stakeholder group participants were asked to identify attributes and non-clinical competencies required of doctors for effective practice in modern health-care systems. Responses were synthesised and participants asked to group them according to similarity. Data were analysed using multidimensional scaling and hierarchical cluster analysis to develop a conceptual map. Statements were ranked by junior doctors according to importance and preparedness.

Results:

Sixty-seven participants generated 338 responses which were synthesised to 60 statements. These were sorted and analysed, leading to a conceptual map of seven clusters representing: Value led professionalism; Attributes for self-awareness and reflective practice; Cognitive capability; Active engagement; Communication to build and manage relationships; Patient-centredness and advocacy; and Systems awareness, thinking and contribution. Preliminary data of relative importance and preparedness will be presented.

Discussion

This research details a set of attributes and competencies which are necessary for doctors to be effective agents in complex health-care systems. Many are transferable professional attributes. The content of the conceptual model can be used to map inputs, processes and outcomes of doctors as agents in complex systems.

Conclusions:

This model can be used to ensure these attributes and competencies are identified, nurtured and developed.

Word count: 246

Does an intensive paediatric experience within a tertiary setting increase rural LIC students' confidence in dealing with an unwell child?

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Introduction/background:

Intensive hospital placements are a recognised element of comprehensive Longitudinal Integrated Clerkship (LIC) programs, however there is a paucity of literature evaluating their role. Rural LIC students encounter paediatric patients in the primary care environment but may lack exposure to seriously unwell children. To supplement students' clinical exposure, Deakin University's (DU) LIC students undertook an intensive paediatric experience at The Royal Children's Hospital, Melbourne, Australia.

Aim/objectives:

To determine the impact of an intensive tertiary paediatric experience on the confidence levels of LIC medical students undertaking clinical tasks with unwell children.

Methods

Surveys were administered before and after the intensive paediatric placement. Confidence levels across a range of tasks were compared using a paired samples t-test.

Results:

There was a significant increase in students' post confidence level scores for questions relating to; history and physical examination ($p = <0.001$), communication skills ($p = 0.03$) and diagnosis and management ($p = <0.001$).

Discussion

While the intention of LIC programmes is to offer clinical workplace-based learning that is integrated rather than discipline-focused, within a rural environment the students learning may need to be augmented by providing short term intensive discipline specific rotations in areas where there is a lack of clinical exposure such as paediatrics. Other programme innovations to aid rural LIC students' exposure to unwell children may need to be implemented to ensure the students enhanced confidence levels are maintained and further developed.

Conclusions:

Completing an intensive paediatric experience in a tertiary hospital significantly improved rural LIC students' confidence in the clinical assessment of unwell children.

Does TBL improve student engagement and outcomes in the transition from pre-clinical to clinical learning environment in a PBL-based medical course?

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Introduction:

At Western Sydney University (WSU), a traditional problem-based learning (PBL) approach is used to teach foundational medical sciences in years 1 and 2. However, team-based learning (TBL) pedagogy is increasingly being adopted to teach in medicine. One benefit of TBL is that it provides multiple points of testing within a tutorial and so we wished to investigate if TBL could enhance student learning in addition to PBLs in our curriculum. Specifically, we wished to use this intervention at the point in their curriculum where they are transitioning from pre-clinical to clinical learning environments.

Aim:

To explore the impact of this intervention on student feedback and results over multiple years.

Methods:

We introduced students to eight TBL style tutorials for the final nine weeks of their second year. The TBLs have been modified to allow them to fit within an already busy curriculum and contain; pre-work, readiness assurance testing (iRAT and gRAT), and case studies for the students to solve in teams. Iterative changes based on student feedback has modified some aspects of layout and delivery of the intervention since 2014.

Results:

Detailed results of student feedback, assessment and analysis of how the students used the technology to deliver the TBL will be presented.

Discussion:

Combining the strengths of these two, highly valuable educational strategies better prepares students for the transition from a pre-clinical to a clinical learning environment. Students value time with research scientists and clinicians and also the multiple opportunities to apply their knowledge across clinical problems.

Does the introduction of Basic Life Support (BLS) training in years 1- 4 of an undergraduate MBBS curriculum improve the knowledge, competence, and confidence of the year 4 student.

Darlene Wallace¹, Karryn Lytton¹, Nikki Harvey¹, Deanne Cassidy¹, Torres Woolley¹, Roy Rasalam¹

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Introduction:

Year one medical students were assessed on their BLS skills post external Registered Training Organisation (RTO) instruction and did not meet the Australian Resuscitation Council criteria. BLS instruction was introduced into each of the first 4 years of the 6 year curriculum to address this.

Aim:

Evaluate the effectiveness of introducing BLS into years 1- 4 on the knowledge, competence and confidence of the year 4 student

Methods:

Pre:post longitudinal study comparing Control group (CG) with the Intervention Group (IG) using OSCE format as the evaluation of competence. Knowledge and confidence were measured by questionnaire. Analysis used 2-sided chi-square tests with SPSS software.

Results:

The IG had statistically significant improvement in responsiveness, airway, breathing and defibrillation of DRsABCD (p value <0.001) The self-reported knowledge and confidence of BLS were not significantly different between groups and did not correlate with evaluation results.

Discussion:

These results are supported by the literature that repetition and experiential learning is important for retention of knowledge and psychomotor skills. Self-reporting of competency did not equate to assessment findings.

Conclusions:

The introduction of Basic Life Support (BLS) into years 1,2,3,4 of the MBBS undergraduate curriculum along with practice sessions and assessment significantly improved the competence of BLS skills in the year 4 student.

'Don't label me a failure': Descriptive words matter to academically challenged medical students.

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Introduction/background:

A recent systematic review about medical students with academic difficulty and their remediation, highlighted the importance of descriptive terminology. Generally, the researchers applied a range of negative descriptors that could impact students and their remediation outcomes. Arising from the review is a study exploring challenged medical students experiential perceptions.

Aim/objectives:

We aim to raise awareness and create discussion about the use of negative descriptors for medical students with academic difficulty.

Methods

Semi-structured interviews were utilised to explore medical students' perceptions of their academic difficulty experience. Qualitative analysis of transcriptions provided preliminary results discussed in this presentation.

Results:

Negative terminology describing academically challenged medical students has presented a new lens to further explore this phenomenon and contribute to existing research. Students' voices have provided preliminary findings suggesting that words do impact on situational feelings that may influence future academic results.

Discussion

The use of negative descriptors has implications for the intrinsically motivated self-esteem of students and may detract from satisfactory progression to graduation. Such words could also be humiliating and possibly make the learning environment become unfavourable. Educators could engage a heightened awareness of this situation to ensure enhanced student outcomes.

Conclusions:

Negative terminology used to describe already challenged medical students may retard academic progression. It is anticipated that for enhanced student outcomes, medical educators and researchers may consider utilising more positive terminology within a constructivist learning culture.

Drawing of Concept Maps after PBL sessions: Can this throw light on individualized learning and understanding after the session?

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Introduction/background:

Every student should approach lessons to actively 'make sense' of ideas and conceptualize their learning. PBL is a group based learning where it is essential to find out if the individual students have understood the concepts.

Aim/objectives:

The aim was to find out if individualized learning occurred after the group study of not and construction of a concept map could throw light on this understanding.

Methods

8 PBL cases were chosen for analysis. At the end of the discussion in the second session, all students were asked to formulate concept maps, without the guidance of facilitators. The parts of the clinical scenarios and the students' feedback were also noted. All concept maps were independently analyzed by two teachers for types, illustration of the complexity of understanding the topic and concept, and content area covered..

Results:

It demonstrated unidirectional relationship between the main concept and sub-concepts. Varying between mostly 'spider' to somewhat 'systematic' types, few were simple flowcharts. The hierarchy between main concept and sub-concepts were well-illustrated in those cases where the clinical scenario was properly described. However, in most cases the connections between the sub-concepts were poorly established, showing lack of propositions.

Discussion

It was observed that students individually gained academically through the process of PBL, even though the conceptualization followed different patterns. The maps were constructed with more focus on clinical and pathophysiological aspects of the clinical scenario.

Conclusions:

Formulation of concept appeared to be indicative of the discussion pattern, case construct and individual understanding of the undergraduate students in their preclinical phase.

Educating the educator: implementation of a clinical educator development pathway

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Introduction/background:

Currently there is variability in the quality of physiotherapy clinical education experiences. Evidence suggests the clinical educator-student relationship is strongly associated with a quality clinical placement experience. Therefore development of clinical educators and supervisory skills of new clinical educators is paramount for preparation of the future workforce. In 2016, Logan Beaudesert Physiotherapy Clinical Education Service developed and implemented a clinical educator training and development pathway. With increasing student numbers, it was identified new educators within the service were requiring increased support to provide quality clinical education.

Aim/objectives:

Develop, trial and implement a clinical educator development pathway to support new and developing clinical educators to increase the sustainability of clinical education within the physiotherapy department.

Discussion:

Implementation of the pathway has increased the volume of both primary and secondary clinical educators within the physiotherapy department. With 12 primary clinical educator graduates and currently three staff members in the 2020 cohort.

Feedback from staff members who have completed the pathway report increased supervisory confidence and clinical educator capability in supervising students. Clinical Team Leaders value the clinical educator pathway through sustainable staff training and optimising service delivery whilst students are within the service.

Issues/questions for exploration or ideas for discussion:

Are we doing enough to support the development of new clinical educators? Effective planning of clinical educator support is of vital importance to maintain the future and quality of clinical placements.

Educating the support-level health workforce – culture change that is a win-win for all.

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Introduction/background:

Improved utilisation of the support-level health workforce is key to meeting the growing demands on our healthcare system. Expanded support roles potentially increase clinical capacity and job satisfaction, allowing health-professionals to focus on higher-level tasks.

Aim/objectives:

To develop and evaluate a comprehensive training program for pharmacy technicians to educate patients about discharge medicines.

Methods

Preparatory steps comprised: formation of a working party of pharmacists, pharmacy technicians and clinical educators; survey of attitudes towards proposed roles; literature, legislation, professional body and governmental framework review, to determine scope of practice; role risk analysis.

The training program that was developed addressed the clinical environment, communication skills, medicine and surgical procedure knowledge. Training comprised online modules, active observation and stepped activities followed by indirect supervision.

Patient satisfaction with their education experience was measured.

Results:

100 patients were educated by a technician and 100 by a pharmacist, regarding 364 and 328 medicine items, respectively. Baseline demographics were similar across the groups. All patients reported high levels of overall satisfaction, irrespective of who provided their education.

Discussion

The extended scope technician role raised several concerns within the pharmacy department including: patients asking out-of-scope questions, complexity of some medicines and clinical reasoning in care delivery. Such concerns were incorporated into the comprehensive risk analysis and informed the training program content. No such concerns became issues during the project.

Conclusions:

When change management principles are applied in education, innovative models can be implemented and culture changed, resulting in a highly satisfactory patient and staff experience.

Educational challenges, opportunities, and conundrums: The impact of medically assisted dying on anatomy education

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Introduction/background:

The subject of medical assistance in dying (MAiD) remains controversial, emotive, and polarizing across society. Global trends in assisted dying legislation indicate more countries and states are adopting MAiD legislation, including within Australasia. It is likely many future health professionals will have their first exposure to MAiD during anatomy education, because many persons undertaking MAiD donate their body to science.

This work draws on the 3-year experience of MAiD body donations at McMaster University, Canada, where many distinctive issues have been illuminated by this new challenge. It highlights several distinctive issues for body donation programmes that may receive MAiD bodies to proactively consider, including educational and administrative responses.

Aim/objectives:

This work aims to highlight the educational and administrative challenges and opportunities that arise when body donation programmes receive MAiD donations.

Discussion:

There are unique educational opportunities inherent in MAiD body donations, including novel experiential learning events that integrate perspectives on ethics and medical practice. Proactive preparedness, both in educational and administrative areas, are recommended as requisites for successful and considerate transition into receiving and utilising MAiD body donations.

Issues/questions for exploration or ideas for discussion:

How will the use of MAiD donated bodies be used as an educational opportunity for students to explore moral frameworks around assisted dying?

Will students or staff be able to refuse using MAiD donated bodies based on moral opposition to MAiD?

Do the privacy rights of MAiD body donors differ from other body donors?

How will institutions appropriately administer MAiD bequests?

Educator perceptions on teaching racism, privilege and cultural self-reflexivity within a general practice teaching program

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Introduction/background:

General Practitioner (GP) educators have a central role in effective implementation of undergraduate Indigenous health curricula, however few studies have explored their preparedness to teach challenging content including racism, privilege and cultural self-reflexivity. These are considered core capabilities within the national Aboriginal and Torres Strait Islander Health Curriculum Framework, however research suggests they are inadequately represented in general practice teaching programs.

Aim/objectives:

To explore the barriers and enablers for GP educators in the effective delivery of cultural capability curricula.

Methods

Thematic analysis was applied to qualitative semi-structured interviews undertaken with 12 non-Indigenous GP educators from Monash University, Australia.

Results:

Dominant findings include: limited implementation of content on racism, privilege and cultural self-reflexivity despite the existing curriculum; uncertainty about these concepts and how to deliver teaching on them; a lack of Indigenous health experience and expertise within the educator group; variation in the perception of student capabilities to engage with this content; the persistence of a hidden curriculum regarding 'soft skills'; and the need for greater investment in educator professional development and curriculum implementation strategies.

Conclusions:

With a significant proportion of Aboriginal and Torres Strait Islander patients reporting experiences of racism within the health care system including general practice, and the known negative impacts of interpersonal and institutional racism on health outcomes, it is imperative that medical graduates are skilled in cultural self-reflexivity and anti-racist practice. This study provides timely insights into the challenges faced by educators in implementing the existing curriculum.

Effect of education on health professional students' management of confused or aggressive patients: a systematic review and meta-analysis

Ryan Nicholls¹, Ying Tse¹, Julia Byrne¹, Mayra Cuming¹, Beau Harris¹, Matthew Kilby¹, Steven Lau¹, [Kristin Lo¹](#)

¹Monash University, Frankston, Australia

Introduction/background:

There is an increasing need for health professional students to need to be able to manage aggressive clients. However, we need to know how best to teach students about how to manage these challenging situations.

Aim/objectives:

The aim was to determine is the effect of specific education on management of confused or aggressive patients compared to other education/no intervention on tertiary health professional students' knowledge, perceptions and skills. A secondary aim was to describe included interventions.

Methods

This systematic review and meta-analysis as based on Cochrane collaboration guidelines, PRISMA and AMSTAR 2 guidelines.

Results:

This review included eleven studies which were all non-randomised controlled trials or pre-post studies. For continuous data, the finding was non-significant favouring the intervention for knowledge SMD 3.47 [95% CI - 0.79, 7.73], perceptions 0.44 [-0.10, 0.98] and skills 0.90 [-0.21, 2.00]. For dichotomous data there were statistically significant improvements in favour of the intervention for knowledge 3.94 [2.14, 7.28] and perceptions 1.91 [0.41, 8.84].

Discussion

A short online module including a seven minute simulation combined with feedback and debrief improves students' knowledge. A ten minute podcast can improve perceptions. A program of 24 hours of lectures and simulation is required to statistically significantly improve skills. For dichotomous data, prescribed readings and a 30 minute simulation helped improve both knowledge and perceptions.

Conclusions:

There is an absence of high-quality literature regarding education about aggression management. The research is limited to medical and nursing students.

Effectiveness of simulation training and learning in first-year Doctor of Dental Surgery students at the Melbourne Dental School

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Aim/objectives:

This project seeks to evaluate the efficacy of Simodont Dental Haptic Trainers (SDHT) for training of first-year Doctor of Dental Surgery (DDS) students at the University of Melbourne.

Methods

A total of 99 participants attended a lecture, were provided instructional notes and a video link prior to attending the study. They were divided into two groups: Group 1 ($n = 50$) trained with the SDHT, whereas Group 2 ($n = 49$) used standard dental blocks (DB). At the first visit, both groups undertook a 45-minute theoretical and manual dexterity assessment session to establish baseline competencies. Six 1-hour sessions were allocated over four weeks for students to practice in their assigned training environment. Assessments were conducted on both groups under both training conditions at 2-hour and 4-hour timepoints. Student-perceived proficiency and confidence were evaluated pre- and post-study via surveys and assessment outcomes.

Results:

High internal consistency and reliability of the responses was indicated by a Cronbach's alpha of 0.89. Students in Group 1 (SDHT) reported a perceived 20-30% increase in confidence and proficiency with their clinical skills post-training. 100% of the students found that the feedback was useful and would change the way they perform the technique. 90% of the students felt that simulation would improve their visual and motor skills and should be incorporated into future training programs. The reported perceived confidence in Group 2 (DB) was similar, albeit lower (10% increment). 90% mentioned that simulation should also be incorporated into future training programs, even though they were only exposed to simulation during assessments.

Conclusions:

Preliminary findings suggest that incorporating SDHT into the curriculum may enhance the preclinical training of dentistry students and may improve the delivery and structure of the curriculum.

Embodiment and interdependence as key mechanisms in interprofessional interventions: a realist review

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¹Monash University, Melbourne, Australia ² Eastern Health, Melbourne, Australia

Introduction:

Interprofessional programs, designed for two or more health professions to learn with, from and about each other, are complex, logistically challenging and often expensive to deliver. Evaluation of interprofessional interventions has typically focused on education outcomes, with little evidence of how interventions contribute to learning. Through a realist review we explored the underlying reasons or resources interprofessional programs generate the desired outcomes.

Methods

A search of CINAHL, Ovid, MEDLINE, Scopus and ERIC from 01/01/2000 to 25/05/2018 was undertaken for empirical studies describing compulsory interprofessional interventions for preregistration medical, nursing and other health profession students in a university setting. Initial program theories were drawn from formal learning theories and realist methods were used to explore the interaction between context, mechanism and outcome.

Results:

A total of n=10 papers were included in the final analysis. Three demi-regularities, with five causal mechanisms were identified contributing to an increase in communication and teamwork skills, an improved understanding of other's professional roles and of providing patient-centred care. Key mechanisms included the process of embodiment or feeling what it is like to work in a team, the need to collaborate, feeling that their participation is needed and interdependence. The importance of a trained facilitator was noted to guide reflection, empowering students' consolidation of knowledge and skills.

Conclusions:

Use of these findings will allow education designers to optimise existing interprofessional programs to improve their effectiveness and subsequent outcomes. Enhanced interprofessional programs have the potential to reduce health-care error, promote interprofessional collaboration and teamwork, and reduce barriers and preconceptions among healthcare teams.

Emotionally challenging situations experienced by Diagnostic Radiography students: A vision for improved professional development

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Introduction/background:

Health profession students experience challenges during clinical placements that affects their emotional well-being and capacity to learn. These challenges can arise through exposure to confronting health scenarios. For Diagnostic Radiography (DR) students, the extent and types of situations that cause emotional challenges is not well known.

Aim/objectives:

To determine the extent to which DR students experience emotionally challenging situations on clinical placement and their contributing factors.

Methods:

An online survey was used to collect data from five DR cohorts from The University of Sydney. The bespoke survey included demographic characteristics, emotionally challenging experiences, and clinical placement reflection. The second phase of the study will employ focus groups.

Results:

A total of 155 completed surveys were returned (33.6% response rate). Overall, 75.5% (n=116) of students experienced an emotionally challenging situation on clinical placement. Students reported emotional distress from clinical radiographers, clinical situations such as burns and forensics, and modalities such as theatre and emergency. Four main themes emerged from qualitative data: student role and expectations, patients in a state of suffering, interaction with radiographers and personal experiences. Focus group results are pending.

Discussion:

Emotionally challenging experiences identified by DR students are common in the clinical learning environment. This highlights the need to provide preparatory and ongoing support during DR students' clinical placements, focusing on key areas of student perceived challenges, which may be unavoidable during their professional training.

Conclusions:

A coordinated framework for future interventions is recommended, integrating emotional wellbeing support as an important aspect in DR students' professional development.

Empowering pharmacy students to be environmental stewards: potential benefits for patients and the planet

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Background:

During a curriculum redesign of an undergraduate pharmacy program, we recognised an opportunity to include learning outcomes related to environmentally sustainable medicines use and health impacts of climate change. We identified that these topics could be used to enhance students' development of key skills for practice – an explicit focus of the course.

Objectives:

We aim to achieve learning outcomes related to health impacts of climate change, sustainable medicines use, and environmental stewardship roles pharmacists can play. Our parallel intention is to further develop students' skills – in critical thinking, inquiry, teamwork, leadership, interprofessional collaboration, and communication – through teaching and learning approaches that explore these topics' inherent complexities.

Discussion:

Accreditation standards for Australian pharmacy programs do not explicitly mention environmental sustainability. However, we have mapped our intended learning outcomes to domains included in the standards. Teaching these topics also aligns with International Pharmaceutical Federation policy on “green pharmacy”, and an increasing emphasis on social accountability among Australian professional organisations.

We intend to include these learning outcomes with related concepts in the fourth year of the course, at high Bloom's taxonomy levels: health impacts of climate change alongside social and environmental determinants of health, and environmental impacts of medicines use as a quality use of medicines consideration.

Ideas for discussion:

Environmental stewardship co-benefits of existing pharmacist roles – including antimicrobial stewardship, medicines reviews and deprescribing – could be emphasised throughout the curriculum. This perspective could enhance uptake and recognition of the importance of these strategies among students, the profession, and the public.

Enabling interprofessional education via a new teaching tool based on an electronic medical record

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⁹ Metro North Hospital and Health Service, Queensland Health, Brisbane, Australia.

Background:

Since 2018, the Faculty of Medicine has collaborated with the CSIRO Australian e-Health Research Centre, and the Faculty of Engineering, Architecture and Information Technology to prototype and refine a teaching platform based on an Electronic Medical Record (EMR). The expertise of CSIRO, the adoption of standards in e-health records, and the introduction of an EMR across Queensland Health has created an ideal climate for this. Our approach has been to integrate case-based teaching within an EMR to enhance the digital literacy of graduates tailored to key issues they will encounter once employed. We have recently been awarded a Teaching Innovation Grant from the University of Queensland to enhance the platform to support interprofessional education (IPE).

Aims:

1) Incorporate interprofessional practice in the EMR learning experience through expanding access from students in medicine to include students in nursing, pharmacy and physiotherapy, 2) Work with CSIRO and an industry reference group to extend capacity and authenticity of the EMR platform, 3) Sustain involvement of engineering students and expand opportunities for teamwork with health professional students.

Discussion:

Facilitating IPE using the teaching EMR presents an interesting challenge. Potential exists to share cases between professions and to leverage this to support learning about roles and responsibilities of different health professions. The EMR could also facilitate health professional students working in teams.

Issues for exploration:

To present and discuss challenges, ideas and successes in supporting IPE with this teaching technology, in particular the development of capabilities in digital health.

Encouraging our patients to join our learning culture: Moving on from cultural competence to cultural humility

Jennifer L Cox¹ and Maree D Simpson¹

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There is an expectation of culturally responsive and culturally safe health services which is reflected in professional competency and accreditation standards. Thus, cultural competency training has become an important part of health professional education. Whilst it may be comforting to consider one has achieved cultural “competence”, cultures are dynamic, every individual within a cultural group is not the same and a recipe book approach to cultural interactions may be neither helpful nor appropriate. We argue that, too often, cultural competence training is developed with a focus on mastery of understanding ‘others’ and ‘their needs’ as a group. More recently, there have been proposals for a move from cultural competence to cultural humility, a move away from mastery towards individual accountability and acknowledgement of power imbalances. A healthcare professional seeking to embody cultural humility commits to active engagement in life-long self-reflection and self-critique and, in doing so, encourages the patient to also be the teacher, and they become a learner in a partnership.

We propose that critical self-reflection is instrumental in this re-imagining of patient and health providers roles. In this reimagined model the first step is exploring our own cultural identities and considering how our background helps or hinders our connection to patients. Thereafter, developing an openness to input from our patients and what we learn about ourselves and our practice by engaging with patients who are different to us. Our presentation will outline further steps towards cultural humility and associated concepts such as empathy and self-efficacy.

247 words

Enhancing student learning of anatomy through empathy and reflection

Jane Butler¹, Cath Jameson¹

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Introduction/background:

Physiotherapists in Australia are registered health practitioners who, after completing an accredited course, can practise autonomously by applying scientific knowledge and clinical reasoning to assess, diagnose and apply the clinical skills and professionalism necessary for the safe and effective practice of physiotherapy. A knowledge of human anatomy is therefore paramount to understanding the functions of the human body

Aim/objectives:

Enhancing student learning through empathy and reflection

Discussion:

Physiotherapy is one of the few health professional programs where students undertake cadaveric investigation and despite advances in new techniques of teaching delivery, such as computer assisted learning and plastination to support student learning, gross anatomy through dissection is still considered to be the gold standard for enabling a 3D experience that cannot be achieved by current digital anatomy programs. Studying gross anatomy in the first year of their program, is a significant moment where students are faced with the issues of human life and death. In the physiotherapy anatomy program at Australian Catholic University, the value and importance of human cadaveric materials is embedded in the unit learning outcomes and is supported by students engaging in a thanksgiving ceremony where they reflect on the life and gift of the body donor, and their families, and hear experiences from current students via a video presentation. This approach has been emulated from practices in other cultures and is considered to not only enhance student learning of anatomy, but also their commitment to engaging in ethical and empathetic practice as required by their professional code of conduct.

Issues/questions for exploration or ideas for discussion:

Does an appreciation of the life of a body donor enhance student learning in an anatomy unit for physiotherapy students?

Envisioning cultural competency as a deep (dark) ocean

Tanisha Jowsey¹

¹University of Auckland, Auckland, New Zealand

Introduction/background:

Regulatory authorities in healthcare are authorised to develop and assess the cultural competence of their professionals. Approaches to cultural competency training and assessment are diverse.

Aim/objectives:

I aim to present a narrative review of teaching and learning literature concerning cultural safety and competency, and present my new model for understanding and teaching cultural competency.

Discussion:

When cultural competency entered medical and health science curricula in the 1990s, it focused largely on interpreter services and increasing people's knowledge about how people from specific ethnicities approached a particular health issue. Since then training has developed to focus on critical reflection and biases. Significant diversity in cultural competency training exists.

The *Three Zones of Cultural Competency* model frames cultural competency as analogous to the ocean and consisting of three zones: surface competency zone, bias twilight zone, and the confronting midnight zone. The surface competency zone focuses on deployment of culturally-specific knowledge: what people see, say, and do. The bias twilight zone is where people engage in critical reflection on their inherent/unconscious biases, and how such biases inform their thoughts and practices. The confronting midnight zone is where people engage in critical consciousness and self-awareness concerning privilege, and commit to working within their means to reduce health disparities.

Issues/questions for exploration or ideas for discussion:

To what extent can the *Three Zones of Cultural Competency* model be helpful toward understanding and teaching cultural competency?

Equipping medical students for ward round learning: use of a structured learning tool

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Introduction/background:

While ward rounds offer a rich opportunity for learning, the environment is chaotic and medical students can struggle to maximise this potential. The Seek, Target, Inspect and reflect, Closure and clerk (STIC) model was developed to orient students' learning on ward rounds, but its impact has not been studied.

Aim/objectives:

To examine how the student experience of ward round learning is mediated by using a structured learning tool.

Methods

Action research methods and focus group discussions were used to involve students as research collaborators to report their experiences of ward round learning, and to report their trial and modification of the STIC model. Seven medical students with clinical attachments on medical wards in two rural hospitals in NSW participated in three focus groups over a seven-week period. Thematic analysis was applied to focus group transcripts.

Results:

Students recognised the learning potential of ward rounds but this was diminished if they were not included as legitimate team members. Students reported the STIC model assisted their learning in situations where they were not acknowledged or where there was little structure in the ward round discussion. Participating in the focus group discussions about their experiences also assisted them to reflect on their experience of ward round learning.

Conclusions:

Learning culture on ward rounds can be enhanced through the use of structured learning tools and facilitated discussion with peers. Both activities orient students to potential learning opportunities and develops their skills of negotiating and directing their own learning.

Evaluating student learning outcome in histopathology using multiple visual assessment modalities- A six-year retrospective study.

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Background: A common misconception is that health professionals are not required to know the fine details of histopathology, which may compromise students' motivation to engage. Recent advancements in technology have improved the delivery of histopathology, thus, cultivating motivation, engagement and overall competency in histopathology learning. However, there is limited evidence on the visual mode of assessments in histopathology and its impact on students' learning outcome.

Aim/objectives In this study, we aimed to evaluate learning outcomes based on the mode of visual assessments presented in histopathology exams for undergraduate medical science students at Griffith University from 2014 to 2019. The visual mode of assessments included microscopy slides, digitised images and gross pathology specimens.

Discussion: A database of exam results from standard histopathology practical exams will be produced with de-identified data from 140 medical science students. These exam results will be obtained from a multi-station based histopathology practical sessions with grades for each question entered alongside the mode of visual assessment for that question (i.e. microscope slide, digitised image or gross specimen). Statistical analyses were performed by utilising the statistical Package for Social Sciences for Windows (SPSS). A paired student t-test was used to identify the correlations between the effectiveness of different modes of visual assessment.

Outcome: The primary outcome of this study is to determine if one specific mode of visual assessment produced better student learning outcome. Results from this study can be used to inform future course/assessment designs to enhance student engagement, competency and understanding of histopathology.

Evaluating the development of research knowledge and skills

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Introduction:

Training in research methods enables the practice of evidence-based medicine (EBM) through developing skills in data analysis, study design and critical appraisal of the literature. Providing research methods training is an opportunity to develop these key graduate attributes.

Aim:

The aim is to evaluate the development of research knowledge and skills (RKS) in medical students.

Methods:

In 2019, 506 medical students completed a research methods module with a pre- and post-RKS questionnaire. This tool measured 13 core competencies covering from principles in EBM to study design and data analysis. Paired t-tests were used to compare the scores across two administrations. The McNemar test was used to compare proportions of grades between the pre- and post- administration of the questionnaire.

Results:

In total 481 (95%) students completed both questionnaires. The average score pre-RKS was 16.59(SD 3.43) and the average score post-RKS was 17.18(SD 2.79). Student performance improved in the post-RKS by 0.59(SE 0.15, $p < 0.001$). Students also took less time to complete the post-RKS by 3.22(SE 0.45, $p < 0.001$) minutes. Students showed improvement in 5 competencies.

Discussion:

The RKS tool is a comprehensive tool that measures more domains than are taught in the module. This highlights the importance of structured teaching programs in order to develop the important research skills.

Conclusion:

Overall students did show an improvement in their RKS post the completion of the module. In particular improvement was seen in 5 competencies that of which 4 directly aligned with the module taught. Psychometric validation of the RKS is required to provide additional insight into student learning.

Evaluation of exam blueprints: students perceptions of exam content.

Caroline Joyce, Carl Parsons

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Introduction/background:

Blueprinting ensures that assessment items are mapped to the curriculum, thereby facilitating the construction of valid assessments. There are many methods used to construct an exam blueprint.

Aim/objectives:

The study aimed to evaluate the impact exam blueprinting had on undergraduate medical students perceptions of the exams; i.e were they a fair assessment of the content delivered?

Methods

Data were collected from Year 1 (n=124) and Year 2 (n=212) students completing a Primary Medical Degree over two consecutive years (2018 and 2019). For the two exam periods, a different blueprint method was used. For the 2018 assessment the exam blueprint was constructed using the curriculum map and content experts rating the learning objectives and topics for clinical relevance and core foundational knowledge. In 2019 the topics and learning objectives were weighted according to the curriculum map only.

Students were surveyed after their last assessment of the year. The survey asked students to rate each written paper for 'fairness' and whether the content reflected the curriculum they had been taught.

Results:

Students perceived assessments to be fairer when they were blueprinted according to the ratings of the content experts. Specifically, they perceived the overall assessments to be a fair representation of the content taught ($p=0.04$) in Yr2; the Yr2 SAQ paper ($p=0.003$) and the Yr1 MEQ paper ($p=>0.001$).

Discussion

Although caution should be used in interpreting these results, using students perceived fairness of an assessment provides educators with an extra measure to evaluate and improve the construction of assessments.

Evaluation of Interprofessional New Graduate Education: A pilot study in a quaternary hospital

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Introduction/background:

Interprofessional collaboration (IPC) is essential for patient centred care, better patient outcomes and a happy, healthy and productive workforce. Interprofessional education (IPE) is one strategy to achieve IPC, and can be defined as learning about, from and with members of the healthcare team.

Aim/objectives:

The aim of this pilot was to develop, implement and evaluate IPE for new graduates in a historically siloed, quaternary clinical practice setting. The IPE aim was to facilitate an understanding of other clinicians' roles and their contribution to patient care.

Methods

An interprofessional team of senior clinicians formed to scope, develop and implement the IPE. Data was collected using a participant satisfaction survey and reflection activity.

Results:

100% of survey respondents wanted this education continued in the future. Feedback highlighted the need for all clinicians to participate, not just new graduates. Participants wanted longer sessions and more graduates present. Thematic analysis of the data indicated key learnings included a better understanding of each profession's workforce structure, discharge planning, challenges (shared and unique), scope of practice and communication.

Discussion

The results support development of an organisational interprofessional collaborative practice education strategy across all staff, not just early career professionals. The interprofessional facilitation and modelling by the senior clinicians was crucial to the success of the program.

Conclusions:

This program was highly valued by participants, and will become a regular part of the new graduate program. Other IPE domains will be explored in addition to role clarity. More rigorous research is needed to further ascertain the impact of IPE in clinical practice settings.

Evaluation response patterns in an over-surveyed world

Naomi Staples¹, Deborah O'Mara¹

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Introduction/background:

The Sydney Medical Program (SMP) conducts an annual end of year (EOY) survey covering a range of common and specific questions for each cohort. While this forms one of our most important feedback sources, the survey has increased in range and scope. Furthermore there is concern that over-surveying of students may have a negative effect on the authenticity of results.

Aim/objectives:

To identify whether there were response patterns in the EOY surveys such that questions can be grouped into factors and to identify whether there were groups of students across the 4 cohorts who had particular response set types.

Methods

Factor analysis was used to analyse responses to 38 common questions in the EOY surveys, from 723 students in Years 1-4. K-Means cluster analysis was then performed on the factor scores.

Results:

Ten factors explained 70% of the variance in the survey; Personal development, Indigenous Health, Lectures and teaching, Peer interaction, Assessment, Overall satisfaction, Teaching spaces, Hospital based learning, Feedback and Clinical opportunities. The cluster analysis of factor scores identified, 4 groups of students; 27% Focused, 21% Discontent, 24%, Content and 28% Very satisfied with the SMP.

Discussion

Our research suggests that we need two thirds less questions to obtain the information we need to improve medical programs. Demographic and cohort differences for the factors and clusters will be discussed.

Conclusions:

Over-surveying students is threatening the authenticity of survey results. We need to use other methods for obtaining student feedback.

Exploring if a flipped classroom can enhance dietetic students' confidence in conduct a Subjective Global Assessment

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Background: The Subjective Global Assessment (SGA) is a nutrition assessment tool used by dietitians to diagnosing malnutrition. Completing a SGA confidently is an important skill for student dietitians to demonstrate with confidence. Unfortunately, students may shy away from completing a SGA due to a lack of confidence with performing the skill.

Aim: To evaluate if a flipped classroom enhances students' confidence to perform an SGA.

Methods: Structured learning opportunities were provided to students completing the first year of their Master of Dietetics. Before class students viewed a narrated presentation on SGA process, read one journal article and completed a quiz. During class students observed and performed a physical assessment on Dietetic tutors. After class the students filmed themselves performing a SGA on a peer and completed a survey. Students rated their confidence with a 10-point Likert-like scale before and after they learned how to perform a SGA.

Results: From the 30 students who consented to participate in the study, 87% and 67% of students completed the pre-class quiz and the post-class survey, respectively. As anticipated, student confidence ratings post-class ($M = 6.5$, $SD = 1.1$) were higher than pre-class ($M = 4.8$, $SD = 1.5$).

Conclusion: Learning SGA with a flipped classroom design improved students' confidence in performing an SGA. A next step is to evaluate whether this increased confidence in the classroom transfers into completing a SGA confidently in practice.

Word count: 231

Exploring the detail across the landscape - A scoping review of education interventions about falls prevention delivered to health professionals in hospitals and residential care

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Introduction/background:

Falls in institutional settings (hospitals and residential care) are a major risk to patient/resident safety. Education to HPs as a falls prevention (FP) intervention has been described as both stand alone, and part of multifaceted FP interventions. The 4-P model of education program interventions includes 4 key elements: presage & planning, process and product. There is no published review of falls prevention education literature for health professionals.

Aim/objectives:

This scoping review aimed to identify empirical studies of FP education interventions for HPs working in hospitals and residential care and assess reported presage and planning, process and product elements.

Methods

This review followed Arksey and O'Malley's framework and PRISMA-ScR checklist. Identified papers published between 2008-2019 were independently screened against review criteria by two reviewers. Two reviewers independently extracted data for analysis of education reporting quality.

Results:

Records (n=3015) were screened, 39 met review criteria. Eighteen studies (46%) gave (near)complete report of all 4-P's. Most studies reported delivery resources (37/39), teacher/learner characteristics were incomplete. Least reported was product elements, with education evaluation primarily an indirect measure i.e. falls rates.

Discussion

This review identified a small number of empirical studies reporting FP education programs targeting HPs in institutional settings. These findings indicate education intervention reporting and evaluation of FP education intervention studies could be improved.

Conclusions:

FP education interventions in institutionalised settings can not be fully assessed at this time due to incomplete reporting. Development and use of a reporting framework for reporting and evaluating education interventions in falls prevention is recommended.

Word limit: 250, word count 250

Exploring the use of self-assessment to facilitate health students' generic skills development

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Introduction/background:

Generic skills have been an area of increasing focus within higher education to enhance graduate employability. A growing body of literature, however, suggests a mismatch between what higher education is producing and labour market expectations.

Aim/objectives:

The key objective of this study was to engage health students in the process of self-assessment of their generic skills and how these developed in their university courses, and explore the potential of this process to facilitate their generic skills development.

Methods:

Students completed a self-assessment tool, an online questionnaire, incorporating a validated set of industry-demanded skills with associated behaviours. A subsection of respondents participated in group interviews that explored their perception of the self-assessment process in generic skills development.

Results:

A positive correlation found between university course contribution to the development of skills and students' perceived capability to perform those skills. However, students viewed that their courses generally made limited contributions to the development of those skills. The interview data suggested that the self-assessment process prompted students to reflect on their capabilities and further engage with developing these skills.

Discussion:

The study provides evidence for the need for greater focus on the development of generic skills as part of better preparation for students for future work. Results also suggest considering the notion of self-assessment for facilitating students' generic skills development.

Conclusions:

A continual monitoring of, and reflecting on own performance of generic skills would help students to take responsibility for their own skills development as well as developing a propensity for lifelong learning.

Facilitating medication safety through interprofessional work- integrated learning

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Introduction:

Medication management requires interprofessional collaboration between medical, nursing and pharmacy professions, in partnership with patients, to ensure the safe and optimal medicines use. Clinical settings are the most logical site to facilitate meaningful medication safety learning. A clinician and academic team co-designed a medication safety workshop for final year students on clinical placements.

Aim:

This study aimed to examine the value of a two-hour interprofessional medication safety work-integrated learning workshop. The objectives were to determine the usefulness and relevance of the workshop, the perceived knowledge and skills obtained, and whether participation informed subsequent behaviour change in medication management at four weeks post participation.

Methods:

The workshop was evaluated through a same day evaluation survey which included the validated SPICER2 tool with a series of open questions, and a four week follow up survey.

Results:

After the initial pilot, workshops were held at three clinical sites with n=45 respondents to survey one, and n=8 to survey two. The workshop was deemed relevant by all respondents. Students valued learning through team interactions, and about the roles and perspectives of others and medication use. The learning was deemed applicable to clinical practice through the development of clinician identity, patient safety thinking, enhancing individual skills and modelling authentic practice.

Discussion:

The four-dimensional conceptual framework for interprofessional curriculum supported workshop implementation. Novel educational methods facilitated clinician and academic collaboration including asynchronous co-design platforms and regular virtual meetings.

Conclusions:

An interprofessional two-hour medication safety workshop is a feasible and effective method to improve readiness for a collaborative approach to medication safety.

Factors associated with student performance within the online learning environment

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Introduction/background:

Online teaching has endured major technological advancement, and there has been a change in students' background. These changes are likely to impact learners' academic performance, a key indicator of success and economy of higher education institutions.

Aim/objectives:

The aim of this study was to determine factors associated with student performance in the online learning environment.

Methods

We analysed data of 404 students participating in 2 online Masters Courses (Public health and Health Administration) between years 2014 and 2018. Student's background data were retrieved from enrolment database, and the final grade was used as a measure of student performance. Binary logistic regression models, adjusted for confounders, were used to identify factors associated with student performance,

Results:

Of 404 students, 73% were female, 79% had an undergraduate degree, and 21% had a post-graduate pre-enrolment qualification. Students who failed in ≥ 1 of enrolled units were more likely to discontinue from the course ($P < 0.01$), however odds of discontinuation was less in students who completed ≥ 3 units ($P < 0.01$). Pre-enrolment qualification was positively associated with student performance (scoring distinctions in $> 50\%$ of the units) (OR-3.2; 95%CI: 1.2-8.4).

Conclusions and discussion:

Students are less likely to discontinue or fail the course if they have completed first three units successfully. Higher pre-enrolment qualification was a significant predictor of student's performance. Maximising teaching and learning support early in the course may help decrease the student attrition rate. Research on eligibility criteria for course enrolment would be an important next step to enhance student performance.

Factors influencing individual's decision-making about studying for physiotherapy

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Introduction:

Understanding individuals' motivations for studying physiotherapy is important given their significant societal and personal investment. Central here is how individuals engage with and identify as physiotherapists: i.e. their subjectivity. To understand how subjectivity develops, it is necessary to understand the pre-professional stages of their life as these illuminate the complex of factors shaping their decision-making.

Aim:

To identify the complex of personal and societal factors influencing individuals' decision to undertake physiotherapy study.

Methods

Retrospective interviews with 11 final-year physiotherapy students subjected to narrative analysis.

Results:

All informants reported an interest in science and exercise at high school. Ten reported parents who supported their career decision with a pattern of these informants being autonomous and agentic in making decisions and who experienced positive interactions with physiotherapists. None of these informants had physiotherapists as parents. These interactions are inferred to contribute to understanding the potential impact of physiotherapy and its job satisfaction, financial security, lifestyle, socialisation and being a respected profession. They also reported concerns about whether they had the capacity to be effective physiotherapists.

Discussion

The findings suggest a complex of intertwined personal and social factors shaped their decision-making about studying physiotherapy. More than personal preference and interests, it was consistently reported that physiotherapy is highly esteemed and helpful in the community. The key issues are how the realities of these sentiments play out in practice.

Conclusions:

These factors are central to forming subjectivity, and capturing these factors and their interrelationships is important for understanding how those subjectivities are formed.

Feedback and assessment in simulation-based education: The student voice

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Introduction/background:

Simulated placement programs (SIM), where students practice professional and clinical skills in scenarios, are often used for clinical placement preparation. Students receive feedback and assessment in these programs that is intended to enhance their knowledge of their performance, and maximise their readiness for subsequent placement learning and performance. However, little is known of the relevance and effectiveness of feedback and assessment practices in SIM from a student perspective.

Aim/objectives:

Gain allied health students' perspectives on feedback and assessment regarding their placement readiness as demonstrated in SIM.

Methods:

A qualitative study gathering student perspectives in multidisciplinary focus groups. Participants were 21 students from occupational therapy, physiotherapy and speech pathology who had experienced SIM and engaged in at least one subsequent placement. Data were analysed thematically.

Results:

Four themes captured students' shared experiences recommendations: (1) purposes of feedback, (2) sensitivity to feedback, (3) learner autonomy and ownership, and (4) needs to support readiness for placement.

Discussion

Research to promote effective and relevant feedback practices must incorporate student perspectives. This study addresses this need in practice-based learning environments to encourage formative learning and preparedness for placement. The student emphasis on adequate instruction, support and modelling, and translating theory into practice provides a guide to improve practice and develop strategies and supports.

Conclusions:

This study addresses a key gap in the literature and highlights the importance of support and structure for students, clear and accurate information on performance, and opportunities to accommodate their personal learning style to manage the feedback experience.

Feedback for test enhanced learning – should we make conceptual underpinnings visible?

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Introduction /background

Test-enhanced learning has consistently been shown to improve learning and retention across educational contexts. Feedback can also enhance the impact of testing, although its ideal form remains unclear.

Aims/objectives

This study investigates the impact of three different forms of post-test feedback on transfer of medical knowledge for MCQ-based tests. We hypothesised that conceptual feedback would be most effective.

Methods

64 participants from two medical schools in Canada and Australia sat two single-best-answer MCQ tests one week apart. We compared conceptual (elaboration of key foundational concepts) with response-oriented (brief explanations of why each option was correct or incorrect) and simple right/wrong feedback (indicating correct response without explanation). On test occasion 1, participants sat parent items with feedback, and then attempted items closely (near transfer) and more distantly (far transfer) related to parent items. On test occasion 2 one week later, participants answered new near- and far-transfer versions of original parent items. Feedback type, and near- and far-transfer items were randomized within and across participants.

Results

On both test occasions, participants performed better following response-oriented and conceptual feedback compared to right/wrong feedback.

Discussion

The most commonly provided feedback type (right/wrong) appears to have limited test-enhanced learning potential. Against expectations, conceptual feedback was not superior to response-oriented feedback.

Conclusion

Elaborative feedback, whether response-oriented or conceptually focused, is superior to right-wrong feedback for promoting both near- and far-transfer. Subsequent studies will consider the relative effectiveness of different forms of elaborative feedback in relation to transfer type and timing

Final-year healthcare students' perceptions of interprofessional identity following participation in clinical placements.

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Introduction/background:

Despite growing interest in identity development within the interprofessional field, little is known about how healthcare students perceive their interprofessional identity as they train to become healthcare professionals.

Aim/objectives

This study explores how final-year healthcare students perceive interprofessional identity, and its relationship with professional identity, following participation in placements (profession-specific and interprofessional). This study was conducted from a social constructionist epistemological perspective.

Methods

The first author conducted individual semi-structured interviews with 41 final-year students from six health science professions and invited participants to draw images representing the relationship between their professional and interprofessional identities. Interview transcripts were analysed using thematic analysis. All researchers read, re-read and coded a selection of interview transcripts independently before meeting together on multiple occasions to discuss coding and interpretation. Consensus was reached on the themes.

Results

Six themes were identified: "can't define, but can describe", "initial exploration of role", "the beginnings of an interprofessional mindset", "interprofessionalism: context dependent or independent?", "confidence in professional identity but not interprofessional identity", and "overlap between identities".

Discussion

Participants conceptualised interprofessional identity in a range of ways. Findings suggest no shared definition and understanding of interprofessional identity exist. Underpinning the diverse themes was a desire to deliver client-centred care collaboratively with members from other healthcare professions. Further exploration of the relationships between context, mindset, and the role of various professions involved in interprofessional collaborative practice is recommended.

First year medical student perspectives on wellbeing and the sufficiency of university services to support students

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Introduction/background:

Medical students are at risk of poor psychological wellbeing, with evidence that perhaps half of all medical students may experience burnout. Student wellbeing often has a focus on poor mental health; however, this research examines positive aspects of students' wellbeing. Gauging medical student perceptions of their wellbeing is important for appropriately targeting support services.

Aim/objectives:

This presentation will describe first-year medical students' perceptions of: 1) positive aspects of their wellbeing 2) the issues which impact their wellbeing and 3) the sufficiency of support for their wellbeing.

Methods

All first-year medical students were approached to complete a survey at the end of the academic year. In total, 165 students completed the survey.

Results:

First-year medical students generally had positive perceptions about their life, often experienced positive feelings, were functioning well and had a good sense of autonomy and relatedness within the medical school. Students' perceptions of their competence within the medical school were more variable.

Medical students identified internal factors (e.g., mental health issues) and external factors (e.g. high workload) that impacted their wellbeing.

Most students believed that the university should provide mental health support services, yet less than half felt that the university provided services that were sufficient.

Discussion

Although most medical students described positive wellbeing, a small subset of students did not. The mismatch between students' expectations of university support for their wellbeing and the sufficiency of these services suggests that services might be improved or better promoted to students.

Conclusions:

This research has significance for ongoing delivery of wellbeing services for medical students.

Focus on the Future: Developing effective learning environments to take the 'distance' out of distance learning.

Sonia Saluja¹

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Introduction:

Online education is becoming an increasingly popular mode of study for many undergraduate students. Teaching and working with online learners present challenges of its own and requires a wider skill set to facilitate learning in a virtual environment as compared to face to face delivery. This was the situation with a second-year unit of the Bachelor of Medical Science course in which all student enrolments were via online education. A group task was developed to engage students with the content and teach students creative construction and group dynamics.

Aims/Objectives:

To engage students in a completely online environment by developing an effective learning environment which would encourage group dynamics.

Discussion:

Students of the second year Sleep Physiology unit were presented with a group task in which a problem-based scenario was flipped. Instead of students finding a solution to a problem, they would work together in small groups to develop a fictitious clinical case scenario on a sleep disorder and discuss pathophysiology, investigations and treatment options. In effect, students had to formulate a problem and work backwards to discuss reasons for so and provide possible solutions. The group project consisted of individual and group work sections and strong teamwork was essential for success of the group project. Issues included use of self and peer assessment and supporting students in an online environment.

Conclusion:

Self and peer assessment indicated that students did not feel isolated from the unit in any way, although they were not physically present in the same classroom.

Following the learning journey in health humanities: A narrative analysis of written assessments

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Introduction/background:

Health Humanities in the context of educating health professions is increasingly seen as a vehicle to provide a balance between the dichotomous teaching of the sciences, with the compassion, critical and reflexive skills health professionals need. Some educators assert that, properly used, reflective writing is one way of promoting and assessing the development of these aspects of professionalism.

Aim/objectives:

This study explores the learning processes demonstrated and learning outcomes achieved through a narrative analysis of reflective written assessments submitted by 80 students studying Humanities for Health and Medicine at the University of Western Australia.

Methods

Adapting the reflective writing model proposed by Shapiro in 2006, the analysis explored how students engaged in the writing process to effect a change (learning of self) through the experience of writing.

Results:

Most demonstrated they were not yet constrained by specialized vocabularies, pre-scribed cognitive frameworks, and routine patterns of action often associated with health students. They demonstrated capacity to think about other people's situations, and contemplate their own reactions in relation to those situations from a subjective and personal stance. The writing also illustrated their beginning transition from lay-person to health professional and how they were contemplating and in some instances adopting the required attitudes and even values.

Discussion

How this writing resulted in reflective self-assessment, values clarification, and professional identity formation with examples will be further explored at presentation.

Conclusions:

This study offers some further support for the potential value of introducing reflective writing in the undergraduate health professions education settings.

Fostering learning environments for staff in health services: Outcomes of a scoping review

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Introduction/background:

While there is a body of literature exploring students' clinical learning, there is less attention paid to the development of staff beyond training to support student learning. An examination of the factors influencing a staff learning environment can shed light on barriers, enablers, and areas for innovation for staff learning.

Aim/objectives:

To identify the key influences on staff learning, with a focus on conditions hindering and/or supporting health professional staff's engagement in learning.

Methods

A scoping review was undertaken. Inclusion criteria were: staff learning/professional development, environments/cultures of learning. Excluded were papers examining students, simulation and academic faculty development as not directly relating to staff clinical learning.

Results:

Twenty-one articles were identified across the health professions. There were three broad themes in the findings: individual motivations for learning, systemic influences, and the impact of culture. Few articles directly addressed multi-disciplinary learning environments.

Discussion

These interconnected themes were shown to enable but could also obstruct the establishment and maintenance of a staff learning environment. The key terms of culture and climate/environment were used interchangeably and were ill-defined, contributing to a lack of shared understanding about learning environments and the elements that foster learning. A definition of a learning environment for health services is proposed.

Conclusions:

The scoping review provides the foundation for a framework in order to analyse, implement, and evaluate staff learning strategies in healthcare settings. These findings inform health services looking to foster learning environments to ensure services are adaptive to the dynamic nature of contemporary healthcare delivery.

From CLEAR vision to CLEAR reality?: exploring the implementation fidelity and outcomes of major changes to a high-stakes examination

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Background

Recently, the Royal Australasian College of Physicians implemented a suite of changes to improve the rigour, validity and transparency of its high-stakes Clinical Examination, through what was known as the Clinical Examination Assessment Review (CLEAR) Project. The changes included introduction of a new marking guide linked to a shortened six-point marking scale and a new approach to determining overall examination pass/fail outcomes using a score combination grid.

Method

An evaluation strategy was developed to explore how well these changes translated into reality (implementation fidelity) and identify areas for continued effort. The strategy included psychometric analysis of examination results; a post-examination survey of candidates exploring design and delivery factors; and a survey of examiners assessing their experiences with the new assessment processes. Each of these sources produced data for triangulation and independent perspective.

Results/Discussion

Across all three methods, the results indicated strong fidelity of implementation and positive outcomes. Psychometric analysis revealed inter-rater reliability significantly improved for items and point differences between items were significantly reduced. A more desirable outcome distribution was observed, with negligible change in pass rates, suggesting a reduction in the impact of measurement error. The candidate survey revealed most respondents were satisfied with their overall examination experience, although areas for improvement beyond the CLEAR changes were identified. The examiner survey revealed most examiners preferred the changes and felt they supported more accurate outcomes.

In conclusion, we will discuss how well the CLEAR vision translated into reality and share our lessons learned in undertaking and evaluating high-stakes changes.

From Observing to Doing: Engaging in a Different Learning Culture for Early-Year Allied Health Placements

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Introduction/background:

Allied health clinical educators often utilise an 'apprenticeship approach' to guide student learning in early-year placements. This approach situates the student as an observer; limiting opportunities to develop confidence and competence. It is proposed that by using Entrustable Professional Activities (EPAs) students move from an observer to actively participating in the delivery of clinical care from day one of placement.

Aim/objectives:

This study investigated the impact of introducing six generic EPAs on (i) students' development of confidence and competence, and (ii) clinical educator and student productivity.

Methods

A mixed methods study across seven major hospitals in two Australian cities, with occupational therapy, physiotherapy, and speech pathology participants. Data included clinical educator and student focus group responses, and student pre- and post-placement confidence and competence surveys, as well as secondary administrative productivity. Qualitative data were thematically analysed and integrated with quantitative data.

Results:

Pilot data indicated that when adequately prepared, clinical educators and students valued EPAs for (i) assisting the student to understand tasks and expectations; (ii) supporting accurate student self-assessment through focusing peer-to-peer and educator feedback; and (iii) enabling students to safely practice confidently and competently in specific tasks. Full results will be presented.

Discussion

Implementing EPAs in early-year placements supports student confidence and competence, with minimal impact on educator productivity. EPAs as a learning tool supports students to quickly move from observers to actively-engaged learners.

Conclusion:

Determining when and how to entrust clinical tasks to early-year students is challenging but beneficial for students and educators.

Further assessment in OSCEs: what is the cost and value?

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Introduction/background:

Cost and value are important components to consider in high-stakes assessments such as the Objective Clinical Structured Examination (OSCE). Students who are identified as borderline in OSCEs are often required to undertake additional stations in order to increase the certainty of judgement.

Aim/objectives:

This study examined the impact of further assessment in OSCEs with respect to cost and reliability.

Methods

OSCE data was examined from medical students completing a 16-station OSCE. The overall reliability was examined using generalisability (G) theory, with the borderline (BL) group method used for standard setting. Simulations for further assessment were based on student's performance falling between ± 1 , 2 and 3 standard errors of measurement (SEM) of the cut-off score. The cost of implementing further assessment was modelled on fixed and variable costs.

Results:

The total number of students undertaking the OSCE was 484, with the overall reliability high (G-coefficient=0.76). A total of 16, 34 and 66 student scores fell within ± 1 , 2 and 3 SEM respectively. Running a further 8-station OSCE would increase the reliability to 0.82, with incremental cost of OSCEs for the three groups calculated to be \$AUD18,897 (1SEM), \$AUD24,529 (2SEM) and \$AUD34,541 (3SEM).

Discussion

Uncertainty about the borderline cut-off score can be mitigated, to a certain degree, by capturing students within a certain SEM of the threshold.

Conclusions:

Designing further assessment for students in the 'borderline' group should consider the increase in overall cost against the reliability of the assessment and final decision on a student's pass/fail of the overall OSCE.

Getting to the heart of the matter: exploring vulnerability in patients, medical students and doctors

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Introduction:

Understanding the person is central to the therapeutic relationship and includes being mindful about practice and thoughtfully considering the impact of personal, cultural and social assumptions on interactions. For the clinician, contemplating clinical and personal challenges, and recognising vulnerability in the patient, those that care for the patient, and the clinician themselves are all important in securing best outcomes.

Aim:

To improve engagement in reflective practice and understanding of the doctor-patient relationship, a tutorial program focusing on the vulnerability of patients and doctors was initiated. In addition to clinical placements in geriatric medicine, rehabilitation medicine, palliative care and refugee health, students participated in weekly tutorials which adopted a learning-by-discovery approach and used experiential, contemplative, reflective and narrative learning techniques to encourage insight into the human condition and offer students a glimpse of a Balint-like group experience.

Methods

Students were placed in groups of 6-9 students with a clinician tutor. The tutorials commenced with a brief mindfulness-guided meditation and progressed to focused discussion centred on a patient narrative, a book reading excerpt on a doctor's experiences of medicine, a self-reflective question and an ethical scenario of the week. The tutorials closed with the sharing of material from the creative arts which resonated with the contributor. Tutors completed the same tasks required of the students. Focus-group discussions, survey evaluations and creative presentations provided data about the impact of the tutorials and participant experiences.

Discussion:

The student and tutor experience of these tutorials will be presented.

Ideas Enhancing collegiality and a culture of compassion
Student and clinician well-being

Good WIL hunting: Developing standards for work integrated learning across a large health sciences faculty

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Introduction/background:

There is a long history of learning through work in health professions education. The success of which relies on the preparation and support offered to stakeholders (i.e. educators, students). However, the design of work integrated learning (WIL) is varied. This may be partially due to a lack of consensus about what constitutes effective WIL.

Aim/objectives:

Through engaging with stakeholders across a large health faculty, representing 17 professional programs, we aimed to develop a framework containing clear standards for WIL.

Methods:

A three-phase participatory approach was taken. Phase 1 sought students' perspectives using an online survey (n= 294). Phase 2 explored perspectives and practices of academic/clinical educators (n=10). Phase 3 invited feedback from international WIL leaders (n=6). In Phase 2, standards were developed based on literature and focus group discussions. Emergent standards were used for departmental self-review; results of which were discussed in a benchmarking activity. Results from Phase 1, 2 and 3 guided standard refinement.

Results:

Constructed standards relate to practices before, during and after clinical immersion (i.e. preloading activities to prepare students, design of workplace tasks and assessment, and pedagogical approaches for post-immersion sense making). Underpinning framework values related to community, collaboration and scholarship.

Discussion:

This work enabled stakeholder involvement in the construction of standards to guide and evaluate WIL. Instead of creating competition, benchmarking enabled participants to learn with, from and about WIL practices across other professional groups.

Conclusions:

Clearly articulated standards will be used to develop curricular innovations to support WIL, including faculty development and resource creation.

Graduate Mental Health: Using social media to facilitate processing and consolidation of student learning

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Introduction/background:

Graduate Mental Health is a private group on Facebook established by the author in 2016 for: students who are contemplating, working through, or have completed the mental health component/s of their course, wherever they are; their educators/preceptors; others connected in some way. Having a “private” status means that only members can see who's in the group and what they post, although the group can be found on a search. The group is categorised as Social Learning; membership, and posts by members are fully moderated.

Aim/objectives:

This presentation discusses features of the Graduate Mental Health group, and examines its reception, impact, and future potential.

Discussion:

Mental health exposure in modern Australian nursing courses is invariably condensed from what used to be a course of a number of years' duration. Depending on the education provider, specific focus on mental health content may be over 10 weeks, 6 weeks, or a 2 week "intensive"; the Graduate Mental Health group was established to help students find the time and space to properly consolidate and process their learning. Members are free to invite their colleagues to join; the group operates independently of, and is not affiliated with any education or health service provider. Members are asked to refrain from mentioning or discussing the particulars of their enrolment in the group; the focus is on sharing curated resources and news relevant to mental health and illness.

Issues/questions for exploration or ideas for discussion:

Content-driven curriculum; self-directed learning; social learning; learning culture; mental health promotion

Title: Health student perceptions of interprofessional wellness tutorials

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Introduction/background:

The mental health of students is a concern globally. A recent University of Newcastle [UON] study suggests more than one third of students were experiencing high or very high risk of psychological distress. Research suggests that factors influencing this may include being away from home, academic pressures and sleeping issues. In 2019, the University of Newcastle Department of Rural Health [UONDRH] staff ran a series of "Interprofessional Wellness Tutorials" with a UON Counsellor. In addition to managing their response to external stressors related to placement, the purpose of the tutorials was to provide students with a point of contact for any pre-existing mental health concerns, and to provide skills for managing their own mental health.

Aim/objectives:

To evaluate the "Interprofessional Wellness Tutorials" by gaining student perspective on the content, overall satisfaction, and suggested improvements for the sessions.

Methods:

UON students who attended placement within the Port Macquarie footprint were invited to participate in the study and those who consented, completed an on-line anonymous survey.

Results:

Students from a variety of allied health disciplines and nursing completed the survey. Those students who attended the tutorials were satisfied and provided further visions into enhancements for future sessions.

Conclusions:

Interprofessional Wellness Tutorials provide an opportunity for students to gain key skills in managing their own mental health at a time when they may be experiencing heightened stress, and when they are engaging with consumers experiencing high stress during their healthcare journey. Consequently UONDRH intends to create a more positive self-care learning culture.

Hide and Seek

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Background

Do clinicians hide information seeking methods from families?
Do we partner with our families to empower them?

Aim

To understand our paediatric patient families' information seeking behaviour and if our clinicians play a role in this.

Method

We conducted a ward-based study interviewing 100 families in General Medicine and Surgery about their views of ward round interactions. We asked parents how and when they accessed online information around the time of their admission and ward round. A mixed quantitative and qualitative analysis was performed.

Results

The parents in General Medicine who looked online before coming to hospital searched Google (14/17) and specific medical websites (3/17) for additional information. In Surgery, parents said they searched via Google (15/22), medical websites (8/22) and social networks and forums (4/22) for further information. In this cohort, doctors directed (2/22) families to look online.

After ward rounds, parents in General Medicine looked online to be better informed (7/10), to get their heads around major issues (2/10) and to understand medication and procedures (4/10). In Surgery they chose Google to be better informed (9/9) and to get their heads around major issues (4/9).

Discussion

Our findings highlighted that some families look online to gain further information, reassurance and understanding. Many do not look due to reliability concerns and belief that the doctor is the expert. Do our clinicians know this and embrace it in their clinical practice?

Conclusion

Clinicians need to understand our families online seeking behaviour and incorporate this in their clinical practice.

How can analysis of eye movements help us understand what students look at when viewing clinical images?

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Introduction/background:

Educators often teach students to “read” clinical images by providing background on the pathophysiology of conditions. Whilst students are able to repeat the knowledge, educators find it difficult to understand where students are directing their attention when translating the knowledge to make a clinical decision. Eye tracking provides a non-invasive method of examining where a student’s attention is directed

Aim/objectives:

To use optic nerve head images as a clinical model to investigate the pattern of eye-movements made during the diagnostic decision-making process, and examine the effect an e-learning has on attentional eye movements.

Methods

First year optometry students were presented with a textbook definition of glaucoma and asked to determine whether or not glaucoma was present in a series of images. A short eLearning emphasising the pathophysiology of the condition was then provided and the task repeated

Results:

Students displayed eye-movement patterns similar to those determined by a computerised saliency generator with little attention directed to less-salient diagnostic regions. Education causes modest shifts in the search pattern towards diagnostically important areas.

Discussion:

Students’ initial eye movements appear to be driven by bottom-up saliency rather than cognitive processes designed to find the most diagnostically relevant areas of the image. Traditional methods of learning induce minor alterations in eye-movement behaviour; however, significant improvements are still required. Current work is examining whether eye tracking can be used as a tool for students to reflect on whether they are focusing on areas of the image that offer the highest diagnostic information.

How do we grow medical educators in the Pacific? – A qualitative case study

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Background:

Five-day medical education workshops have been conducted in the Pacific since 2015 to improve clinical teaching and supervision. But, how do we know they are working? Medical education faculty development literature recommends qualitative research on 'How' this type of education changes teaching practice. Fiji provided a unique low-resource setting, where faculty development is emerging, to conduct this important research.

Aim:

A qualitative case study was conducted to explore how Fijian clinicians translate knowledge and skills learnt in a medical education workshop to their current teaching practice.

Methods:

Data were collected from nine clinicians through reflective journals, interviews, lesson plans and videos of teaching over four months prior to thematic analysis.

Results:

Six themes were identified that represented the clinicians' educational change journey. The themes included: 1) Perception of the workshop; 2) Evolving teaching philosophy; 3) Changing practice; 4) Teachers' perception of responses from the students; 5) Inhibitors to change; and 6) Enablers of change.

Discussion:

A model of educational change was developed to provide a series of learning and teaching recommendations for faculty development in low-resource settings. Background cultural organisational influences, the experiences of the clinical teacher and enablers and barriers to change need to be considered to foster changes in teaching practice and ensure faculty development is relevant. Furthermore, clinical educators require support through mentoring, feedback and collaboration to facilitate sustainable cultural change.

Conclusions:

Faculty development for educational change is complex and requires consultation, support, reflection and feedback to meet the individual and contextual needs of the institution.

How prepared are healthcare graduates for practice? Insights from a qualitative study

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Introduction:

The transition from final year healthcare student to new practitioner can be challenging. This can lead to adverse effects on their mental health and well-being. We need a better understanding of preparedness for practice (P4P) journeys to improve the educational system and to promote better patient care and outcomes.

Aim:

To explore healthcare graduates' perceptions of P4P, highlighting similarities and differences across different professions.

Methods:

Data were collected using individual and group interviews with 32 graduates from dietetics, medicine, nursing and pharmacy. A team-based framework approach was used to analyse transcripts, drawing upon multiple and multidimensional transitions theory.

Results:

Preliminary analysis demonstrated that conceptualisations of P4P were similar across professions. Common factors facilitating or inhibiting perceived P4P were related to individuals (e.g. knowledge, confidence, self-awareness), others (e.g. supervisor support, complex patients, personal relationships) and the educational system (e.g. formal lectures, experiential learning opportunities). Participants typically felt underprepared for practices such as prescribing and administering medications (medicine and nursing), responding to emergency situations (medicine and nursing), counselling patients (pharmacy) and working in private practice (dietetics). This contributed to feelings of doubt, uncertainty, stress and anxiety.

Conclusions:

These findings provide evidence on the extent to which healthcare graduates feel prepared for practice. They may inform university preparation of final year healthcare students for their first year of work as new practitioners. They may also inform regulators and policymakers driving curriculum change.

How rural is rural? The medical workforce implications of varying definitions

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Introduction/background:

Rural background is associated with greater student interest in rural practice. New Zealand (NZ) medical schools have rural origin entry schemes in an effort to address the ongoing shortage of rural doctors. However, a major challenge in regards to medical education and healthcare delivery is the lack of a universally-agreed definition of 'rural'.

Aim/objectives:

Explore the consequences of applying differing rural definitions in workforce terms.

Methods

The study included University of Auckland students who completed a survey at medical school entry between 2009 and 2017. Responses were used to classify students according to seven rural definitions. Associations were made between student background and the population size of the geographic region that students intended to practice.

Results:

1592 (2096 total respondents; 92% response rate) students remained after applying exclusion criteria. 27.4% had a rural background according to at least one definition, and 3% met all definitions. Rural background was associated with a higher likelihood of intending to work outside urban areas compared to a non-rural background for all definitions. A restricted definition of 'rural' (home-town population <25,000) was associated with a higher relative risk of rural practice intention (7.7) versus a broad definition of rural (home-town population < 100,000; relative risk 4.5).

Conclusions:

Those involved in rural health workforce development should consider rural definitions given the degree of association between rural background and rural practice differs depending on the definition applied. For the NZ context we propose a three-category classification (metropolitan | regional | rural) based on population size.

How to 'be prepared' for working with children and young people

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Origin: ¹NSW Children's Healthcare Network, Western Region, ²NSW Children's Healthcare Network, Southern Region, ³NSW Children's Healthcare Network, Northern Region

Introduction/background: 101

There are numerous individual, physiological, environmental, social, and legislative issues which differentiate clinical practice with children from adult practice. Undergraduate training for most allied health professions does not result in specialised knowledge and skills relating to working with children and young people. Rather, allied health professionals are required to access this through workplace experience and continuing professional development. Access to education and support on an ongoing basis is essential to maintain quality practice. The need for this is particularly required at key points of a clinician's career progression, such as entry into the workforce and transition to a mixed/paediatric caseload.

Aim/objectives: 91

The Orientation to Kids (O2K) toolkit is a multimodal resource that provides information regarding key principles of allied health practice related to working with children, young people and their families. As such, the toolkit includes links to new and existing clinical resources, education resources and clinical support opportunities.

It is intended that the toolkit is used to supplement the clinician's own site-specific orientation and clinical supervision systems. On an ongoing basis, the toolkit will continue to be informed and developed based on evaluation results, emerging needs and availability of new resources.

Discussion:39

The toolkit provides an overview and planned learning activities relating to the specialised knowledge and skills required for working with children and young people. The preliminary result of the use of O2K is discussed with key learnings and future directions.

How to enhance Interprofessional Learning (IPL) and Continual Professional Development (CPD) through Continuing Medical Education (CME)

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Introduction/background:

CME refers to a specific form of continuing education to maintain competence. IPL refers to occasions when two or more professionals learn together to improve quality of care. The challenge was to have effective CME activities which address differing learning needs of different learners viz doctors, nurses and allied health.

Aim/objectives:

A workgroup on IPL was formed comprising representatives from the various professional groups. The objective was to review our Department's CME and explore strategies to facilitate IPL and CPD. The first focus group was conducted where participants shared about their perception of the CME program. A survey on CME satisfaction was designed and conducted amongst all staff. A second focus group reviewed survey results with suggestions for improvement.

Results/Discussion:

A majority reflected that CME activities were helpful with their clinical practice but nearly half felt that the doctors' learning needs were over-emphasized and there should be more contribution from nurses and allied health. It was suggested by the second focus group that performance improvement CME, which encompassed quality improvement (QI) in healthcare, be incorporated into CME. The workgroup leveraged on the Department's QI initiatives (Improving documentation of side-effects of psychotropics) and organized related QI trainings as part of CME. This had further facilitated collaborative practice and improved patient care.

Issues/questions for exploration or ideas for discussion:

With a move towards IPL and competency-based CPD, there is a need to review our CME (beyond capturing attendance records and participation satisfaction) by adopting more performance improvement CME.

***How well are we doing 'dying'?* – A report on an interprofessional palliative care curriculum.**

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Background:

The role of Speech-language Therapists' (SLT) and Dietitians' (DT) in Palliative Care is well documented. The University of Auckland has graduate entry masters programmes for both SLT and DT. We wanted to first understand whether we were equipping our students to work in this space, and then design and evaluate an interprofessional programme based on these findings.

Methodology:

This project is a mixed methods design with several phases. In phase 1 we conducted semistructured interviews with both SLT and DT graduates from the University of Auckland programmes. We recruited 12 participants to the study. Their stories were analysed using thematic analysis. Phase 2 involved the design of an interprofessional curriculum, building on the findings from phase 1. Phase 3 involved analysis of the pre/post measures taken and semistructured interviews with participants 6 months post the programme and after they have been working in a health setting.

Findings:

The main themes and sub themes from phase 1 of this study will be shared with the delegates. We will describe the interprofessional palliative care programme and report on the pre and post measures used. We will then outline the themes which emerged from the interviews completed with some of the participants over 6 months following the programme.

How well are we including leadership in a medical curriculum?

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Introduction/background:

Leadership is a key competency for the role of a doctor. Development of this competency begins at undergraduate level with the inclusion of building blocks that support its achievement at postgraduate level. In 2013, a Personal and Professional Skills (PPS) domain was added as a longitudinal domain of learning across the MBChB programme at the University of Auckland. Since its introduction, it has become apparent that leadership should be explicitly placed in the PPS curriculum to facilitate its progressive development across the programme. The Medical Leadership Competency Framework (2010) developed in the United Kingdom has been used to map the elements of leadership currently existing within the programme. This presentation will discuss the findings of the curriculum mapping process and identify areas of future development within the framework of the PPS domain.

Aim/objectives:

To present and discuss the curriculum mapping of leadership within the MBChB programme at the University of Auckland and to identify areas of future development that meet the needs of the medical workforce in New Zealand.

Discussion:

We will discuss the findings of the curriculum mapping process and identify areas for development, comparing our findings with the literature available on leadership development in other medical programmes internationally.

Issues/questions for exploration or ideas for discussion:

What are the elements that literature on leadership indicates are most important for inclusion in an undergraduate medical curriculum?

How can these elements be innovatively included in the curriculum in a way that is relevant and meaningful for students?

Identity, disgust and abjection in medical students' reflective writing about a nursing home placement

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Background:

In some medical schools, students participate as caregivers in nursing homes. Relational identity construction through storytelling has been previously demonstrated in hospitals, but not in residential care settings.

Aim:

This paper explores how medical students characterised nursing home residents in reflective essays, and constructed identities in relation to them, including when encounters evoked feelings of disgust.

Methods

We applied dialogic narrative analysis to reflective essays by New Zealand medical students about nursing home experiences.

Results:

In early encounters, students identified themselves as helpless and child-like in relation to residents, who were identified as passive objects or alien creatures. After engaging in residents' care, they identified them as individuals and themselves as responsible caregivers. Writing about subsequent encounters which evoked feelings of disgust, students again identified themselves as helpless and failed to express empathy towards residents.

Discussion

We discuss students' identity construction in this context, using Kristeva's concept of *abjection* to consider their responses to situations evoking disgust. These involve the destabilization of corporeal or psychic boundaries, such as exposure to uncontained body fluids or behaviour that violates social norms.

Conclusions:

Engaging in caregiving helps students empathise with nursing home residents, even those previously perceived as alien creatures or passive objects, and construct identities as responsible caregivers. In response to situations evoking disgust, residents are perceived as *abject*, and students may again feel helpless and lose their capacity for empathy. Awareness of this threat should help students act as compassionate caregivers, even when they experience disgust during encounters with residents.

Impact of flipped pedagogy in undergraduate nursing education: a systematic review

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Introduction/background:

The notion of flipped pedagogy is highly emphasised in the transformation of contemporary health professions educational practices. It is a blended educational approach which enables students to receive the learning material through technology prior to the face to face class. Ultimately, the real classroom transforms into a dynamic place where high-ordered learning takes place through interactive learning activities.

Aim/objectives:

This systematic review aims to appraise the empirical evidence and refereed literature pertaining to the application of flipped pedagogy in undergraduate nursing education.

Methods

A systematic review protocol was applied to investigate the implementation and effectiveness of flipped pedagogy in undergraduate nursing education. Seven databases (Scopus, PsycINFO, CINAHL, ERIC, MEDLINE, Cochrane, Web of Science) were utilised to survey the salient literature from 2012 to 2019. Articles will be appraised on their levels of evidence and a inductive thematic analysis will be conducted to summarise the key findings.

Results:

The initial search identified 1263 potentially relevant articles. After comprehensively reviewing the initial catchment using several analytical phases, 27 articles were considered for the final review, most of which were conducted in the USA and Korea. Appraisal of the articles is ongoing and preliminary analysis suggests that a range of research designs were applied to measure or discuss the efficacy of flipped pedagogy in undergraduate nursing education.

Conclusions:

Current evidence in this systematic review suggests that incorporating flipped pedagogy could yield promising positive educational outcomes in undergraduate nursing education.

Impact of rural immersion programmes and other factors on intended location of medical practice

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Introduction/background:

New Zealand (NZ) faces a shortage of rural medical professionals. In an effort to increase interest in rural practice, both medical schools offer rural immersion programmes.

Aim:

To compare the effect of Long (>27 week), Short (5-week), or no rural immersion on career location intentions of NZ medical students.

Methods

Linked data from the Commencing Medical Students Questionnaire (CMSQ) and Exit Questionnaire (EQ), collected by the Medical Schools Outcomes Database between 2011 – 2017 was used. The main outcome measure was EQ career location intention (Rural, Regional, Urban). Explanatory variables included Rural immersion (Long, Short, None), age, ethnicity, background, CMSQ career location intention, gender, specialisation preferences, and interest in rural medicine.

Results:

Full data were available from 1367 medical students. Rural exposure was a significant predictor of EQ career location intention in the final multivariate model. Long rural immersion students were 6.4 and 4.4 times more likely to select a Rural or Regional intention, respectively, than those with no rural immersion. CMSQ career location intention, background, ethnicity, interest in rural medicine and specialisation preference were also significant predictors.

Discussion

Long rural immersion is highly beneficial for increasing interest in rural work. Additionally, a three-category classification for geographical background and career location intention permitted a more detailed analysis of the interplay between explanatory variables and rural immersion in influencing career intentions.

Conclusions:

Long rural immersion increases the likelihood that medical students' will intend to work outside an urban setting. Postgraduate follow-up is required to ascertain if career location intentions materialize.

Implementation of an Interprofessional ‘Staff Snapshot’ Program for Allied Health Clinicians

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Background:

In 2018, a learning needs analysis was undertaken across the Allied Health (AH) Therapy and Science professions at the Royal Children’s Hospital (RCH) Melbourne. Clinicians reported the need for upskilling and education in the principles and practices of Interprofessional Collaboration (IPC) and the AH ‘Staff Snapshot’ program was conceptualised.

Aim/objectives:

Development of an interprofessional education program to enhance AH clinicians’ knowledge and skills in IPC.

Methods

The ‘Staff Snapshot’ program was based on the ‘National Interprofessional Competency Framework’ (Canadian Interprofessional Health Collaborative, 2010) and comprised 3 modules (total of 12 sessions) delivered over 8 months. Module 1 showcased various AH professions and highlighted scope of practice and roles in patient care. Module 2 comprised a series of simulation-based sessions, focusing on communicating better to improve IPC and patient care. Module 3 brought the program together through interprofessional panel-based discussions centering around a patient’s family. Quantitative and qualitative participant feedback was obtained following each session.

Results:

A total of 124 clinicians participated in the program across 2019. Evaluation data yielded positive results, with participants reporting their enhanced knowledge would assist them to work more interprofessionally (average 4.2/5 where 5 = ‘Strongly Agree’; range 3.0-4.9) and their enhanced skills in IPC would improve patient outcomes (average 4.6/5; range 3.0-5.0).

Discussion

The ‘Staff Snapshot’ program enhanced clinicians’ knowledge and skills in working interprofessionally with other healthcare professionals. Participant benefits include enhanced role clarification, communication, collaborative leadership, conflict resolution and team functioning.

Conclusions:

Implementation of interprofessional education supports collaborative and coordinated patient care.

Implications of using an SJT in admissions on future professionalism issues

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Introduction:

Admissions faces the challenge to predict future problematic students. Traditional cognitive measures can predict for academics, but non-academic measures traditionally provide little differentiation between applicants or predict professionalism problems. CASPer, an online Situational Judgement Test (SJT) was developed to be a broad measure of personal professional qualities at the time of screening.

Methods:

This study sought to examine the impact on professionalism issues, formal remediation incidents and associated cost savings based on the adoption of CASPer in specialty selection in Canada. A retrospective cohort study examined differences in resident performance prior to and after the implementation of CASPer across multiple specialty selection programs. The analysis examined comparisons between two cohorts of first-year residents (PGY1) after the implementation of CASPer (2017 & 2018 n = 237) and the two cohorts prior to the implementation of CASPer (2015 & 2014: n = 234). The outcome included professionalism incidents and remediation issues, a cost-analysis was also conducted.

Results:

In the control group, there were 12 professionalism concerns, 5 required formal intervention. In the CASPer-assessed group, there were 3 professionalism concerns, 1 required formal intervention. In the control group, there were 7 trainees with low ratings in non-medical knowledge roles, 5 were remediated. In the CASPer-assessed group, 3 trainees received low ratings on non-medical knowledge roles, 2 were remediated. The total cost savings for the CASPer-assessed group was \$119,754.72 CAD.

Discussion & Conclusion:

The results demonstrate the ability to include an SJT measure of non-academic attributes, CASPer, as an indicator of future professionalism performance in program.

Improved client outcomes from a primary care physiotherapy student supported neurological rehabilitation service

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Introduction:

Neurological conditions are a major cause of health morbidity that negatively impacts function and health-related quality of life. Despite this burden, community services are disproportionately scarce. Student-supported physiotherapy services are an innovative way for health services to support communities whilst providing authentic clinical experiences for students. To date, however, limited evaluation has been conducted regarding the effectiveness and safety of this model of health delivery.

Objectives:

Evaluate the effectiveness and safety of a student-supported rehabilitation physiotherapy service.

Methods:

Thirty-eight community dwelling clients (73 ±10 years), with a non-acute neurological diagnosis, and who attended a student supported physiotherapy service from May to August 2019 were included. During their initial consultation, participants completed a Quality of Life questionnaire (WHOQoL-BREF) and up to three Patient-Specific Functional Scales (PSFS). Basic demographics and risk event data were collected, and outcome measures repeated prior to discharge. Paired t tests were used to evaluate change.

Results:

Over the three month period, there was a significant improvement in participants mean PSFS scores (4.1±2.5 to 5.6±2.4 P<0.01), and improvement in all domains for the WHOQoL-BREF. Physical Health (12.2±1.5 to 13.1±1.3 P<0.05) and Social Relationships (12.7±2.7 to 16.6±3.3 P<0.05) were significantly improved. No adverse events occurred throughout the duration of the service.

Discussion:

These findings provide evidence that student supported physiotherapy services are safe and can effectively improve perceived function and quality of life for community-dwelling clients with non-acute neurological diagnoses.

Conclusions:

Student-supported physiotherapy services provide a strategy to increase clinical placement capacity and provide effective community health solutions.

Inclusive assessment in health professional education: a data-derived snapshot

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Introduction/background:

Higher education providers in Australia are legally obliged to provide all students equivalent opportunities to achieve academic success. Assessments can be problematic for learners with diverse needs. At Deakin University, learners can obtain an access plan which includes adjustments to assessment and placements, however this ad-hoc process is unlikely to promote improved curriculum and assessment design.

Aim/objectives:

To identify priorities for assessment and placement design through analysis of pre-existing data

Methods

764 access plans from 2018 Faculty of Health students were included in the descriptive analysis.

Results:

The top three reported conditions were mental health (416, 54%), medical (240, 31%), and mobility (65, 9%). Courses included psychology (219, 29%), nursing (153, 20%), health sciences (73, 10%), exercise and sports science (61, 8%) social work (55, 7%), nutrition and dietetics (47, 6%), and medicine (36, 5%). While 164 (20%) had placement adjustments (including location/travel distance, and timing/scheduling of placement days), 561 (73%) had exam adjustments. 364 (48%) required additional writing time, and 326 (43%) required additional breaks.

Discussion

Given the large proportion of students requiring exam adjustments, the format of examinations could be reconsidered. The need to identify alternative but equally valid assessment formats is significant, as it is likely that some students who would qualify for an access plan are not aware of them.

Conclusions:

Whilst alternative assessment and placement flexibility may be difficult to co-ordinate, implementing such options as a default may ensure a broader range of students can demonstrate their learning, and improve diversity amongst health professionals.

Integrating Narrative Medicine and Public Health

Name: Vinu Verghis¹

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Introduction/background:

Public health is considered as the great enabler of modern medical practice. It promotes a holistic understanding of what it means to be a doctor by applying the notion of patient-centred care at the population level. The increasing appreciation of public health principles, in both academia and the healthcare system, supports its inclusion within the medical curriculum. The challenge of establishing relevance of Public Health within the medical curriculum now needs to be met. We need to show students the relevance of public health to clinical medicine; support them in understanding their communities; and personalize the pedagogical paradigm through technology-enhanced learning

Aim/objectives:

Explore integrating Narrative Medicine and Public Health to bridge the current gap in student engagement with public health curriculum and recommend measures teaching staff could adopt for promoting active learning in class.

Discussion:

One of the challenges facing Public Health teaching staff is making the content medically relevant and interesting for the students. Narrative medicine is a form of communication that describes a specific experience through personal stories, photographs or YouTube videos. The conceptualization of narrative medicine is based on three aspects, which are considered as the foundation of clinical practices. These aspects include investing attentively, representation of facts, and affiliation with the practices and patients.

Issues/questions for exploration or ideas for discussion:

Incorporating Narrative medicine based lectures will have an impact on medical students attitude towards Public health and will be an effective tool to enhance Physician's perspectives on population health.

Can a Narrative medicine focussed public health model promote expression of active learning and clinical reasoning by learners?

Interns tell us what makes a rotation good.....and bad (for their health)!

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Introduction/background:

The mental health of doctors in training is a major concern across Australia. Royal Perth Hospital established a Doctors' Wellbeing officer position in 2017 and established a preventative program to support intern doctors, including a research project to monitor changes in mental health parameters.

Aim/objectives:

The primary aim was to monitor health and wellbeing in intern doctors (PGY1) over the course of their 12 month internship and evaluate factors that influenced their health and wellbeing.

Methods

Interns participated in a year-long research project levels of depression, anxiety, stress, burnout and resilience, reported their average working hours, and rated their experience of supervisor support and teamwork for each rotation.

Results:

Thematic analysis identified that reasons for a negative rotation fell into four categories: *Workload and unpaid overtime* (25% of responses); *Negative team environment* (e.g. negative team dynamics, bullying; 22%); *Poor supervision and support* (18%); and *Little opportunity to develop skills* (10%). Reasons for a positive rotation also fell into four categories, which shared some parallels with categories from negative rotations: *Having opportunities to develop clinical skills* (29% of responses); *Positive Team Environment* (26%); *Positive behaviour of seniors and supervisors* (17%); and *Having a manageable workload and work-life balance* (14%). Univariate analysis showed a significant association between a negative rotation and increased burnout.

Discussion

A rotating internship places interns as temporary team members in well-established teams in which they are expected to learn and develop skills. Some teams recognise the need to properly welcome and induct a new member, thus creating a fertile learning environment. Others ignore this important aspect of team building, with often negative impact on education and mental health of interns.

Conclusions:

Interns have key insights about the factors which enhance and hinder their formation as doctors...they want to be heard and taken seriously.... this study offers hospitals a guide for improving medical education practices, teamwork, culture...

Intern Foundation Program – an innovative Work Integrated Learning program for the pharmacy intern year

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Introduction/background:

Prior to full registration, pharmacy graduates are required to undertake a year of supervised practice. During this time they must complete an accredited Intern Training Program (ITP). This final year of supervised learning is a crucial time for acquiring all necessary skills before practicing independently; key to this is preceptor feedback. The literature and our previous have noted interns often receive limited, inconsistent, irregular and unworkable feedback. The Intern Foundation Program (IFP) is an innovative program which is completed alongside the ITP, designed to enhance learning using a bespoke workplace learning plan (WLP) and credentialed Clinical Educators. Consistent, timely feedback is provided to interns using standardised rubrics, for activities such as medication history taking, communication with health care professionals, case-based discussions and presentations. The IFP also integrates inquiry skills into application in the workplace with each intern undertaking a small research project.

Aim/objectives:

To showcase the IFP curriculum, highlighting links to the ITP, and to describe how the IFP enhances intern learning.

Discussion:

The IFP enrolled its first cohort in 2016 with 51 interns and has grown to 94 interns in 2019. The program is embedded in most hospitals, and an increasing number of community pharmacies. Feedback from interns and Clinical Educators is overall positive; in particular 84% of interns report the research assessment to be useful or very useful.

Issues/questions for exploration or ideas for discussion:

Do IFP interns continue on to utilise their research skills as early career pharmacists?

International acute physiotherapy clinical placement: A lived experience in Vietnam

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Intro/background

Popularity of Physiotherapy as a profession has led to a 90% increase in the number of entry-level programs throughout Australia and New Zealand since 2005. Multi-campus offerings and increasing student enrolments places significant demands on obtaining clinical competencies, particularly in an acute hospital-based environment. Placement saturation has led to innovative systems, such as simulation, to relieve clinical placement demands. Face to face placements, however, continue to be considered the gold standard. International placements are one initiative providing physiotherapy students with a breadth of acute hospital clinical experiences that are becoming harder to achieve within our own geographical boundaries. But it is unknown whether these placements can be assessed against the Assessment of Physiotherapy Practice thresholds.

Aim/objectives

To demonstrate the feasibility of international acute hospital placements towards Assessment of Physiotherapy Practice thresholds.

Discussion

Seven Masters of Physiotherapy entry-level students completed a five-week placement across two hospitals in Vietnam. Students were successfully marked against the Assessment of Physiotherapy Practice thresholds. Occasions of service in line with Australian reported data, in combination with positive student feedback, support the depth of their clinical experiences.

Issues/questions for exploration or ideas for discussion:

International placements in non-English speaking countries require local translators familiar with medical terminology and principles. The complexity of student-patient experiences requires experienced Australian registered clinical educators to adapt learning environments for entry-level physiotherapy students. Deliberate student selection and preparation prior to an international placement is recommended.

Interprofessional Education and Diagnostic Radiography: Perceptions and attitudes of students

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Background/objectives:

Interprofessional education (IPE) is an educational strategy that is considered essential in preparing healthcare students for collaborative practice. Currently, the effectiveness of IPE for Diagnostic Radiography (DR) students is underexplored. DR students from The University of Sydney are required to participate in the Health Collaboration Challenge (HCC), an intensive interprofessional collaboration and assessment activity involving case-based learning. This study aimed to examine DR students' perceptions and attitudes towards the HCC interprofessional learning opportunity.

Methods:

Following ethics approval, a mixed-methods design was employed and students were recruited for the study via email. DR students' attitudes towards IPE were measured using the Interprofessional Socialisation and Valuing Scale (ISVS-21), and a bespoke questionnaire. The survey informed the focus group questions. Descriptive statistics and thematic analysis were used to explore students' beliefs and attitudes toward HCC and IPE more broadly.

Results:

Thirty students participated in the survey and eight students participated in focus groups, with results suggesting a mostly positive attitude towards IPE. Qualitative themes revealed that DR students, while appreciating the value of shared-decision making, found the assessment of the activity distracting. Selection of cases and the ability for DR students to showcase the depth of their knowledge also emerged as a key concept.

Discussion:

DR students reported benefit in interprofessional learning and gained a greater appreciation of professional roles. Key concepts illustrate that the intensive and assessable nature of the HCC can overshadow the value of IPE and immersive and staggered approaches to IPE would better suit DR students.

Interprofessional learning between pre-registration medicine and law students

Adelaide Boylan¹, Josephine Thomas¹

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Introduction/background:

Medicine and law have distinct paradigms and professional discourses. Professional paths intersect frequently, yet students rarely interact during their tertiary education. A mutual distrust between the two professions has been described.

Aim/objectives:

To explore law and medicine students' views and experiences of learning together; to explore if the interprofessional collaboration and capabilities of Medicine and Law students can be improved through an interactive educational workshop format; and to inform the further enhancement of the IPL program and develop the model for use by others

Methods

Participants were undergraduate medicine and law students. The context was interprofessional simulation workshops, where students applied acquired knowledge to workplace-based scenarios. A concurrent mixed methods study was performed. Quantitative element of the study used a validated survey tool before and after the education session, the Interdisciplinary Education Perception Scale, designed to assess the effect of interprofessional education on undergraduate students. Consenting students' reflective writing comprised the qualitative data.

Results:

In preliminary qualitative analyses, both groups described a marked increase in understanding of the role of the other's profession. Clear themes are emerging around professional language, roles and responsibilities; preconceived inter-professional biases and shifting perceptions.

Discussion

Should health professional students engage early in cross faculty IPL initiatives?
Should professional attitudes be challenged early in tertiary education?

Conclusions:

Medicine and law are professions that intersect in multiple areas of practice, yet they have distinct paradigms and widely different communication styles and language. We have identified benefits of collaboration between pre-registration medicine and law professionals.

Interprofessional supervision of pharmacy interns.

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Introduction/background:

Opportunities for interprofessional practice in the workplace are key to further consolidate interprofessional learning in undergraduate training. However, these opportunities are often lacking for emerging practitioners. Models of supervision and training remain largely uniprofessional.

Although there has been a significant increase in pharmacists in the hospital setting in recent years, they tend to work separately from the medical team in most instances. As a result, pharmacy interns interaction with the medical team may be limited. As a consequence learning with from and about other professions is also limited.

Aim/objectives:

The aim of this study is to explore how interprofessional practice can be enhanced through interprofessional supervision of early clinical practice

Discussion:

Pharmacy interns were placed with the medical team and integrated into the daily workflow, attending ward rounds and participating in early assessments of admitted patients. Tasks performed during ward round included medication histories and reconciliation.

Interprofessional supervision, by both doctors and pharmacists, was utilised in an attempt to further integrate the pharmacy intern into the medical team .

Issues/questions for exploration or ideas for discussion:

We hope this model can facilitate interprofessional learning in the workplace and enhance collaborative practice.

Interprofessional Team-based learning in medicine and health: a pilot study

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Introduction/background:

Although challenging to integrate within university curricula, evidence suggests interprofessional education (IPE) positively impacts communication and teamwork skills in the workplace. The nature of Team-based learning (TBL) lends itself to IPE, with the capacity to foster collaboration.

Aim/objectives:

This study reported on a 2019 single interprofessional TBL session on backpain, involving medical and physiotherapy students. Our aims were to explore factors impacting students' collaborative work within the TBL process and IPE context.

Methods

311 students participated in the TBL: 222/277 (80%) Year 1 medical and 89/89 (100%) Year 2 physiotherapy students. A questionnaire, including closed and open-ended items was distributed to students. Data were analysed using descriptive statistics and thematic analysis. Pre-class quiz scores were compared.

Results:

117/311 (38%) of participants completed the questionnaire. Both medicine and physiotherapy students appreciated the opportunity to learn about the curriculum of another healthcare discipline and their scope of practice; gain multiple perspectives on a patient case; and recognised the importance of multidisciplinary teams in patient care. Having an interprofessional team of facilitators, providing immediate feedback helped to consolidate learning and promote clinical reasoning. There was no difference between medical and physiotherapy students' pre-class quiz scores.

Discussion:

Students valued their interactions with students from a different professional degree, opportunities to problem-solve together, and learn different perspectives on a patient case. The individual quiz results demonstrate both groups of students had a comparative level of prior knowledge to be able to work together in class.

Conclusions:

Our study demonstrated the small group and task-focused characteristics of TBL provided a student-centred teaching strategy, supporting achievement of interprofessional learning goals.

Introducing cognitive bias using a clinical context in the early years of a medicine course

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¹Monash School of Medicine, Monash University

²Monash Bioethics Centre, Monash University,

Introduction/background:

Despite the increasing focus in the current literature on cognitive bias in clinical decision-making there is little evidence available on developing the awareness of medical students using clinical examples early in their educational pathway prior to clinical placement. This paper describes an interactive learning session developed by an academic with expertise in medical ethics for students in their second year of undergraduate medicine prior to being engaged in clinical placement.

Aim/objectives:

To describe an interactive learning session to introduce the students to cognitive bias in clinical decision-making, and to highlight the evidence from the literature identifying the types of cognitive bias that have been identified as the most prevalent in clinical practice

Discussion:

Addressing the most common cognitive biases was presented as a way of developing the practical intelligence that is part of exercising role virtues, such as medical beneficence, in clinical practice. Peer learning was a key aspect of the session with students engaged in small groups to work on tasks. Tasks included selecting a cognitive bias in clinical practice evidenced in the literature, formulate an example of how the cognitive bias is displayed in a clinical setting, and suggest a potential debiasing strategy. Students then shared their learning with the entire cohort.

Issues/questions for exploration or ideas for discussion:

What are the pitfalls and benefits in developing learning approaches in the early years for that highlight thinking and cognitive bias in clinical reasoning?

Introducing Nursing and Paramedicine Students to Rural Interprofessional Health Care.

Kate Beyer¹, Ruth Davenport¹, Helen Goodwin¹, Jessica Jungmann¹, Toni Murray¹, Dayle Osborn¹

¹Southern Queensland Rural Health, Queensland, Australia

Health workforce shortages are well documented worldwide and challenges exist in recruiting nurses and paramedics to rural areas. Research highlights a correlation between students from a rural background and the choice to pursue rural practice. However, evidence is growing that providing a positive and supported rural placement experience can be a stronger predictor of future rural practice than being from a rural background.

Therefore, this study aimed to explore how introducing nursing and paramedicine students to an observational placement opportunity in rural Queensland during their university degree program could influence their intentions to choose rural clinical placement opportunities in the future, or work rurally upon graduation.

Southern Queensland Rural Health supported a week-long observational placement for University of Queensland Nursing students and University of Southern Queensland Paramedicine students in order to introduce them to a range of health services within the interprofessional context of the relevant host community. Among the health services included in the program were: emergency health care, maternity, aeromedical retrieval services, mental health, oncology, aged care and mortuary services. In addition, as part of the observational placement week, students engaged in various community events, visited local landmarks, participated in mental wellbeing and mindfulness sessions, and completed a daily reflection diary.

Evaluation of the students' experiences was measured with pre- and post- questionnaires aimed at identifying what aspects of the placement experience may inspire them to choose future rural practice, as well as measuring the students' knowledge of interprofessional practice.

Introduction of longitudinal assessment programs by US medical specialty boards

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¹American Board of Medical Specialties, Chicago, IL, USA ²University of Melbourne Medical School, Melbourne, VIC, Australia

Introduction/background:

Historically, US medical specialty boards required proctored summative examinations every 10 years to maintain specialty certification. Many doctors questioned the utility of these high-stakes “assessments of learning,” arguing they were not relevant to individual practices and did not reflect how doctors learned and applied knowledge in patient care.

Aim/objectives:

This approach changed with the introduction of customized, frequent, lower-stakes “assessments for learning.” Drawing on principles of test-enhanced learning and programmatic assessment, these “longitudinal assessment programs” (LAPs) are designed to assist participants in learning and applying practice-relevant knowledge in patient care. Participants respond to questions at a time/place of their choosing, receiving immediate feedback on areas of weakness with remediation suggestions. Aggregating results over time, boards also use results summatively to make continuing certification decisions.

Discussion:

LAPs represent a fundamental shift in boards’ continuing certification programs, seeking to bring value to doctors by supporting learning needs. Reactions of participants in pilot studies are highly positive: LAPs are viewed as more practice-relevant, effective, and convenient than high-stakes summative examinations.

Issues/questions for exploration:

1. What are your overall reactions to the LAP approach to maintaining currency?
1. Does use of LAPs seem likely to provide healthcare institutions and the public with dependable credentials?
2. Do LAPs have relevance for continuing professional development in Australia?

Is cultural competence education a waste of time? Reflections from an educator, researcher and healthcare practitioner.

Mandy Truong¹

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Introduction/background:

Health disparities are experienced by racial, ethnic and cultural minorities in Australia and internationally. Cultural competence education and programs have been developed by health professionals, researchers, government and other stakeholders across the health sector in order to reduce barriers to health care access and provision for individuals and groups from minority backgrounds. However, recent systematic reviews of cultural competence education and interventions have revealed modest improvement in health professionals' attitudes and behaviours and patient health outcomes. Despite its popularity since it was introduced in the 1980s, it appears that cultural competence has failed to meet its expectations as racial/ethnic health disparities continue to persist.

Therefore, is it time for cultural competence education to be re-conceptualised or abandoned altogether?

Aim/objectives:

Using a critical theory perspective, the aim of this presentation is to reflect upon the strengths, limitations and challenges of design and delivery of cultural competence education and the author's experiences as a cultural competence educator, researcher and healthcare practitioner.

Discussion:

This presentation will explore and unpack the assumptions underlying cultural competence education and argue that it does not directly address issues related to power, privilege and discrimination. A greater focus on challenging and changing the institutional and systemic drivers that underpin racial/ethnic health disparities is needed, which should encompass critical reflexivity, critical courage and action from healthcare practitioners, educators and organisations.

Issues/questions for exploration or ideas for discussion:

The audience will be invited to explore whether cultural competence education should be re-conceptualised or abandoned altogether.

Is it time to rethink health professions education leadership? Developing eco-ethical leaders for a more sustainable world and future

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Background:

Several health professional organisations have released position statements or declarations about environmental sustainability, climate change, with some declaring a climate emergency. As health care has an environmental footprint, health professionals are being called upon to be more environmentally sustainable professionally and personally. This requires a different mindset, prompting the question: Is there a need for a new 'breed' of health professional leader who can drive this agenda?

Aims:

In this time of pressing environmental changes that are already impacting on health and well-being, there is a need for more socially and environmentally accountable health professions education and health care delivery. This submission will describe a new leadership approach – an eco-ethical one.

Discussion:

Eco-ethical leadership requires moral and passionate individuals who can role model the behaviours and actions required to bring people along with them, not least the learners, many of whom are already concerned about their future at time when major weather events and environmental degradation threaten not only human health but also that survival of most non-human species. Eco-ethical leadership offers an integrated approach for health professional education, centred around sustainability, values (e.g. courage, compassion), collaboration, vision, advocacy and, when necessary, activism. The environment will not wait. Action needs to be taken now. Such leaders are required in key positions in academia and health care to drive the sustainability agenda in partnership with learners and colleagues, many of whom are already environmental advocates and activists.

Issues/questions for exploration or ideas for discussion:

As a current or aspiring leader, what actions might you take to foreground this agenda amidst all the other pressures you and your teams have?

It's all about quality: Measuring clinical reasoning in simulation and clinical training

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²Faculty of Health Sciences, University of Southampton, United Kingdom

Introduction/background:

Sound clinical reasoning enables health professionals to practice safely and autonomously in dynamic and complex clinical environments. Astute judgments of health professional students' clinical reasoning performance are required to ensure graduate competence and safety.

Aim/objectives:

The aim of this study was to systemically appraise the quality of assessments of health professional students' clinical reasoning performance in simulation-based or practice settings.

Methods

A systematic review of publications (2000 to 2018) across six databases identified papers reporting on the development and testing of relevant assessments. Those assessments supported by evidence from multiple papers were then critically appraised.

Results:

Sixty-three papers reported on an extensive range of assessments, with thirty-eight addressing the four assessments with multiple sources of evidence to appraise in this study. Those assessments were the Script Concordance Test, Lasater Clinical Judgement Rubric, Carter Assessment of Critical Thinking in Midwifery, and Clinical Reasoning Problems Test. The quality of evidence to support the use of these assessments varied. Narrow or superficial approaches to validation, such as the comparison of student and expert performance, were common. Testing, particularly for the Script Concordance Test, was also often limited to evaluating local suitability.

Discussion

Overall there is a lack of tools applicable to allied health students and a lack of inter-connection between research on different tools. The *development* of students' clinical reasoning, and the breadth and complexity of clinical reasoning, have also been largely neglected.

Conclusions:

The quality of evidence was overall poor, with limited examples of robust, theoretically-driven, approaches. Further research is needed.

Leadership behaviours in student teamwork

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Introduction/background

Leadership in interprofessional healthcare teams is important in the attainment of shared goals. Many tertiary interprofessional learning activities do not include the explicit teaching of leadership qualities/skills however, leadership naturally occurs within team settings. Using functional leadership theory as a lens we analysed student data from a large-scale interprofessional activity involving students from 11 health disciplines in search of peer identified leadership behaviours.

Aim/objectives

This study sought to explore the peer identified leadership qualities and frequency of their occurrence within the Health Collaboration Challenge.

Methods

Students (n=1553) took part in a peer review activity on the completion of an interprofessional learning assessment. Students were required to rate themselves and their team members (5-6 students) online using a validated professional learning behaviours scale. Functional Leadership theory was used to code and categorise the qualitative data into themes.

Results

The analysis of student data (n=1553/1611) indicated team leadership behaviours as identified by student peers. Students were identified as leaders within five key categories: 1) Leading by modelling; 2) Leading by inspiring; 3) Leading through innovating thinking; 4) Leading through collaboration and facilitation; and 5) Leading with a common vision.

Discussion

We found that peer identified leadership behaviours were evident within interprofessional assessment tasks. Those students identified as 'leaders' were rated highly by their peers in multiple areas of the professional learning behaviours scale.

Conclusions

The peer identification of leadership behaviours within IPL activities demonstrates the importance of harnessing student qualities further by optimizing explicit interprofessional leadership opportunities.

Learning anatomy in a 4 year graduate medical programme – Does prior learning give any advantages?

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Introduction

There are no prerequisite subject requirements for the University of Queensland's (UQ) Doctor of Medicine (MD) program. Moreover, there is scant evidence evaluating the influence of medical student's academic background on their learning in graduate-entry programs. Given the importance of gross anatomy to medical education and practice, there is a need to understand the effect of prior gross anatomy knowledge on learning in medical school.

Aim

To determine the relationship between students' prior studies in gross anatomy and academic performance in this discipline in a graduate-entry MD program to better understand the influence of academic background on student learning.

Method

The academic background for 203 of 481 first-year UQ MD students were collected via a survey. Academic performance was obtained from clinical science course examinations. Statistical comparisons of prior gross anatomy study and examination performance in this discipline were conducted.

Results

65% of participants had previously studied gross anatomy. In the final practical examination, students with prior gross anatomy study performed significantly higher (8.9%, $p < 0.05$). No significant differences were noted in theory examination performance.

Discussion

The difference in students' performance, based on prior gross anatomy study, in the practical but not the theory examinations is notable. Further research is required to investigate whether this phenomenon occurs in other MD cohorts, and if so, to evaluate the cause. Moreover, it is important to know whether the discrepancy in practical examination performance persists in subsequent assessments or if it translates to student's ability to apply anatomical knowledge to clinical problem solving.

Learning by teaching: A proposed Medical Educator Model (MEM) for supplementing junior doctor education

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Introduction/background:

Following medical internship in Victoria, the delivery of continuing professional development and medical education for junior doctors is difficult due to a number of factors. Issues in educating junior doctors include lack of protected teaching time and rostering issues. However, junior doctors often find themselves teaching other doctors and medical students on-the-job. This 'near-peer' teaching not only provides a comfortable learning environment and learning in a more understandable way, but teachers consolidate their understanding of medical concepts and enhance their teaching skills.

Aim/objectives:

We aimed to implement a near-peer extra-curricular medical education program (Medical Educator Model [MEM]) whereby junior doctors devise and facilitate teaching to medical students with the intent of supplementing the junior doctors' learning, professional and skills development.

Discussion:

Since inception of a voluntary extra-curricular near-peer medical education teaching program in March 2019, 70 documented lessons (52 classroom tutorials, 17 bedside tutorials, 1 procedural lesson) have been delivered by 12 junior doctor educators. Class sizes range between 4 to 25 students. Medical student feedback has been overwhelmingly positive, with total 141 recorded student feedback responses (response rate per lesson 0-60%). Feedback from junior doctor educators regarding barriers and benefits MEM and teaching supports provided is yet to be collected.

Issues/questions for exploration or ideas for discussion:

1. Can teaching-as-learning be used as a feasible and sustainable model for junior doctor education?
2. What are the benefits and barriers of a near-peer medical education program for junior doctor educators and medical student learners?

Learning cultures from a self-regulated learning perspective: A case study in undergraduate biomedical science

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²Centre for the Study of Higher Education, University of Melbourne, Parkville, Australia

Introduction/background:

Self-regulated learning (SRL) is increasingly implicated in success at University and in future healthcare practice. However, little is known about the learning culture in biomedical science and how this influences SRL.

Aim/objectives:

The purpose of this research was to explore the learning culture of an undergraduate Biomedicine program in relation to SRL.

Methods

This in-depth case study investigated the characteristics of teaching that foster SRL. We combined educator self-report data (surveys and interviews), along with teaching observations and document analysis, and employed thematic analysis to explore espoused and enacted approaches to supporting learner SRL.

Results:

15 surveys, 6 interviews and 28 hours of observational data were analysed. Biomedical educators promoted SRL in multiple ways, including making their own self-regulation visible. However, contextual obstacles such as the expectation of heavy content coverage constrained teaching that fosters student SRL. Enacted practice did not always align with espoused practice, for example, when SRL values were verbally promoted, but opportunities for student SRL were lacking.

Discussion

There were many ways in which the epistemic beliefs and behaviours of teachers within this program promoted an SRL-supportive culture. However, prevailing values relating to teachers' responsibility to 'get through content' along with historical precedents for didactic teaching created tensions that accounted for the gap between espoused and enacted approaches to cultivating SRL.

Conclusions:

The findings of this study have direct implications for enhancing support for biomedical student SRL and provide insights into the influences of other learning cultures across health professions education on self-regulated learning.

Learning Cultures in Occupational Therapy Practice Placements: An International Perspective.

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Introduction/background:

World Federation of Occupational Therapists international standards require occupational therapy educational programmes to include a minimum of 1000 hours of practice education (PE) (WFOT, 2016). These standards recognise the importance of the cultural context allowing curriculum designers to develop programmes that meet local and national requirements thus reflecting the diversity of practice.

Aim/objectives:

This study aimed to explore international expert opinions on the rationale, background, benefits and challenges of the 1000 hours requirement

Methods

A qualitative descriptive study sought to explicate international perspectives of practice education. Interviews were conducted with 15 international experts from different socio-political and culturally diverse populations. Interviews were transcribed and thematically analysed.

Results:

Participants reported that while international standards ensure parity between countries, the requirement for a specified number of hours frequently conflicted with local context and diverse practice in occupational therapy. Specific requirements for practice education, based on dominant western and traditional concepts of practice also acted as a constraint to the development of different pedagogies.

Discussion

This study highlighted the colonising influence of international standards, based on traditional and dominant Western structures. As it stands, the 1000 hours requirement acts as both an anchor for parity, but increasingly an anchor to change as occupational therapy practice is moving rapidly to meet the changing health and disability sector demands.

Conclusions:

Diverse cultural contexts provide dynamic and evolving learning environments resulting in expanded and novel practice education pedagogies. Flexibility in the choice of pedagogies need to be reflected in the international standards.

Learning from Indigenous Place and Voice: An Interprofessional Learning Experience

Joanne Bolton¹, Louisa Remedios¹, Shawana Andrews¹, Ngaree Blow¹, Tamara Clements¹,

¹University of Melbourne

Introduction/background:

An innovative learning program based around a visit to an Indigenous curated space was designed to educate health professional students about Indigenous health. The activity builds student engagement with Indigenous knowledges and lived experience by utilising cultural collections and community stories at Bunjilaka First Peoples Gallery, Melbourne Museum. The program involves three disciplines visiting the gallery, all with slightly different learning activities and assessment tasks. In 2019, this learning has been shared in an interprofessional train-the-trainer project to support educators to embed this initiative into their own disciplines. Complimenting this work was a partnership with the First Peoples education team at Melbourne Museum which enhanced the learning experience.

Aim/objectives:

This presentation explores the pedagogy of the Bunjilaka training program and the subsequent train-the-trainer workshops, with a focus on partnerships that support Indigenous health teaching.

Discussion:

The train-the trainer project engaged 35 academic educators across 10 disciplines within the Faculty of Medicine, Dentistry and Health Sciences (MDHS), underpinned by an evolving pedagogical design responding to and shaped by Indigenous worldviews through engagement with the First Peoples Gallery education staff. Participants were tasked with redesigning a booklet to guide students through the museum, building on reflexivity and understanding of Indigenous knowledges.

Issues/questions for exploration or ideas for discussion:

What are the principles for creating meaningful learning about Indigenous health?

How can we build partnerships to expand our own capabilities for Indigenous health teaching?

How can we meaningfully measure the impact of teaching about Indigenous health?

Learning to Practice Medicine: Developing Medical Students' Acute Patient Management Skills Using a Longitudinal Program of Mannequin- Based Simulation

Dr Jennifer Keast

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Introduction/background

This qualitative study examines the development of medical students' acute patient management skills during a longitudinal mannequin-based simulation program over a two-and-a half year period. Research shows that junior doctors feel ill-equipped to manage clinical deterioration due to a lack of skill and experience. It was also apparent that conventional simulation facilitation practices were not meeting the learning needs of junior medical students.

Methods

Educational design research was used to introduce two curriculum interventions into a year-long simulation program in the first clinical year of medical student training (MD 2) to address these identified issues.

Three groups of five medical students participated in eleven mannequin-based simulations during the second and final clinical years. In order to assess learning, retention, and transfer of acute patient management skills, video-recordings of all simulations were analysed to identify learning support requirements and to identify learning progression.

Results

This study found that repeated practice using standardised approaches to acute patient management enabled rapid retrieval and application of knowledge. A learning progression model identified a shift from novice to competent/proficient practice in teamwork and taskwork skills at the completion of the simulation program.

Discussion

Research findings from this study support the use of simulation-based education early in the medical curriculum for the acquisition, transfer, and retention acute patient management skills.

Conclusions

The findings reveal that in order for novice learners to develop acute patient management skills, a deliberate, consistent and distributed simulation program is required to supports skill retention and retrieval.

Learning Together: occupational therapy students and teachers working collaboratively in a rural school environment.

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²Bluff Point Primary School, Geraldton, Western Australia.

Introduction/background:

The Western Australian Centre for Rural Health provides occupational therapy (OT) students with service learning experiences in rural locations. While on their placements in the Midwest region of Western Australia students are immersed in a school environment and work within classrooms alongside teachers to support the implementation of a self regulation program.

Aim/objectives:

To report on a qualitative evaluation of the experiences of primary school teachers and occupational therapy students when working together.

Methods

Focus groups with teachers and thematic analysis of transcripts. Review of students pre-post placement survey results.

Results:

Results will report on focus group data and students rating of their pre and post placement confidence in their practice.

Discussion

The rural school context has the potential to be challenging for both OT students and teachers. To enable teachers and OT students to work successfully together rural school programs benefit from having: initial support from the principal and school community, clarification of the roles of both teachers and occupational therapy students, co-design of programs and flexibility in how the parties work together. In addition occupational therapy students need an in-depth understanding of the requirements of rural school.

Conclusions:

The results of this evaluation have provided us with further information on the skills required for students and teachers to work collaboratively, on how the experience of working together has influenced the confidence level of occupational therapy students and the impact of the rural school context on the learning experiences.

Lessons learned in the implementation of a Programmatic Approach to Workplace-based Assessment

Mary Lawson, Elena Pascoe, Laura Gray, Karen Dwyer

Origin: Deakin University, Melbourne, Australia

Introduction/background:

A programmatic approach (PA) to Workplace-based Assessment (WBA) was implemented in a postgraduate medical programme. Attempts were made to use the available evidence and experience-base during development and implementation. Limitations existed in what was available to guide these stages; a major proportion of published research on WBAs focussed on instrumentation and user satisfaction whereas the majority of what was available about PA was conceptual or theoretical. Both limitations contributed to difficulty in knowledge-translation within our own context.

Aim/objectives:

The aim of this presentation is to share factors to be addressed prior to implementing WBAs within a PA framework. Strategies to overcome organisational (workplace and University), practical (administration and system) and personal (student and assessor) barriers are outlined.

Discussion:

A number of key requirements for successful implementation were identified. Whilst tempting to report only successes, lessons were learned from both the effective and flawed approaches. These will be shared to assist in moving the field forward. In particular, research questions around PA can be based on the model adopted at our medical school.

The major areas we acknowledge inadequacies were in project planning and communication. The potential of piloting was particularly underestimated. Similarly, assessor training and the need for a strengthened student support system were not adequately addressed in the first iteration.

Successes included achieving a streamlined and consistent approach to WBAs and developing robust and trustworthy review processes. The development of a group of site and role champions across each clinical site is strengthening the cultural change required to mainstream PA. Rolling implementation meant enhancements can be enacted with progressive years.

Lets Play Hospitals: A Simulated Paediatric Hospital Ward for Nursing students and Children

Kerry Reid-Searl¹, Kate Crowley¹, Nicole Blunt¹, Carina Anderson¹,Rachelle Cole¹,

¹CQUniversity Australia.

Introduction/background:

Nursing graduates are expected to practice safe and competent care for patients across the lifespan, including the paediatric patient. However, there are insufficient paediatric placements available to university undergraduate nursing students in Australia. As a result graduates without exposure to paediatric clinical experiences can lack effective age appropriate communication skills.

Aim/objectives:

The aim of this study was to enhance undergraduate nursing students' work readiness and confidence to care for children by immersing them in a simulated hospital paediatric ward with specifically designed activities.

Methods

A mixed methods approach was used. Nursing students completed a questionnaire pre and post their involvement in the simulated hospital paediatric ward. At the completion of the experience students also completed a confidence and simulation satisfaction scale. Data was analysed using inductive thematic analysis. .

Results:

Whilst results of the study are still under analysis, this study has proven to be innovative and has addressed a real concern for undergraduate nursing students and faculty.

Discussion

The value of therapeutic play and communication with children in preparing nursing students for the real world cannot be underestimated. Graduates without exposure to paediatric clinical experiences lack effective age appropriate communication skills. Simulated paediatric ward experiences offer students an environment to learn the use of therapeutic play to communicate effectively with children.

Conclusions:

This study has provided a guide for the transference of designing and setting up a simulated paediatric ward for undergraduate nursing students at other universities and for students in other healthcare disciplines.

Lived experience leads learning

Tracey Parnell,
Charles Sturt University, Australia

Introduction/background:

Mental health consumers have long been witness to decisions made on their behalf. In this project they were positioned as experts and as important contributors to the development of knowledge, skills and attitudes of undergraduate health students. This presentation focuses on describing a co-designed project that provides an innovative approach to the development of the future health workforce with regard to mental health care.

Aim/objectives:

The co-designed resources aim to utilise and value the lived experience narrative to increase student understanding of and respect for consumer voice. The resources also aim to provide educators with a strengths based and respectful approach to reducing stigma and raising the empathy and capacity of health students.

Discussion:

Students exposed to people with lived experience in the educational setting report enhanced learning. The involvement of Listening to Voices Theatre Group was pivotal in shifting the paradigm from the “specimen in the room to the expert”. We believe that the collaboration between consumers and the university is an important first step in preparing health professionals for collaborative, strength based and person centred practice. Importantly, this project has infused pride and purpose in the lives of those engaged in performing and educating students.

Issues for exploration and discussion:

The changing landscape regarding mental health and disability requires more people to be equipped with the capability to work with those experiencing mental illness. Best practice in this arena requires consumer involvement and understanding of recovery paradigms and trauma informed care.

MaRIS: a model for supporting medical students to develop humanistic capabilities and personal resilience

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Background:

We embedded the contemplative pedagogy-framed model, MaRIS, into the curriculum design of simulated communication and history-taking workshops in our MD program. The model includes the elements **M**indfulness, affective **R**eflection, **I**mpactive experiences and a **S**upportive environment. We found that students' subjectively-rated capabilities increased significantly following delivery of a communication skills program using MaRIS, suggesting learning impact across the cognitive, psychomotor and affective domains.

Aim:

To explore students' sense-making of their experience of MaRIS, especially in relation to affective learning.

Methods

Student journals written following designated workshops were assessed for evidence of affective learning using the GUALS instrument, and phenomenologically analysed to gain further insights into their experience.

Results:

Communication frameworks and repeated practice underpinned perceptions of enhanced communication competency. Exposure to diverse simulated patients modulated feelings of connectedness or discord, providing opportunities for greater understanding of, and empathy for, the patient and self. Held prejudicial attitudes and beliefs were acknowledged to impact negatively on behaviour. Confronting situations that caused anxieties, embarrassment or regret provided the greatest opportunities for personal and professional development. Additionally, the role of peers and facilitators modulated perceptions of a 'safe' learning space.

Discussion

The MaRIS model supported students growth of humanistic skills through attention to affect and cognitive dissonance in a safe space.

Conclusions:

MaRIS has a major impact on the development of human capabilities and personal resilience. Future studies should seek to explore the persistence of this learning into subsequent clinical practice.

Mask-Ed™: Fad or innovation?

Kate Bridgman¹ & Phillip Hughes¹

¹ La Trobe University

Introduction/background:

Mask-Ed™ is a novel form of simulation whereby the educator becomes the simulated patient using a mask and developed character. The simulation unfolds spontaneously, and in response to the students or cohorts knowledge, skills or learning objectives. Despite the innovation, and theoretical underpinnings, the evidence to support adoption of Mask-Ed™ appears limited. This is significant given the resources required to establish a Mask-Ed™ character, and likely changes to courses Educators will make to embed this simulation.

Aim/objectives:

This scoping review aims to explore the following implementation questions; (a) how is Mask-Ed™ being used and what learning outcomes are being achieved; (b) which health disciplines are using Mask-Ed™ and for what clinical activities; and (c) what are facilitators and barriers to the adoption of Mask-Ed™.

Methods

A scoping review was completed during July -November 2019, following established methodology. Seven databases were searched for English, peer-reviewed publications containing variants of 'Mask-Ed'. Screening and data charting was completed independently by both authors, and then reviewed collaboratively. Narrative data synthesis was completed using Nvivo.

Results:

The final yield contained 13 studies, published between 2014-2019 by Australian universities and health institutions. Five contained quantitative data and eight qualitative data, which included four publications relating to the pedagogue Mask-Ed. This review will report a synthesis of data relating to the aims.

Discussion

Mask-Ed™ has emerging evidence to support improved, self-reported student engagement and confidence. Study limitations and future directions are discussed.

Conclusions:

There is a growing body of evidence to support the use of Mask-Ed™ as a formative simulation methodology.

Medical Art Projects: Using Art to Cultivate ‘Medical Humanities Care’ in Chinese Health Education

Vuillermin, Daniel

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Introduction/background:

This paper will discuss the use of Medical Art Projects (MAPs) to explore using art as research in learning and teaching in medical education in mainland China.

Aim/objectives:

The MAPs serve to augment the established medical curriculum and seek to engage students in experiential learning and knowledge through arts research, practise and exegesis. This paper will outline the development of the role of art in Chinese education in relation to the emergence of the Medical/Health Humanities in contemporary medical education in mainland China, survey the requirements of the MAPs, and discuss the use of MAPs as part of students’ research and assessment.

Discussion:

The MAPs are conducted in three-stages: research, praxis and exegesis and are designed to enable students to creatively and critically engage with how the processes of disease, healing and health are visually constructed and portrayed. Moreover, this paper will discuss how creative arts research and praxis may cultivate ethical medical/health practices or what Guo Liping et al (2016) describe as ‘medical humanities care’, that is, ‘humane care ... in biomedical research and healthcare’.

Issues/questions for exploration or ideas for discussion:

The MAPs are the first of their kind to be implemented into China’s medical degree system, thus research into the role of creating art and medical education in mainland China is still in its infancy. This paper aims to raise questions about what pedagogical methods and research theories may be considered to further research in using art as research in learning and teaching in medical and health education in China and internationally.

Medical course design for flexibility and individualisation

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¹University of Melbourne, Victoria, Australia

Introduction/background:

Students and universities increasingly seek flexibility in learning options; however, terms such as flexible are not yet consistently defined in the medical education literature.

Aims:

Distil recent learning from initiatives related to flexibility in medical education,
Propose a potential definition for flexibility in medical education,
Create an inventory of contemporary case studies in which flexibility has been operationalised in medical education.

Methods

A systematic literature review and narrative synthesis of papers published in English since 2009 was undertaken. The focus was on papers that reported on initiatives intended to create flexibility in pre-registration medical courses.

Results:

Based on review of 1805 search returns and 318 full-text articles, two interconnected concepts were identified: flexibility and individualisation. Flexibility describes mechanisms which allow students choice on how they allocate time and resources to meet the requirements of their core medical education. These included reduced lecture time, flipped classrooms, time-variable progression, acceleration, deceleration, and articulated degree entry and exit options.

Individualisation describes options which enable student-driven direction, extension, or expansion of medical education into special interest areas. These included dual degrees, breadth subjects, curriculum tracks, elective service learning pathways, electives, and selectives.

Discussion

Institutional considerations within the literature include matching suitable assessment methods with course structure, impacts on course integration, need for evaluation in course reform, promoting social and professional identity formation in cohorts, planning for necessary resources, and the importance of institutional partnerships.

Conclusions:

Though not always clearly defined as such, international medical education literature describes a rich variety of flexibility and individualisation initiatives.

Medical leadership curricula in basic medical education in Australia and New Zealand

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Introduction/background:

Australasian medical students receive training in components of medical leadership as required by accrediting bodies like the Australian Medical Council. There are, however, significant gaps in both the literature and research in understanding how to educate, assess, and evaluate leadership skills in basic medical education. Compounding this, there is currently no national strategy or set of learning outcomes or educational resources.

Aim/objectives:

To discuss the results of a survey of all Australasian medical schools, and provide recommendations relevant to basic medical education.

Methods:

Medical educators and/or Deans at each medical school were requested to complete a survey focussing on medical leadership curricula, evaluation and assessment in their programs.

Results:

Data was collected from 19 out of 22 (86%) medical schools. Results suggest that the teaching methods used to deliver the education is diverse, the most common being small group seminars or workshops (14, 88%), and experiential learning (14, 88%). Ten (53%) degrees assess their leadership education with a diverse range of competencies assessed and assessment methods used, the most common being theoretical assessment and reflective writing (10, 100%). Common barriers to teaching medical leadership include a lack of teaching time (8, 47%), lack of national curricula and guidelines (6, 35%) and lack of expertise in teaching leadership (2, 12%).

Discussion:

Recommendations will be discussed with practical advice on how to support schools to integrate leadership training into their curricula.

Medical Schools assessment policies and practices related to accommodating student's long term conditions

Mike Tweed, Tim Wilkinson

Otago Medical School

Introduction/background:

The numbers of and reasons for medical students applying for accommodations for assessments are increasing. Having policies and practices that support students to allow them to demonstrate their ability whilst not invalidating assessment results is important.

Aim/objectives:

To compare numbers and reasons, and policies and practices for accommodations.

Methods

With the support of MDANZ a survey was sent to all Australasian medical schools. Survey questions related to numbers and reasons, and policies and practices for accommodations. Accommodation was defined as an adaption for a student with a long-term condition that may relate to physical, sensory, learning, psychological, and chronic health conditions. In addition, 22 hypothetical scenarios were presented with possible options: accept proposed accommodation; accept with conditions; decline and offer alternative; and decline.

Results:

To date 12/21 medical schools have completed the survey. The majority of respondents ask prospective students to declare issues. The prevalence of accommodations was 1-6% of students. Most respondents were offering additional time, separate room, food/drink availability, and computer delivery. For none of the hypothetical scenarios did the 11 respondents all chose the same option. For 9 scenarios, all chose accept or accept with condition. For 1 scenario, all chose decline and offer alternative or decline. For 12 scenarios there were varied responses.

Discussion

There are both consistencies and inconsistencies in terms of accommodations that are offered, which probably reflects case-by-case considerations, and some variation in policies and practices.

Conclusions:

Policy and practice discussion and guidance could lead to closer alignment, whilst maintaining case-by-case responsiveness.

Medical students' perspectives on uncertainty

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¹University of Otago, Dunedin, New Zealand

Introduction/background:

Responses to uncertainty impact on doctors' and medical students' wellbeing, attitudes towards patients, and career choices.

Aim/objectives:

To identify the main sources of uncertainty for students and the effect of their teaching and learning on their ability to cope with uncertainty at the University of Otago Medical School.

Methods

A novel mixed-methods questionnaire was developed and distributed to medical students in 2nd, 4th and 6th years. Participants rated their confidence to respond to situations evoking uncertainty in 29 self-efficacy items, and identified sources of uncertainty in two free-text items.

Results:

495 participants completed the questionnaire, self-efficacy items were highly reliable ($\alpha = .93$). An exploratory factor analysis was performed and participant self-efficacy scores were compared by demographics and year group.

Reflexive thematic analysis of free-text responses identified three themes illustrating the sources of uncertainty identified by medical students: insecurities, lack of role clarity, and difficulties navigating learning environments complicated by the hidden curriculum.

Discussion

This research is the first to use a self-efficacy scale to explore how medical students respond to uncertainty. By asking medical students directly to describe the sources of uncertainty that they have encountered, we can assess the potential impact on their education. Understanding student perspectives helps to identify ways to support them navigate uncertainty and create a culture of openly addressing uncertainty.

Conclusions:

Learning to work in the presence of uncertainty is a crucial aspect of medical practice. These findings are informing the development of a novel intervention to support students in this process.

Mental wellness in Higher Education: an analysis of medical students in Australia

Sophie Wang and Nalini Pather

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Introduction/background:

Recent literature suggests a disproportionate number of medical students experience higher levels of mental health issues, such as depression, anxiety, stress, and suicide ideation during university than that of their age-matched peers in the general population. However, only a handful of studies have been conducted in Australia to assess the extent of this issue.

Aim/objectives:

This systematic review and meta-analysis aimed to evaluate the extent mental health concerns amongst medical students and to investigate the effectiveness of support programs such as counselling services, training, and mindfulness practice in building resilience and reducing mental strain.

Discussion:

An aggregate data meta-analysis methodology was selected and the Medline, Embase, PsychINFO, and ProQuest databases were searched for combinations of the search terms Medical Student, Mental Health, and Australia. Five hundred and twenty-five articles were identified after initial screening, of which 15 articles met the inclusion criteria after full-text review. Studies were selected if it was presented in English with a focus on adults (18+ years old). Concurrently, those without a focus on mental health or medical students were excluded in the process. Results from studies indicated roughly half of the medical student population in Australia had self-reported distress but only a few have sought support services; this may be due to stigma and the idea that stress, anxiety, and depression are normal. A common limitation in literature highlighted is the low response rate from students, this could indicate response bias. Mental health is becoming increasingly challenging in all western societies including Australia. Higher education institutions are implementing support services to help maintain wellness. Medical programs, however, need to develop frameworks that support students during the process of discomfort in developing and assessing clinical competencies. Resilience needs to be an essential graduate capability for future doctors.

Issues/questions for exploration or ideas for discussion:

How can we best support student wellness? What wellness initiatives are most effective

Metamorphosis – From Hospital to General Practice: The first six months of the Victorian General Practice Training Program (VGPTP)

Duncan Howard; Christine Bottrell; Jenni Parsons; Catherine Kirby; Meredith Temple-Smith

MCCC GP Training; Parkville; Victoria

Introduction/background:

The transition from hospital to primary care is a difficult one and general practice has a curriculum, consultation style, skill set and holistic approach that is unique in medical education.

Aim/objectives:

This research was designed to follow the journey of a cohort of GP registrars in the Victorian GPTP. Registrars were asked to consider key learning moments and to reflect regularly through audio-diaries. Exploring and more fully understanding the lived experience is anticipated to contribute to GP training programs and supervisor professional learning.

Methods

Multiple case study, individual semi-structured interviews, fortnightly audio-diary over 6 months in 2018-19. Follow-up focus group discussions.

Results:

The stories of “Becoming a GP” fall broadly in to the “Why, What and How” categories. The learning (the How) is largely by doing, that is, seeing patients within the “scaffolding” of an accredited teaching practice under a trained GP supervisor. Stories indicated the complexity of this transition, and shared themes emerged including the importance of supervision and the supervisory relationship; the anxiety associated with independent practice; the value of peer interaction; and the value of the reflective process itself

Discussion

Systematically gathering and tracking the reflections of GPT1 provides an opportunity to better understand the important learning experiences of early career general practice. Reflection on, and analysis of, the experience of GPT1 inclusive of the change from hospital doctor to independent primary care practitioner can contribute to the medical education literature on the process of transformation and professional identity formation.

Conclusions:

Findings indicate that while each GPT1 is unique there are commonalities in key learning points across the GPT experience - choices, quality of life, identity transformation, influencers and knowledge – clinical, health system and business of GP. This type of research contributes to broader discussion of the characteristics of quality primary care. Wider implications for RTOs and delivery of GP Supervisor PD exist and will be addressed, along with the potential for development of a registrar-centred system of learning and growth.

Midwifery as art: what do students learn?

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Introduction/background:

In our new midwifery curriculum at Flinders University, it was proposed that students create an artefact as part of the topic assessment in their first semester, 2019. The aim was for students to gain a deeper understanding of midwifery philosophies, constructs and concepts. Therefore, students were asked to focus on topic themes such as maternity models of care and philosophies of birth. In 2020 we have been asked to include anatomy and physiology into this assessment.

Aim/objectives:

We wanted students to consider what midwifery means to them during the creation of their artefact. The aim of this presentation is to explore what midwifery students gained from a creative arts activity in their first semester (2019 and 2020) in their beginning journey as a midwife.

Discussion:

Students' artefacts included paintings, drawings, sculptures, models, poetry, photographic essays, short film, collages, needlework, and quilting. Students gave permission for their creative work to be disseminated/viewed. Examples of how this assessment shaped midwifery students' feelings, thoughts and aspirations about midwifery and its unique concepts will be shared.

Issues/questions for exploration or ideas for discussion:

Midwives need to be compassionate, caring and women-centred in their care. Integrating 'art' into curriculum is challenging but can assist students to be more self-aware. Can adding anatomy and physiology into the mix, produce similar outcomes as those students who focused on women-centred care?

Misunderstood? Integrating mental health consumers' voice into health professions education.

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Introduction/background:

Authentic learning that comes from human experience is of utmost importance to the mental health research process. Depth of Field is a growing body of health humanities research that draws on health care consumers as legitimate experts (by experience) to co-design resources to educate current and future health professionals.

Aim/objectives:

The aim of this study was to translate research (experience of living and recovering with mental health issues) through co-design of a consumer driven health professions education resource.

Methods

This study used a participatory action research methodology in three phases, collecting richly layered mental health narratives, co-designing a series of "real life" vignettes embodied in innovative teaching methodologies (visual thinking strategies, verbatim theatre and reflective prompts) and finally validating the vignettes on health professions students and practitioners.

Results:

The themed vignettes will be presented, including Katherine in recovery from borderline personality disorder; Rosalie who explores indigenous intergenerational trauma; Donna who hears and works with her voices; Shannon's experiences with her eating disorder; Clinton who lives with seven mental illness diagnoses; and Pamela's experience of caring for her son with schizophrenia.

Discussion

This Depth of Field: Exploring Minds, Hearts & Voice mental health resource created a safe space for learners to reflect and stimulated a multitude of learning opportunities that inspired questioning, in-depth discussions and surfaced unconscious bias/stigma.

Conclusions:

Integrating co-designed resources into health professions education has the potential to challenge and transform hierarchical health care relationships and refocus our lens to holistic, recovery centred models of mental health care.

Modified Team Based Learning in Public Health: finding room for alternative assessment in a crowded medical curriculum

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Introduction:

Team-Based Learning (TBL) is a teaching strategy fostering active learning of positive professional behaviours, including critical appraisal, problem solving, and communication. Useful for peer-to-peer learning, TBL has been shown to be effective when developed alongside discipline-specific competencies in numerous health degrees. In medical education, the acquisition and assessment of public health competencies, including determinants of health, epidemiology and management of chronic disease, continue to pose a challenge for medical educators. This is due to multi-factorial impacts of health risks and multi-morbidity which can be difficult for learners from biomedical backgrounds to comprehend. TBL provides opportunities to practice these difficult concepts in a 'little and often' learning style that has proved successful.

Methods:

A series of modified TBLs were developed to facilitate learning for first year Doctor of Medicine students in the Public Health Medicine subject. Students undertake 10-minutes of individual and 20 minutes of team testing, and 30-minutes of discussion of an "application" problem. Applications are open-ended, posing a wicked problem present in their future community of practice. This provides opportunities to reflect on public health as it relates to students' future practice, and promotes integration of knowledge from other areas of the medical curricula. Students submit summaries of the applied solution for formative and summative assessment.

Issues for Exploration:

The role of TBL in facilitating public health medicine learning has yet to be elucidated. The modified approach may provide a useful tool for assessing and refining student understanding of complex public health concepts, and providing individualised feedback in a timely and efficient manner.

More students doesn't equal more work: a workplace culture change

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Background:

New and evolving undergraduate degrees are resulting in teaching hospitals having to accept more frequent and larger numbers of undergraduate students. Historically, preceptors have been resistant to supervising students due to a perceived increase in workload and preceptor fatigue. Many clinicians have none or minimal formal training in education. Novel assessments introduced by academic institutions lead to increased complexity for preceptors to manage.

Description:

In the Pharmacy Department at Alfred Health, student placement days have increased by 78% since 2018. Placement tasks and activities have also increased in frequency and complexity.

Action:

Clinical EFT was assessed for teams and a proposed maximum student capacity discussed with relevant stakeholders. Students were delegated to preceptors based on these capacity and rostering requirements. The department recognised a requirement to develop preceptor supervision skills and trained five staff members to become facilitators for 'Teaching on the Run' a seven-workshop series on clinical education. All staff were expected to complete this training. Sessions were conducted to encourage preceptors to move away from traditional didactic methods to a more practice-based approach.

Evaluation: Feedback from preceptors showed this shift in supervision approach put the onus on the student and therefore minimised preceptor burnout. Preceptors felt better equipped to manage a clinical workload and support undergraduate learning needs with complex assessment. Undergraduate coordinators reported less resistance with student allocations.

Implication: Culture changes within large departments can be encouraged through appropriate support. Inciting this shift in attitude is required to ensure a sustainable platform for undergraduate education.

More than a free lunch: Pharmacist perspectives on the impact of interprofessional prescribing education

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³ University of Canterbury, Christchurch, New Zealand.

Introduction/background:

The ePiFFany educational approach utilises pharmacist-led feedback and high fidelity simulation to accelerate junior doctor prescribing practice. To scale up this approach we use interprofessional low fidelity simulation: prescribing workshops with pharmacists and junior doctors working together to solve clinical cases involving high risk medications. The aim of these workshops is to improve the function of the prescribing 'practice of community'. We have examined the impact these prescribing workshops have had on junior doctor prescribing, but not the impact on the pharmacists. What have they learnt about medicine, prescribing and junior doctors from this interprofessional collaboration?

Aim/objectives:

To uncover the impact of interprofessional prescribing education from the perspective of the pharmacists.

Methods

Using a constructivist grounded theory approach we are using a focus group and semi-structured reflective interviews with pharmacists to collect data for qualitative analysis.

Results:

Results will be presented at the conference.

Discussion

Our prescribing workshops had a positive impact on junior doctor prescribing practice. However, from the outset we sought an interprofessional learning relationship where both parties learnt from and about each other, so we must also examine the impact on the pharmacists. Anecdotally, pharmacists have gained an enhanced understanding of junior doctor's clinical reasoning and improved work-place relationships, so we are exploring these ideas. To our knowledge, this is the first qualitative analysis of the clinical impact of interprofessional prescribing education on pharmacists who coach junior doctors.

Conclusions:

Conclusions will be presented at the conference.

A key question will be: does interprofessional learning enhance collaborative practice and improve patient outcomes?

More than Medication Police? : Pharmacists drive novel learning and evaluation around safer prescribing

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³ University of Canterbury, Christchurch, New Zealand

Background:

Learning to prescribe is challenging and relies on specific, timely and constructive feedback. Small cohorts of junior doctors benefit from the UK ePiFFany educational approach which accelerates learning and awareness of prescribing errors, but is resource intensive. To scale up without increasing resource, small group, case based delivery was adopted. This involved prescribing workshops for junior doctors (64), grouped into pharmacist-led teams. They engaged in discussions on common prescribing errors utilising resources and guidance from the pharmacists to problem-solve common clinical scenarios. Responses indicate over 50% rated the teaching 10/10 (strongly agree). However, how does this approach impact prescribing practice?

Objectives:

To trial an evaluation tool designed to assess prescribing performance, as an alternative to counting retrospective, untimely and punitive prescribing errors

Discussion:

Pharmacists used the evaluation tool during semi-structured interviews with junior doctors. The pharmacists compared the junior doctor's narrative description of their prescribing practice to pre-determined prescribing standards. The tool allowed for an assessment of prescribing practice that was based on actual performance (not knowledge retention) as well as providing real time, formative feedback to the prescribers. Using the tool helped the researchers to demonstrate 88% achievement of prescribing standards following the prescribing workshop, and to identify several areas for improvement.

Issues for discussion:

Is qualitative evaluation based on narrative descriptions a robust way to examine 'what is done in practice'.
Have we really created real time feedback to facilitate reflection on learning?
Can we leave prescribing error measurement to organisational KPIs?

Multi-Source Feedback - An Opportunity for Improving Learning and Performance Culture

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Background:

In Australasia, medical regulatory bodies are recommending greater use of Continuing Professional Development (CPD) activities that focus on reviewing performance. Multi-Source Feedback (MSF) - a practice-based activity that includes reflective elements and encourages constructive feedback leading to the identification of learning goals - could be employed for such purpose.

Aim:

The aim of this study was to evaluate an MSF trial that included a telephone/videoconference debrief, rather than face-to-face, to identify enablers and barriers for future MSF implementation.

Method:

Thirty-seven Australasian physicians completed an MSF, including a debrief of their MSF report with a trained facilitator. Concurrently, a sequential mixed-methods evaluation of the MSF trial was undertaken.

Results:

Feasibility, effectiveness, and sustainability were identified as key themes for successful MSF implementation. Feasibility was impacted by the level of administrative support available and the debrief logistics. The quality of feedback and the debrief session were the main factors impacting effectiveness. Finally, the formative nature of the MSF and the participants' concerns about transparency and confidentiality impacted on perceptions of sustainability.

Discussion:

After medical training is complete, there is often little opportunity for feedback. Encouraging critical reflection and goal setting, MSF can contribute to a productive learning and feedback culture aimed at improving performance.

Conclusions:

MSF can offer Australasian physicians opportunities for learning and performance improvement. Notably, debriefing the MSF report with a trained facilitator assisted most participants to better frame feedback and act on it. Moreover, telephone/videoconference was perceived as a suitable and more sustainable format for the debrief.

Narratives of Progression: how failure helped or hindered becoming a junior doctor

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Introduction/background:

There is limited research focused on understanding medical students' experiences of difficult academic progression and how those experiences influence early workplace performance of junior doctors. This paper will share findings from across the three phases of the **Narratives of Progression: from medical student to doctor** multicentre study funded by the UMAT Consortium

Aim/objectives:

To explore senior medical students experiences of an interruption in their academic progression as they transition to becoming junior doctors.

Methods

This interpretive phenomenological study used a series of three in-depth interviews over 12 months to gather the lived experiences of graduating medical students who had a significant academic interruption whilst in medical school.

Results:

Thirty-eight students from five medical schools were purposively selected. A dominant theme across all three interviews was *Learning through the experience of Failure*. In the first interview, many participants explored how they *Managed the Failure*- revealing varied reactions, responses and coping strategies. The second interview revealed a shift to *Appreciating the Failure*- reframing their learning and gaining confidence before beginning work as a junior doctor. A prevalent theme from the third interview was an *Enhanced Perspective of Failure* as contributing to their resilience, compassion, and passion for medicine.

Discussion

While failure has some hindrances related to cost, time and confidence, how the participants have learned through failure offers encouragement for current struggling students and reassurance for their teachers.

Conclusions:

In life, it's necessary to fail. These junior doctors have grown and developed from the experience.

New graduate paediatric occupational therapists' experience of learning to make intervention decisions: A case study approach.

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Introduction:

Current literature highlights that the transition from student to occupational therapy practitioner is challenging. Research has explored the general demands on new graduate occupational therapists as they develop clinical and professional skills, and the organisational strategies that are facilitatory such as supervision, support and education. However previous research has not focused on the experience of learning to make intervention decisions across diverse paediatric workplace contexts.

Aim:

To explore how new graduate paediatric occupational therapists' experience of learning to make intervention decisions varied across three different workplace contexts: private practice, acute settings and non-government organisations.

Methods:

Case study methodology emphasises the importance of context. Data collection methods included semi-structured interviews, researcher field-notes, document/resource review, and reflective journals. Inductive and deductive analysis was used to identify themes and patterns within the data.

Results:

Twelve new graduate and seven more experienced paediatric occupational therapists provided both 'in the moment' and more long term perspectives. Preliminary findings indicate that new graduates working in an acute setting may be more likely to draw on supports within the workplace context, such as supervision and discussions with colleagues when learning to make decisions. New graduates working in private practice and non-government organisations appear to draw on a variety of professional and personal resources in addition to workplace supports. This includes seeking out friends and family with relevant knowledge, and drawing on technical skills and knowledge learnt during their practice placement experiences.

Conclusions:

Organisational, professional and personal factors shape new graduate learning and skill development.

Nursing and Midwifery undergraduate students' perceptions of death, dying and related support needs during clinical placements

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Introduction/background:

Healthcare students may witness suffering and experience anxiety, stress and trauma as they care for dying patients during clinical placements. Undergraduate education needs to prepare students to provide holistic care for the dying, and develop effective coping strategies.

Aim/objectives:

To explore student preparation and support strategies used when exposed to death and dying during clinical placements

To develop an evidence-based resource to prepare, support and enhance student resilience and mental wellbeing when encountering death and dying.

Methods

Participants were final year nursing and midwifery students from one university. The online questionnaire assessed emotional wellbeing and students' experiences of death and dying, and in-depth interviews were conducted. Counts and percentages were calculated for the survey data and interview data was analysed thematically.

Results:

Preliminary results show that majority of students encountered patient's death during clinical placements. Students expressed needs of educational preparation and more support from university academics and clinical educators. We will present final results for the study at the conference.

Discussion

Factors such as students' age, values, beliefs, cultural background and past personal experiences influence students' views and attitudes toward death and dying. Our undergraduate students are young and culturally diverse, and frequently encountered death for the first time during their clinical placements.

Conclusions:

Educators need to include effective education that is appropriate to the unique needs of our students and develop support systems cooperating with clinical teachers in order to build resilience to enable them to cope with death and dying.

Online discussion boards: Student engagement and assessment

Elizabeth J Ware¹

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Introduction/background:

In a fully online course, some students indicated feelings of isolation and disconnectedness. Discussion boards were provided, however, many students did not meaningfully participate, and those who did generally thought it was unfair that some students did not contribute. A number of initiatives had been implemented to encourage the use of discussion boards, with varied success. In 2019, a new approach was trialled; the literature was reviewed and a summative assessment task, which required students to regularly contribute to the online discussion board, was trialled.

Aim/objectives:

The aim of this initiative was to improve the social learning environment by mandating discussion board contributions. The initiative required the development of an assessment rubric that aligned with best practice in online social learning.

Discussion:

Discussion boards can enable students to interact, share knowledge and feel connected in an online learning environment. The assessment task developed required regular, timely postings; no word limit was applied but approximately 100 words per post was suggested. Elements evaluated included: knowledge of subject material, application to personal HPE experiences, support of other learners, and clarity of posts. The initiative was successful and is to be implemented in other subjects.

Issues/questions for exploration or ideas for discussion:

Should discussion board contributions be assessed to encourage social learning and connectedness?
What criteria should be considered if developing a rubric to evaluate discussion board contributions?

Paid employment of medical students in the hospital: feasibility, acceptability and experiences.

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Introduction:

Medical students undertake a range of activities in the hospital that contribute to system efficiencies and patient care. Legitimate peripheral practice in taking histories, writing in files, performing venipuncture or giving patient information increases learner engagement and fosters professional identity. While there are examples of medical students undertaking these activities in a paid capacity, the experience of medical students employed in Australian hospitals is largely unexplored.

Aim:

The project investigates paid employment roles, opportunities, and experiences in the hospital from the perspective of staff and medical students. The project design is qualitative, using semi-structured interviews with senior hospital administration, health professionals, medical educators (n=15) and students (n=15) to explore acceptability, experiences, and feasibility of a paid employment program in health services for medical students.

Discussion:

The study is ongoing, with hospital staff representatives from fifteen departments participating in interviews, exploring gaps in the workforce while medical students across a 4 year program share their experience of working in a hospital.

Ideas for discussion:

The data may inform design of a model of paid employment for medical students which has bidirectional benefit for the hospital and student, further research may include development of a business model that could be presented to health services.

Paramedicine Curriculum: Developing A Signature Pedagogy

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Introduction/background:

Higher education institutions have historically developed paramedic curriculum organically, on an as-needs basis, without theoretical frameworks guiding their design.

Aim/objectives:

This study proposes a signature pedagogy for paramedicine, consistent with accreditation requirements of the Paramedicine Board of Australia and incorporating key elements identified in a consensus study of paramedic academics..

Methods

The academic consensus study identified core subjects within specific health care categories that best met the needs of the current and emerging role of paramedics. It was also identified that a paramedic curriculum must reflect the dominant roles of paramedicine: emergency response; and primary and public health care. Critical theory was used to inform an appropriate theoretical framework of curriculum design.

Results:

Three interrelated aspects emerged as forming a signature pedagogy for paramedicine: enhanced clinical judgement ability; patient centred focus to curriculum design; and skills-based approach of learning outcomes.

Discussion

A curriculum design for higher education institutions has been proposed incorporating the signature pedagogy and ensuring accreditation requirements are met.

Conclusions:

Using the signature pedagogy, and proposed curriculum design, there remains a level of flexibility for higher education institutions to tailor paramedic qualifications to jurisdiction needs whilst maintaining consistency across institutions and meeting the needs of a rapidly expanding industry.

Pedagogical interventions and their influences on university-level students in learning pharmacology: A systematic review

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- 1- Western Sydney University, School of Medicine, Medical Education Unit
- 2- University of New South Wales (UNSW), Office of Medical Education

Introduction/background:

Pharmacology is considered troublesome because of difficult nomenclature and high information load. Students often find difficulty understanding drugs and their interaction with target molecules. This knowledge is fundamental for administration and monitoring of drugs' therapeutic and adverse effects. Furthermore, the context in which drugs are prescribed needs authentic clinical practice and prescribing skills need to be streamlined to ensure accurate prescription and delivery. These, and many other undiscovered challenges, inspire academics to bring innovations into the teaching and learning of pharmacology that could enrich the students' educational experience and help transform them as learners.

Aim/objectives:

The emerging body of literature on pharmacology education signified the adoption of numerous pedagogical interventions to facilitate student understanding of the discipline. The primary objective behind this systematic review is to examine those educational interventions and to understand and analyse their impact on student learning of pharmacology. The review will also look for the underlying challenges that persuaded the stakeholders to utilise those strategies.

Discussion:

Data extracted from primary studies published in 2014-2019 will be used to understand and synthesise the pedagogical interventions undertaken to reinforce students' learning of pharmacology. The context, mechanism and outcomes of these interventions will be explored. The interventions will be compared and the outcomes, positive or negative, will be dissected in view of the underlying context and method used.

Issues/questions for exploration or ideas for discussion:

- Why do students find learning Pharmacology difficult?
- Why do academics find teaching Pharmacology challenging?
- What pedagogical interventions can help students' learning of Pharmacology?

Peer Coaching and Work Integrated Learning Placements: Best Practice Perspectives from Experienced Clinical Educators

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Introduction/background

Over the past decade, there has been an increasing focus on integrating peer-coaching into the WIL environment to enhance learning and employability. Despite literature supporting the use of peer coaching in WIL placements, more resources on how to manage this type of placement are needed.

Aim/objectives

To demonstrate an integrated framework for managing a peer coaching work integrated learning placement throughout its life-cycle.

Methods

The project employed a Constructivist Ontology, Interpretive Epistemology and Qualitative Methodology in the form of semi-structured interviews. The perspectives of 31 experienced clinical educators from Australia and Canada with extensive experience in multiple student supervision were conducted, transcribed and thematically analysed. Participants were from physiotherapy (n=11), dietetics (n=3), occupational therapy (n=6), and speech pathology (n=11).

Results

Key implementation best practice strategies were identified for 7 dimensions of the peer coaching learning model (pre-planning, first day, first week, middle weeks, final weeks, midpoint and final evaluations, post experience).

Discussion

A framework that provides clinical educators with information on preparation, implementation, evaluation and problem-solving strategies for success in guiding a peer coaching placement model are described in detail; in addition to two evidence-based resources - a **practice guide** and **book** on peer coaching models in work integrated learning placements.

Conclusions

This research adds a valuable practice perspective to the literature, and practical considerations for peer coaching during work integrated learning. This work creates a foundation for academic staff, clinical supervisors and students to develop a shared understanding of needs and expectations in peer coaching during WIL placements.

Peer feedback as a strategy to foster feedback literacy in first-year allied health students

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Introduction/background:

Developing a learner's capability to provide and utilise feedback are transferable skills from classroom to employment. Research suggests there is a disconnect between provision of feedback, and the learners recognising and using this feedback.

Aim/objectives:

The aims of this project were twofold: firstly, to evaluate first-year allied health students' perceptions of feedback, and secondly, to assess the capability of these students to provide peer-feedback.

Methods:

Participants were first-year osteopathy students enrolled at Victoria University, Melbourne in 2019. Feedback learning activities were embedded throughout the year. Participants were invited to complete a questionnaire to assess attitudes towards feedback, and provide their own definition of feedback. This survey was administered at three time points throughout the year. Quality of peer feedback provided by the students was assessed at two time points (semester 1 and 2) using a quantitative rubric.

Results:

A significant difference was identified in student attitudes towards over time ($p=0.03$, $\eta^2=0.12$). Peer feedback rubric scores significantly improved between semester 1 and 2 ($p<0.001$, effect size=0.70).

Discussion:

First-year allied health learners attitudes towards feedback can develop throughout a study year. Participating in peer-feedback tasks, and the associated learning activities appeared to improve feedback quality. This may be due to experience with the task, and developing an appreciation of actionable feedback from peers. This finding has implications for university curriculum design and workplace learning.

Conclusions:

Developing peer feedback capabilities may assist in fostering feedback literacy. How learners develop feedback literacy and use feedback to improve performance requires additional investigation.

Title: Peer observation of feedback in clinical teaching: is it feasible and what are the influences on clinicians' feedback skills?

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Introduction/background:

Feedback has been described as the 'cornerstone of effective clinical teaching' but it has been identified as a process requiring improvement. Training developed to improve feedback is rarely experiential, typically focusing on theories of effective feedback. Peer Observation of Teaching (POT) has been implicated in improving teaching in other fields, and may have application in improving workplace feedback.

Aim/objectives:

This study aims to explore if peer observation of feedback giving is feasible for paediatric trainees and examines the impact of the peer observation process on these clinicians' approaches to feedback.

Methods

Participants were hospital-based Advanced Trainees (ATs) in paediatrics and were recruited via a Junior Medical Staff email. Participants completed a questionnaire about their feedback skills before attending an interactive workshop designed to improve them. They then observed junior trainees performing mini-Clinical Evaluation Exercises on 3 occasions and provided them with feedback. The feedback sessions were video-recorded and then reviewed by peer participants who provided the AT with feedback on the feedback. Participants then completed a second questionnaire and a semi-structured interview. The interviews were audio-taped, transcribed and analysed using Thematic Analysis.

Results:

Seven ATs completed the study. Participants reported that peer observation was feasible and increased their insight into their feedback skills, particularly in the areas of linguistics and structure of feedback. They identified the logistical and pedagogical advantage of videorecording versus direct observation. Key facilitators included the trusted relationships with their peers and assuming a peer observer role where they exercised reflective skills and engaged in standards of what 'good feedback means'.

Discussion

Paediatric ATs found peer observation of feedback feasible and noted improved abilities in their feedback. Despite citing developing a learner-centred approach as a key factor that they learned from the process, participants remained focused on their need to improve 'giving' feedback rather than eliciting learners' perspectives.

Conclusions:

Peer observation of feedback was a useful mechanism in enhancing clinicians' abilities to engage in feedback and deserves further study.

Predicting OSCE performance in senior medical students using admissions MMI : Can we see the future?

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Introduction

It is widely accepted that previous academic results predict future academic performance and are generally respected as medical admissions measures, despite weaker correlation with clinical aptitude. Interviews are more controversial, reports of their predictive validity vary. Predicting graduate clinical performance is arguably a more important admissions goal – is MMI better at predicting clinical competence?

Methods

Selection scores from six cohorts of MD students (GPA, GAMSAT scores, MMI scores) were correlated with in-course assessments (written examinations, OSCE). Correlation of admission MMI vs final year OSCE assessed (N=409). Attribute matched MMI scores from two cohorts (2016-2017 graduates) correlated with OSCE competency domains using linear regression (correlations then disattenuated).

Results:

GPA and GAMSAT demonstrated significant correlation with Yr1 written examination performance (R=0.12, P<0.0001) which weakened in subsequent written examinations (R=0.07-0.09, P<0.0001). GPA and GAMSAT did not correlate with OSCE. However, MMI predicted final year OSCE performance (R=0.29, P<0.0001). Certain MMI stations showed significant positive correlation with OSCE competency domains – specifically, stations assessing medical insight positively correlated with overall OSCE score (R=0.16, P<0.0001) and ethics/law domains (R=0.22, P<0.0001). Problem solving MMI stations positively correlated with investigation planning (R=0.15, P<0.05) and patient-centred care (R=0.164, P<0.001). Leadership based stations correlated with overall score (R=0.16, P<0.008), and professional discourse (R=0.21, P<0.003).

Conclusions:

Predicting clinical performance is a vital aim for MD admissions. This study confirms correlation of prior GPA/GAMSAT with early academic performance that decreases over time. It also demonstrates MMI s a predictor of future clinical performance in OSCE. Selection attributes specifically correlate with clinical domains, implying that MMI does not simply assess communication, but also other attributes fundamental for clinical skill development. MMI interviews can aid selection by predicting those who will perform well clinically in future assessments by specific attribute.

Preferred sources of information among first year medical students in a self-directed curriculum

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¹University of Newcastle, Newcastle, Australia.

Introduction/background:

Concerns about the expanding availability and volume of medical information have led to consideration of the need to curate the sources of information used by medical students. However, this could conflict with the intention to prepare students for self-directed, life-long learning.

Aim/objectives:

To investigate whether the sources of information chosen by first year students in a self-directed PBL-based curriculum enable them to learn required content and as well as develop skills for life-long learning.

Methods

First year students completed a survey ranking the relative usefulness of sources, such as textbooks, general google searching, online videos (e.g. Khan Academy), and summary websites (e.g. UpToDate). Results were linked to academic outcomes to determine whether an association existed.

Results:

In preliminary analysis, 32% of students (43/133) ranked general google searching as a most preferred source, while only 12% of students (16/133) ranked textbooks. The most frequently cited preferred source was online videos. Academic outcomes were lowest in students who preferred either paper-based textbooks or google as a single most preferred source.

Discussion:

We expected use of textbooks to benefit students when navigating large volumes of information, however, surprisingly the students who preferred textbooks had some of the lowest test scores. The significance of this is not clear, and there are likely confounding factors. Further analysis will explore the combinations of resources used by students.

Conclusions:

Students use a variety of resources which may or may not be suited to their needs, and they may benefit from curation of resources.

Preparing allied health students for clinical practice: A cross campus interprofessional clinical simulation project.

Tracey Parnell,
Charles Sturt University, Australia

Introduction/background:

Simulation has been promoted as an innovative, flexible and realistic alternative to traditional workplace learning opportunities. Interprofessional simulation provides students with an opportunity to learn from, with and about each other, and to develop interprofessional practice skills which are essential to working effectively within healthcare settings. This presentation focuses on describing a project that embedded simulated interprofessional learning activities within discipline specific allied health programs at Charles Sturt University.

Aim/objectives:

The interprofessional simulation experiences were designed to increase student engagement within and across disciplines, and to prepare students for interprofessional collaboration in future practice. The experiences also aimed to provide a safe environment for students to undertake authentic contextual learning and, improve student retention by enhancing depth of learning, confidence, and preparation for workplace learning.

Discussion:

A team of allied health educators worked collaboratively to develop face-to-face and online interprofessional simulation resources and experiences. The interprofessional experiences involved undergraduate students from occupational therapy, physiotherapy, podiatry and speech pathology disciplines across three campuses. Students were involved in discipline specific simulation experiences over the course of one week in addition to four specific interprofessional experiences.

The feedback analysed to date indicates that the students gained valuable skills and knowledge from the interprofessional experiences but that there are aspects of the program that require further development. Data analysis is ongoing.

Issues for exploration and discussion:

Interprofessional simulation provides opportunities for both student and educator development. Designing simulation experiences to meet the needs of four disciplines across three campuses was challenging but achievable.

Preparing health students for the climate crisis starts with healthcare professions educators.

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Introduction/background:

Climate change is both the greatest threat and opportunity to human health. Health professions educators are currently teaching the last generation of students that can potentially mitigate climate change. These students will also be at the forefront of the adverse impacts of climate change. We must ensure environmental sustainability (ES) and climate change (CC) are integrated across all healthcare professions curricula.

Aim/objectives:

The aims of this study are to (1) explore the current knowledge, attitudes and practices of healthcare professions educators to teach ES/CC, (2) identify factors which inhibit and promote teaching in this area and (3) develop recommendations for teaching ES/CC in health professions curricula.

Methods:

Using the consolidated framework for implementation research, we conducted a sequential, mixed methods study with two phases. Phase 1 involved an online survey of healthcare professions educators to determine their capacity to teach ES/CC. Phase 2 involved a 'Teach Green Hackathon' designed to bring educators from varied health disciplines together to explore, share, and create actionable recommendations to build educator capacity in this important area.

Results:

Preliminary results have captured valuable participant data (n=163) that demonstrates a gap in educators capacity to teach ES/CC to our future healthcare professionals, and identified opportunities and challenges for equipping future health professionals to mitigate and adapt to CC in ever changing healthcare environments.

Discussion:

The results will inform the design and implementation of an ES/CC curriculum framework to meaningfully apply an ES/CC lens across all health professions teaching and learning.

Professional development of educators in metacognition – a real ‘eye-opener’.

e.g. [Kelby Smith-Han](#)¹, [Steve Gallagher](#)¹, Kim Brown¹, Rob Wass¹, Tracy Rogers¹, Jacqueline Tagg¹

¹University of Otago, Dunedin, New Zealand

Introduction

Metacognition enables students to know about their learning, to assess which strategies will be most effective in their studies, and to monitor and evaluate their learning. However, educators are often unaware of metacognition and the skills are seldom taught. This study piloted professional development (PD) in metacognition for health professional educators (HPEs).

Aim

Did this metacognitive PD intervention change the way educators think and go about about their teaching practices?

Method

HPEs who taught small groups as part of the MBChB degree were invited to participate in a pilot project. Seven participants completed four 50 minute PD workshops focusing on planning for learning, monitoring for learning, reading strategies, summarising and evaluating. Pre and post semi-structured interviews were conducted followed by inductive thematic analysis.

Findings

Themes presented include: stages of change in practice; transferability of practice; affirmation of existing practices; students’ receptivity; and students taking ownership of their learning.

Discussion

The utility of the PD intervention was encouraging with regard to evidence of change in thinking and teaching practice of participants. Despite a breadth of teaching experience, all participants valued learning about metacognition, and modified their teaching accordingly. Participants recognised that what they learned about metacognition could transfer from small to large groups, bedside teaching, laboratory teaching, supervision; and across the learning spectrum (e.g. undergraduate, postgraduate, and continuing professional development teaching). Proposals for increasing the availability of this PD for more staff involvement will be discussed.

Progress testing and medical students' approaches to learning: A latent growth model

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Introduction/background:

Progress testing (PT) examines students' medical knowledge using multiple-choice questions set at the expected knowledge level of a first year house officer. As a longitudinal, formative assessment, PT may promote deep learning and reduce surface learning and assessment-related stress. The growing interest in PT has led to significant innovations in the medical learning culture.

Aim/objectives:

This paper investigates changes in and associations among approaches to learning, perceived stress, and PT scores over time.

Methods

Year 2 to Year 6 medical students (N = 222) completed the Revised Two Factor Study Process Questionnaire and the Perceived Stress Scale at the completion of three progress tests. Individual deep and surface approaches to learning scores (DA & SA), perceived stress score (PSS), and the relevant PT score at each time points were included in several latent growth models to examine change over time.

Results:

Students had significantly higher DA than SA scores across all time points. There was no significant change in DA scores over time; however, both SA and PSS had significant positive slopes, suggesting increases in SA and PSS overtime. Moreover, at Time 1, there was a significant and negative correlation between SA and PT scores ($r = -.15, p < .05$), while stress was positively related to SA ($r = .45, p < .05$) but negatively related to DA ($r = -.23, p < .05$).

Conclusions:

PT may influence students' surface approach to learning. Levels of perceived stress are significantly related to both surface and deep approaches to learning.

Promoting a culture for learning evidence-based practice: Evaluation of a collaboratively developed framework

Kylie Murphy, Katherine Freire, Tracey Parnell, Narelle Patton, Rod Pope

Charles Sturt University, Albury, Australia

Background:

Evidence-based practice (EBP) is a client-centred, question-in-context driven process of evidence collection, collaboration, and critical reasoning to facilitate defensible healthcare decisions.

Aim:

In response to an identified lack of guidance tailored to student placement supervisors, the aim of this study was to develop and evaluate an EBP learning and assessment framework. The primary purpose was to assist placement supervisors to facilitate and assess EBP as part of their supervision of students on clinical placements.

Methods:

A draft framework and associated resources were developed, based on the scholarly EBP literature. Formative evaluation was then conducted, drawing on feedback from health academics, placement-experienced students, and placement supervisors, across multiple healthcare disciplines. Following further refinement, summative evaluation of the final resources took the form of an online survey, assessing the perceived value of the resources from the perspective of each stakeholder group.

Results:

Respectful collaboration with academics, students, and supervisors during the development phase has resulted in a suite of user-friendly resources, including a poster, a booklet, and summary checklists, all accessible on a freely-accessible website. Summative evaluation indicated significant perceived benefits associated with the use of these resources.

Conclusions:

The EBP learning and assessment framework and associated resources developed in this study are suitable for widespread use, across healthcare disciplines. If utilised, they have the potential to facilitate a shared understanding between academics, students, and placement supervisors about the principles and processes involved in high-quality EBP and, consequently, to maximise EBP learning and implementation.

Quality assuring Examiners on dispersed campuses, online training and feedback with follow up exam feedback.

Lizzi Shires¹ Renee Harvey¹ and Acclaim collaborators²

¹University of Tasmania ² ACCLAIM Australian Collaboration for Clinical Assessment in Medicine.

Introduction:

Our OSCE's are only as good as our examiners Training and supporting OSCE examiners is a challenge for all medical schools particularly larger schools with many examiners and those who examine across several campuses.

Aim:

To present a method of training examiners and giving them feedback on their performance as part of the OSCE training and after the OSCE.

Methods

An online examiner training module was developed for each OSCE station and examiners would mark the station and then compare their marking with the 'ideal' marking and feedback. The 'ideal' marking was agreed by consensus of senior examiners who had undertaken the online training prior to it being released to all examiners.

Examiners also got feedback on their marking compared with others who had marked in that station.

Results:

Online training reduced the interexaminer variability during OSCE training. Additional use of feedback of their performance compared to their peers altered performance in subsequent exams.

Discussion

Examiner training can be challenging with examiners having a wide variety of OSCE experience and little time for training. Marking consistency can be improved by online training and performance feedback.

Conclusions:

Examiner marking consistency can be improved by online training and performance feedback.

Realist approach to evaluating self-directed learning among medical students using ePortfolio-based Learning Advisor system

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Introduction:

Whilst there exists some evidence that portfolio-based appraisal can facilitate self-directed learning (SDL), there seems to be paucity of theory-based evaluative data in understanding optimal conditions that enhance SDL. Underpinned by realist evaluation, this study explored the context-mechanisms-outcomes underlying students' SDL strategies facilitated by clinician academics (Learning Advisors) within an ePortfolio-based system in a graduate entry program.

Aim:

To unpack mechanisms underlying patterns of outcomes triggered in different contexts within a large scale pilot of exploring SDL based on Learning Advisor (LA) system for 193/277 Year 1 medical students across six clinical schools in New South Wales, Australia.

Methods:

Data analysis of focus groups (a total of 99 medical students); in-depth interviews (23 Learning Advisors) and survey data.

Results:

Most useful conversations were around professional identity, career choices, work-life balance and validation of progress, as opposed to feedback on performance. Reassurance, trust, credibility as underlying mechanisms of educational alliance depended upon contextual factors such as gender, student's insights, , and advisors' specialty and experience as clinician and educator.

Discussion

For medical programs with large student cohorts, SDL behaviours are better driven by professional conversations between advisors and students as opposed to feedback on performance.

Conclusions:

Learning Advisor based ePortfolio driven conversations in fostering SDL is mediated by the interplay of trust, validation, credibility, educational alliance, and self-esteem.

Recommendations for creating and reading studies of cost and value in the health professions

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Introduction:

Cost and value research helps educators achieve the best learner outcomes within the constraints of available resources. Lack of familiarity, and exposure to cost and value concepts, are key barriers that educators face when evaluating the type and quality of these studies in the health professions.

Aim:

The purpose of this presentation is to identify critical aspects when creating cost and value research, and highlight key features to identify when reading cost and value research.

Methods:

A systematic review was conducted. Key databases were searched using terms for 'health professions education' and 'cost and value analyses' in July 2017. A sample of records across 2001, 2006, 2011, and 2016 were included. The Medical Education Research Study Quality Instrument and BMJ economic checklist were used to appraise methodological and reporting quality, respectively.

Results:

A total of 78 studies were included. Studies were predominantly from the USA and Europe (n=63, 81%), based on physician training (n=46, 59%), and evaluated cost but not outcomes (n=52, 67%). Quality did not change over time. 49 (63%) studies stated a cost-related research question, 23 (29%) stated the type of evaluation used, and 31 (40%) described methods for estimating cost.

Discussion:

We propose the need for a greater number of cost and value analyses, with carefully conceived research questions, supported by high-quality methods and reporting.

Conclusions:

Educators should be using cost and value research to guide their practice, however, there is a need for the quality of research to improve, and for readers to be discerning.

Re-imagining undergraduate nursing curriculum: Collaborating with consumer academics using a co-designed approach

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Formal consumer roles within mental health services and higher education have enriched care delivery and have been vital in shifting mental health services' focus towards consumer involvement in healthcare. Consumer roles are important in mental health since the lived experience of mental illness/mental distress is difficult to understand without having experienced the complexities surrounding a mental illness diagnosis. Thus, providing care and support that incorporates the lived experience perspective can pose a challenge for healthcare professionals. Consumer academics (academics with a lived experience of mental illness) bring unique insights of mental distress and service use to learning and teaching and can improve student attitudes towards people experiencing mental distress. The lived experience perspective can enhance student understanding of stigma, language and the importance of consumer centred care. Despite the value of consumer academics, uptake of consumer academics within nursing higher education has been slow and consumer academic learning and teaching predominantly occur in post-graduate degrees, consumer-led units in undergraduate nursing education, or as 'one-off' co-produced workshops with consumer academics and health professionals. While these approaches are beneficial, they are not without challenges and do not incorporate co-production throughout an entire undergraduate unit. In this presentation, the authors will reflect upon their experience of working together as mental health nurse academics and a consumer academic using a co-designed model in an undergraduate mental health nursing unit. The discussion will extend to examine the opportunities, challenges and successes of this approach in undergraduate nursing mental health learning and teaching.

Reservoirs to rivers: Peer group debriefing for clinical educator support and learning.

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Introduction/background:

Demand to establish networks providing practical support to physiotherapy clinical educators while supervising students on clinical placements was identified. Twenty peer debriefing sessions were established over a clinical placement year to provide peer support and facilitate the transfer of knowledge among clinical educators.

Aim/objectives:

This project aimed to provide physiotherapy clinical educators with opportunities to share their experiences supervising students and discuss practical strategies with peers. Clinicians were provided with dedicated time for to participate in structured small group discussions modelled on the established Gibb's reflective cycle. Sessions aimed to promote the transfer of clinical education knowledge by establishing peer support networks.

Discussion:

Evaluation of the debriefing sessions revealed participants found sharing common issues, problem solving solutions and peer support were positive aspects. Within session evaluation of participants revealed 76% of respondents (n=26) identified ways to change their practice as a result of the session. Challenges included ensuring access to peer support for educators located at satellite clinical sites and scheduling of sessions around work commitments.

Issues/questions for exploration or ideas for discussion:

Dedicated time for clinical educator reflection with peers may be an effective model to facilitate peer support and knowledge transfer among physiotherapy clinical educators. Long term benefits and optimal design of sessions needs further exploration. Can such practice build a learning culture where reservoirs of knowledge are readily shared with peers?

Rural placements for health professional students – how long should they be?

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Introduction/background

Health professional pre-registration students undertake significant periods of learning in clinical workplaces. The importance of contextual learning on future career choice, as well as many other aspects of experiential learning, is well recognised. Rurally-located learning opportunities are therefore considered increasingly important, if not essential, in many degree programmes. With ever-more students, yet relatively small numbers of clinical providers in rural locations, there is finite capacity to accommodate students' learning needs whilst maintaining safe, effective clinical services.

Aim/objectives

To determine optimal length of rural clinical placements for pre-registration health professional students.

Methods

A structured integrative literature review (Whittemore & Knaff's framework) was undertaken in Nov-Dec 2018 to find studies investigating clinical placement duration for pre-registration students, including interprofessional placements. Studies involving dietetic, dentistry, medicine, nursing, pharmacy and physiotherapy students were included.

Results

Initial database searches revealed 3431 articles. Twelve articles met the eventual inclusion criteria. Of these, the majority were Australian studies, with two Canadian and one Japanese. Seven studies investigated intention to practice rurally, or practice location post-graduation. The remaining articles investigated the effect of placement length on other factors such as clinical competence. No interprofessional placement studies were identified

Discussion

There are few studies comparing different duration of placements for comparable student groups in rural locations. Why are there so few studies about optimal placement duration? And what counts as success? This is critical information if we are to realise benefit for students as well as communities – otherwise we risk costing rural communities rather than benefitting them.

Scaffolding curricula for the development of interprofessional socialisation and collaboration among nursing, pharmacy and medical students at an Australian University

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e.g. ¹ The University of Sydney, Camperdown, NSW, Australia

Introduction/background:

Collaborative practice among healthcare professionals from diverse disciplines is essential for the provision of safe, high quality patient care and improved patient outcomes. Interprofessional education underpins the development of future collaborative practice among healthcare students and promotes the development of a dual professional and interprofessional identity necessary for effective teamwork. Historically, interprofessional education has been opportunistic with little consideration given to the pedagogical principles required for effective learning. Skill acquisition and the development of interprofessional competency requires reinforcement through educationally sound strategies such as scaffolded learning. Interprofessional education is widely mandated in healthcare curricula and professional accreditation standards and is now prioritised globally in many tertiary institutions. Subsequently, educators now face the challenge of how to implement this effectively across multiple health disciplines.

Aim/objectives:

This presentation aims to explain the requisite theoretical underpinnings of a spiral curriculum and the utility of a scaffolded pedagogical approach for interprofessional education.

Discussion:

The implementation of a series of structured educational activities, developed by academics for nursing, pharmacy and medical students within the Faculty of Medicine and Health at the University of Sydney will be discussed. As exemplars, interprofessional activities will be used to demonstrate how scaffolding within spiral curricula can be used effectively to develop interprofessional competencies from the classroom to the clinical setting. Findings from the evaluation of these activities will also be presented to provide evidence of effectiveness.

Issues/questions for exploration or ideas for discussion:

How can a scaffolding approach be utilised for other aspects of health education?

Scoping Review mapping educational interventions for geriatric education of non-geriatric doctors in training

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Introduction/background:

Most doctors will care for the increasingly ageing population who often have multiple/geriatric complications, but research shows a lack in confidence, knowledge and skills of doctors in geriatric medicine. There is a wide variety of geriatric educational interventions for doctors-in-training, however, the last substantial review in 2003 found only a limited range of educational interventions with limited quality of evaluation and consideration of theory and mechanisms.

Aim/objectives:

There is a need to provide an update to map the breadth of research into geriatric educational interventions for doctors-in-training with the aim of outlining good practices and identifying gaps.

Methods

A scoping review (following PRISMA-ScR) to map the breadth of geriatric teaching approaches in doctors-in-training (excluding specialist geriatric), searching MEDLINE, EMBASE, EMCARE, ERIC, CENTRAL and SCOPUS databases with handsearching of bibliographies of relevant articles, and grey literature searches. The data was analysed thematically to discuss significance and usefulness to guide future implementation and research. The MMAT was used to assess study quality.

Results:

There is an increasingly wide range of geriatric educational interventions with increasing use of validated tools for evaluation of educational outcomes especially knowledge and attitudes; with several studies also considering longer term and clinical/result outcomes. Study quality has generally be low. There continue to be studies using local/unvalidated measures, self-efficacy, attitude and knowledge measures. This field lags behind in considering theory and mechanisms - not just “if” and “what” works, but also “why” and “when” and for “whom” it works.

Conclusions:

Future studies should consider good exemplars, carefully align evaluation strategies with objectives, use validated tools, and explore theory/mechanism (eg. Realist evaluation).

Seeing through the fog: What are the professional development needs of teaching academics in allied health?

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Introduction/background:

Many teaching allied health academics have vast content knowledge, and industry or research experience. However, learning and teaching pedagogies are often lacking. To address this, a Community of Practice (CoP) was commenced in an allied health school at a large Australian university.

Aim/objectives:

The aim of this study is to conduct a comprehensive needs analysis survey to understand the participants perspectives regarding topic content, delivery mode and timing of a 2-year collaborative COP program.

Methods

A questionnaire was created to identify participant self-rating confidence in learning and teaching, content topics and delivery preference. In particular, we focused on learning strategies, active teaching methodologies, assessment and feedback, and rubric design. The anonymous needs analysis survey was sent to all academics who expressed an interest in joining the CoP. Data analysis was completed and reviewed by the CoP to collaboratively design a learning and teaching professional development program.

Results:

Overall, 70% of academics lacked confidence in applying active learning strategies, 35% reported confidence in understanding and applying adult learning theory, 43% felt confident in designing an interactive teaching session and only 35% felt confident in delivering online feedback. Topic content identified included: planning for learning, assessment and feedback, supporting students and scholarly teaching.

Discussion

Teaching academics reported a concerning lack of confidence in learning and teaching principles and design strategies. This may be due to shifting academic identity from health professional to higher education teacher.

Conclusions:

A needs analysis survey is an essential method to inform program design and understand CoP participants' needs.

Self-assessment and lifelong learning: Understanding and developing students' self-assessment capabilities

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Introduction:

The role of higher education extends beyond development of disciplinary knowledge to facilitating student's self-regulatory skills and promoting engagement with life-long learning. Whilst improved ability in identifying success criteria and accurate self-assessment may improve academic results, such skills would also prove invaluable to future health professionals.

Aim

To identify relationships between prior academic performance, self-assessment accuracy and quality. Further, to investigate whether an educational intervention would calibrate student and instructor marking, and improve student self-assessment accuracy, quality, and academic performance.

Methods:

Second-year Bachelor of Physiotherapy (Honours) students (n=85) studying functional anatomy completed a self-assessment task - they answered a short answer question (SAQ), assigned a quantitative mark to their answer, and justified the mark they gave. The disparity between instructor and student mark yielded an accuracy score. Themes were identified regarding the judgements students made about their academic work. Students completed a marking tutorial and repeated the self-assessment task with a different topic.

Results:

Students generally overestimated their performance. Higher performing students displayed higher self-assessment accuracy and higher level qualitative judgements. Student marking of exemplars calibrated after self, peer, and tutor-led discussions. Compared to previous performance, more students improved on SAQs versus multiple choice-style questions and, on average, by a greater degree. Current students' SAQ performance was significantly better than that of the historical cohort (0.23 ± 0.03 and 0.10 ± 0.02 , $p < 0.001$). Students significantly improved self-assessment accuracy.

Discussion:

Prompting student self-assessment can lead to improved student outcomes. It is hoped that this will translate to improved clinical practice.

Self-direction in problem-based learning: are we inadvertently defeating the purpose?

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Introduction

Problem-based learning (PBL) was introduced in medical curricula 50 years ago, and has been widely adopted as a learner-centred educational strategy. Among its advantages, PBL is reported to foster students' self-direction and self-regulation in learning. However, there are many variants of PBL, with different outcomes. In particular, researchers have conjectured that teacher-led PBL curricula may hinder the students' development of self-directed learning strategies, although there is scant evidence to support this. This study investigated students' learning strategies in a PBL curriculum in contrasting institutional contexts.

Methods

A multi-sited ethnography was conducted at two medical schools, which deliver the same program at two separate locations. Data collection involved 33 hours of observation of PBL tutorials and interviews with 17 medical students and 16 academic faculty members. Thematic analysis was conducted.

Results

Four shared learning strategies surrounding the PBL curriculum were identified: the weekly homework, the division of targets, the production of notes, and the PBL presentations. The students' reasoning for adopting these strategies demonstrate the informal and hidden influence of PBL tutors, peers, older students and assessment structure.

Discussion

Despite the emphasis placed by medical schools on the development of self-directed learning, medical students are subject and respond to influences and cues conveyed by informal and hidden curricula in the learning environment. An accurate assessment of the learning environment is needed to ensure no contrasting messages are conveyed by the formal and other-than formal curricula, as these may produce unintended outcomes and hinder the achievement of intended objectives.

Setting the environment for interprofessional learning in three stages of process improvement in the management of cardiac arrest in a patient following an open heart surgery

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Introduction/background:

In our setting of a tertiary Intensive Care Unit (ICU) with Cardiothoracic Service (CTS), we noted a problem area relating to the management of cardiac arrest in a patient following open heart surgery. The management of cardiac arrest in this group of patients involves interprofessional and interdisciplinary teams. We formed an interprofessional, inter-departmental, and inter-generational working group with deliberate incorporation of interprofessional learning. The professional groups for this improvement initiative include medical and nursing, with inter-departmental collaboration (ICU and CTS). We include ICU and CTS registrars, despite the logistics of the trainees rotating to different hospitals as part of their training limiting their sustained involvement and engagement, to cultivate interprofessional learning (IPL). IPL was achieved by collaboratively establishing clear guidelines followed by developing and delivering an interprofessional education program, fulfilling most of the CAIPE (UK Centre for the Advancement of Inter-professional Education)'s principles of interprofessional education (IPE).

Aim/objectives:

To describe IPL activities in our three stages of process improvement, and share our insight and learning gained from this experience.

Discussion:

The discussion follows the '3-Ps' model: *Presage*, outlines the context of learning and the people involved; *Process*, describes the process and approach to interprofessional learning; and *Product*, discusses the intended outcomes of the process and learning interventions, and the challenges.

Questions for exploration:

There are many quality improvement initiatives, but the opportunity for interprofessional learning is often overlooked. How do we cultivate IPL within an organisation and ensure that it is sustainable given the various challenges?

Setting up the student placement experience. The role of a single online orientation program to set the learning culture.

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Introduction/background:

How students are welcomed and informed about their student placement is an important signal as to how valued students are in an organisation. Orientation is an opportunity to provide information to learners, including, expectations of professional behaviour, participation in learning and exposure to work systems. There is a significant amount of information that is common across disciplines and relevant to all students, however historically has been administered in silo's. This process is time and resource intensive in both the development and maintenance of information currency, increasing the likelihood that critical information is omitted or provided incorrectly.

Aim:

To provide a centralised student placement orientation for allied health, medical and nursing students via an online format, in order to standardise content and increase efficiencies, allowing for increased clinical learning while still meeting student needs.

Discussion:

A standardised online orientation program was developed that included: a welcome and orientation to the organisation – history, values and maps of the organisation; mandatory training modules; and access to paperwork such as confidentiality agreements. This core content was targeted to all 14 clinical disciplines who offer student placements. In addition, disciplines could provide additional discipline-specific information and resources for inclusion in the online platform.

Students were provided access to this orientation prior to their placement via an email link. At the end of the placement/rotation, feedback about the student experience, including orientation was sought.

Conclusion:

A centralised model of orientation has been a feasible and acceptable method of delivering orientation. It ensures key information is shared and, creates efficiencies and transparencies of student expectations to all clinicians. Capturing all students organisationally also formally identifies this cohort to seek feedback on their experience.

Shades of Gray's Anatomy: Preclinical Anatomy Education as a Primer for Medical Students' Tolerance of Uncertainty/Ambiguity

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Introduction:

Tolerance of Uncertainty/Ambiguity (ToU/A) describes individuals' responses to ambiguous stimuli. ToU/A is recognised as impacting healthcare outcomes; however, little is known about how medical students experience ambiguity, and whether education impacts students' ToU/A.

Objectives:

We sought to explore the impacts of the pre-clinical educational learning environment on medical students' ToU/A, using anatomy as a model context.

Methods

We conducted a longitudinal qualitative study with 207 undergraduate medical students across the three semesters in which they undertake anatomy. Data were collected from online discussion forums during semesters, and semi-structured interviews at the end of semesters.

Results:

Framework analysis identified stimuli of ambiguity, factors impacting/moderating student ToU/A, and students' responses to ambiguity. Stimuli included those specific to anatomy education (e.g. dissection), as well as those generalisable to other disciplines (e.g. discipline ambiguities). Key moderating factors were peer relations and educator style, with analysis suggesting that didactic approaches hinder students' ToU/A development.

Discussion

Longitudinal data analysis suggests improvement in students' cognitive appraisals of ambiguity, with students shifting from absolutism towards accepting ToU/A as a clinical competency. However, emotional responses remained negative throughout the study period, suggesting a need to support students through this type of curricula.

Conclusions:

This is the first study to demonstrate that anatomy education may impact student ToU/A, with educators able to facilitate, or hinder, student ToU/A development through pedagogical approaches. Altogether, this suggests that preclinical pedagogical approaches may help prepare students for the ambiguities inherent in medical practice.

Shadow systems in assessment: how supervisors make progress decisions in practice

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Introduction/background:

Medical educators must make decisions on trainee progression and credentialing for independent clinical practice, which requires robust evidence from workplace-based assessment. It is unclear how the current promotion of workplace-based assessment as a pedagogical approach to promote learning has impacted this use of assessments for decision-making; meeting both these purposes may present unforeseen challenges.

Aim/objectives:

In this study, we explored how supervisors make decisions on trainee progress in practice.

Methods:

We conducted semi-structured interviews with 19 supervisors of postgraduate anaesthesia training across Australia and New Zealand and undertook thematic analysis of the transcripts.

Results:

Supervisors looked beyond the formal assessment portfolio when making performance decisions. They instead used assessment 'shadow systems' based on their own observation and confidential judgements from trusted colleagues. Supervisors' decision making involved expert judgement of the perceived salient aspects of performance and the standard to be attained while allowing for opportunities and constraints in local learning environments. Supervisors found making progress decisions an emotional burden. When faced with difficult decisions, they found ways to share the responsibility and balance the potential consequences for the trainee with the need to protect their patients.

Discussion:

Viewed through the lens of community of practice theory, the development of assessment 'shadow systems' indicates a lack of alignment between local workplace assessment practices and the prescribed programmatic assessment approach to high-stakes progress decisions.

Conclusions:

Avenues for improvement include cooperative development of formal assessment processes to better meet local needs or incorporating the information in 'shadow systems' into formal assessment processes.

Simulation training to improve the ability of first-year doctors to assess and manage deteriorating patients: a systematic review and meta-analysis

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Introduction/background:

Many simulation courses now exist which aim to prepare first-year doctors for the task of assessing and managing potentially deteriorating patients. However, it is unclear if the educational benefits justify the substantial resources required.

Aim/objectives:

To determine whether simulation training for first-year doctors improves their assessment and management of potentially deteriorating adult patients; and identify which aspects of the simulation training are optimal for learning

Methods

A systematic literature search was undertaken across seven electronic databases. Inclusion criteria were that the intervention must be a simulation of a deteriorating patient scenario that would likely be experienced by first-year doctors, and participants being first year doctors or in their final year of medical school. Studies reporting quantitative benefits of simulation on participants' knowledge and simulator performance underwent meta-analyses.

Results:

The search returned 1444 articles, of which 48 met inclusion criteria. All studies showed some benefit, but few assessed workplace-based outcomes. The meta-analysis demonstrated that simulation improved participant performance by 16% in simulated scenarios, and participant knowledge by 7% as assessed by written assessments. A mixed-methods analysis found conflicting evidence about which aspects of simulation were optimal for learning.

Discussion

The results of the review indicate that simulation can improve first-year doctors' confidence, knowledge and simulator performance with regards to assessment and management of a potentially deteriorating patient. Future research should now assess the translation of learning into clinical practice using workplace-based assessments. Smaller studies should focus on using participant feedback to determine which aspects of simulation are optimal for learning.

Sleep quality, exercise frequency, and academic performance in medical students

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Introduction/background:

Sleep quality affects cognition, judgement and motor skills. Exercise is associated with better sleep. Both sleep and exercise are vital components of well-being.

Aim/objectives:

To explore the association between medical students' sleep quality and exercise frequency as well as their performance in a high-stakes clinical assessment.

Methods

Year 3 medical students at The University of Auckland filled out a paper questionnaire immediately after completion of their clinical exam at the end of 2018. Data related to demographic information, Pittsburgh Sleep Quality Index (PSQI) and exercise (number of days in an average week the student participated in at least 30 minutes physical activity) were collected. Data were matched with assessment scores.

Results:

The response rate for the survey was 77% (216/282). In the month prior to the assessment, 77% of students exercised less than the WHO recommendation of 150 minutes of physical activity per week and 91% of students had poor sleep quality (PSQI scores > 5). There was no significant correlation between exercise frequency and sleep quality or performance (chi-square, $p=0.339$ and $p=0.172$, respectively).

Discussion

The high prevalence of poor sleep quality and low exercise frequency prior to an exam is of concern, as good sleep is associated with optimal wellbeing, memory and learning.

Conclusions:

There is no significant correlation between medical students' sleep quality and exercise frequency, however both are poor in the month prior to clinical exams. Medical curricula need to address students' lifestyle behaviours as this may have potential benefits for the health of the workforce.

Social histories: seeing rural patients' lives through a holistic lens

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Introduction/background:

Social histories are an important but undervalued element of clinical encounters. A good social history can help practitioners understand people's lives and build stronger therapeutic relationships. Rural Australia is associated with unique social, cultural, economic and environmental factors which influence the health and wellbeing of the people who live there. Understanding these factors allows practitioners to provide appropriate, individualised care and improve patient and community health outcomes. Despite this, social history education is minimal and rural health is frequently taught exclusively at the population level.

Aim/objectives:

To enhance students' knowledge of the determinants of rural health, improve their expertise in building social histories and allow them to translate this knowledge into the management and care of their rural patients.

Discussion:

A blended learning module (including: online, face to face workshop and an evidence-based guide to rural health determinants) was developed by a multidisciplinary team at the School of Rural Health and piloted with medical students on extended, rural clinical placements. At baseline students demonstrated a relatively rudimentary understanding of the determinants of rural health. Students' growth in understanding was evident after they undertook, presented and reflected on a rural patient's social history using an evidence based guide. Student feedback demonstrated the learning was valued and shaped the delivery of subsequent blended modules.

Issues/questions for exploration or ideas for discussion:

Social histories are important in all clinical encounters and can be particularly helpful in rural contexts. How can we help students sustain the practice of building social histories with their patients?

Social media and chatbots - developing cardiac auscultation skills through habit integration

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Background:

Chatbots utilisation has been on the rise in various fields, such as News, Health Care, Marketing, Entertainment and Education. We will provide a case of a Chatbot prototype which gives students the opportunities to meet virtual patients and practice identifying heart sounds, as well as systolic and diastolic murmurs. These technologies can provide optimal learner experiences when coupled with learning theories. Using these theoretical frameworks can help educational technologies become appealing, compelling and instructive.

Aim:

Through this presentation, including a live example of the created prototype, we will outline how learning theories can be practically applied to create an educational tool.

Discussion:

We will discuss how frameworks such as Mayer's Cognitive Theory of Multimedia Learning, can help manage a learner's cognitive processing and decrease a learner's cognitive overload. We will also discuss theories on habit and behaviour design, for example those proposed by Fogg, and how principles such as "social cues" can be incorporated into learning tools to foster learner enjoyment.

Questions for exploration & ideas for discussion:

We would like to explore the following questions: 1) what learning theories do you apply when creating a multimedia or online learning resource? 2) what motivational frameworks do you consider when designing an educational initiative?

Steps involved in formulating trustworthy judgements in a programmatic assessment approach

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Introduction/background:

In 2019, Deakin School of Medicine adopted a programmatic approach to Workplace-based Assessments (WBAs) in our MD program. The WBA suite consisted of four different WBA instruments conducted during each of six clinical rotations throughout third year.

Aim/objectives:

The aim of this work was to implement an end-of year system of programmatic review for the WBAs that was fair, feasible, defensible and trustworthy.

Discussion:

A panel was recruited to undertake review processes for each student's 22 assessments and formulate end-of-year programmatic decisions for student progress. Panel members (n=16) represented Course Director, Unit Chair, Clinical School Director, Skills Educator, Topic and Theme leaders, near peer, and external (quality assurance) perspectives. Two principles were followed: each student's WBA portfolio would be de-identified and reviewed by at least 3 independent review panel members; all students would subsequently be presented to an end of year panel process.

Student data (150 students x 22 assessments n=3,300) was collated across five clinical sites, de-identified and allocated to four groups. Twelve WBA panel members participated in the anonymised desktop review of data from clinical rotations with 3 reviewers allocated to each group. Initial judgements of students' progress were collated prior to a two-day meeting and students were arranged in clusters. At the panel meeting, review groups presented each student to colleagues to arrive at a consensus on outcome. The panel process also involved independent review of outcomes, development of feedback, and review and refinement of processes.

Issues/questions for exploration or ideas for discussion:

Assessment data management in paper and online systems.

Sustainability and quality assurance of programmatic assessment panel processes.

Stigma, Perceived Aetiology of Mental Illness, Personal Experience of Mental Illness and Future Career Choice in a Cohort of Medical Students

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Introduction/background:

Stigma towards psychiatry amongst medical students has the potential for far reaching consequences across a number of contexts. It leads to a reduction in the number of students pursuing a career in psychiatry, contributes to the physical mortality and morbidity gap experienced by patients with psychiatric illness and reduces help-seeking behaviour amongst medical students suffering psychiatric symptoms.

Aim/objectives:

To measure stigma levels in a group of medical students and to determine factors associated with stigma.

Methods

An online survey was distributed to medical students at a single university in Australia. The survey utilized the Mental Illness Clinicians' Attitudes Scale Version 2 (MICA-2). A series of items assessed the students' perceived views on the aetiology of mental illness, their personal experience of mental illness and likely future specialisation trajectory.

Results:

The total MICA-2 score was positively associated with a perceived aetiological model of mental illness as occurring due to 'personal weakness'. Total MICA-2 scores were negatively associated with likelihood of choosing psychiatry as a future career. Having a family member with a mental illness was associated with a significant reduction in MICA-2 scores.

Discussion

The factors found to correlate with total MICA-2 score generally had weak effect sizes. Interestingly, students' own personal experience of mental illness was not found to be significantly associated with stigma level.

Conclusions:

Stigma towards psychiatry amongst medical students is cause for concern. Further investigation is needed to determine other factors that are associated with stigma and effective interventions in this cohort.

Student clubs as a hidden resource for raising awareness of the Sustainable Development Goals

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Introduction Background: In 2015, the United Nations launched the 17 Sustainable Development Goals (SDGs), with its aspirations including no poverty, climate action and health and wellbeing for all by 2030. The UN has made explicit the role of universities in building students' SDG awareness of and capabilities to work towards the goals and their 169 embedded targets. In response to Agenda 2030, a university consortium facilitated a student-led awareness week across health professional disciplines at 5 universities across the globe. To promote this awareness-raising activity across an entire university, all University of Melbourne student groups and clubs were mapped for SDG relevant activity. Clubs explicitly referencing a link to the SDGs or referred to SDG target activity within their vision statement were identified and invited to participate in SDG awareness week in March 2020.

Aims/Objectives: This presentation will examine strategies for mobilising student groups previously not involved in collaborative activities with health professional educators or students.

Discussion: The challenges, successes, and failures encountered when attempting to mobilise students across the university will be discussed in some depth. The potential for a small health professional team to initiate university-wide SDGs awareness raising activity and the strategies used for this major mobilisation will also be examined.

Issues/questions for exploration or ideas for discussion:

1. Is there an effective process for mapping student groups/clubs engaged with SDG activity?
 - Can University student clubs be effectively mobilised for SDG activity?
 - What can incentivise student clubs to join university wide initiatives?

Students behaving badly? A multiple case study of academic misconduct

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Introduction/background

Academic misconduct is an issue of growing concern for the higher education sector. Technological advances have increased the likelihood of detection, but have also led to new ways of engaging in plagiarism and other forms of cheating.

Aim/objectives:

The aims of this research were to examine perceptions of academic misconduct in universities across three countries and explore processes used to manage the problem.

Methods

This research employed a multiple case study, involving universities in Australia, New Zealand and the United Kingdom. Data were gathered using semi-structured interviews. Each case was analysed individually and subsequently integrated into a multiple case description.

Results

Twenty-eight individuals with oversight of academic misconduct in universities in the three countries participated. Results indicate that universities are experiencing academic misconduct as a multifaceted, systemic issue. Academic misconduct takes many forms from 'bread and butter plagiarism' to 'good old fashioned cheating', with third party cheating and other more innovative forms of misconduct on the increase. Results suggest that academics are underprepared for their role in managing this problem.

Discussion

Reasons for engaging in academic misconduct are many and varied. Enhanced education of both staff and students is seen as a key strategy in preventing, detecting and appropriately managing academic misconduct.

Conclusions

The problem of academic misconduct is a complex one. The issue is not a straightforward matter of students behaving badly. Universities need to stay one step ahead of students who make the decision to engage in academic misconduct in its various forms.

Supervised exercise programs to enhance the health and well-being of medical students: a 12 month progress report of a cross-faculty student service program

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Introduction:

Support for medical student well-being is increasingly a priority for medical schools. An innovative program providing free supervised exercise physiology services to medical students has been successfully implemented at The University of Queensland. The MedEx service is an inter-faculty initiative aiming to provide: 1) enhanced physical and mental health of medical students through regular exercise, 2) extra-curricular inter-professional experiences between allied health and medical students, 3) long-term positive lifestyle behaviours in trainee doctors, which may ultimately benefit their future patients.

Objectives:

The 2019 implementation of MedEx sought to: 1) consolidate and further expand this service to enhance medical student well-being; 2) investigate student satisfaction and adherence; 3) introduce and evaluate new initiatives to enhance service access and use.

Discussion:

MedEx engaged 169 medical students (>15% of the pre-clinical cohort) across 619 exercise classes plus individual consultations. Attendance increased two fold from the end of semester 1 to the end of semester 2, following a 6-week challenge, introduction of online Zoom exercise classes and a growing profile of this new service. Participating students, both domestic and international, had a wide range of current and past exercise history. Student feedback was positive and despite the absence of “formal education” sessions, there was evidence of experiential learning concerning the benefits and challenges of exercise programming for health and consequent inter-professional learning.

Issues for exploration:

- 1) Increase medical student participation across multiple clinical placement sites, including rural;
- 2) Expand service offering to nursing and pharmacy students;
- 3) Enhancing inter-professional learning from the service.

Supervisor workshop for pharmacists

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Background:

Observational and non-observational peer review amongst hospital pharmacists is an essential process that is routine practice in most hospitals in Queensland. There is a multitude of clinical tools available for this purpose. However, many staff are underqualified to provide adequate clinical supervision. Workshops allow experimentation with and group discussion of tools.

Aims/Objective:

To develop a one-day interactive workshop that utilises a multidisciplinary approach to develop pragmatic training for pharmacists who provide peer supervision to other pharmacists.

Discussion:

The supervisor's workshop was developed using multiple disciplines to train pharmacists in clinical supervision and adheres to the principles of action learning. Participants work in small groups to deal with difficult supervision challenges and are required to use, evaluate and reflect on supervision tools in mock scenarios that are delivered in a multimodal format. The workshop required attendees to write a letter to self at the end detailing their commitments to change, which is posted to them 3 months later

Issues/Questions:

The development and review of this workshop has been an iterative process. The supervisor's workshop has recently received positive feedback from attendees. Previous criticisms largely centred around removing pedagogy and scholarship of teaching and learning theory and replace with more practical application. Whilst the workshop has multidisciplinary facilitators, this should be broadened to include a greater number of disciplines.

Supporting the learning culture of child mental health promotion by bringing organisations, teachers and health professionals together.

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³Every Moment Counts, Cleveland, OH, United States

Introduction/background:

Child and youth mental health is a key priority in New Zealand therefore strengthening interprofessional collaboration between education and health is critical. In 2019 a collaboration formed between five organisations to provide a series of workshops throughout New Zealand. Workshops were designed with a public health focus and delivered by Dr Susan Bazyk, project director of Every Moment Counts*. Workshops offered an evidence-based, multi-tiered approach to mental health promotion and prevention and activities for building capacity of the children's workforce. Workshops targeted health and education professionals.

Aim/objectives:

The presentation will share our journey developing and maintaining a learning culture across the workshop sites through the establishment of a sustainable, national, community of practitioners, for the translation of knowledge into practice through ongoing peer support, and the co-designing of online resources.

Discussion:

The goal is to make a positive impact on child wellbeing by sustainably building capacity of the interprofessional children's workforce. The presentation will discuss the immediate outcomes of the workshops, progress on the establishment of active communities of practice and an action research study to evaluate outcomes: including the impact on the wellbeing of children and the co-design of an online resource.

Ideas for discussion:

What strategies support the sustainability of interprofessional collaborations?

*Every Moment Counts: Promoting Mental Health Throughout the Day is a multi-tiered mental health promotion initiative originally funded by the Ohio Department of Education. (www.everymomentcounts.org)

Supporting diversity of students transitioning into Graduate Entry Medical Program; A Holistic Online Foundational Knowledge Course

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Introduction/background: The MD program accepts students from diverse academic and cultural backgrounds, including non-science background (NSB), international students, and English as a second language. Many students struggle with basic and clinical sciences as evidenced by assessment outcomes. Currently few foundational programs address such students' learning needs.

Aim/objectives: To explore the educational impact of a Holistic Online Foundational Knowledge Course (HOFC) designed to support student diversity in transitioning into an MD program.

Methods: HOFC design used transition pedagogy based on metacognitive, teamwork and self-care skills. Learning outcomes are in core disciplines of molecular and cellular biology, physiology and anatomy, including "how to learn" resources. A qualitative approach thematically analysed data from student focus groups, using socio-cultural learning perspectives.

Results: Data supported three themes describing the opportunities and challenges for the HOFC to impact; "becoming", "being" and "staying" a student. "Becoming" explored transition issues such as study skills, planning learning and self-assessing progress. "Being" described the post-transition phase as students became aware of the student cohort culture and assessment expectations. "Staying a student" explored unintentional consequences of fear of failing assessments and not being good enough.

Discussion Our explanatory study unpacks the underlying mechanisms by which NSB students engage with an integrated foundational program. The findings provide a means of optimising the course in future iterations to support students from diverse backgrounds.

Conclusions: The HOFC provides a useful mechanism to support students from NSB to feel more prepared for entry and thriving in a graduate entry medical program

Supporting Growth of the Aboriginal and Torres Strait Islander GP Workforce.

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Growing the Aboriginal and Torres Strait Islander health workforce and in particular the number of General Practitioners will lead to more equitable health outcomes for Aboriginal and Torres Strait Islander people. In the context of health services, this also strengthens self-determination by increasing opportunity for involvement from Indigenous people in all layers of decision-making design, delivery and control of health services.

Recognising the need to grow our Indigenous GP workforce, GPTT in collaboration with the University of Tasmania developed an Aboriginal and Torres Strait Islander Registrar Support Policy (the Policy). It is a first within GP regional training organisations and provides mechanisms to reduce barriers and promote and support culturally secure practice environments to assist registrars to meet their learning outcomes. Mechanisms within the Policy include flexible training placements; access to national mentoring and networking; local mentoring; professional development; fee relief for exam and application; and support for practices to allow registrars to take cultural leave and attend national Indigenous workshops and conferences.

The Policy has broader application potential for training organisations. While registrars who identify as Aboriginal and/or Torres Strait Islanders may have a range of supports in place, the provision of an overarching policy not only promotes support mechanisms available but demonstrates clear organisational commitment to reducing barriers to assist Aboriginal and Torres Strait Islander registrars through to successful Fellowship and into professional leadership roles.

Taught and caught: How early career radiography educators learn how to teach

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Introduction:

Radiography educators are employed on the basis of their clinical expertise and knowledge, but many entering academia have limited experience in teaching. Taught concepts within teaching qualifications and caught concepts in the form of informal peer support build a workplace learning culture which supports early career radiography educators to develop these much-needed skills.

Aim:

As part of an on-going larger project, this study explores how radiographers develop their learning and teaching skills in their new higher education workplace, and how workplace culture provides support.

Methods:

Semi-structured interviews were conducted with 14 radiography educators from 4 countries using videoconferencing technology. Thematic analysis of the transcripts was undertaken.

Results:

A theme of 'learning how to teach' emerged from the data. Within this theme it emerged that formal taught courses on adult education were beneficial, but did not meet all the needs of early career educators. Informal learning such as mentorship, shadowing and conversations with peers also assisted in the development of educational skills and knowledge, reducing feelings of incompetence and anxiety.

Discussion:

Participants in previous studies of health-professional educators reported feelings of incompetence and anxiety when moving from expert practitioner to novice educator. Both formal and informal learning by the early career educator were seen to be vital in the context of their development as educators. Higher education institutions should consider the results of this study through the lens of induction and development of early career educators.

Conclusions:

Formal (taught) and informal (caught) learning are both vital if early career radiography educators are to develop their skills as radiography educators.

Teaching evidence-based medicine using authentic assessment: The “Whack-a-mole” project

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Introduction:

Authentic assessments facilitate student’s application of complex problem-solving skills and knowledge to real-world tasks. The “Whack-a-mole” (WAM) project includes elements of unpredictability, complexity and creativity; skills that are important when teaching evidence-based medicine (EBM) to health care professionals. Complementary and alternative medicines (CAMs) provide the current context for this authentic assessment as they are widely used by the Australian population but their “light-touch” regulation is little understood.

Aim:

To report student perceptions of learning after completing the WAM project.

Methods:

Students were required to choose, document, investigate, critically appraise and report on a complementary medicine for sale in Australia. A total 464 students enrolled in a 3rd Biomedical Science capstone unit completed the WAM project report and video assessment in teams. Data on student perceptions was collected using an online questionnaire and analysed using SPSS 25 and NVIVO 11.

Results:

The average overall mark for the WAM assessment was 52/60 (86%). 116 students (25%) completed the online questionnaire; 98% found that their product lacked evidence to support the claims made and 92% said the project changed their perceptions of CAM and its regulation by the Therapeutic Goods Administration (TGA). These findings were supported by qualitative feedback.

Discussion & Conclusion:

Students applied the principles of EBM to the WAM project and in doing so altered their perceptions of CAM and its regulation. This project also produced real-world outcomes: some advertisers changed their promotion when students asked them for evidence and 30 complaints were submitted to the TGA.

Team-based learning (TBL): an active introduction to the key steps.

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Introduction/background:

Team-based learning (TBL) has gained popularity as an alternative to problem-based learning (PBL), particularly in the pre-clinical years of medical school and health science education. Using a flipped classroom approach, and specific steps, TBL promotes: collaborative peer learning in small groups, student accountability, and allows standardisation across large student cohorts. The purpose of this workshop is to introduce participants to the basics of TBL and inspire them to consider using TBL in their own learning environment. This interactive workshop will utilise TBL format to explore the application of team formation, pre-class preparation, readiness assurance testing, student feedback, problem-solving, the “4Ss” of effective application, and student peer-review. The workshop will enable attendees to explore the relative merits of TBL within their own contexts. The facilitators are experienced in TBL design and facilitation that promotes class discussion and critical thinking.

Purpose and outcomes:

Any individual (student, staff, faculty or Dean's level) involved in health education and training may benefit from this workshop. By the end of the workshop participants will be able to 1) identify the steps of TBL and 2) describe the core design elements of TBL and 3) understand what makes it work. Participants will gain an understanding of both the theory and application of TBL. They will leave with the tools to apply best practice in the implementation of TBL, to suit the needs of their students, faculty, curriculum, and institution.

Issues for exploration or questions for discussion:

We will facilitate an interactive workshop, designed to introduce participants to the basics of TBL. The workshop will allow participants to share experiences and discuss instructional strategies that align with their curriculum outcomes, and promote student engagement in TBL-designed classes.

Outline of workshop activities

Active participation in small groups in the format of a TBL class is required. We will explore the evidence for the use of TBL, run an individual test and team-test, provide feedback, facilitate problem-solving activities and discussion.

Technology as positive disruption in education in Global Health

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Introduction/background:

Universities in low and middle income countries (LMIC) face a large gap to close if the quality and capacity for medical education in their key institutions is to catch up to countries with larger resources and more advanced development. Following in the footsteps of more advanced countries is not enough. By the time change has occurred, curriculum has been adapted and implemented other countries will have moved on. LMICs must instead “leap frog” over the current activities of existing practices in Medical Education and consider “what they will do next” if the gap is to be bridged. This effect (and inequity) is amplified in LMICs where English language skills are not strong and local language resources are not widely available.

Aim/objectives:

The objective is to describe the potential “disruptive” implementation of technology in the curriculum of the University of Health Sciences Lao PDR, and its impact after 6 months.

Discussion:

The discussion will focus on the impact of an online platform for health education resources to support the medical curriculum, as well as barriers and facilitators for implementation. It will report on learning analytics and feedback over the first 6 months of implementation.

Issues/questions for exploration or ideas for discussion:

How can technology improve equity and access in LMICs?

How can similar online platforms allow shared learning and resources across geographical boundaries, as any one University faces challenges in rapidly adapting and developing curriculum content to a rapidly changing clinical context?

Technology enhanced anatomy: the impact of a stereoscopic interactive touch display (Sectra) on student performance and experience

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Introduction/background:

Despite advances in technology, anatomy teaching remains predominantly cadaveric-based. The Sectra table, a 3D interactive workstation, represents a new development in medical education but no studies exist evaluating its use in undergraduate anatomy education.

Aim/objectives: To evaluate the impact of Sectra on student performance and learning experience in undergraduate anatomy.

Methods

A prospective, randomised crossover trial was conducted on preclinical medical students. Of 514 students, 500 (97%) participated. They studied anatomy using both Sectra and cadavers. The primary outcome measure was student performance, whilst the secondary outcome measure was student learning experience.

Results:

A subset of students performed better following Sectra, with a significant interaction noted between learning mode (Sectra/cadaver) and year level ($p < 0.0001$). For the primary outcome, mean knowledge quiz scores were 6.7% higher ($p = 0.001$) following Sectra for students in third year, but 4.6% ($p = 0.009$) and 4.1% ($p = 0.036$) lower following Sectra for students in first and second year, respectively. For the secondary outcome, students in third year rated Sectra 6.4/100 units higher than cadavers ($p = 0.013$) while student experience was similar for students in first and second year ($p > 0.05$).

Conclusions:

The impact of Sectra on student knowledge and experience was dependent on year level. Senior students demonstrated superior exam performance and learning experience using Sectra, while junior students exhibited inferior performance and similar student experience.

Testing the reliability and validity of a rubric for assessing mobile app usefulness in learning using clinical skills apps

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Introduction/background:

To enable students and teachers with a method for assessing medical education apps for their usefulness in student learning, we developed a rubric incorporating four categories of items related to app usefulness for learning.

Aim/objectives:

To test the reliability and construct validity of the recently developed mobile app rubric for usefulness in learning (called MARUL) by reviewing clinical skills mobile apps available on the iOS and Google Play app stores.

Methods

Two reviewers rated 46 clinical skills apps using the MARUL. Internal consistency, inter-rater reliability and itemfit statistics were calculated and the MARUL was refined to its final form. A platform matched subset of the apps were then rated with the final version of the MARUL and a previously validated scale designed to measure the quality of health professional apps, the mobile app rating scale (MARS), to test for construct validity.

Results:

Review of the 46 apps showed good internal consistency and inter-rater reliability for both the overall usefulness and each of the four categories (alphas: 0.70 – 0.96; ICC: 0.45 – 0.76). Itemfit statistics indicated the rubric's ability to differentiate between different quality apps across the four categories (person separation: 1.48 – 5.21; person reliability: 0.72 – 0.96).

Construct validity analysis of the MARUL is currently underway, with initial results showing promising indications of convergent and discriminant validity.

Discussion and conclusion:

Initial results using the MARUL with clinical skills apps indicates its potential as a quick and easy method for teachers to rate apps they are considering to help with student learning.

The Albertina Sisulu Executive Leadership Programme enhancing the competencies and performance of public health service managers in South Africa

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Introduction/background:

South African public healthcare managers face significant challenges, and concerns have been raised regarding the competencies of healthcare managers to deal with these challenges. The Albertina Sisulu Executive Leadership Programme in Health (ASELPH) Fellowship was established to equip these leaders with skills to perform optimally.

Aim/Objectives:

To evaluate the effect of the ASELPH Fellowship in improving the competencies and performance of public healthcare managers in SA and determine the factors affecting the effectiveness of the training.

Discussion: A quasi-experimental study design was used, with pre-post assessments to assess the performance and competencies of students in the ASELPH Fellowship. Students were assessed using a 360° assessment of 14 competencies and 56 performance indicators.

Students improved significantly in 11 competencies and 44 performance indicators. Their assessors observed the same improvements as students, which confirmed performance change at the students' workplaces. The unique features of the ASELPH Fellowship i.e. case-based method, eLearning, group-work, 'real-time' assignments, continuous assessments and mentoring, contributed to the success of the training. The study showed how the ASELPH Fellowship enhanced the competencies and performance of public healthcare managers in SA and their impact on the SA healthcare system. The findings of this study add to the limited number of studies on the effectiveness of leadership training.

Issues/questions for exploration or ideas for discussion:

1. What were some of the challenges that influenced implementing the learning from the classroom in the workplace?
2. What were the unique features of the ASELPH Fellowship and the factors affecting the training?

The clinical diagnosis assessment: a tool to develop clinical reasoning in Optometry

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Introduction/background:

The Clinical Diagnosis Assessment (CDA) was designed to develop type I and type II reasoning skills in optometry undergraduates. It consists of a pattern recognition quiz to assess non-analytical reasoning and two simulated cases designed to assess analytical reasoning. The CDA is conducted in three consecutive units with associated interactive feedback sessions. This provides opportunity for reflection and positive action on feedback before reassessment.

Aim/objectives:

To evaluate the effectiveness of the CDA assessment tool in developing clinical reasoning skills in a preclinical Optometry curriculum.

Methods:

The study took a mixed method approach:

Phase 1: 52 second year Optometry students completed the Diagnostic Thinking Inventory for Optometry (DTI-O), before and after assessment. A paired t-test was used to compare pre and post-test scores.

Phase 2: Focus groups with a subset of students (n=17) followed a semi-structured interview guide and were transcribed verbatim. An iterative thematic analysis was performed independently by two researchers.

Results and discussion:

The students scores on the DTI-O pre and post-test were significantly different ($t_{36}=2.46$, $p<0.05$), with an average increase to student scores by 7.5 points. Thematic analysis showed evidence of increased awareness of reasoning process, cognitive biases and change to learning behaviour in response to feedback. Students reported that feedback dialogue and exemplars were more useful tools than grades.

Conclusions:

Preliminary results indicate that the CDA influences the development of clinical reasoning in Optometry students. The emphasis on self-reflection and dialogic feedback are key components to the effectiveness of this assessment design.

The development of self-regulated learning in programmatic assessment for learning: Learning Coaches' perspectives

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Introduction/background:

A key element of Programmatic Assessment for Learning (PAL) is the development of the student as a Self-Regulated Learner (SRL). In 2017, Flinders University's medical program adopted PAL in its approach to teaching, learning and assessment. This involves a range of assessments and feedback that are designed to foster SRL. Within PAL, students maintain a reflective portfolio and engage in meetings with their Learning Coach (LC) at regular intervals to discuss their progress.

Aim/objectives:

This qualitative study sought to understand the development of SRL from a LC's perspective. Focus groups and individual interviews were conducted with LCs to understand their perceptions of students' development as SRLs, and the barriers and enablers that influence this development. Data were analysed using Meyer and Land's (2000) threshold concept (TC) framework.

Discussion:

Preliminary results suggest that LCs are able to articulate students' development as SRLs, but how and when SRL develops is variable. While there is evidence of a threshold being crossed, early results indicate that this takes the form of an ontological shift or conceptual change, suggesting that SRL is more of a threshold "practice" than a "concept". Additionally, LCs themselves appear to undergo a mirrored TC process in understanding the concept of SRL. Further findings and analysis will be presented.

Issues/questions for exploration or ideas for discussion:

We explore how our understanding of SRL as a TC can better equip educators and LCs to support students to become lifelong learners.

The essential contribution of IPE coordination to interprofessional learning culture

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Introduction/background:

Administrative challenges to undertaking IPE coordination seem inevitable when shifting established institutional and health professional cultures towards collaborative mindsets. IPE coordination complexities are frequently alluded to in the international IPE community, but not explored in depth. From inception, the IPE Centre at University of Otago has continuously navigated challenges in coordinating interprofessional learning and teaching at multiple campuses and sites.

Aim/objectives:

To share the IPE Centre's experience of administrative coordination as an essential component underpinning development of a 20/20-vision interprofessional learning culture.

Discussion:

IPE coordination has encountered and successfully overcome learning culture challenges in three areas: 1) Health professional and institutional cultures: anticipating hidden curriculum and hierarchies in the IPE effort; 2) Systems (mis-)alignment: locating integration points amid fragmented processes and skewed allocations; 3) People and capabilities: adjusting pervasive unidisciplinary outlooks/methods into functional IPE networks. The role of IPE and other professional/administrative staff, alongside committed academic leaders and careful application of limited funding, has been essential to facilitating collaboration and the development of interprofessional learning culture.

Issues/questions for exploration or ideas for discussion:

Elicit others' perspectives on optimising IPE coordination to foster interprofessional culture; discuss early wins and persistent challenges in relationships, systems and resources to support IPE.

The future of nutrition education.

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Introduction/background:

Suboptimal diet is the single largest risk factor for death and disease globally, responsible for 22% of adult deaths. Doctors are at the front-line of preventing and managing nutrition-related diseases, yet research shows that nutrition curriculum in medical education is globally insufficient and many medical students feel they lack the confidence, knowledge and skills to provide nutrition advice.

Aim/objectives:

The aim of this presentation is to discuss the current state of nutrition curricula in Australian medical education and highlight strategies for improvement.

Discussion:

This presentation will discuss current data on nutrition education in Australia and globally, the efficacy of current nutrition education initiatives, and the work of the Australian Medical Student Association (AMSA) and other student run organisations in this area. The presentation will examine the findings of a recent AMSA study evaluating the self-perceived competencies of medical students across 22 universities to provide nutritional care to patients, and medical students' priorities and preferences for nutrition education strategies. Current university nutrition education and student-run initiatives include: peer-led cooking classes, nutrition and lifestyle medicine focus groups and elective lifestyle medicine courses. These innovative curriculum initiatives will be discussed, with a specific focus on culinary medicine programmes.

Issues/questions for exploration or ideas for discussion:

This presentation will explore why nutrition education should be included in all medical training programmes; what, when and how nutrition can be taught; and what actions can be taken by universities and regulatory/accreditation bodies to improve the quality and quantity of nutrition education.

The Golden Hour – an inter-professional immersive simulation program

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Introduction/background:

The Golden Hour is an inter-professional immersive simulation program that was developed and rapidly implemented at Eastern Health with collaboration between educators in five health professions.

Aim/objectives:

The program aims to familiarise junior learners with the roles of other health professionals and practice teamwork skills while they manage five different acutely deteriorating patients. The program provides an opportunity for learners to practice effective communication and use techniques that enhance the patient experience.

Discussion:

Recognition and management of the deteriorating patient is an important element of patient safety. Junior health professionals and students rarely receive inter-professional training in this area in the workplace. In our busy health service we have implemented a sustainable program that allows up to 25 junior learners per session to participate in a program that is immersive, allows for deliberate practice across five scenarios and utilises five facilitators from each from a different health profession. Facilitators contribute to the debriefing and reflection.

Issues/questions for exploration or ideas for discussion:

Issues raised by this program include: how to get such a collaborative venture off the ground when our learners have competing curriculum demands and facilitators are time poor; sustainability; training facilitators in the debriefing role and different models for de-briefing a large group of learners.

The influence of psychological safety on dialogue during feedback

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Introduction/background:

In quality and safety research, psychological safety has been shown to influence health professionals' contributions to dialogue, which affects learning and healthcare outcomes. When psychological safety is low, health professionals are less likely to share information, reveal problems, ask questions or suggest ideas. These behaviours are important contributors to learning, developing a shared understanding and joint problem solving. Little is known about the influence of psychological safety on dialogue during feedback and how this may impact learning and co-construction of outcomes.

Aim/objectives:

We aimed to explore how psychological safety influenced dialogue during feedback involving health professionals, and the consequences.

Methods

Self-recorded videos of face-to-face formal feedback sessions in clinical practice, involving health professional educator-learner pairs, were collected. These feedback videos were analysed using thematic analysis to explore the effect of psychological safety on dialogue. Psychological safety was inferred when learners were seen to contribute candidly to dialogue.

Results:

Thirty six feedback videos involving diverse health professionals were analysed. We found that during feedback episodes indicating psychological safety, key learner and educator behaviours promoted communication by sharing information and responding to each other. These interactive discussions resulted in learning opportunities and collaborative development of tailored strategies to enable learners to improve.

Discussion

In this observational study, we identified important effects and sequelae of psychological safety in feedback, which confirms findings from research in other areas. Hence professional development involving practical strategies to promote psychological safety may lead to better feedback outcomes.

Conclusions:

Psychological safety plays an important role in optimising learning and collaboration during feedback in health professionals education.

The incidence, situational factors and strategies relating to sexual harassment in physiotherapy

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Introduction/background:

Inappropriate patient sexual behaviour (IPSB) is a type of sexual harassment that is frequently experienced by physiotherapists and physiotherapy students in healthcare settings. IPSB can affect physiotherapists psychologically, leading to reduced work performance and concentration.

Aim/objectives:

To determine the incidence of IPSB, describe the situational factors that lead to it, and report the interventions and strategies that address IPSB.

Methods

This systematic review was conducted based on PRISMA, Cochrane Collaboration and AMSTAR 2 guidelines. A meta-analysis was not conducted as the data was too heterogeneous, therefore, a narrative synthesis approach was used.

Results:

There were nine included studies. There was a high incidence rate (46.6%- 100%) of IPSB with a higher percentage of females than males being the victim. Situational factors such as the type of medication taken by the patient, as well as the patient's and therapist's characteristics have shown to increase the risk of IPSB. Ignoring an incident of IPSB, reporting it to a superior and confronting the patient were the most common types of strategies used by physiotherapists and physiotherapy students.

Discussion

Many studies reported the importance of education in relaying the current statistical information, such as the incidence rate, and what effective strategies can be used to address IPSB. Some studies suggested workplace training for physiotherapists and students.

Conclusions:

IPSB has a high incidence rate and this demonstrates the need to raise awareness and to educate physiotherapists and physiotherapy students on how to recognise and respond to an incident of IPSB.

The introduction of an assignment on stigma towards psychiatry in medical school

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Introduction/background:

Stigma against psychiatry as a specialty, and psychiatric patients per se., amongst medical students and doctors has significant ramifications. It can contribute to the distress and the physical mortality and morbidity gap experienced by patients with mental illness, it increases self-stigma and reduces help-seeking behaviour by medical students experiencing psychiatric symptoms, and it may explain low recruitment to careers in psychiatry, a defined area of need. In 2019 Monash University introduced a new written assignment for medical students to complete as a part of their overall in-semester assessment in the discipline of psychiatry. The assignment requires students to reflect on a scenario when they witnessed stigma being expressed, to consider the motivations behind this view and its potential consequences, and to present a counterargument challenging the negative perception.

Aim/objectives:

To use qualitative methods to analyse a sample of students' assignments, to identify key themes in expression and understanding of stigma against psychiatry.

Methods

Students were provided with a link to an online form where they were asked to describe the stigma that they witnessed / experienced and to supply demographic details. Assignments were analysed to determine key themes across typology, aetiology, impact and counterargument relevant to the stigma scenarios described.

Results:

Over 45 students provided their assignments for analysis. Key themes will be presented at the conference.

Discussion:

Students readily identified and described examples of stigma against psychiatry and patients presenting with mental illness. There is potential for this opportunity to identify, reflect on and question stigma to improve attitudes towards psychiatry and mental illness amongst medical students.

Conclusions:

This study examines what constitutes stigma towards psychiatry, and explores students' perceptions of this phenomenon.

The long and winding road to implementation of programmatic assessment: A problem solving workshop

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Introduction/background:

Programmatic assessment (PA) has been widely discussed at a theoretical level. However there have been relatively few examples to date reporting the practicalities around the introduction of this novel assessment approach. This means that those considering a programmatic design often have little practical guidance to assist and support them in their decision making.

Purpose and outcomes:

The purpose of this workshop is to share strategies and lessons learned in implementing PA from a variety of stakeholder perspectives. This will include educational, resource allocation, administrative, policy and practice considerations. The workshop will distil lessons learned during the development and implementation process of PA in one medical school.

For participants already implementing PA, they will share, critically compare and analyse their own organisational approaches. For participants planning to implement PA, they will critically analyse their own organisational state of readiness for implementation and develop strategies to address any barriers they are currently facing.

Issues for exploration or questions for discussion:

A whole of organisation approach will be taken in this workshop reflecting the different perspectives and expertise of the facilitators. In small group format, participants will be exposed to the following questions:

- What resources are required to implement PA?
- What does effective WBA assessor preparation, orientation and training consist of?
- How can entrustable scaling approaches be integrated into a PA model?
- What model of panel review process is feasible and trustworthy?
- How should student communication and support be provided within a PA framework?

Major themes and novel strategies will be derived to provide practical guidance for application.

Outline of workshop activities

To provide context, a concise overview of the workshop facilitator experience will be presented from different stakeholder perspectives.

The workshop will then be arranged in a 'world café' format with participants able to rotate around tables to address specific requirements and barriers to implementing PA (e.g. WBA Assessor acceptability and equitable allocation / redistribution of resource).

On each table, participants will be presented with 'real world' challenges from our case study example. Influenced and informed by their own experience they will have the opportunity to develop strategies that can be applied in their own context.

The predictive validity of selection scores on clinical performance in physiotherapy students

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Background:

Demonstrating clinical competence is a mandatory requirement for registration in physiotherapy. Most programs select solely on academic markers (Grade Point Average (GPA) or Australian Tertiary Admissions Rank (ATAR)). Monash University (Australia) selection included personal and behavioural attributes aligned with clinical practice (structured interview and UMAT (Undergraduate Medical and Health Sciences Admission Test)). Students undertake clinical assessment throughout their training including Objective Structured Clinical Exams (OSCEs) and supervised clinical placements. On placements, clinical competence is assessed via a validated workplace-based tool, The Assessment of Physiotherapy Practice (APP).

Aim/objectives:

To examine the relationship between selection scores across a range of criteria and subsequent performance in clinical assessments.

Methods

OSCE and APP scores for 7 cohorts of physiotherapy students (n=497) were matched with selection data. Relationships between selection and clinical assessments were explored via hierarchical multiple regression. Intake year and gender were entered at step 1 and selection data added at step 2 (GPA or ATAR, Interview, UMAT scores).

Results:

Regression models explained significant variance in OSCE results ($R^2 = 0.11-0.23$) and in clinical placement results ($R^2 = 0.04-0.09$) for those selected on ATAR. Selection variables explained significant variance beyond cohort year and gender in all models. Standardised regression coefficients for interview were statistically significant for all OSCEs ($\beta = 0.23, p < 0.001 - 0.29, p < 0.001$) and for all clinical blocks ($\beta = 0.17, p < 0.01 - \beta = 0.26, p < 0.001$).

Discussion and Conclusions:

These findings indicate a consistent relationship between a selection interview and subsequent clinical performance. An interview is not a common element of selection for physiotherapy, however, it may be a worthwhile undertaking.

The reliability and acceptability of the Multiple Mini Interview (MMI) for admission to a Sport & Exercise Medicine specialist training program.

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Introduction/background:

Specialist medical college selection processes aim to identify trainees displaying desirable attributes for that speciality and who are likely to successfully complete training. ACSEP utilizes the Multiple Mini Interview (MMI) format in its selection processes for the training in the medical specialty of Sport & Exercise Medicine (SEM).

Aim/objectives:

Evaluate the acceptability and reliability of the MMI for selection in the ACSEP training program.

Methods

The study utilized a prospective observational design, where candidates (n=21) and interviewers (n=14) participated in the ACSEP 7-station MMI in October 2019. Station questions were aligned with CANMEDs domains, with two interviewers independently assessing each candidate per station. Participants completed short demographic and MMI Acceptability Questionnaires. Generalisability analysis was used to evaluate reliability. The internal consistency of each station was also investigated using Cronbach's alpha.

Results:

Interviewers agreed there were enough stations of suitable length, adequate training and clear evaluation forms. Candidates agreed the process was fair, well organized and free of age, gender or cultural bias. The G-study indicated a reliability coefficient of 0.58, with 20 stations required to achieve a coefficient of 0.68. Internal consistency of each station was acceptable. Correlations between the global rating and total score were medium to high.

Conclusions:

The MMI format was deemed acceptable by interviewers and interviewees. The reliability of the MMI may be below an acceptable level for selection into SEM specialist training. Additional examiner training and revision of the process may be needed to increase reliability.

The retainment of knowledge in a medical program

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Introduction/background:

The Sydney Medical Program is a four year graduate program with most teaching being on campus in the first two years and in hospitals for the final two years. Summative assessments based on single best answer examinations can include content from earlier years with the expectation that clinical immersion will assist in the retention of medical knowledge.

Aim/objectives:

To investigate whether students in later years of the program, who experience clinical immersion, show retention of basic science knowledge.

Methods

The performance of SBA items included in Year 1 and Year 3 assessments or Year 2 and Year 4 assessments over a five year period were compared. Mean item facility and point biserial correlation coefficient were used as key variables.

Results

Preliminary findings showed that for 99 SBA items common to Year 1 and Year 3 assessments, the average facility was the same (77% Year 1 and 78% Year 3, with the average point biserial decreasing from 0.19 to 0.16. For the 20 items used in both Year 2 and Year 4 assessment, the average facility increased significantly from 76% in Year 2 to 86% in Year 4 with the average point biserial decreasing from 0.18 to 0.14.

Discussion

The content focus of items that performed better in earlier years versus those that performed easier will be discussed.

Conclusions

The majority of items included in the final year of the program significantly improved in performance, highlighting the advantage of two years of clinical immersion to apply basic and clinical science knowledge.

The role of health professions' accreditation standards in facilitating outcome-based education: A policy analysis

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Introduction/background:

Accreditation of health professions programs focus on protecting the public by facilitating high quality education of health professionals and ensuring they are ready for practice.

Aim/objectives:

This research project aimed to explore how and why health professions accreditation systems are supporting the development of work-ready graduates. More specifically, we sought to explore whose needs are being represented by accreditation policy and its purpose.

Methods

Applying Yanow's interpretive policy analysis approach that focuses attention on the meanings of policies and how issues are framed, a document analysis of accreditation policy and processes was conducted. All accreditation documents from 19 health professions in Australia were selected for analysis. Text was coded using framework analysis by multiple authors.

Results:

The accreditation process itself is in place to ensure graduates are ready and safe for independent practice and as such emphasises supports and systems for student learning. Multiple interests are demonstrated in the policy documents including professional competence, graduate and public health outcomes. Protection of the public through safe and effective health care provision is prioritised in some accreditation systems but not all. Policies also emphasise quality assurance and curriculum inputs.

Discussion

These findings suggest that accreditation policy are framed to address the problem of unsafe and ineffective health care practice in order to protect the public.

Conclusions:

Further work needs to explore the experience of universities undergoing accreditation and their interpretations of the policies and purpose of accreditation.

The status of primary care research by medical students via an Independent learning Project (ILP) at UNSW Medicine.

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University of New South Wales

Introduction/background:

Attracting medical graduates to a career in primary care is an essential part of maintaining a healthy primary care workforce. The promotion of primary care research via academic centres is crucial in encouraging medical graduates to work in the primary care context. The ILP year at UNSW medicine offers a unique opportunity to encourage medical students to conduct a research project in or related to primary care.

Aim/objectives:

The aim of this research was to conduct a retrospective review of primary care research topics completed by medical students in the Independent Learning Project (between 2006-2019) at UNSW Medicine.

Methods

All the research titles of the ILP projects were scrutinized by the members of the research team to identify topics related to primary care. A strict criteria was developed prior and applied in the selection of the topics. The topics were classified under the major common themes. The academic centers where the research was conducted were identified and described.

Results:

Of the total 3,116 topics, 482 (15.5%) were identified as primary care topics. The four commonest themes in the topics were on mental health and/or substance abuse, aged care, chronic diseases and health issues facing Aboriginal and Torres Strait Islanders. 42% of the supervisors came from five Sydney hospital-based, clinical schools

Discussion

Medical students are involved in primary care research but there is a need for greater involvement of academic primary care departments.

Conclusions:

Academic primary care departments have an important role in promoting primary care research in medical education.

The translation of communication skills training into clinical practice: A qualitative study

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Introduction/background:

ComPsych communication skills training (CST) teaches psychiatry trainees to effectively communicate information about diagnosis, prognosis and treatment of schizophrenia to patients and their families.

Aim/objectives:

This qualitative study investigated whether skills translated into clinical practice by examining trainees' experiences in the workplace.

Methods

17 postgraduate psychiatry trainees were interviewed approximately six months after training. Thematic analysis was used to analyse responses to semi-structured questions and were coded in NVIVO. Themes were developed based on the findings by the research team.

Results:

Supervisors not reinforcing training and focusing on assessment was a barrier to skill transfer, but supervisors who were supportive and knowledgeable about the model enabled skill translation. The ComPsych framework provided a communication structure to assist patients to retain information and was adaptable to different contexts and diagnoses. Trainees highly valued particular skills such as agenda setting and circular questioning for family discussions in their current practice. Trainees reported the training led to increased knowledge, self-efficacy and confidence, more time effective consultations, reduced anxiety, and a greater emphasis on patient-centred care and shared decision making. Refresher training was identified as an ongoing need.

Conclusion:

The ComPsych CST framework is transferable to the clinical environment and resulted in greater clinical communication efficacy and confidence for trainees in clinical practice. Regular refresher training is recommended, as well as training clinical supervisors in the model to reinforce trainees' skills in supervision. This significant investment by the health service means that studies investigating the translation of learning into clinical practice are important.

The U&Me Near to Peer Junior Medical Staff Mentoring Program

Louisa Ng^{1,2}, Anna Koster¹ and Lynne Denby^{1,3}

¹Medical Education Unit, Royal Melbourne Hospital

²Melbourne Medical School, University of Melbourne, Melbourne, Australia

³School of Public Health and Preventive Medicine, Monash University

Background

Transition from a medical student to internship can be challenging. Peer mentoring could ease this.

Methods

Royal Melbourne Hospital (RMH) employs 80 interns annually. Most continue working at RMH the following year and can therefore mentor incoming interns. 40 “U&Me” Mentors were selected on non-technical skills. They participated in professional development workshops over 6 months: 1) Introduction; 2) Understanding Personality Types 3) Emotional Intelligence 4) Teaching on the Run. The program was evaluated after 12 months through mixed methods.

Results

For the purposes of this abstract, only the experiences of the *mentors* have been included. 25 of 40 responded to the evaluation. All had had contact with their mentee and frequency ranged from occasional (n=18, 72%) to frequent contact (n=4, 16%). Mentee enquiries ranged from logistical tasks to seeking emotional support. 18 (72%) were confident that the mentee/mentor relationship would continue. 23 (92%) felt they had gained skills through the program – the most frequently cited were, counselling and debriefing skills (n=18, 72%), communication skills (n=15, 60%) and active listening skills (n=13, 16%).

“I began the role .. understanding .. that this is about .. sharing experiences. What I didn’t expect was how powerful and meaningful these relationships and experience sharing can mean..” Mentor

Discussion and Conclusion

A peer support program is a valuable additional support during a time of transition and the professional development of mentors is a key factor to success.

The UWA Health Humanities Staged Reading Project

Brid Phillips¹, Kirsty Freeman¹

¹The University of Western Australia, Perth,

Introduction/background:

Through the humanities, we can develop skills in thinking reflectively, listening actively, observing more closely and being more present for our patients. In particular, creating and staging a short play focussed on health topics offers an immersive learning experience which develops skills in empathy, communication, and self-reflection.

Aim/objectives:

This presentation discusses the outcomes and successes of the first iteration of “UWA Health Humanities Staged Reading Project.”

Discussion:

The UWA Health Humanities Staged Reading Project is designed to enhance the experiential learning for health humanities students and to bring that learning to the wider community of undergraduate and postgraduate students across the campus. Students are given support to devise a short play based on a health topic which is then read for an audience. Students lead a focussed discussion on the themes they have uncovered. A university grant offered students the opportunity to travel to a rural satellite campus and perform their readings to a diverse audience. Whilst developing personal skills was the main aim, the collaborative nature of the project demonstrated to students the positive benefits of community as they continue on their health professional journey.

Issues/questions for exploration or ideas for discussion:

This project examines the use of dramatic writing and performance as an educational tool to foster critical thinking and empathetic awareness about moral issues surrounding health topics. A discussion around the project and its merits will be facilitated during this presentation.

The Video Observation Tool for Interprofessional Skills (VOTIS): Implementation across multiple disciplines and contexts

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Introduction/background:

The Video Observation Tool for Interprofessional Skills (VOTIS) was developed to support students' development of essential competencies for interprofessional collaborative practice. It uses video reflexive ethnography to enhance students' feedback literacy regarding their team-based communication and behaviour. Phase 1 of this research evaluated use of the VOTIS in clinical and simulation contexts with students from four disciplines and yielded recommendations for revision of the tool.

Aim/objectives:

The aim of this study was to trial the revised VOTIS within a broader range of disciplines and contexts. It further aimed to establish content validity of the tool.

Methods

The revised VOTIS was trialed with 37 students from occupational therapy, speech pathology, physiotherapy, exercise physiology, social work, psychology, pharmacy, dentistry and counselling programs, completing placements or simulation experiences in metropolitan, rural and Indigenous health contexts. Twelve students and seven clinical educator participants attended a focus group or individual interview. Qualitative data was analysed using template analysis. Content validity was established using the content validity index and Gwet's agreement coefficient.

Results:

Students' use of the VOTIS for self reflection and ways this informed changes to their behaviour within their clinical teams will be reported. Clinical educator perceptions of the value and utility of the VOTIS across disciplines and contexts will be discussed. Psychometric findings will also be reported.

Discussion and Conclusions

Findings suggest that the VOTIS can be applied to diverse interprofessional student clinical training experiences as either a reflection tool only, as formative feedback or as a contributor to summative assessment.

Timing is key to providing modified assessments for students with specific learning difficulties

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¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia. ²Peninsula Medical School, University of Plymouth, Plymouth, United Kingdom.

Introduction/background:

Medical students who are diagnosed with a Specific Learning Difficulty (SpLD) will typically receive a reasonable adjustment within examinations in the form of Modified Assessment Provision (MAP).

Aim/objectives:

To investigate whether the timing of SpLD diagnosis and subsequent implementation of MAP has an impact on performance in applied medical knowledge Multiple Choice Question (MCQ) assessments.

Methods

The MCQ performance of 108 students diagnosed with SpLD who received a MAP was monitored and compared with 1960 students who received an unmodified assessment, over 5 years of a medical programme. Students who received an SpLD diagnosis in the latter years of the programme were identified as not receiving a MAP in assessments prior to diagnosis.

Results:

Students with SpLD who receive a MAP increase their applied medical knowledge assessment performance, although there is a delay of up to a year for this impact to reach significance.

Discussion

Although MAP are universally applied across a range of assessments, there is little or no evidence that they provide benefit for students with SpLD. The use of retrospective assessment data from medical students who received a SpLD diagnosis late in their programme provides a unique opportunity to examine the impact of a MAP on medical knowledge assessment. Students who received a SpLD diagnosis and subsequent MAP significantly increased their applied medical knowledge assessment performance. The timing of diagnosis and provision of MAP was particularly important.

Conclusions:

Early diagnosis of SpLD is necessary to ensure the intended benefit is received from MAP.

Ancient medical history: why study it?

Katherine Hall¹.

¹University of Otago, Dunedin, New Zealand

Studying healthcare is an exhausting business. With so much science to learn why bother with studying the arts and humanities at all, let alone ancient medical history? With my background in medicine, bioethics and classics I will argue that there are good reasons why ancient medical history should be included in 21st century curricula.

'Close reading' of the patient's narrative, seeing beyond the superficial, is essential to the practice of medicine. This has been shown to confer a therapeutic benefit independent of any other healthcare treatment that then follows. When the patient's story is heard well, the subsequent decisions made are more likely to be not only clinically correct, but ontologically sound, deontologically meaningful and epistemologically congruent. Hearing the story well, reading it closely, requires analysing who said or did what and why, who or what has been overlooked, left out or forgotten, understanding multiple perspectives and appreciating the importance of context. These are all skills innate to historical analysis. Once learnt, they can be readily transposed to the clinical situation, deepening competency in the understanding and therapeutic use of narratives. In addition to these process-related skills, the content of ancient medical history can instill a sense of professional humility, craft professional identity, is far from dead as it continues to live on in our medical terminology and ideas, and reminds us that, despite all the 21st century technology, at the end of the day healthcare is all about *he tangata*, the people and people have changed little, both physiologically and psychologically, over the time of recorded history.

The mini-CEX: what can we say about the use of entrustability ratings?

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Origin: ¹Sydney Medical School, Faculty of Medicine and Health, The University of Sydney, Sydney, NSW Australia

Introduction/background:

There is growing anecdotal support for the use of entrustability ratings as part of mini clinical evaluation exercise (mini-CEX) assessments. Although reliability has been demonstrated in a small number of studies, the utility and feasibility has not been thoroughly explored. In contrast, there is an abundance of data on the use of checklist marking global rating scores.

Aim/objectives:

(1) To establish the feasibility of utilising mini-CEX assessments which incorporate entrustability ratings, as part of a programmatic assessment approach and (2) To identify differences in marking patterns with use of entrustability ratings in mini-CEX assessments compared with checklist marking and global rating scores.

Discussion:

The theoretical validity of entrustability ratings as part of workplace-based assessment is high, but further data is required to assess utility and feasibility, particularly when such assessments are used as part of a programmatic assessment process. Preliminary feasibility will be assessed based on feedback from assessors and students and on the assessment committee's experience in collating entrustability ratings to make progression decisions. We expect that the examiner feedback will be positive and that the entrustability scale will provide new and useful feedback for students. Results from the analysis will be used to delineate the strengths and limitations of entrustability ratings compared with checklist marking and global.

Issues/questions for exploration or ideas for discussion:

Discussion around important theoretical and practical considerations for programs looking to adopt an entrustability framework for assessment.

Toxic stress: What can health care educators do about it?

Leila Morsy¹

¹Prideaux Centre for Research in Health Professions Education, Flinders University, Adelaide, South Australia

Introduction/background:

Toxic stress is a dysregulated response to frightening and threatening events. It is one of the plausibly powerful factors that depresses the health of disadvantaged children, contributing to health inequalities. Some frightening or threatening events that put a child at risk of a toxic stress response include abuse, neglect, having a parent incarcerated, homelessness, or witnessing violence. Children who are exposed to frightening or threatening events are more likely to suffer from a range of health morbidities, compared to otherwise similar children. These morbidities include viral infections, eczema, obesity, acute respiratory infections, and ear infections. Low income and non-white children are more likely to be exposed to such events. Health care environments can unintentionally exacerbate children's risk for toxic stress.

Aim/objectives:

The aim of this presentation is to explore ways in which health professions educators can attenuate the risk of toxic stress, especially in at-risk populations.

Discussion:

In a health care setting, chronic, unintentional, subtle, and discriminatory events, or micro-aggressions, exacerbate a vulnerable patient's toxic stress risk. Health care educators can help practitioners to prevent, better diagnose, and treat causes and symptoms of toxic stress, while strengthening protective factors.

Issues/questions for exploration or ideas for discussion:

What curriculum design decisions can offset toxic stress risk in a health care context?

What teaching moves can health care educators use to teach practitioner to offset toxic stress risk in a health care context?

Transition to Clinical Practice (TCP) Program: Staff and students' expectations of a preparation program for learning in the clinical environment.

Sarah Burgess¹, Shane McIver¹ and Janet McLeod¹

¹Deakin University, Geelong, Australia

Introduction/background:

Medical students can feel anxious and unprepared for commencing clinical clerkships. Transition to clinical practice programs can help address these concerns, clarifying expectations of level of knowledge and skills, role of the medical student in the clinical environment and improved confidence in engaging with patients. Currently there is limited evidence in the literature describing stand-alone programs aimed at transitioning students into clinical clerkship.

Aim:

To design, implement and evaluate a TCP program in the pre-clinical curriculum that considers appropriate educational strategies to best prepare students for learning in diverse clinical environments.

Discussion:

A qualitative descriptive study design drawing on transformative learning theory as a framework, has been adopted in this research project. Third year medical students in the early phase of their clinical clerkship were invited to participate in focus groups. Senior faculty were invited to participate in unstructured interviews. Interview and focus group discussions emphasised student preparation for learning in the clinical environment and key features of TCP that help to prepare students for this transition.

Issues for exploration and discussion:

In this presentation I will present reflections from students and staff on their expectations for learning in the clinical environment and how a TCP program can play an important role in effectively and efficiently transition medical students from the foundational years into clinical clerkship.

Using a clinical pharmacist to write pharmacology curriculum for a postgraduate medical course.

Johnston, Karlee¹

¹ Australian National University, Canberra, Australia

Introduction/background:

Recent intern preparedness surveys identified prescribing as an area that interns feel Universities have not adequately prepared them for in practice. Clinical pharmacists spend a lot of time on the hospital wards 'helping' intern doctors to prescribe safely. Therefore, clinical pharmacists may provide a unique viewpoint on relevant knowledge and prescribing requirements of medical interns and be able to assist with pharmacology and prescribing curriculum requirements for medical schools.

Aim/objectives:

To utilise the skills of a clinical pharmacist to review current pharmacology and prescribing curriculum, advise on areas for improvement, and implement changes to education provided to post graduate medical students.

Discussion:

A clinical pharmacist was employed to review current pharmacology curriculum and provide recommendations. Some of these recommendations included having a consistent structure to pharmacology teaching and assessment in the pre-clinical years, as well as increased specific pharmacology teaching and prescribing practice in the clinical placement phase of the medical degree. Over a 12 month period all pre-clinical pharmacology content was designed as online modules to support face-to-face teaching, dedicated prescribing tutorials and regular prescribing lectures were implemented in the clinical years.

Issues/questions for exploration or ideas for discussion:

Integrating a pharmacist into the medical school faculty has been valuable to the students. Writing a new curriculum for pharmacology and prescribing, and integrating this into the current curriculum has had it's challenges, but is viewed positively by both students and faculty. The ability to offer the students an opportunity for prescribing practice in the clinical environment in the context of electronic medicine management continues to be a challenge.

Using a Learning Needs Analysis approach to scaffold student learning within a programmatic assessment approach

Laura Gray¹, Mary Lawson¹, Debbie Baldi¹, Bryony McNeill¹, El Pascoe¹

¹Deakin University, Melbourne, Australia

Introduction/background:

The implementation of a programmatic assessment (PA) approach to Workplace-based Assessments (WBAs) for Deakin School of Medicine's MD program in 2019 reduced the number of assessment "waypoints" during the student's clinical placements. These had previously provided summative judgements at the time of completion and had helped students to determine their progress. Processes were required to ensure that students still had a clear understanding of their trajectory of learning.

Aim/objectives:

The aim of this project was to introduce a system to support the development of self-reflective and self-regulated learning as students transitioned through the MD course.

Discussion:

The Learning Needs Analysis (LNA) was designed to be inclusive of all curriculum domains, adapted from the CanMEDS framework. The model adopted involved an initial self-assessment which was subsequently discussed with a staff member assigned to the student for a year or a semester. This role was held separate to all assessment processes, to encourage frank sharing and feedback exchanges. Students also met with their Clinical School Director to review progress at the mid-year timepoint. This system also allowed identification of students needing assistance with study skills, or those experiencing personal issues which impacted on their studies.

Issues/questions for exploration or ideas for discussion:

Ongoing self-regulated learning skills development from early years of the programme into the clinical environment.

Support for students in the programmatic assessment context.

Using digital storytelling to teach patient-centred care in Medical Imaging

Kristal Lee^{1,2}, John McNerney^{1,3}

¹Monash University, Clayton, Australia ²Austin Health, Heidelberg, Australia ³Royal Melbourne Hospital, Parkville, Australia

Introduction/background:

Medical Imaging and Computed Tomography (CT) require highly skilled technological knowledge, in a fast-paced clinical environment. These often appear to be in opposition to high quality patient-centred care. The challenge of empowering students to practise patient-centred care in a technically-focussed setting is not a new phenomenon but is more omnipresent in contemporary models of healthcare.

Aim/objectives:

To develop an innovative teaching tool using digital storytelling to recount compelling patient experiences of CT in order to engage student learners in the patient experience in a strongly technologically-driven discipline. To teach and equip students through short videos of patients sharing their story, that technology is the conduit and the patient is the centre of the examination.

Discussion:

There is exponential growth of technology in modern day healthcare. The challenge of practising patient-centred care in such a technologically rich environment is increasing. Sharing patient's authentic narratives through digital storytelling is a way to emotionally engage students, cultivate compassion and assist students see the patient—rather than the technology—as the central aspect of the examination. By embedding patient narratives into the teaching pedagogy, transformational learning can occur.

Issues/questions for exploration or ideas for discussion:

How the concept of digital storytelling can be transposed into other fields of healthcare outside medical imaging will be discussed, along with the practical aspects involved in developing this kind of teaching tool.

Using electronic health records to augment interprofessional health informatics literacy

Tomkins Zerina¹, Parolini Arno², Gray Kathleen³, Lawlor Karl⁴, Cham Kwang Meng⁵

¹University of Melbourne, Victoria, Australia

Introduction/background:

Interdisciplinary engagement with digital health data such as electronic health records (EHR) makes competency in health information technology (HIT) systems an essential attribute for the workforce. Currently, nursing students in the entry-to-practice program in Australia get minimal exposure to HIT content in the curriculum with brief discussion of theoretical concepts. A practical component in the simulated environment is lacking as is an opportunity to participate in interprofessional education within digital environments.

Aim/objectives:

This study describes an intervention to integrate informatics competencies into the curriculum whilst facilitating interprofessional practice and education during university training.

Methods:

The project mapped HIT competencies to integrated professional practice of nursing, physiotherapy, optometry, speech pathology, audiology and social work. Theoretical, simulated and real-life components were integrated as part of each student's clinical practice that utilizes the framework of person-centred care.

Results and Discussion:

Outcomes include producing graduates competent in EHR in interprofessional settings, and the ability to adapt and cope with the demands of the rapidly evolving HIT-driven healthcare. This interprofessional curriculum with an emphasis on HIT will produce healthcare professionals with best practice and navigation of digital health data.

Conclusions:

Using simulated EHR will allow graduates to acquire essential informatics competencies that are embedded in good clinical practice within safe interprofessional settings. This will enhance clinical decision-making, patient safety and the quality of health care outcomes.

Using Twitter to Facilitate an Allied Health Professional Continuing Education Program

Carmel Blayden¹, Peter Johnson², Louise Young³.

¹NSW Children's Healthcare Network, ²James Cook University, ³James Cook University.

Introduction/background:

The introduction of social media has led to the development of modalities such as Twitter. Twitter has the potential to enhance health professionals' networking and exchange of resources without the boundaries of time, space or geography. This research aimed to explore the benefits of Twitter within the context of allied health professions by examining its use in relation to Allied Health Telehealth Virtual Education (AHTVE).

Methods

A mixed methods study design was used. Pre- and post-surveys utilised the SurveyMonkey platform to collect data concerning basic demographics, history of Twitter use, perceived advantages and disadvantages and ways to facilitate its use for professional purposes. Twitter analytics were used to review Twitter activity over the 12-month period from July 2018 to July 2019.

Results:

The research identified that in terms of professional development benefits, Twitter was perceived as being helpful for improving knowledge and problem solving. The majority of allied health professionals, however, remained unsure of the benefits of the integration of Twitter into AHTVE. The findings of the study suggested that Twitter has the potential to be a useful tool at future AHTVE sessions, but there are pitfalls that should be recognised including many technological challenges.

Discussion

The results obtained provide new data concerning social media usage for professional development. Allied health professionals, especially non-users are seeking guidance on use of professional Twitter media use.

Conclusions:

Moving forward there is opportunity to continue to facilitate the use of Twitter and AHTVE and measure changes over a significantly longer period.

Vertical integration: closing the loop of medico-legal education with a non-traditional interprofessional learning activity

Adelaide Boylan¹ Helena Ward¹

¹University of Adelaide, Adelaide, Australia

Introduction/background:

Teaching of legal principles, and the application thereof, is a requirement of health professional education programs, yet interprofessional learning involving law students and students of health disciplines is infrequently described in the literature. The professional paths of doctors and lawyers intersect frequently; the distinct paradigms and professional discourses of each discipline can present challenges in effective collaboration.

Aim/objectives:

To practically apply medical students' foundation knowledge of medical ethics and law, to complex and challenging clinical scenarios likely to be faced by doctors in prevocational employment.

To design and deliver a simulation-based learning activity involving students from the disciplines of law and medicine; giving both groups an opportunity to apply their deep discipline knowledge in a work-based scenario, contemporaneously developing their skills in the application of principles of professional practice as they prepare to enter the workforce.

Discussion:

Workshop delivery and design evolved over three years as different models were trialled, with simulation scenarios being adjusted to most effectively address the desired learning outcomes. Student engagement was greatest in a half day workshop model. Feedback from students of both disciplines has been overwhelmingly positive about the benefits of this non-traditional interprofessional learning opportunity.

Issues/questions for exploration or ideas for discussion:

How can this learning activity be translated into other health disciplines?

How does this activity help identify learning needs in a health professional curriculum?

Vision for Learning – Arts and Culture at Westmead

Pearl Lee¹, Megan Phelps², Carla Edwards³

¹ Westmead Initiative, The University of Sydney, Sydney, Australia ² Children's Hospital at Westmead clinical school, The University of Sydney, Sydney, Australia ³ Western Sydney Local Health District, Sydney, Australia

Introduction/background:

The University of Sydney is currently working with partners including Western Sydney Local Health District (WSLHD) and The Children's Hospital at Westmead (CHW) on the biggest health infrastructure project in NSW – the \$1 billion Westmead Redevelopment project to transform the entire Westmead Health Precinct. This includes a brand new hospital building and an Arts and Culture Strategy to make Westmead Health Precinct a welcoming place, improving the wellbeing of all at Westmead including patients, carers, visitors, staff, students and community members.

Aim/objectives:

We will shed light on the Arts and Culture strategy, a major part of the Westmead redevelopment, where we have partnered with multiple tiers of government and health stakeholders to embed local community perspectives and culture into the new hospital buildings and precinct. The strategy will provide opportunities for health professional learning during the consultation, building, and implementation phases of the redevelopment, and into the future.

Discussion:

Dr Pearl Lee and Dr Meg Phelps are members of the Arts and Culture Strategy Advisory Board of the Westmead precinct. They will be sharing their insights through working with partners to deliver the Arts and Culture Strategy. The impact of the fourteen commissioned artworks related to Aboriginal and Torres Strait Islander culture on health education and training opportunities at Westmead Health Precinct will be highlighted.

Issues/questions:

What experience do audience members have of similar strategies?

How has the success of other similar initiatives been evaluated?

What opportunities for health professional education does an Arts and Culture Strategy provide?

We are family, I got all my craft groups with me....

Polley, C^{1,2}, Gray, A^{1,2}

¹The Royal Children's Hospital, Melbourne ²The Department of Paediatrics, University of Melbourne

Background:

Excellence in education is a core pillar of The Royal Children's Hospital (RCH) and a key mechanism through which new knowledge and advances in practice are translated back into clinical care. The Medical Education department demonstrated the need for greater connectivity, strengthened education delivery and generated significant momentum to respond to campus education needs. Demand for this education reform could no longer be met and The Education Hub was born.

Aim:

The Education Hub aims to bring together key education partners, increase collaboration, grow and connect educators, enhance education delivery and use of technology, and both maximise and understand the impact of education on the Melbourne Children's Campus.

Discussion:

The Education Hub is designed as a focal point of education design, innovation, delivery and education. Funded by the RCH Foundation, the Education Hub was built to address four key areas. Firstly, to provide consultation on education needs to help bring them to life. Secondly, to help staff use technology for learning, including videos, podcasts, webinars and online modules. Thirdly, to bring together educators from within the Melbourne Children's Campus and finally to evaluate our education to better understand its impact. Staff from the three organisations on Melbourne Children's Campus have access to the Education Hub. It has oversight from a steering committee represented by all craft groups.

Issues/questions for exploration or ideas for discussion:

As a family what can we achieve?

What are the benefits of a multi-partner and multi-craft group education hub in a tertiary based hospital?

What are the causes of pharmacy students' errors during the therapeutic reasoning process?

Kayley Lyons, Steven Walker, Quang Duong, To Nhu Pham, Tina Brock

Monash University, Parkville, Australia

Introduction:

Recently, Surry et al., investigated cognitive biases that contribute to the errors medical students made during the diagnostic reasoning process. Since, therapeutic reasoning is less well understood, we sought to investigate how these errors occurred during the therapeutic reasoning process. We also sought to explore what causes students attributed to their performance.

Aim:

To describe 1) the types of cognitive biases that contribute to pharmacy student error in therapeutic reasoning processes and 2) the types of explanations students provide for their errors in therapeutic reasoning.

Methods:

Participants were 40 third-year pharmacy students enrolled in an Acute Care Unit. Students performed a concurrent audio recorded "think out loud activity" while solving one of six 15-minute Observed Structural Examination (OSCE) style patient cases. A facilitator prompted that student to provide immediate retrospective explanations for their performance. Transcripts of the audio were coded by two independent coders. We adapted codes from the literature on cognitive errors, causal attributions, and self-regulated learning.

Results:

Preliminary results revealed that students' errors were frequently caused by cognitive biases such as availability bias and anchoring bias. Other cognitive bias included incomplete conceptual knowledge structure, inappropriate clinical rule application, and misinterpretation of clinical resources. Students would often attribute their poor performance to the stress of an OSCE-like environment and a lack of systematicity in their thinking

Conclusions:

Describing the causes of error in therapeutic reasoning will directly benefit how the therapeutic reasoning process is taught and improve the understanding of students' development of therapeutic reasoning skills.

What is the diagnostic thinking of international medical graduates in Australia really like?

Pip Wills^{1,2,3}, Kate Reid¹, Robyn Woodward-Kron¹, Louise McCall^{2,4}

¹University of Melbourne, Melbourne, Australia, ²Health Education Australia Ltd, Melbourne, Australia, ³Northern Health, Melbourne, Australia, ⁴Monash University, Melbourne, Australia

Introduction/background:

There is little research into why IMGs fail registration exams at high rates. One reason may be due to clinical reasoning differences; however, there appears to be no research into this in pre-registration IMGs.

Aim/objectives:

To explore the diagnostic reasoning ability of International Medical Graduates (IMGs) who are sitting the Australian medical registration examinations.

Methods

Participants were alumni of a course for IMGs preparing for the Australian Medical Council (AMC) clinical examinations. Thirty-two participants completed an online survey containing demographic questions, and Bordage et al.'s Diagnostic Thinking Inventory (DTI). Mean scores on DTI were compared with respect to demographic variables.

Results:

The average DTI score was 183.1 (SD ± 17.2). DTI with respect to demographic variables showed that IMGs with medical degrees from South Asia scored significantly lower than those from other regions (177.6 vs 191.2, $p = 0.03$). There was no difference in scores according to gender, age, recency of employment, or for those who had and those who had not passed their AMC exams.

Conclusions:

Comparison with other published DTI scores suggests that these IMGs, who had participated in a preparation course for registration exams, had well developed diagnostic thinking skills. These preliminary findings are in contrast to previous studies which suggest that IMGs do less well on diagnostic thinking tests than those from Western medical backgrounds. Future studies could address other reasons for the high rates of failure at registration exams.

What socio-cultural factors influence pharmacy students' empathy development? An exploratory research in light of Activity Theory

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Introduction/background:

Each student has their own unique background and experience that contribute to their empathy level and empathy development (Kiersma et al., 2013; Ratka, 2018).

Aim/objectives:

This study explores socio-cultural factors that influence pharmacy students' empathy development in light of Activity Theory (Engeström, 2001).

Methods

This study employed a mixed method multi-case study methodology. This presentation reports the findings from thirteen in-depth semi-structured interviews with fourth-year pharmacy students. Interview data was analysed based on a framework analysis developed in line with Activity Theory and existing literature.

Results:

The study found various socio-cultural factors facilitating or hindering students' empathy development. Common factors across the cases were related to (1) the subject (the students); (2) their use of mediating tools, including knowledge and skills; (3) their personal and professional communities; (4) their personal values, and work rules; (5) division of labour at work, especially in terms of peer support and role modelling. The research findings also shed light on possible contradictions between these factors, indicating the complex synergy of these factors on students' empathy development.

Discussion

This research highlights the significance and complexity of socio-cultural factors that influence pharmacy students' empathy development. The findings offer an additional insight to what else can affect students' empathy and empathy development, in addition to what has been known about demographic or intervention-related factors.

Conclusions:

Based on the findings of empathy as an activity system, the study also provides a number of recommendations as to the learning and teaching of empathy in the pharmacy curriculum.

What types of non-analytical, analytical and metacognitive processes underpin therapeutic reasoning in pharmacy students?

Steven Walker^{1,2}, Kayley Lyons¹, To Nhu Pham¹, Quang Hung Duong¹, Tina Brock¹

¹Monash University, Parkville, Australia, ²Austin Health, Heidelberg, Australia

Introduction:

Dual-processing theory, the combination of distinct analytical and non-analytical cognitive processes, has been used to explain diagnostic reasoning. However, the cognitive processes underpinning therapeutic reasoning, the process of evaluating treatment options to make therapy decisions, particularly of novice learners, has not been widely researched and researchers have not accounted for metacognitive processes.

Aim:

To describe the types of non-analytical, analytical and metacognitive processes that pharmacy students engage with during therapeutic reasoning activities.

Methods:

Forty third-year undergraduate pharmacy students enrolled in an Acute Care Unit participated in an audiotaped “think-aloud activity”. The students were asked to verbalise their thought processes while solving one of five simulated patient cases individually. Transcripts of the audio were coded by two independent coders. We adapted codes from the literature on metacognition, diagnostic reasoning, and therapeutic reasoning.

Results:

Preliminary results demonstrated several types of analytical sub-steps under the following categories: considering the context, retrieving information, processing information, making assessments, justifying decisions, synthesising, and making a final recommendation. Non-analytical processes included intuition and activation of prior content knowledge. Students employed meta-cognitive processes to control and monitor their analytical and non-analytical cognitive processes: double checking previous work, identifying specific unknowns, verifying correct information, and determining the next steps.

Conclusions:

These findings provide insight into the analytical, non-analytical and metacognitive processes demonstrated by novice learners in the process of therapeutic reasoning. The results will improve our understanding, teaching and assessment of therapeutic reasoning. Furthermore, this study can foster future research into the development of appropriate therapeutic reasoning frameworks.

Who CALD for more? A new student Culturally and Linguistically Diverse (CALD) workshop

Kristen Jones¹, Angel Bogicevic¹

¹Logan Hospital, Metro South Health, Queensland

Introduction:

Metro South Hospital and Health Service (MSHHS) has a high prevalence of culturally and linguistically diverse (CALD) patients. It is crucial that Allied Health students delivering care to these individuals receive appropriate training to ensure contemporary patient centred methods of care.

Aim:

The aim of this quality assurance activity was to develop, implement and evaluate a face-to-face interdisciplinary workshop for Allied Health students to support culturally sensitive practice.

Discussion:

Student and clinical educators reported increases in student knowledge and confidence with regards to working with CALD populations. The majority of students (62%) indicated that 60% or more of the training was new learning. The majority of students rated themselves as feeling confident (54%) or very confident (23%) to be able to apply the skills they'd learnt and in turn 85% of clinical educators agreed that students demonstrated confidence when approaching CALD populations. Case studies had the highest frequency (69%) of ratings as most valuable learning content amongst students.

Facilitating new learning through face-to-face interaction and the use of case examples improved student confidence and knowledge which in turn improves patient centred, culturally sensitive practice to consumers.

Issues/questions for exploration or ideas for discussion:

In light of the overall positive feedback, a plan for ongoing implementation and/or further evolution of this workshop should be considered. Factors such as frequency and delivery/mode (face to face vs online interactive platform) should be discussed. Future plans considered have also included upskilling Allied Health clinical educators to become facilitators in a train the trainer model.

2020 and beyond: visioning a better LGBTIQ+ teaching and learning culture in medical education.

Deanne Cassidy¹, Karen Knight¹, Kimberley Owens¹ Nichole Harvey¹ Simone Ross¹
¹James Cook University, Townsville, Australia

Introduction/background:

Medical education is a valuable medium through which culturally competent and diversity-sensitive care can be integrated within the Australian health care system. Access to inclusive, respectful and attainable health care and prevention services for individuals that identify as lesbian, gay, transgender, bisexual, transgender, intersex or queer/questioning (LGTBIQ+) requires teaching and training content and activities that are deliberately embedded throughout the entire medical curriculum, in order to equip medical students (and thus future doctors) with the knowledge and skills needed to care for this minority group.

Purpose/objectives:

The purpose of this workshop is to benchmark the teaching and training approaches that are used in the medical curriculum at James Cook University with other medical curricula in reference to LGBTIQ+ content. The outcomes from this workshop will serve as an indication for future curriculum development and improvement for James Cook University; as well as identify important truths and gaps that specifically address the health care needs, issues and experiences of LGBTIQ+ individuals.

Issues/ questions for exploration or ideas for discussion:

What content is delivered in other medical curriculums in regards to sexual and gender diversity?

How do other medical schools integrate sexual and gender diversity specific content across their MBBS curriculum (i.e. from Years 1 through to 6)?

How do other medical schools incorporate the health care needs, issues and experiences into their clinical skills curriculum?

How do other universities engage LGBTIQ+ individuals/community to assist

Actioning allyship in Indigenous health education: Acknowledging privilege and the associated (Dis)comfort

Louisa Remedios, Joanne Bolton, Ngaree Blow, Tamara Clements & Shawana Andrews
University of Melbourne, Melbourne, Australia

Introduction/background:

There is a growing understanding from Indigenous scholars on best practice in Indigenous health education and recognition that non-Indigenous educators often adopt colonial and problematic approaches to content delivery. The concepts of colonising practices, cultural safety, allyship and decolonising methodologies together with Indigenous pedagogies, need considered responses. Learning must be safe for all: communities, Indigenous educators and colleagues, students and allies. Indigenous knowledges is known to create student discomfort and good educational practices “hold the student close to keep them safe” as they step further into their learning.

Purpose/objectives:

In this session, we will use health professional education as a model for:

- Privileging Indigenous ways of knowing, being and doing
- Understanding the role and responsibilities of claiming allyship in health professional education
- Exploring the potential role and challenges for allies in advancing Indigenous pedagogies in health professional education
- Consciously scrutinising ‘traditional’ teaching models for their colonised underpinning

For exploration and discussion:

Our questions will consider:

- Is there a role for allies and what should this ‘role’ look like?
- What are the perceived threats allies face when adopting a pedagogical stance that challenges academic norms and creates discomfort among non-Indigenous colleagues?
- How can allies engage in their own decolonising work?
- How do allies navigate their (dis)comfort and the mistakes that will be made?
- What is an Indigenous perspective on this ‘privileged struggle’ to move away from colonising practices to respond to Indigenous scholarship?
- How do allies decentralise their own positioning when engaging with Indigenous health education?

Becoming a GP – Reflections from GP registrars and implications for Training Organisations

Duncan Howard, Christine Bottrell, Jenni Parsons, Cat Kirby, Meredith Temple-Smith

MCCC, Parkville, Victoria

Introduction/background:

Becoming a GP means becoming competent and confident in managing patients of any age presenting with undifferentiated illness, but it also involves the formation of an identity as a GP. This process is a complex one as learning and “becoming” involves not only individual factors, but social; cultural; relational and institutional. A research study conducted in 2018-19 followed the audio-diary reflections of a cohort of GP registrars through their first six-month term in general practice.

Exploring and more fully understanding the lived experience of this journey will enable improvement of the GP teaching program for subsequent GP registrars.

Purpose/objectives:

Findings from the project will be presented under a number of headings including research methodology; professional identity formation; transformative learning experiences; and the emotion of learning. The registrar reflections will inform the work of a number of small groups within the workshop. Using those reflections, small groups will discuss the findings and generate ideas around implications for general practice training and broader health professional training, then regroup to collate a vision for training.

Issues/ questions for exploration or ideas for discussion:

Can we use the reflections to better understand the professional identity formation of becoming a GP?

Is the emotional side of “becoming a GP” dealt with adequately in the training process?

How can the reflective process authentically communicate the early career experiences of registrars and be used in to inform training programs for General Practice, and more broadly for health professionals?

Clinical Education, Burden or Badge of Honour? Changing perceptions from the ground up.

Jill Williams¹, Alex Bond²

¹Flinders University, Adelaide, Australia. ²Flinders University, Adelaide, Australia

Introduction/background:

Clinical staff providing student supervision are recruited and acknowledged in a number of ways. Engagement of clinical supervisors in the development of supervision skills and motivation to foster a positive learning environment can be variable. The majority of clinical staff providing student supervision are skilled and motivated, but not necessarily recognised. Promotion of clinical education activity and student supervision as a signpost of skill and commitment (of the clinician or more broadly, service) may counter a small but troubling minority of individual negative perceptions and improve job satisfaction for staff delivering clinical education.

Optimising clinical education capacity of health services is important. We have an opportunity to promote a public understanding that health service and clinical staff affiliation with a University through clinical education is a sign of excellence.

Purpose/objectives:

The purpose of this PeArLs session is to explore what underpins some of the unhelpful negative perceptions around 'the burden of supervision' for clinicians and what strategies can we identify to address these. Further, can we change the perception of clinical supervision to that of a 'Badge of Honour'?

Issues/ questions for exploration or ideas for discussion:

What factors impact on supervision recognition in your area?

What do your supervisors really want?

How can we create a visible, credible 'Badge of Honour' for our clinical colleagues committed to excellence in education?

Creating learning environments which acknowledge students' lived experience of the health curriculum

Rebecca Grainger¹, Christina Grove¹, Emma Osborne¹, Izzy Lomax-Sawyers²

1. University of Otago, Wellington, New Zealand.
2. Dunedin School of Medicine, University of Otago, New Zealand

Introduction/background:

Health professional curricula intersect with our own life experiences in many ways. During the course of their education, most students will encounter content which has personal significance. Therefore, the delivery of this content can have personal and professional implications. As medical students and educators, we have observed that teaching which does not consider students' own experiences may contribute to an exclusionary learning environment where students do not see their life experiences as congruent with an emerging health professional identity. Conversely, teaching approaches and curriculum design can support students to integrate lived knowledge and disciplinary knowledge, and allow students to use their lived experience to contribute to learning.

Purpose/objectives:

To reflect on ways that personal experience has intersected with your learning as a student or educator.
To explore and share ideas for creating inclusive learning environments that recognise that many students will have personal experience of aspects of health professional curricula.

Issues/ questions for exploration or ideas for discussion:

How has your identity, or personal/family health experiences impacted your own study?
Consider ways in which your teaching or programme might simplify, stereotype or exclude content that may relate to students' own experiences.

How does your teaching or programme recognise students' first-hand experience of aspects of the curriculum? What is working well? What could be improved?

Development, delivery and assessment of integrated learning activities

Adelaide Boylan¹, Andrea Dillon¹

¹University of Adelaide, Adelaide, Australia

Introduction/background:

Integrated learning activities provide an opportunity for students to consolidate and apply acquired knowledge across all domains of learning, in an environment that is engaging and simulates a work based experience. Creating learning activities that provide students with an authentic and translational opportunity to apply their knowledge is resource intensive and requires significant collaboration across multiple learning domains. Delivering original learning activities is becoming increasingly challenging in the twenty-first century, due to resource scarcity and also the complexity of the student's hidden curriculum. Assessing integrated learning activities presents significant practical and pedagogical challenges.

Purpose/objectives:

To introduce our experience of developing highly successful integrated learning activities, in the form of simulated ward rounds, for early years of our undergraduate medical program, including the opportunities and challenges that have arisen, and student perspectives of the experience.

Facilitate a focussed discussion around the assessment of integrated learning activities, including formative, summative and peer assessment approaches; and consideration of the benefits of qualitative reflective assessment, compared with quantitative assessment of knowledge.

Issues/ questions for exploration or ideas for discussion:

What is the best approach to assessing integrated learning activities?

How do you balance the benefits of experiential learning with the need for assessment?

How can integrated learning activities for single discipline cohorts be efficiently and effectively adapted into interprofessional learning activities?

Participants are asked to share their experience of developing, and assessing integrated learning activities.

How do we achieve a meaningful integration of biomedical sciences with other disciplines in health professional curricula?

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Introduction/background:

Medical education has at times fallen under criticism for an emphasis on biomedical sciences like anatomy, physiology and pharmacology which are considered to be essential knowledge for successful clinical practice. This may be at the expense of other important fields, in a context where the need for medical graduates with expertise in public health issues, behaviour change and managing ethical conflicts is growing. Furthermore, students have a tendency to minimise their focus on these sometimes labelled “softer” disciplines in their approach to learning, naively perceiving these as less relevant to both their studies and their graduate practice. It is challenging to achieve a meaningful integration of these perhaps marginalised disciplines in a crowded medical curriculum.

Purpose/objective:

Using the presenters’ recent experience of designing and implementing integrated courses for medical students, the purpose of this session is to engage the audience in a discussion regarding models of integration of ethics, public health, clinical science and clinical practice in health professional curricula.

Issues/questions for exploration or ideas for discussion:

1. What models of integration have you used in your institution?
2. What strategies can be employed in order to achieve a meaningful integration?
3. How can the “soft” sciences be successfully integrated in a curriculum focused on clinical science and practice?
4. What does a real integrated curriculum look like?

Pooling pearls of portfolio wisdom: Promotion, preparation and practice

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¹Flinders University, Adelaide, Australia

²Western Sydney University, Sydney, Australia

Introduction/background:

Portfolios have gained traction as a tool to facilitate reflective practice, both in higher education and in the post-graduate training and professional development space. Indeed, a recent public consultation by the Medical Board of Australia (November 2019) proposes a revision to the continuing professional development standard to include a 'personal professional development plan' for all medical practitioners.

In health professions education, the very notion of a portfolio (and reflection) can be met with resistance from students and practising clinicians alike. This opposition exists despite evidence which supports the role of the portfolio in developing reflective capacity and facilitating self-regulated learning.

Purpose/objectives:

This PeArLS will draw upon participants' experiences of supporting learners and educators to engage in portfolio-based learning and assessment. Specifically, we want to understand how participants address 'the three Ps' of portfolios: promotion; preparation; and practice.

Through this session, we intend to draw collective pearls of wisdom, with a view to identifying ways to develop a culture in which portfolios are embraced as a pathway to productive learning.

Issues/ questions for exploration or ideas for discussion:

Promotion: How do we pitch and 'sell' the portfolio to learners and educators?

Preparation: How do we prepare learners and educators to engage with portfolios as a learning tool?

Practice: How can we facilitate ongoing use of portfolios into clinical practice?

The coterie of the country: what are the conditions required of rural health services to foster and sustain staff learning?

Ms Keryn Bolte¹

¹ The University of Melbourne

Introduction/background:

Geography and resourcing are acknowledged as factors which can negatively impact learning environments in the rural context. However, there may be other factors such as a lack organisational support or under-utilisation of staff skills and knowledge, with a reliance on external experts to 'upskill' rural staff.

There is a gap in the literature examining staff learning; for rural practice there appears a complete absence of relatable publications, thus ANZAHPE presents a unique opportunity to draw from the attending expertise. Developing staff skills and knowledge can engender value, aid recruitment and foster retention of the health service workforce. Therefore, identifying the conditions to foster a learning environment in rural health services is a worthwhile discussion among metropolitan and rural practicing health professionals, educators and researchers.

Purpose/objectives:

The purpose of this PeArLs is to capitalise on the presence of expert practitioners, researchers and educators attending ANZAHPE and ask participants to explore their perspectives around how staff learning in rural healthcare settings could be promoted and developed. This conversation stems from the belief that teaching and learning centred approaches can become a cultural norm and such norms could ultimately influence care delivery to become even more holistic, reflective and adaptive.

Issues/questions for discussion:

What does a learning environment for rural healthcare staff look like?

How does the workplace learning environment shape the educational skills and knowledge of rurally practicing staff?

What are the potential benefits and barriers that are unique to a rural health care organisation and their staff, in fostering a learning environment?

Through the 2020 lens; connecting with Aboriginal and Torres Strait Islander peoples... It's as easy as this.

Jayne Lawrence

Three Rivers University Department of Rural Health, Charles Sturt University, Dubbo

Introduction/background:

Identity and connection with family and Aboriginal ways of knowing, doing and being are at the heart of what Aboriginal and/or Torres Strait Islander people are all about. A core component of delivering high quality health care for Aboriginal and Torres Strait Islander peoples in both the Aboriginal community-controlled health sector and mainstream health services is ensuring cultural safety for patients and families. As a Clinical Educator in Indigenous Health with the Three Rivers UDRH, it was important to establish relationships with the stakeholders within the Aboriginal Controlled Health sector to establish high quality rural clinical learning experiences for students in an Indigenous context. By utilising Yindymarra within this space we are developing interprofessional relationships and trust to provide opportunities for students undertaking placements to learn and deliver culturally safe health care, contribute to increasing local capacity and maintaining sustainable partnerships within communities.

Purpose/objectives:

The aim of this session is to share ideas, approaches and engagement strategies regarding the consultation with the Aboriginal community-controlled health sector to offer innovative placement opportunities to enrich their service provision.

Issues/ questions for exploration or ideas for discussion:

What do you wish you had known about engaging with Aboriginal and Torres Strait Islander peoples?
How do we encourage responsible, respectful and honest interactions between students and stakeholders in building trusting relationships with Aboriginal and Torres Strait Islander peoples?
How have you engaged with Aboriginal and Torres Strait Islander peoples to offer clinical placements?
What do you consider is culturally safe and appropriate preparedness for students?

When your student unexpectedly dies.

Dr Mark Lavercombe^{1,2}, A/Prof Stephen Lew^{1,2}, Juli Toussaint², A/Prof Jenny Schwarz^{1,2}, Danielle Clayman¹

¹ Department of Medical Education, The University of Melbourne, Melbourne, Australia

² Western Health, St Albans, Australia

Introduction/background:

In 2016, a medical student at Western Clinical School developed a severe acute illness and died, in a process that lasted only a few days. She was cared for within our health service initially, before being transferred to another institution associated with our Medical School.

Purpose/objectives:

Discuss the approach to sudden student illness and death, including liaison with family members, pastoral care for other students, and communication strategies for the wider student body and School.

Clarify privacy considerations and strategies for protecting the student's privacy.

Explore longer-term strategies for managing the emotional well-being of surviving students.

Contrast the experience from before and after implementation of a procedure for supporting student wellbeing after a student death.

Issues/questions for exploration or ideas for discussion:

What is the role of the Medical School in what is an intensely personal experience for a student and their family?

What is the best practice for balancing communication with other students while protecting the privacy of an unwell student?

How can student privacy be ensured when they are cared for as a patient within their host health service, particularly in the time of electronic health records?

How long is appropriate for the School to grieve with our students and how does this process affect students who didn't know or weren't close to the student who died? When should the School encourage 'moving on'?

Working with shifting goalposts: the challenge of developing a program evaluation for a program that isn't sitting still!

Udemans, Rebecca¹, Newton, Libby¹, Rigby, Louise¹,

¹Royal Australasian College of Physicians, Sydney, Australia

Introduction/background:

Considerable investment occurs when modernising the design of health professional education programs, often with years expended redesigning and implementing programs. The literature suggests design and implementation approaches must flex in response to unforeseen and unavoidable issues that require problem solving along the way. At the same time program evaluation design needs to flex in response to changing education program design and implementation plans. This can present challenges for both program designers and evaluators.

Purpose/objectives:

Drawing from a case study of the Royal Australasian College of Physicians renewed Basic Training program, we will present the challenges of planning for long-term, dynamic program evaluation and collectively explore how these can be approached. Together we will:

- Hear how other groups have developed their program evaluations
- Consider a rapid peer review of our programmatic evaluation strategy
- Consider different perspectives on how to undertake complex multi year program evaluation.

Issues/ questions for exploration or ideas for discussion:

- What theoretical frameworks are others using for program evaluation?
- How can the work be distributed to make the evaluation manageable?
- What are the merits of using different methodologies?
- How can different evaluation needs (e.g. exploring short term implementation fidelity and long term program outcomes) be reconciled?
- How are competing priorities with participants / stakeholders effectively managed?
- How can quality evaluation plans be made when the program keeps getting tweaked and the timelines keep changing?

“I can do that?” Navigating Scope of Practice and Task Delegation as an Allied Health Assistant

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¹Alfred Health, Melbourne, Australia

Introduction/background:

The Allied Health Assistant (AHA) workforce at Alfred Health typically receives developmental education through a ‘within-profession’ approach. To implement recommendations from the Victorian Department of Health and Human Services Allied Health Workforce Review, an AHA Education working group formed.

Aim/objectives:

The aim was to create an education support program that is tailored and more responsive to current and future AHA roles at Alfred Health. This commenced with the inaugural *Alfred Health AHA Education Forum*.

Discussion:

Given current diversity in, and predicted changes to AHA scope of practice (SOP), the AHA Education working group determined that AHA role clarification was a priority. Responses to a pre-forum survey provided data for the forum, i.e. current AHA perceptions of SOP, task delegation and clinical handover. This data guided forum content, development and implementation. A post-forum survey was also distributed. Pre-forum results demonstrated AHA’s are somewhat confident raising concerns with Allied Health Professionals (AHP) when delegated tasks outside their SOP. They indicated clinical handover was sufficient most of the time. Within-forum polling demonstrated immediate achievement of intended learning outcomes. Post-forum recall and location of AHA SOP framework increased. Anecdotal feedback highlighted the breadth of tasks undertaken on a daily basis by AHA’s and a recognition by AHA’s of their contribution to patient care.

Issues/questions for exploration or ideas for discussion:

Many future developmental education opportunities exist for the AHA workforce at Alfred Health. A future forum will be AHA-led focusing on AHP perceptions of AHA SOP and task delegation.

‘Consent’ for peer physical examination: ethically navigating the curriculum and hidden curriculum in the MD program.

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Introduction/background:

Teaching of clinical examination skills during The University of Queensland Doctorate of Medicine program occurs in scheduled learning activities such as clinical coaching, living anatomy, physiology practicals and masterclasses. A variety of teaching modalities are used, including peer physical examination (PPE), where students act as model patients for one another to allow practice of examination techniques. Students must complete a consent process before partaking in peer physical examination.

Aim/objectives:

To explore the concept of consent and assent in relation to peer physical examination, and view this in light of inherent program requirements and hidden messages within the curriculum.

Discussion:

Peer examination is an integral component of the curriculum of many medical schools and health science programs. It allows students to develop examination skills and confidence within a safe, supervised classroom environment before being asked to examine patients in a clinical setting. Inherent requirements for studying medicine describe a need to use touch to perform competent and safe medical care. This may raise challenges for individuals with personal, religious, cultural or psychological barriers to examination and exposure, and also raises the possibility of uncovering unexpected findings.

Issues/questions for exploration or ideas for discussion:

How is the term ‘consent’ used throughout the program, and what message/s does this send? What is an inherent requirement, versus a program requirement or an individual choice? How are unexpected findings handled, should they arise?

Educating Anna' – a real life scenario for students

Stavroula Zandes¹

¹Monash University, Melbourne, Australia

Background:

Chronic disease is on the increase with emerging evidence that lifestyle related behaviours and social and behavioural factors are contributing to chronic ill health globally. Teaching in social and behavioural sciences provides essential knowledge, skills and practice in the application of these factors to health care and chronic disease.

In 2018, a new unit, 'Social and Behavioural Sciences in Public Health' introduced students to the psychological, behavioural and social factors that are key determinants of health outcomes. It combines the use of evidence based practice to explore the prevention and management of lifestyle-related chronic illness from a social and behavioural science perspective. It emphasises patient-centered care that is holistic and collaborative.

Aim/objectives:

With application to real world scenarios, students review, assess and critically analyse a range of psychosocial theories, behavioural issues and interventions. This approach benefits future health professionals in both clinical roles and public health.

Discussion:

iSAP, a case based learning tool is an important element of this unit. It focuses on integrating science and practice, combining clinical decision making with reflective analysis. Students develop an action plan for a single middle aged pre-diabetic woman (Anna) with a history of poor lifestyle choices. The task focuses on psychosocial communication approaches and interventions to provide quality health care.

Following the release of an 'expert' response, students write a comparative reflection, commenting on knowledge gaps and identifying implications for future practice...

The outcomes include improved health and satisfaction for patients, enhanced clinical practice for the health service provider, and the health system at large.

Riding the spiral': student experience of sequential learning in the early years of medical training

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¹University of Otago, Dunedin, New Zealand

Introduction:

A 'spiral curriculum' (SC), where content is integrated and revisited with increasing difficulty, is used increasingly in health professional training. Learning benefits in an SC model have been reported. Limited studies (generally into curriculum sub-parts) on student perspectives of SC's indicate that student understanding of the model can affect acceptance of and the ability to negotiate the SC. Otago Medical School uses an SC. ELM (years 2&3) is the major common (pre-clinical) component. The student perspective of the ELM SC is presented here.

Aim/objectives:

To understand ELM students' experience, understanding, perceptions of, and attitudes towards the SC (including the impact of missing variable amounts of the course), in order to inform effective delivery of the SC.

Methods:

All ELM students (n=577) were invited to complete an anonymous online survey. Choice of survey items was guided by literature observations and local conditions. Appropriate qualitative and quantitative analyses followed.

Results:

Preliminary results (123 responses) indicate students experienced the curriculum integration aspect of an SC more than increasing content difficulty. When given a definition of an SC, 65.9% agreed this matched their learning experience, with these students 1.84 times as likely to have a positive attitude towards an SC. Students who believed an SC was appropriate as a learning model (86.1%) were 1.52 times as likely to feel prepared for future study.

Discussion:

Additional analyses are required, and will be presented, to provide a clearer picture of the student experience of the SC in ELM. Curriculum delivery implications will also be discussed.

“I asked my GP” – encouraging learners to be proactive and reflective in a longitudinal, early clinical placement.

Margaret Henderson¹, Joanne O'Reilly¹, Sandra Comer¹

Introduction/background:

Proactive students spark teaching enthusiasm in their clinical supervisors yet students in early clinical placements (especially general practice) can feel overwhelmed about how to approach learning in the clinical environment. Additionally, assessment drives learning for most students so they seek learning experiences related directly to assessment tasks. Learning to seek and reflect on clinical experiences prepares students for their future.

Our challenge was to encourage 2nd year medical students undertaking longitudinal early clinical placements in general practice to focus their learning and be proactive students who reflect on and plan their future learning.

Aim/objectives:

We aimed to encourage proactive and reflective learning by requiring students to maintain a learning journal as an assessment task. They submitted fortnightly learning objectives and reflections based on their clinical placement experiences and supplied learning resources. Academic staff reviewed these and suggestions were provided to extend student learning.

Discussion:

Initial evaluation of learning journal submissions shows a range of objectives, reflections and learning. The majority of students partially or fully achieved most of their objectives but reported varying reactions regarding difficulty in writing the objectives and reflections and how beneficial they were for their learning. Based on this feedback, we will be modifying the task.

Issues/questions for exploration or ideas for discussion:

We believe this task encourages students to take more control of their learning in the clinical situation. Future developments should explore fostering student acceptance of this assessment task, encouraging students to seek feedback and ensuring the task is sustainable and effective for clinical supervisors and academic staff.

The Science of Music on the Brain for accelerated problem solving

Sally Arnold

Director Creating Encores.

Adelaide University Elder Conservatorium, Flautist, Global Orchestras, The Australian Ballet Head of Business Development, Psychotherapist, Author and Creative Coach. (Partnership with Melbourne University School of Psychological Sciences Research project on above topic, intended to commence 2020)

Introduction/background:

Music creates powerful emotional experiences, taking individuals and audiences to inner places that are not accessible by other means. When Sally was heading the business team of The Australian Ballet, sponsors and their audience members became aware of forms of Innovation and new Thinking they never realized possible from Immersion in an Arts performance. This was the start of Creating Encores Coaching Framework.

Aim/objectives:

Creating Encores Vision Mapping programs and coaching brings a new era of Thinking and Problem solving into organizations. Providing proven methods that have been under the Radar in professional worlds. A good example is “putting on 3D glasses to view problems” rather than working with outdated methods, “blurry glasses”. Leading to faster problem solving, and increased productivity from within organizations.

Discussion:

The Creating Encores program uniquely exploits this process, and provides a powerful context in which to introduce the dynamic interactions of music, cognition and practical behavioural outcomes in fast effective problem solving. Aimed at professionals returning to work, stress, career stuckness, difficult interactions, diversity, language challenges. etc.

Issues/questions for exploration or ideas for discussion:

Team Harmony, for faster problem solving

Leadership Empowerment, career growth

Flow States – Work life balance to create less stressful work environments and accelerate output.

“TO BE HEALTHY AS A WHOLE, MENTAL WELLNESS PLAYS A ROLE” – a wellbeing framework for staff

Rachael Coutts¹

¹Northern Health, Epping, Victoria

Background:

To support a mentally healthy workplace culture Northern Health implemented a psychological wellbeing strategic framework in 2018. This framework utilises the principles of the Beyond Blue “Developing a workplace mental health strategy, A how-to guide for health services”

(<http://resources.beyondblue.org.au/prism/file?token=BL/1728>) through an ‘integrated’ approach to workforce psychological wellbeing – ‘protection; promotion; intervention’.

This has led to an organisational-wide “Conversations on Mental Wellness” week designed to raise awareness and understanding, and decrease the stigma associated with mental illness.

Summary of work:

The inaugural Mental Wellness week was conducted on 10th-13th September 2018 coinciding with World Suicide Prevention day and RUOK day.

A multidisciplinary working group with representation from OHS Wellbeing, Clinical Education, Medicine, Nursing, Allied Health, and pastoral care coordinated the event.

Activities included:

1. Pastoral care wellness programs such as massage, meditation, yoga, music and therapy dogs
 - Plenary speakers presented messages of suicide prevention and shared lived experiences of mental illness and recovery
 - Medical grand round presentations
 - Psychological First Aid training sessions
 - Conversations related to wellbeing and taking care of others.

The second year was conducted 9th – 12th September 2019. Additional activities included:

- Formal launch at morning tea by Executive director of People and Culture, CEO and COO.
- Multidisciplinary CEO forum designed to generate additional ideas and solutions for creating a mentally healthy workplace.

Discussion:

Mental Wellness Week promoted a conversation, destigmatised mental illness and highlighted support mechanisms available for staff. It represented a coordinated organisational wide approach to wellbeing. Formal surveys were distributed, and results will be presented.

Conclusions and take-home messages:

Wellbeing initiatives that are sustainable and leave room for continual improvement provide a consistent message of a mentally healthy workplace across Northern Health and contribute to the enhancing the physical and mental wellbeing of all staff.

A Communication Skills Teaching Program for Geriatric Medicine Advanced Trainees

Dr Claire McKie^{1,2}, A/Prof Jenny Schwarz^{3,4,5}, A/Prof Benny Katz^{3,4,6}

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Introduction/background:

Communication is a core clinical skill, widely recognised as an essential component of clinical practice. It is also widely recognised that communication skills can be taught, and require ongoing teaching throughout clinical practice. Best practice for teaching communication skills is through small group experiential learning with simulated patients and trained facilitators, however there is limited access to this kind of teaching for post-graduate clinicians.

Aim/objectives:

To describe a communication skills teaching program for Geriatric Medicine advanced trainees (ATs).

Discussion:

The Victorian Geriatric Medicine Training Program (VGMTTP) has delivered a comprehensive teaching program for ATs in Geriatric Medicine in Victoria since 2008. In 2015, VGMTTP commenced development of a communication skills teaching program for all ATs in Geriatric Medicine. This program was fully implemented in 2018.

The program delivers a longitudinal curriculum, with six sessions across the three years of advanced training. The initial session introduces trainees to core concepts, including the Calgary-Cambridge Guide - a skills-based consultation model, that is used as the foundational framework for the program. The subsequent five sessions involve small group, experiential learning with simulated patients and facilitators. The content of the experiential sessions has been based on feedback from ATs regarding communication challenges and developed around common clinical scenarios in Geriatric Medicine. These five sessions explore communication with patients and relatives, including patients with cognitive impairment, and are based in a variety of settings relevant to Geriatric Medicine (acute and sub-acute inpatient care, outpatient clinic and community). They explore increasingly complex and challenging communication scenarios with a focus on person-centred shared-decision making.

A new way of seeing assessment expertise: A hermeneutic literature review

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Introduction/background:

Bias in performance-based assessment has long been a concern in health professional education. While approaches involving psychometrics have been used to understand accuracy and variation in scoring, they are limited in helping us to understand the complexities of assessment decision-making. Examining theoretical underpinnings of human judgement and decision-making can facilitate our understanding of bias and expertise in assessment.

Aim/objectives:

This hermeneutic literature review sought to understand assessment expertise, how it develops and is enacted, and how assessors construct judgements.

Methods

We constructed a systematic search to identify literature relating to assessor decision-making during performance-based assessments (e.g., OSCE). Consistent with the hermeneutic process, this search was purposively expanded to address established gaps and develop further questions for exploration. Data were interpreted using situated cognition to understand potential relationships between the assessment environment, context, and personnel (i.e., assessor, examinee and patient).

Results:

Examiner expertise was ill-defined in the literature; examination experience, clinical expertise and experience, and inter-rater consistency were used as a proxy. Indirectly, the literature describes examination expertise as situation-specific adaptively.

Discussion

Assessment involves the complex interplay between observation, attention, memory, performance script, confidence, narrative justification, and individual frames of reference. Given the unpredictability of the interactions between the assessment context, aims, tools, and participants, an ecological psychology perspective may explain these relationships.

Conclusions:

Performance assessment is iterative and situational. This perspective on assessment expertise may support assessors to understand how nuanced expertise can be used to diagnose candidate performance in a given situation.

A pilot of group clinical supervision to enhance learning and support for allied health professionals

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Introduction/background:

Clinical supervision (CS) of qualified allied health professionals (AHP's) facilitates their learning and support, however, there is limited evidence to inform best practice models, including group CS.

Aim/objectives:

To determine whether the pilot study of group CS improved the perceived effectiveness of CS for AHP's in a regional setting.

Methods:

The study was a multiple methods study. Four CS groups were piloted in three service settings of a regional health service: community, inpatient mental health and AH managers with participants surveyed using the Clinical Supervision Evaluation Questionnaire (CSEQ) and open ended questions to explore the model of group CS piloted. Facilitators of group CS participated in a focus group and this data underwent content analysis.

Results:

The CSEQ was completed by 16 participants (62% response rate). The mean total CSEQ score was 56.53 (S.D. 7.7). Ten individuals (63%) had a positive perception of group CS and none (0%) had a negative perception. Benefits for participants included increased reflection, learning from multiple perspectives and peer support. Enablers for facilitators included training in the model and tools to establish a safe learning environment.

Discussion:

Participants perceived that group CS was associated with positive outcomes, complimented their individual CS and were open to multidisciplinary groups. Facilitator training and support and using a reflective model were key enablers for facilitators. Future applications include increased multidisciplinary involvement and peer group models for senior clinicians.

Conclusions:

Group CS was effective in contributing to a positive workplace learning culture through enhancing AHP reflection, learning and support.

A Pilot Study to Develop and Evaluate a First Person Perspective Video to Teach Medication Administration Skills to Bachelor of Nursing Students

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Introduction/background:

Safe and effective medication administration (MA) is a complex nursing skill requiring mastery of cognitive and psychomotor skills. Exemplar First Person Point of View (FPPoV) video allows students to view the scenario from the perspective of the expert. To date whilst FPPoV has been used extensively to capture recreation and sporting images, there are few studies reporting its use in health education.

Aim/objectives:

To develop a first person point of view (FPPoV) video, pilot test and measure the impact on undergraduate Nursing and Midwifery students, perceived self-efficacy for oral medication administration and evaluate the FPPoV video.

Methods:

We developed a medication administration script and used a head mounted GoPro™ Hero 3 camera to record the oral and inhalation medication administration with a simulated patient. The effect on students' perceived MA self-efficacy and content of the video was appraised using pre and post questionnaires.

Results:

31 students viewed the video and completed the pre and post questionnaires. There was a statistically significant increase in the total mean Self-Efficacy scores.

Discussion:

Nursing education may benefit from the increased use of FPPoV video to increase student nurses' perceived self-efficacy.

Conclusions:

This finding is important because safe medication practices are an important part of quality patient care, with medication administration being fundamental nursing skills.

A Retrospective ePortfolio Capstone project

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Introduction/background:

Portfolios have been shown to enhance students' ability to articulate achievements and successes, providing evidence beyond that which a university transcript can offer. ePortfolios are electronic or online resources that act as a record of learning and reflection. Final year Diagnostic Radiography (DR) students at the university of Sydney complete an ePortfolio as a capstone project. Design elements incorporated into the ePortfolio assessment task build on contemporary learning theories, to positively influence students' reflection on their whole course learning, to help them create narratives around employability and 'graduateness', and to build their capacity to make good judgements about their own performance by creating digitally curated evidence for selected audiences.

Aim/objectives:

To describe an ePortfolio task, requiring DR students to integrate evidence of: (1) Professional Capabilities (self-evidence of), (2) University Graduate Qualities, and (3) specific Learning to Learn Skills.

Discussion:

The ePortfolio task involved 3 x 2hour interactive lectures and 2 x 2hour tutorials. Student groups retrospectively brainstormed experiences and achievements that could be used to evidence professional attainment. These activities served as a prompt for each student to subsequently collect their personal evidence to reflect on, curate and create an employment-focussed personal ePortfolio.

Issues/questions for exploration or ideas for discussion:

In what ways can a capstone ePortfolio task be used to help students reflect upon their course as a whole and provide an evidence-based narrative demonstrating their learning skills, professional capabilities and graduate qualities, and in what ways, if any, do students use this beyond their course?

A Symbiotic relationship- the benefits of an interstate metropolitan and rural health service collaboration

Joanna Pizzi, Diana Sandulache, Eleanor Stewart, Michael Dooley, Angela Young²

1 Alfred Health, Melbourne, Australia

2 Alice Springs Hospital, Northern Territory, Australia

Background:

The Society of Hospital Pharmacists of Australia (SHPA) Residency Program requires accredited sites to offer specific clinical rotations, have consistent staffing and trained preceptors. These requirements can pose challenges for rural sites that experience workforce shortages and high staff turnover. Newly appointed senior pharmacists at rural sites can have varying levels of confidence, methods and skills in supervising and training junior Pharmacists.

Aim:

Development of a collaboration between a rural and a major tertiary health service enabling senior staff development and pharmacy residents to complete a rural rotation.

Discussion:

A collaboration was developed in 2018 between Alfred Health, a large tertiary hospital and Alice Spring Hospital, a rural health service. A formalised agreement enabled residents from the metropolitan site to complete 6-month rotations at the rural site. Senior pharmacists from the metro site provided a two-day training program for senior staff at the rural site to develop preceptor capabilities, including the use of formal assessment tools and feedback techniques.

The first rotation commenced in March 2019. Surveys showed all seniors agreed or strongly agreed that the training provided would impact their practice and improve their confidence in providing clinical supervision and utilising feedback and evaluation tools. Feedback highlighted the rotation provides opportunities to develop Resident's skills from exposure to different clinical scenarios and culturally diverse populations that they may not otherwise encounter.

Conclusion:

This collaboration supports capacity building and is anticipated to continue long-term with further benefits realised. Other collaborations could occur between services around Australia in the future.

Am I Safe? Identifying a reproducible clinical decision making skill set for new graduates.

Aaron Grogan¹

¹The University of Queensland

Introduction/background:

Independent and autonomous practice delivers many variables within the clinical setting. As education professionals the challenges exist in developing and embedding a reproducible framework for clinical decision making within graduates. Providing validity and structure around end clinical management plans forms the basis of effective patient care. With a constant demand to provide safe, evidence based solutions there is increasing interest from students to identify structure within the decision making process.

Aim/objectives:

The aim of this oral presentation is to develop an understanding about what entails a structured approach to clinical decision making, and further to identify how this process is embedded within a postgraduate master's program for health professionals.

Discussion:

The combination of new knowledge, skills and a lack of experience are the fundamental aspects of the new graduate. As a result significant anxiety, stress and error impede the clinical practise of the graduate around effective and appropriate clinical decision making. Would implementing a semi-structured decision making matrix reduce clinical incidents and anxieties?

Issues/questions for exploration or ideas for discussion:

What combination of processes are required for effective clinical decision making?

Would students be receptive to such a process?

What would this process look like?

Is it essential or luxury? (With time would a practitioner develop essential decision making skills?)

An exploration of sessional educators perceptions and experiences teaching undergraduate nursing students in clinical simulation laboratories

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Introduction/background:

Sessional educators represent an increasing proportion of staff employed in Australian undergraduate nursing programs (Dixon et al., 2015). Despite this, little is known about their experience with, and understanding of, learning and teaching (Bodak et al., 2018). Even less is known about these elements in the context of undergraduate clinical nursing laboratories (Houghton et al., 2012).

Aim/objectives:

This study aims to explore sessional educator conceptions, perceptions and experiences of learning and teaching in undergraduate clinical nursing laboratories.

Methods:

Sessional educators who taught in undergraduate clinical nursing laboratories at a large metropolitan university participated in a semi-structured interview to explore their perceptions and experiences of teaching and learning. They also completed a questionnaire about their qualifications, experience, and understanding and ideas about learning and teaching. Interview data were thematically analysed.

Results:

Three major themes were identified. "Preparing for effective teaching" emphasised the need for staff to familiarise themselves with the teaching context and content, clarify requirements and explore opportunities for improvement before they start teaching. The second theme "dealing with the moment" identified staff create safe learning spaces in real time where students can engage and share the learning. "Being supported and acknowledged" highlighted that sessional educators need to be prepared as members of the teaching team and recognised for their effective teaching practices.

Conclusions:

Within the clinical nursing laboratory context, sessional educators may facilitate student groups on their own, so it is vital they are well supported to be effective educators through the provision of training and timely feedback.

An Interprofessional Facilitation Clinical Placement Model in Birth Suite

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Introduction/background:

Clinical placements are essential in preparing students for their future role in providing safe quality care. Barwon Health's birth suite highlighted a culture of medical and midwifery students competing for learning experiences with reports of learning requirements not always being met. In response, a new placement model was introduced where Interprofessional Clinical Facilitators (IPCFs) support learning experiences for **all** birth suite placement students emphasising the benefit of learning as a team to provide the best care for the women.

Aim/objectives:

To improve the quality and quantity of interprofessional education (IPE) experiences for students on placement at Birth Suite.

Methods:

A mixed methods approach has been used to evaluate the model. Data from student surveys and IPCF interviews has been thematically analysed. Data from the health organisation's Birthing Outcomes System has been analysed to track student activity and accoucheur experiences pre and post introduction of the model.

Discussion:

The IPCF model is a unique and innovative approach to supporting student learning in Birth Suite in Victoria. 407 students have participated in the model working across 2370 shifts. 78 IPE sessions have been facilitated.

Data demonstrates; students' learning requirements are being met within a supportive and collaborative clinical setting. Students' accoucheuring births has increased from 26.4% to 34% in 2 years despite normal birth numbers decreasing.

Conclusion:

The success of the new interprofessional facilitation placement model to Birth Suite has resulted in a significant improvement to the quality of the student learning environment. These outcomes support consideration of wider adoption of this model in other clinical teaching settings.

Are you ok? Mentorship training for Resident Medical Officers

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¹Southern District Health Board, New Zealand

Introduction/background:

Junior doctors can have difficulty adjusting to their new role. Levels of burnout and mental health issues are high. An engagement survey carried out locally found that Resident Medical Officers (RMOs) did not feel valued, had high stress levels and felt unable to speak up.

Aim/objectives:

Our aim was to train RMOs in mentorship and establish a peer to peer mentoring programme.

Discussion:

Training took place outside hours and was tailored specifically to issues facing RMOs. This was done in consultation with the local RMO committee. Specific areas addressed included dealing with night shifts, breaking bad news, managing workload and dealing with death.

The project was overseen by the newly formed role of Welfare Representative who is responsible for overseeing the project, promoting wellbeing and is designated as a safe person for RMOs to approach with any concerns.

Each mentor filled out a matching form specifying what they could offer to a mentee.

New first year RMOs received a similar matching form along with a talk at induction on mentorship. Mentors were matched with mentees by a trained facilitator.

So far, 2 mentor training evenings have taken place and over 40 RMOs have completed the training.

Issues/questions for exploration or ideas for discussion:

Peer to peer mentorship is an opportunity to improve RMO wellbeing. By training RMOs to be mentors, we hope to create a more positive working environment. Further work will involve questioning both mentors and mentees to investigate whether this has had an impact.

Title: Assessing Clinician's Experiences of Providing care

Name: Maha Pervaz Iqbal¹, Elizabeth Manias², Laurel Mimmo¹, Steve Mears³, Reema Harrison¹

Origin: e.g. ¹University of New South Wales, Australia ²Deakin University, Australia, ³ Hunter New England LHD, Australia

Introduction/background:

Increasingly there is recognition of the role of clinician experience in creating a culture of learning and improvement in healthcare. The contribution of clinicians' experience to a range of critical outcomes including patient experience, cost effectiveness of care and population health outcomes is acknowledged through value-based healthcare programs and internationally in the context of the quadruple aim. Interest in clinician experience has necessitated exploration into mechanisms for assessing and capturing these data. Whilst significant resource has been invested in capturing patient experience data, the assessment of clinician experience is complex and less well-understood.

Aim/objectives:

To establish the evidence base regarding how clinician experience of providing care has been conceptualised and measured internationally.

Methods

Rapid evidence assessment (REA) methodology was applied to two databases (MEDLINE and PUBMED) and to explore grey literature from the webpages of 23 relevant organisations internationally. A narrative synthesis was undertaken.

Results:

Ninety-four studies were included in the review. Findings highlight that clinician experience lacks definition in the literature, with limited evidence regarding the complex relationships between experience, engagement, psychological well-being and job satisfaction. Clinical experience data is primarily captured through project specific survey and interview methods regarding discrete change programs rather than in a holistic sense.

Discussion and conclusion:

Clinician experience is fundamentally different to patient experience in its intersection with job satisfaction and, work context. Efforts to enhance clinician experience require appropriate assessment tools which capture contextualised clinician experience holistically over the duration of their work.

Assessing competence in health professionals' use of motivational interviewing: A systematic review of training and supervision tools.

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Objective: To conduct a systematic review of instruments for assessing the competency of therapists in motivational interviewing (MI) for training purposes.

Methods: A search of Medline, Emcare, CINAHL, Scopus, Proquest, and Web of Science databases yielded 20,313 articles, of which 105 were included in the review. Data were summarised in terms of the instruments' development, adherence to MI principles, administration characteristics, psychometric properties, advantages, and disadvantages.

Results: Twelve instruments were identified. Tools tended to be better at covering simpler MI techniques. Differences in administration burden allow users to choose between briefer but cheaper and more detailed yet costly tools. Psychometric testing was often limited, and even if more extensive, the quality was often inconsistent. Although each tool tended to have relatively unique advantages (e.g. use of client ratings), they shared common disadvantages (e.g. lack of psychometric testing).

Conclusion: A number of tools can be used to assess MI competency, each with their own strengths but notable weaknesses that should be considered by potential users.

Practice implications: There is a need to further test existing tools before creating new ones, due to the repetition of the same limitations. Standardised guidelines should also be created to ensure each tool meets the same quality standards.

Board games: A way to teach foundational skills of the Calgary-Cambridge Communication Model in Optometry

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Introduction/background:

The Calgary-Cambridge model provides an articulated list of skills and processes related to conducting a clinical interview. To produce effective clinical communicators, foundational and clinical communication skills should be taught concurrently. This presents a unique problem; students do not have sufficient didactic knowledge to authentically engage with clinical scenarios. This can impede clinical communication skill development. Incorporating novel methods for teaching fundamental communication skills could potentially enhance a clinically-oriented curriculum framework.

Optometrists work with a sensory system; test outcomes are highly dependent on individuals' subjective perceptions. Acquiring reliable perceptual data that can be used for clinical decision making can consequently be challenging. The authors have designed a workshop, where undergraduate optometry students practice foundational communication skills in a non-clinical setting. This workshop uses a variety of board games to provide students with the opportunity to practice gathering and providing non-clinical information. Students are required to reflect on how these skills can be transferred to a clinical setting.

Purpose/objectives:

To demonstrate and explore how board games can be used to assist students in developing foundational communication skills that will be transferable to a clinical setting.

Issues/ questions for exploration or ideas for discussion:

- 1) Are the skills used in the board games transferable to clinical communication?
- 2) Will students will see the relevance and transferability of the skills to clinical practice?
- 3) Are the skills required for success in the board games applicable to other health professions?

Participants will be invited to participate in playing a collection of board games.

Careering ahead: Understanding health professional student perceptions of employability embedded within the curriculum

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¹Curtin University, ²University of South Australia

Introduction/background:

In the Australian context, the intra-curricular focus has been on embedding employability literacy through a combination of graduate attributes and work integrated learning (WIL) opportunities. In health sciences particularly, WIL is a significant component of the curriculum, driven by accreditation. However, integration of employability skills and literacies throughout the course needs to be considered.

Aim/objectives:

This project investigated how employability is understood and experienced by students in higher education, and more specifically occupational therapy (OT), social work (SW) and speech pathology (SP) students, within the core curriculum at Curtin University. A secondary aim was to understand how the explicit teaching of employability skills might be better communicated to students.

Methods

A scoping review of students' perceptions and knowledge of employability was conducted. Current students and recent graduates of OT, SW and SP were recruited for focus group interviews. Data was analysed thematically analysis. Four students were recruited to co-create a communication strategy to highlight employability skill development opportunities across the curriculum.

Results:

Students understanding of employability are highly varied, in the literature and within students within the OT, SW and SP curriculum. Work integrated learning opportunities, and access to formal career services are the most commonly recognised activities to develop employability skills

Discussion

Practical ideas for improving communication with students regarding employability and how teaching may be scaffolded throughout the curriculum will be identified.

Conclusions:

Shared understanding and effective scaffolding of specific employability literacies has the potential to improve graduate employability for health professional students. This requires a whole-of-curriculum approach.

Celebrating the Working Professional in Post-graduate Nursing programs

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University of Technology Sydney, Australia

Introduction/background:

The online Master of Advanced Nursing is a re-imagining of an on campus program, developed by UTS, in partnership with Keypath Education and will be launching in 2020.

Aim/objectives:

- Introduce the Master of Advanced Nursing design model
- Describe the collaborative development model between UTS and its industry professionals
- Inspire a collegial approach to teaching and learning culture

Discussion:

The Master of Advanced Nursing is an entirely online and accelerated learning program developed by the University of Technology Sydney. The student cohort for the program are working clinical nurses, nurse educators and nurse managers at varying stages of their careers and often with significant lived experience and professional expertise. The unique opportunity presented by our cohort was to develop a culture of learning that both recognised and harnessed this expertise while also supporting professionals who may be returning to formal learning for the first time in many years. The online program follows a 6 week, 6 semester carousel model that allows multiple entry points for students. This model suits the student cohort of busy professionals but presents additional challenges for course designers and online facilitators.

The design solution was one that focussed on person-centred learning and celebrated the extensive expertise and knowledge of our cohort. We did this by working with industry professionals to ensure the learning was authentic and reflective of real-world clinical practice. The result was a truly flexible and 100% online learning model, which gives students with busy professional and personal lives the time and space to return to learning. Finally, we adopted an approach to teaching and online facilitation that emphasised a collegial shared experience that was reflective of the fact that both the students and the lecturers were drawn from the same workplaces and clinical settings.

The presentation (15 minute oral) will be a discussion of the approach, its research and theoretical underpinnings, as well as how we managed the challenges identified in the model.

Issues/questions for exploration or ideas for discussion:

- How do we incorporate the professional experience of our students into the learning model?
- How do we build a collegial learning culture that recognises the expertise of our students?

Changing Perception: An Evaluation of the Leeds Medical Education Academy Summer School

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Introduction:

This research project focused on the evaluation of the Leeds Medical Education Academy Summer School (LMEASS): a week-long outreach activity created and delivered by medical students and doctors at the University of Leeds. The LMEASS aims to shift the perception of medical school and raise the aspirations of WP students in applying to medical school.

This study aimed to assess how and the extent to which the LMEASS changes the aspirations of students.

Methods:

22 participants were recruited via email to take part in an online questionnaire. Questions consisted of a mixture of Likert scale and open-text questions. The frequency and mode were calculated in the Likert scale data and open-text responses were thematically analysed.

Results:

The Likert scale data showed a positive perception of the LMEASS, with modal responses in either 'agree' or 'strongly agree' when asked whether a shift in perception occurred. Three themes were identified: sense of community, perception of medical school, and the journey into university.

Conclusion:

The Likert scale data showed a change in the perception and aspirations of students, with the themes of the study demonstrating how this was/wasn't achieved. The significance of WP medical student volunteers was highlighted in shifting the perception and aspirations of students and providing insight into medical school with a WP perspective. Seeing a WP student in medical school inspired and motivated the participants in applying to medical school, which suggests that WP interventions should reflect the focus of WP in selecting WP medical students to volunteer.

Clinical education; inherent or learned.

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Introduction/background:

In the pursuit of advancement in healthcare, work integrated learning forms a key component of a healthcare professional's development journey, both as an educator and learner. Pharmacists in clinical education roles typically have sound clinical training, however, are often expected to be inherently competent as educators with little formal training or experience. The Monash Pharmacy Clinical Educator (MPCE) training program was developed as a means of providing support to clinical educators, enhancing the teaching experience for both educator and learner alike. Key phases of experiential learning occur during undergraduate placements and the intern pharmacist year and clinical educators in these roles are encouraged to complete the MPCE program.

Aim/objectives:

To describe the core elements of the clinical educator program and explore the uptake of course enrolment.

Discussion:

The online MPCE program consists of five modules exploring clinical education over five weeks: theory and practice, focus on learning, focus on being a clinical educator, the learner-clinical educator relationship, and learning in a safe clinical workplace. Participants are allocated to online asynchronous discussion groups of approximately 10, with an experienced moderator. Activities include: readings, case based discussions, and personal reflections. The program takes approximately 15 hours to complete. Enrolment numbers have steadily increased since inception (2016 (71), 2017 (91), 2018 (180), and 2019 (211)).

Issues/questions for exploration or ideas for discussion:

How can we better engage the community pharmacy sector, given this is where the majority of pharmacists practice?

Is training in clinical supervision associated with change in practice?

Clinical Educators' view in Paired-learning Model

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Introduction/background:

In recent years, the number of newly graduated speech therapists employed in Tan Tock Seng Hospital (TTSH) has outrun the qualified clinical educators (CE). Paired learning was adopted since 2017 to improve efficiency and effectiveness in clinical education.

Aim/objectives:

This education research aims to find out the clinical educators' perspective after adopting the new clinical education model.

Methods

An online survey was sent to all CE in Speech Therapy department of TTSH. The survey includes 6 questions with 5-point-Likert scale and 4 open-ended questions.

Results:

Half of the CE were satisfied with the new model. Difficulty in providing feedback was found in 40% of CE. 20% of them felt that the new model was ineffective in gauging learners' clinical performance. 20% of the CE were stressed.

Almost 50% of supervisors agreed that peer learning and support were the advantages in paired learning. However, time management was deemed challenging. In their opinion, stress management and reliance on peer were the main root causes when learners failed to acquire skills expected. 30% of supervisors shared that refinement of guidelines is necessary. Matching of supervisors with paired learners' teaching/ learning style was also suggested.

Discussion

60% of the participants were CE with less than 3 years of experience in clinical education. It can be challenging for young CE as most of them had difficulty providing feedback in paired-learning.

Conclusions:

Most CE think that paired-learning is beneficial to learners but more refinement to the structures/ guidelines supporting this model is necessary.

Clinical educators' attitudes towards technology and its role in clinical education, a mixed methods study.

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² Royal Melbourne Hospital, Melbourne Australia.

Introduction/background:

In healthcare, there is ongoing flux in expectations for students and practitioners. Establishing integrated systems of monitoring and evidencing students' development is imperative. With current trends towards the use of technology in tertiary education, online learning environments could constitute more effective evidencing of student progress in the clinical environment. However, there is little research exploring clinical educator's experiences with implementing technology in clinical education.

Aim/objectives:

- Examine clinical educators' attitudes towards technology and its use in clinical education.
- Explore clinical educators' experiences of implementing technologies in a clinical environment.

Methods

A mixed methods approach was taken. A previously validated technology attitude survey (TAS) was used with slight modifications, as well as open-ended qualitative responses. The survey was sent to clinical educators involved in the supervision of Medical Imaging students on clinical placement.

Results:

48 completed surveys were returned and included in the final analysis.

Discussion

Clinical educators play pivotal roles in students' professional development and, given current trends, are under increasing pressure to utilise OLEs. This poses particular challenges in clinical environments. Irrespective of the challenges, successful implementation of technology in any environment is dependent on the attitudes of the users.

Conclusions:

Clinical environments have specific challenges when implementing technology such as access to computers and time constraints. Even with positive attitudes towards technology, a change in pedagogical outlook when using technology in clinical teaching is necessary.

Clinical placement – is it making or breaking our future gerontology nurses?

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Introduction/background:

Projected shortages of nurses in Australia have been widely reported (Health Workforce Australia, 2014). These shortages combined with an ageing population and the ageing population of Registered Nurses (RNs) stand to increase the demand on residential aged care facilities (RACFs) in Australia. Recruitment of RNs in RACFs is further hindered by a negative perception held by nursing students towards gerontology nursing (Neville, 2016).

Aim/objectives:

To examine current evidence to identify how clinical learning experiences in residential aged care settings influence student nurse perceptions of gerontology nursing.

Methods:

A literature review was conducted of four electronic databases: Scopus, Embase, Medline and CINAHL. The search yielded 245 results. Results were narrowed to 18 journal articles for review.

Results:

Five themes were identified as major contributors to student perceptions of gerontology nursing – role modelling of staff, workplace culture within the clinical learning environment, limited understanding of the gerontology RN role, perception of learning opportunities within the clinical learning environment, and experiences of students' peers.

Discussion:

Clinical learning experiences have significant influence on student perceptions of gerontology nursing. The literature discusses situations where factors have negatively impacted on student experiences. Whilst concerning, these issues emerge through practices and are amenable to change. Student perceptions could shift with positive role modelling, encouraging work practices, and meaningful interactions. The challenge is shifting existing practices.

Conclusions:

Results will be used to devise an intervention to address salient issues, such as, developing good role models, improving workplace culture, and identifying learning opportunities that positively impact student experiences.

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Clinical reasoning in dentistry: A student perspective

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Introduction/background:

Analysis and reasoning define clinical decisions. Therefore, learning outcomes related to clinical reasoning are common in dental curriculum. Little is known about dental students' experiences learning clinical reasoning in relation to the expected learning outcomes of the dental curriculum.

Aim/objectives:

This study aimed to compare students' clinical reasoning experience to the dental curriculum framework at the University of Otago.

Methods:

Seven final-year dental students participated in one of three focus groups conducted with a semistructured interview protocol. Verbatim interview transcripts were analysed thematically. Themes were compared to a theoretical framework constructed from clinical reasoning related learning outcomes within the dental curriculum.

Results:

Themes representing the students' experiences reasoning clinical decisions indicated who and what defined the experience. When compared to the theoretical framework, these themes indicated that participants' decision-making experiences were mainly related to diagnosis and definitive patient management processes.

Discussion:

Students' experiences of and learning skills for clinical decision-making appear to be nominally aligned with expected learning outcomes in the dental curriculum. Important to note was that students may see information gathering as a task to be completed but with minimal relation to the associated clinical management decisions.

Conclusions:

Students' experiences of problem solving and reasoning for clinical decisions suggest that they would appreciate explicit teaching activities that relate to clinical reasoning learning outcomes in the dental curriculum.

Communication in rehabilitation teams: a scoping review and qualitative synthesis

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Introduction/background:

Effective communication in interprofessional healthcare teams is essential for safe and quality health care. Interprofessional communication (IPC) is especially important in settings such as rehabilitation which incorporates many health disciplines working together to provide care for patients with both complex health conditions and social situations. How IPC is enacted within this setting is unclear and there is a lack of reviews synthesising the existing literature. It was therefore timely to conduct a scoping review to examine the extent, range and nature of research activity about this topic.

Aim/objectives:

The aim of this review is to explore the communication practices within an interprofessional team in rehabilitation.

Methods

Relevant databases were systematically searched for studies focusing on IPC in rehabilitation. Inclusion and exclusion criteria were identified and applied, data were charted, and thematic analysis conducted.

Results:

20 papers were identified as central to the review. Analysis of the papers highlights three interrelated themes; communication processes, communication inputs and effects. Formal, face-to-face interactions were predominantly described in the literature and while the importance of informal dialogue was suggested, these interactions were not reported in depth. Participation in interactions varied considerably between clinical disciplines and patient involvement was noticeably lacking. Communication was influenced by factors acting at an organisational, team and individual level and in turn it also influenced these same factors.

Conclusions:

The significance of this review is considered along with an agenda for future research. To build on the findings of this scoping review, empirical studies examining all aspects of communication (formal, informal, synchronous and asynchronous) are needed. Future studies should also include patient perspectives.

Community informed clinical skills teaching space design

Lyndall Thorn¹, [Alastair Walters](#)¹

¹Australian National University, Canberra, Australia

Introduction/background:

The long standing partnership of ANU Medical School and Canberra Health Services will develop and invest in new infrastructure in the next few years including new clinical skills teaching spaces on the Canberra Hospital Campus.

Some version of stakeholder engagement is standard practice in such planning processes. However, the Clinical Skills teaching delivery team for ANU Medical School, recognised an opportunity to engage with their broad and diverse community (e.g., alumni, clinical educators and teachers, sessional academic staff, real and simulated patients) by surveying this community of users.

Aim/objectives:

Using a qualitative approach, we surveyed paid tutors, honorary hospital based tutors, clinical academics, simulated patients, community volunteers and community groups. With some background reflections encouraged by Norquist, Jonas et al “Examining the clinical learning environment through the architectural avenue, *Medical Teacher* (2019), the questions posed aim to engage the users of the physical space to elicit new ideas/ insights & perceptions.

The questions asked are: Broadly, what do you think clinical skills education will look like in the future and why?

Specifically, reflecting on your experience in the current clinical skills teaching spaces, how might new teaching spaces meet future outcomes for clinical skills teaching delivery.

Discussion:

The results are presented according to different respondent groups and show emerging, overlapping themes. The responses will initially feed into other stakeholder feedback processes for the development of new clinical skills teaching spaces. It is anticipated that responses will also provide new ways of seeing the delivery of clinical skills teaching.

Comparison of 3 e-learning authoring tools: Smart Sparrow, Kuracloud and H5P for flipped blended lessons.

Amanda Charlton

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Introduction/background:

Typical barriers that face educators and institutions when developing and implementing online medical education are educator skills deficit, time constraints and negative attitudes. To compare the barriers and benefits of different elearning authoring tools, I created the same e-lesson using 3 different tools, then compared them from the perspectives of the educator, student and institution.

Aim/objectives:

To compare 3 tools to allow educators to select the best tool for their needs.

Methods

I used the SECTIONS model for technology selection, to compare ease of use, cost/time, feedback affordances, and learning analytics. I collected data from students via learning analytics, and survey. For the educator experience I logged the time taken to create a lesson, and rated my subjective experience on a Likert scale.

Results:

From the student perspective, all tools produced a positive experience. From the educator perspective, Smart Sparrow was not easy to use, but the feedback options, and learning analytics were sophisticated. Kuracloud was easy to use, but the feedback options and learner analytics were limited. H5P is undergoing evaluation.

Discussion

Using results presented as a data dashboard, the educator can select the best tool for their needs.

Conclusions:

Increased technical sophistication in e-learning comes at the cost of decreased ease of authoring. Selecting the right tool is the first step to successful implementation. This success can foster a positive learning culture for educators and students alike.

Comparison of normal vaginal delivery teaching in simulated environment versus labour room environment

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Background: Simulation-based teaching has been widely used in Obstetrics and is now gaining popularity amongst undergraduate teaching too. This innovative approach of teaching provides medical students the opportunities to perform and assess their own skills which translates into improved learning experiences, performances and confidence levels, in a safe and stress-free environment.

Objective: To evaluate the student learning gained on normal vaginal delivery in the simulated environment versus that in the real-life labour room as regards to knowledge retention, confidence levels in different time frames and skills assessment following 2 different rotations.

Study Design: A total of 117 fourth-year medical students from Clinical School of Monash University at Johor Bahru were recruited and randomly divided into 2 cohorts. Each student was assessed before and after attending the teaching session in the labour room and simulated environment. The assessments included self-confidence questionnaire, knowledge and skills assessment in performing normal vaginal delivery at the end of their rotation.

Results: Performance in clinical skills amongst Cohort 2 (labour room to simulation) was better and statistically significant at $p=0.0048$ with significant improvement in confidence levels in both cohorts as $p=0.000$ ($p<0.05$). Students in Cohort 1 showed a greater improvement in knowledge than Cohort 2, but this was not statistically significant. The simulation sessions were rated as useful and enjoyable, however more time was needed for actual hands on practice.

Conclusion: Students had a positive experience and found this type of learning to be useful. All students showed improved confidence and knowledge levels at the end of their rotation.

Compassion and Empathy in creating a productive learning culture for medical students: Opportunities for case-based learning

Venkat Reddy¹

¹ The University of Queensland, Brisbane, Australia

Introduction/ background:

There is a growing body of literature on the importance of compassion and empathy in clinical and medical education settings. However, practical guidance on how to teach compassion and empathy to medical students through case- or problem-based learning is lacking.

Aims/ objectives:

This study aims to present some of the clinical and neurobiological evidence on the importance of compassion and empathy in medicine and share learnings from literature on their importance in medical education. It will share examples of how compassion and empathy can be taught through case- or problem-based learning.

Methods

A narrative literature review has been conducted on the role of compassion and empathy in clinical care and medical education. Two cases have been designed to demonstrate possibilities for teaching compassion and empathy to Year 2 medical students using a case-based learning model.

Results

According to published literature, the practice of compassion and empathy in clinical care are in decline. To address this need, medical educators have proposed suggestions for enhancing the practice and expression of compassion and empathy in medical school. Cases have been designed by the author as an example of how this could be actualised.

Conclusions:

Case-based learning offers an opportunity to engender the practice and expression of compassion and empathy in medical students.

Connecting Students through an Interprofessional Student Tutorial: engaging our future workforce in Interprofessional Practice!

Alison Deen
Queensland Children's Hospital, Australia

Children's Health Queensland (CHQ) supports an estimated over 8,000 student clinical placement days across hospital and community sites per year, with limited opportunities for students to access dedicated interprofessional education and peer support. Interprofessional education (IPE) aims to enable effective interprofessional practice (IPP) and collaboration within CHQ. IPE and IPP ultimately enables integrated family-centred care, which leads to better health care outcomes and experiences for families.

CHQ has partnered with the University of Queensland and the University of Toronto to embed the Canadian Interprofessional Competency Framework into interprofessional education including role clarification, team functioning, team communication and collaborative leadership. During 2018-2019, IPE for students on placement with CHQ has been provided through the establishment of the Interprofessional Practice Student Tutorial, offered to students from all disciplines within CHQ. Students are offered a 3-hour workshop on a quarterly basis, involving interprofessional learning activities to provide foundational learning in applying these competencies to family centred practice within CHQ.

Student feedback is positive, and some have shared that the workshop enables "Understanding of the complexity of respectful communication with consumers" and "the role of other disciplines and see how we all interact with each other" and gives an opportunity for "meeting other students and sharing common goals of placement" from across CHQ disciplines.

This CHQ Interprofessional Practice Student Tutorial will be facilitated and reviewed in 2020 with the purpose to engage and connect student participant attendance from all allied health, nursing and medical disciplines, creating opportunities to enhance interprofessional practice on clinical placements.

Coping strategies to combat academic procrastination in undergraduate medical students

Rahila Yasmeen,
Riphah International University, Pakistan

Introduction/background:

Procrastination or the intentional delay of task is a habit which is present worldwide. Academic procrastination is a trait which exists in most of the students belonging to different fields and age groups. This habit needs to be overcome especially in medical students so that they can cope with the pressure and increased stress of academics and become successful doctors later on in life.

Aim/objectives:

The aim of this study was to identify the level of procrastination in undergraduate medical students and to explore the coping strategies adopted by low procrastinators to overcome procrastination.

Methods:

It was a mixed method (sequential explanatory) study in which purposive sampling was done from students of Islamic international medical college. Students selected were from preclinical years that is first, second and third year MBBS. A pre validated questionnaire (APS) was administered to the medical students to assess the prevalence and level of procrastination in them and semi structured interviews were conducted with students having low level of procrastination to explore the coping strategies used by them to beat the negative habit of procrastination.

Results:

Results showed that level of procrastination is high in undergraduate medical students 51% in 1st year, 54 % in 2nd year and 53% in 3rd year medical students respectively. On analyzing the data obtained from interviews, ten themes were identified as strategies, the low procrastinators used to combat procrastination which are time management, self-regulation, establishment of priorities, self-reward, goal setting, conducive learning environment, self-reminders, task management, self-evaluation and self-monitoring.

Discussion:

Although the negative habit of procrastination is prevalent in our medical students studying in the pre-clinical years still it can be effectively coped with by using techniques and strategies. Ten productive approaches were identified after conducting interviews with students who did not delay their study routine.

Conclusions:

Procrastination is a behavioural disorder and is prevalent in undergraduate medical students, but it can be effectively treated by practicing the identified coping strategies such as time management, self-regulation, and establishment of priorities, self-reward, goal setting,

Creating a sense of belonging for students on rural placements

Cathy Rogers

Three Rivers University Department of Rural Health, Charles Sturt University, , Dubbo

Introduction/background:

Attracting students and supporting students on rural clinical placements can be challenging. Even more challenging is fostering a sense of rural identity and understanding what it means to practice in a rural community. Research has highlighted the importance for students to undertake rural placements and the resulting intent to practice in rural areas. As a Rural Health Clinical Educator with the Three Rivers UDRH we are focussed on providing a high quality rural clinical learning experience for students undertaking placements in our footprint. Our vision means that we have a strengths based perspective to rural health and strive to create a sense of belonging and connectedness between student groups and their supervisors. We want to also support rural clinicians in supervising students and engaging them in community groups. There is little research that identifies how to facilitate this within rural student placements.

Purpose/objectives:

The purpose of this session is to share ideas, strategies and visions for supporting and facilitating students and evaluating a sense of belonging and connectedness during their rural health placement.

Issues/ questions for exploration or ideas for discussion:

What do you think students understand a rural placement to be, how does it differ to non-rural placements?

What strategies are currently used to support students on rural health placements?

What do you think would make a difference to support students to undertake rural placements

How can we evaluate rural placements?

How do we facilitate a sense of belonging and connecting with students on a rural placement?

Creating a supportive clinical learning environment for physiotherapy students: a feasibility study to enhance collaboration between students and educators using the 'Everything DiSC'

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Aim/objectives:

To investigate if an intervention aimed at creating a supportive clinical learning environment (through shared debriefing of behaviour styles for physiotherapy students and their educators) can i) improve the clinical skills outcomes (grades) and ii) enhance the perceived quality of clinical education experiences for students and educators compared)compared to placements without this intervention.

Methods:

This quasi experimental non-equivalent groups mixed methods study was conducted across two Australian universities and two public health sector settings. Intervention: Everything DiSC profiles and comparison reports were utilised to indicate differences and similarities in behaviour traits and this information was shared with students and clinical educators attending a 5-week placement. Written strategies were provided to enhance collaboration. Comparison group: Physiotherapy students attending usual clinical placements. Outcomes included Assessment of Physiotherapy Practice (APP) grades, Clinical Learning Environment Inventory (CLEI), Maastricht Teaching Evaluation, perspectives of clinical educators (obtained through focus groups).

Results:

At the completion of the 5-week placement, no significant differences between groups were found in APP grades, CLEI or Maastricht scores. Focus groups (n=2) with clinical educators (n=12) revealed positive perspectives on the utility of DiSC in the clinical education setting.

Conclusion:

Whilst sharing DiSC profiles and comparison reports between physiotherapy students and their clinical educators did not demonstrate significant benefits for students, positive outcomes regarding the collaboration between physiotherapy clinical educators and their students were reported by clinical educators.

Creating high performance resuscitation teams: an exploratory study on resuscitation education in intensive care.

Kylie Moon
Melbourne Health, Australia

Introduction: How good is your ICU at resuscitation? And how well aligned is your resus education program to your unit's learning needs and actual clinical demand?

While there is considerable data on the care and outcomes of patients in ICUs, the incidence of cardiac arrest (CA) in ICU is poorly understood, and there is currently no benchmark for ICUs to measure themselves against. And there is not enough research on whether resuscitation education programs in ICU are meeting the high level of performance required.

What is known is that patients in ICU are critically unwell and if they suffer a CA, they have a very high mortality (between 50-100%). There is also concern from the AHA that while there have been advances in resuscitation science, there hasn't been a corresponding improvement in the survival and outcomes for CA patients, implying there is a problem knowledge delivery and retention.

Aims: This exploratory study aims to improve the alignment of resuscitation education to the learning needs and clinical demands of ICU. It also aims to identify what high performance in resus looks like in ICU, how this level of performance can be achieved and whether a hidden curriculum exists to develop this high performance.

Methods: This mixed methods research includes a 3-year retrospective review of CA in a large, tertiary level ICU, where the incidence/outcomes of CA in ICU was not well known previously. It also includes interviews with 20 front-line nurses and doctors involved in these CAs to understand their experiences and the type of transformative learning involved in creating high performance teams.

Results: These results will be used to improve the constructive alignment of resuscitation education to the clinical demands of ICU and learning needs.

Creating sharper lenses to assist theory-into-practice learning: Opportunities created through team teaching

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Introduction:

“Transition workshops” were implemented across an undergraduate occupational therapy program to address challenges for students in translating theory-into-practice. As this was a teaching innovation, the impact of the workshops was evaluated.

Aims:

The workshops aimed to increase students’ confidence in using theory and applying it to professional practice and to increase academics’ confidence in teaching theory-into-practice.

Methods

A mixed methods descriptive design using an online pre and post survey and focus groups was conducted. Both students and academic staff were participants.

Results:

There were benefits for staff and students in using team teaching to help students learn about theory-into-practice. For staff, team teaching facilitated a feeling of unity among academic staff; they experienced team teaching as an opportunity for professional development; having a “co-pilot” increased staff’ confidence in teaching theory-into-practice; and, team teaching increased individual staff members’ understanding of the whole curriculum. For students, team teaching provided greater modelling of multiple perspectives of how theory is used and applied in practice and particularly how differences in application are discussed and reconciled within a professional environment.

Discussion

Team teaching facilitated development of a robust learning culture in which students observed educators discuss troublesome concepts in a respectful and scholarly manner. Dialogue between staff aided students’ development of threshold concepts and how theory-into-practice knowledges were cultivated.

Conclusions:

Team teaching creates vital opportunities for developing new perspectives about professional skill development, including how to respect and work with competing knowledges.

Cultural competency training in the University of Melbourne Health Sciences courses

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Introduction/background:

Cultural competency is a desired attribute of healthcare professionals, facilitating their provision of effective health care to the community.

Aim/objectives:

This study reviewed how current health educators and programs in the University of Melbourne teach and prepare students to work with culturally diverse patients/clients.

Methods

All health disciplines including Audiology, Nursing, Optometry, Physiotherapy, Social Work and Speech Pathology in the University of Melbourne, School of Health Sciences were included in this study. A representative from each health discipline filled in a survey about cultural competency training in their programs. Responses were analysed by two researchers and summarised in narrative form.

Results:

Cultural competency training was reported to be included in the curriculum for all health disciplines. This varied in terms of time allocated and content. Topics that were covered by all programs included communication skills, and clinician's self-assessment and reflection. Preferred methods of teaching were clinical placements, group discussions and case studies. Reflective journaling and case study analysis were commonly used as forms of assessment.

Discussion

The mapping of curricula identified differences and commonalities in cultural competency training across health disciplines. This give rise to opportunities for further development in cultural competency training within each discipline and across disciplines.

Conclusions:

Shared teaching and learning tools that involve interprofessional education could be developed for cultural competency training in health disciplines.

Designing curriculum for graduate employability: A scoping review

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Introduction/background:

Over 80% of students enter university to enhance job prospects, yet a university degree no longer guarantees job security. In Australia, universities have responded by focusing on developing graduate attributes and/or employability skills. While we know that the development of these skills is important, data indicates that the translation of graduate attribute policies into effective curricula which promote employability may be lacking.

Aim/objectives:

This project aimed to review the employability literature to describe how undergraduate university curriculum can be designed to enhance graduate employability.

Methods

The Arksey and O'Malley scoping review framework was used to identify, select, collate and summarize relevant studies. Searches across seven databases and google in November 2019 identified relevant studies. Studies were selected if they described and evaluated curriculum design interventions that aimed to enhance graduate employability of undergraduate university students. Studies will be collated based on key themes that emerge such as location, type of intervention and outcome. Preliminary findings will be validated via stakeholder focus groups and interviews. Qualitative data will be analysed thematically after data saturation is achieved.

Results:

Database searches identified 2132 articles for screening.

Designing Retrospective analysis of examination items for medical students in clinical science categorisation by Bloom's Taxonomy, clinical relevance and student perceptions

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Background:

Assessment drives learning and is one of the most significant factors influencing student experience. The University of Queensland medical program has clear assessment policies and procedures. All assessments are developed against blueprints, as required by the Australian Medical Council, to ensure congruence between the content delivered and assessed, and alignment with knowledge required for practice. Psychometric analyses of written examinations evaluate the difficulty and discrimination index for each item. However, the assessment items have not been specifically analysed for complexity and specificity as cognitive knowledge, nor their relevance to medical practice.

Objectives:

This project proposes to retrospectively evaluate all examination items from three successive years of pre-clinical clinical science courses within the MD program. Items will be classified by Bloom's taxonomy. Items will also be categorised for their clinical relevance as core, peripheral or semi-peripheral knowledge. The evaluation will be done by three parties: the discipline teaching academics, the clinicians and the students. Together they will bring discipline-specific experience; specialty relevance to practice; and student perspective.

Discussion:

These data will provide important information on the detailed composition of the assessment (complexity, specificity and relevance), student cohort performance in each category, and the perception and understanding of the assessment from three different parties. These subjective measures will give insight into the difference and similarity in perceptions and conceptions of written examination items.

Issues for exploration:

Approaches to calibrating the categorisation of questions by different parties.
How to interpret and convey the outcomes to students to ensure and build confidence in examinations.

Designing student placements for National Disability Insurance Scheme funded organisations: A structuration theory perspective

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Introduction/background:

Professional placements are critical to enable allied health students to develop practice competencies and work-ready skills. However, the National Disability Insurance Scheme (NDIS) that has reformed disability funding models has resulted in organisational structural and funding adjustments that present greater challenges for student placements.

Aim/objectives:

This study used Giddens's Structuration theory (1984) to examine structural and agentic facilitators and barriers to placement education within this contemporary funding environment.

Methods

Qualitative data was derived from an Allied Health workforce project using semi-structured interviews and focus group discussions from practitioners, allied health students and NDIS participants. Data were iteratively analysed and themes derived using a coding framework utilising constructs of Structuration Theory.

Results:

Categories were identified that related to agentic understanding of placement and organisational structures; context in relation to space and time and duality of structure.

Discussion

Social practices and structures that guide practitioners and students to enact learning in traditional professional placements had not accommodated the new social practices and structures required for successful and financially solvent practice in the new NDIS environment. This created a tension for practitioners and supervisors to manage placements and learning using traditional allied health placement models that not designed for the new practice structures. Facilitators for allied health placements were identified that reflect new NDIS practises and these will be discussed.

Conclusions:

Several new practice structures influence how allied health placements can be enacted in NDIS funded organisations. Placement education structures and assumptions should be responsive to these changes to facilitate work-ready graduates.

Developing Entrustable Professional Activities for assessing Interprofessional practice.

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Introduction/background:

Models of supervision and training for early clinical practice remain largely uniprofessional and assessment of interprofessional capabilities is not always given prominence.

Entrustable Professional Activities (EPAs) are units of professional practice which are used to assess the level of competence a learner needs when performing a specific professional task (Berkhout, Helmich et al. 2018). EPAs allow assessment of workplace based learning with the emphasis on acquisition of competences needed to work independently as a professional (ten Cate, Chen et al. 2015). Can form part of longitudinal self-assessment and development, allowing learners to identify gaps in professional capability.

Aim/objectives:

The aim of this study is to explore how interprofessional learning in the clinical workplace setting can be assessed with EPAs specific to interprofessional practice.

Discussion:

Agreed interprofessional competencies (O'Keefe et al 2017) were used as a basis for developing EPAs relevant to interprofessional practice for a pharmacy intern. An interprofessional model supervision, involving both doctors and pharmacists, was anticipated as the context for this study. Therefore EPAs were designed for use by supervisors from both professions.

Issues/questions for exploration or ideas for discussion:

By utilising EPAs pertaining to interprofessional competencies, we anticipate that learning from undergraduate training can be continued and reinforced in early clinical practice.

The feasibility of using the same EPAs for learners across multiple professions is explored

Developing work ready graduates: 2020 and beyond

Ornissa Naidoo,
Western Australia Centre For Rural Health, Australia

Introduction

How can we prepare our future health graduates to meet evolving healthcare workforce needs? As jobs become increasingly competitive and job roles change there is a need to prepare the incoming workforce with a suite of skills which meets those needs, and the flexibility to adapt to new requirements.

Evaluative judgement is a capability that promises to assist with this, as it is concerned with individuals making decisions about the quality of their own and others' work. Thus, individuals are able to make decisions around when further or different actions are required, and/or when further learning is needed. It therefore is crucial for health professionals to be able to develop evaluative judgement in their chosen area of work. Some ways of developing evaluative judgement include peer assisted learning, feedback processes and the use of exemplars, however this is not an exhaustive list.

Objectives:

This session aims to explore elements of evaluative judgement and how to develop it. In particular, we will focus on how students assess the quality of their work and others in placement settings.

Issues/ questions for exploration or ideas for discussion

What methods do you use to encourage students to assess the quality of their work and the work of others? What activities develop students' understanding of quality, and the ability to make appropriate and safe judgements? What skills do you as an educator need to facilitate this learning?

This session would be suitable for researchers, clinical educators and academics teaching into the curriculum.

Digital disruption: student and tutor reactions to an electronic medical record to support case based learning in medicine

Benjamin K. Barry¹, Mark Braunstein^{2,3}, Iulia Oancea¹, Sharon Darlington¹, Jim Steel^{3,4} and David Hansen³

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Introduction:

A novel teaching tool was developed by CSIRO and The University of Queensland. Teaching cases were embedded in a simulated electronic medical record (EMR) using the Fast Healthcare Interoperability Resource (FHIR) standard. The intention is to support digital literacy in medical students by integration of technology into existing learning activities. The teaching EMR also has potential to enhance the pedagogy of case-based learning, but could equally disrupt it.

Aims:

To test usability of the teaching EMR with a large student cohort, and to evaluate student and tutor reactions to case-based learning using the teaching EMR.

Methods:

The teaching EMR was deployed for three cases for pre-clinical medical doctorate students. Tutors and students were surveyed on the usability of the platform and their impressions of the benefits for case based learning and for learning principles of digital health (Ethics approval #2019002441).

Results:

A cohort of over 950 students successfully used the teaching EMR in various ways according to each session's preference. Student impressions were mixed. From 117 respondents, 38% saw potential in the tool to enhance their understanding of digital health, while 58% did not consider the tool could enhance their case-based learning experience.

Discussion:

Large scale use of the tool with minimal technical issues was encouraging. Mixed and often negative reactions from students and tutors were unsurprising for sudden and brief use of a new tool.

Conclusions:

Further development of the teaching EMR will involve close consultation with tutors and students, and implementation will be carefully staged.

Do students identify patient centred care through the lens of a longitudinal patient partner program?

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Introduction:

Medical schools have increasingly implemented curricula fostering meaningful longitudinal contact between student and patient. Second year medical students from University of Melbourne participate in the Patient Partner Program (PPP) requiring them to accompany a patient with a chronic health condition through the health care system for six months while undertaking traditional rotations in Medicine, Surgery and Emergency Medicine. The PPP aims to bring the patient agenda into focus while promoting empathic and reflective practice.

Aim:

To investigate the students' experience and engagement with the PPP.

Methods:

Students must submit a 1000 word reflective essay at the conclusion of the program. Ethics approval was obtained to invite 93 students from two clinical schools, to submit their reflective essay for thematic analysis after completing all assessment in the subject.

Results:

Forty-six (49%) students consented to participate. The majority of students identified qualities of the "good doctor" and reflected on the importance of patient centred care. Forty-five percent of the students developed a connection with their patient with 30% describing helping their patient. Forty-three percent expressed gratitude for the program while 4% described a negative experience.

Discussion:

The results indicate that students gained a deeper understanding of the challenges a patient faces living with a chronic disease and reflected on their roles as future doctors.

Conclusions:

Longitudinal contact with a patient afforded students an opportunity to participate in the journey of a patient with a chronic health problem, while continuing in a traditional curriculum, providing them with insights into the patient perspective.

Does the introduction of Basic Life Support (BLS) training in years 1- 4 of an undergraduate MBBS curriculum improve the knowledge, competence, and confidence of the year 4 student.

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^{1, 2,3,4,5,6} Clinical Skills, James Cook University Townsville Australia

Introduction:

Year one medical students were assessed on their BLS skills post external Registered Training Organisation (RTO) instruction and did not meet the Australian Resuscitation Council criteria. BLS instruction was introduced into each of the first 4 years of the 6 year curriculum to address this.

Aim:

Evaluate the effectiveness of introducing BLS into years 1- 4 on the knowledge, competence and confidence of the year 4 student

Methods:

Pre:post longitudinal study comparing Control group (CG) with the Intervention Group (IG) using OSCE format as the evaluation of competence. Knowledge and confidence were measured by questionnaire. Analysis used 2-sided chi-square tests with SPSS software.

Results:

The IG had statistically significant improvement in responsiveness, airway, breathing and defibrillation of DRsABCD (p value <0.001) The self-reported knowledge and confidence of BLS were not significantly different between groups and did not correlate with evaluation results.

Discussion:

These results are supported by the literature that repetition and experiential learning is important for retention of knowledge and psychomotor skills. Self-reporting of competency did not equate to assessment findings.

Conclusions:

The introduction of Basic Life Support (BLS) into years 1,2,3,4 of the MBBS undergraduate curriculum along with practice sessions and assessment significantly improved the competence of BLS skills in the year 4 student.

Don't fear the near peer idea: Building a positive culture of learning amongst nursing students through near peer teaching in clinical laboratories

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Introduction/background:

Near peer teachers are defined as students who tutor other students who are one or more years junior them, and also part of the same education program. Near peer teaching has been used successfully in the education of teachers, general practice doctors, sports therapists, and to a lesser extent, nurses.

Aim/objectives:

The aim of this project was to examine the feasibility and benefits of a near peer teaching initiative in Bachelor of Nursing (BN) clinical simulation laboratories.

Methods

Second and third year BN students were recruited to become *near peer teachers* in clinical simulation laboratories for a first year course. Prior to teaching, *near peer teachers* attended a four-hour training session. Following near peer teaching, surveys were administered to: *near peer teachers*; *near peer learners* (first year students); and academic staff present during near peer teaching. Surveys were designed to ascertain satisfaction of the three groups with the initiative.

Results:

100% of the *near peer teachers* enjoyed the experience; 88% found the *near peer learners* were open to learning from them. 89% of *near peer learners* reported that the initiative assisted their learning. All academic staff indicated the *near peer teachers* consolidated their students' clinical skills and all recommended the initiative continue.

Discussion

Results indicate that a near peer teaching initiative is beneficial to BN students' learning and is generally viewed as positive by both students and academics.

Conclusions:

A near peer teaching initiative is feasible for enhancing learning within clinical simulation laboratories.

Don't Leave it To Chance

Tanya Boghikian¹

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Needs assessments conducted of emergency department nurses and doctors ongoing professional education and training ascertained there was minimal formal training of non-technical skills, also known as human factor skills. Staff reported acquiring human factor skills were left to chance to develop through professional maturation and exposure over time. Minimal formal, ongoing training of human factor skills rarely occurred, yet was the most frequent cause of inefficiency and disharmony amongst the resuscitation team. In-situ simulation is often the form of training used to teach these skills however due to time and resource constraints, rarely occurs.

Specific skills targeted for training were, staff orientation to equipment and environment, role clarity within the resuscitation team, communication and leadership. Using gamification as a form of training these skills was devised, to increase multidisciplinary staff engagement and adaptability of teaching during busy emergency department shifts. Four games were devised to train and teach each of these human factor skills separately. Four games were entitled; Find and Seek, Roll the Procedure Dice, Heads Up, Blindfold the Leader. Time constraints to teach on shift guided development of the adaptability of the games, the quickest being taught in 30 seconds (Find and Seek) and the longest taking only ten minutes (Blindfold the Leader).

Improved retrieval time of appropriate equipment during resuscitation interventions, increased staff confidence with their environment and improved multidisciplinary culture as a result of training together.

Do your departments consciously prioritise training of human factor skills in forms of training other than didactic or simulation?

Educating and assessing an integrated curriculum in Pharmacy

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Introduction:

With the paradigm shift in a pharmacist's role from drug-focussed to patient-focussed, curricular integration is increasingly popular in Australian pharmacy education as an approach to connect between theory and practice. However, little research has been conducted to explore this new way of curriculum design.

Aim:

To explore the current implementation of integrated curricula in pharmacy schools across Australia, to better inform future pharmacy curriculum reviews.

Methods

Invitation emails were sent to the Head of School and/or Deputy Head of Pharmacy Teaching of 17 pharmacy schools in Australia. Semi-structured interviews were conducted either in person, via telephone call, video call or email correspondence with one to two nominated academics per pharmacy school. The interview transcripts were entered into NVIVO 12 which facilitated the process of thematic analysis.

Results:

Out of the 17 pharmacy schools invited to participate, 15 academics representing 13 institutions were interviewed. Themes emerged include: various models of integration, complexity of the process of integration, application of knowledge in context, perception of diminishing depth of science, and recommendations for the future.

Discussion and Conclusions:

Various models of integration exist within the pharmacy programs in Australia, however there was a lack of objective evidence to assess the models. Most academics believe that the integration of science and practice improve students' ability to apply their knowledge in context, provided that the integrated curriculum is well-designed. However, the process of developing and sustaining an integrated curriculum is thought to be much more complex than that of a discipline based curriculum.

Effectiveness of hands-on clinical practice for speech-language therapy students: evidence from Sri Lanka

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Introduction/background:

The four-year BSc in Speech and Language Therapy programme in Sri Lanka offer hands-on clinical practice for final year students. They are required to practice working with adults with acquired neurological disorders at an acute care clinical setting, in a multi-disciplinary team.

Aim/objectives:

It aimed to fill the gap in clinical learning on working as a team member at acute care settings, which was identified by both former students and clinical supervisors. Situated learning experience was designed to fulfil this need, where students learn how to act in a real clinical context for learning and skills development to occur by participating in community activities. A weekly clinical placement was established at a hospital-based stroke unit, with maximum five students in the group for twelve weeks. One-on-one intensive clinical supervision was offered with constructive feedback. Self-reflection was encouraged.

Discussion:

Based on the students' feedback, it was understood that students not only gained the necessary clinical skills, but they also learnt how to adapt themselves into a different clinical setting and life skills, such as communicating with caregivers, patients and professionals. Their year-end clinical examination was reported to show higher level of confidence and clinical decision making in managing selected client group.

Issues/questions for exploration or ideas for discussion:

Was the intensive programme effective because it developed a sense of ownership and responsibility in students? Did witnessing actual progress of their work reinforce them, proving that success of learning depends on learners' ability to seek-out knowledge actively and to integrate personal experience with professional knowledge?

Engendering and sustaining a positive work-based learning environment through 'team based' support

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¹⁰ Rural Support Service, SA Health

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Introduction/background:

A positive work-based environment is beneficial for learning and patient care. Historically supporting clinical educators to promote effective learning in the work-place has a tendency to focus on specific discipline requirements i.e. separate sessions for physiotherapists, nurses, doctors etc. It is proposed that the requirements of generating a positive work-based learning environment requires the participation of all members within that environment to consider and enact common values and educational principles. These values/principles should be conducive to engendering a positive team environment to the ultimate benefit of the patient. A shared understanding of how to maintain a positive work-based learning environment within the multi-disciplinary team may promote a more sustainable and regulatory approach that does not rely on the presence of one individual/discipline to maintain.

Purpose/objectives:

The purpose of the session is to consider how a positive learning environment can be developed through consideration of the barriers, enablers and shared interprofessional team-based values and educational principles.

Issues/ questions for exploration or ideas for discussion:

Participants will be separated into groups of 4 or more. The following questions will be posed for discussion: what are the barriers and enablers of 'team-based' development to promote a positive work-based environment for health professionals?, What are the common team-based values/educational principles necessary to promote a sustainable positive work-based learning environment?

After discussion the participants, within their groups, will adopt a Q-methodology approach to consider varying viewpoints. The purpose being the discussion to sort statements as opposed to the output itself.

Escape rooms in paramedic education

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Introduction: Paramedic students need to critically think and collaborate with others as part of their role. Adapting the popular entertainment activity “Escape Rooms” for paramedicine educational purposes was reviewed to support their clinical reasoning judgement abilities. This approach is an innovative teaching method with the potential to improve paramedic students learning experience.

Methods: The educational objective of the pilot escape room was for students to develop skills such as communication, leadership, clinical reasoning and teamwork throughout their experience. The escape room required the students to practice these skills in waves of increasingly complex diagnostic information in the form of clues, riddles and puzzles. This will be followed by a post-event survey to analyse the students perceptions of the learning event.

Discussion: The pedagogy of escape rooms is an immersive and interactive learning environment that enhances the critical thinking and problem solving skills that could be introduced into paramedic education. Discussion around clear learning objectives and outcomes would need to be established by the training institution to ensure learning and teaching practices are adhered to and before they can be used as formative assessments.

Conclusion: A longitudinal, multi-university study to explore the feasibility of using a blended online/offline escape room activity in large enrolment paramedic qualifications.

Escaping the clinical to build the interprofessional

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Origin: ¹University of Newcastle Department of Rural Health, Tamworth, Australia ²University of Newcastle Department of Rural Health, Taree, Australia ³University of Newcastle Department of Rural Health, Port Macquarie, Australia ⁴University of Newcastle Department of Rural Health, Coffs Harbour, Australia

Introduction/background:

Designing interprofessional education (IPE) activities presents a range of challenges to educators looking to create relevant and practical experiences that enable students to learn 'with, from and about' each other. Our organisation has a long history of implementing IPE activities as additional learning experiences for health students on placement. Traditionally, experiences have centred around a *clinical* topic to assist students to see the relevance and applicability of the learning to their future practice. However, in supporting students from allied health, nursing and medicine, our ongoing challenge lies in creating activities that are both relevant for the variety of disciplines attending, and flexible enough to support learners at any stage of their program.

Aim/objectives:

What if we removed the clinical focus? Would students still see the relevance and develop the skills required for collaborative practice?

Discussion:

Over the past two years we have implemented several innovative activities requiring no clinical skills or knowledge from participants. Instead, activities have focused on developing interpersonal, teamwork and leadership skills. Positive feedback has highlighted the ease with which students link teamwork within activities to collaborative practice in healthcare settings, and how the activities remove many barriers present in traditional IPE. Students enjoyed being able to focus on team dynamics and communication rather than feeling pressure around perceived 'high' expectations of clinical knowledge.

Issues/questions for exploration or ideas for discussion:

Implications for our own teaching practices around the value of non-clinical activities.

Should non-clinical IPE activities be included, potentially replacing those that are clinically focused?

Escaping the lecture theatre: A team effort

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Introduction/background:

Recently identified as an innovative method of interprofessional education, escape rooms consist of a sequence of puzzles and clues to be solved in order for participants to 'escape' the room in a set time period. Escape rooms are a contemporary, innovative way to foster team development and are designed to put participants under pressure, similar to that which is encountered by multidisciplinary teams in healthcare settings.

Aim/objectives:

To design, implement and evaluate escape rooms as a method of teaching and developing teamwork, communication and leadership behaviours in health professional students.

Methods:

Props and puzzles were purchased to develop three portable escape rooms for use across multiple sites. Small interprofessional groups of healthcare students participated in the escape rooms and a debrief activity, where they also had the opportunity to provide feedback to their peers.

Results:

The escape room activity was successfully implemented at three rural trial sites with 52 students from the disciplines of nursing, physiotherapy, medicine, medical radiation science, occupational therapy and nutrition and dietetics. Feedback from students was extremely positive, with 100% of students agreeing or strongly agreeing that escape rooms were an effective method of teaching teamwork and communication skills.

Conclusions:

In summary, escape rooms have proven to be an innovative way to engage a range of health professional students of varying year levels to develop and reflect upon teamwork, communication and leadership behaviours.

Evaluating a combination of simulated patients and flipped classroom hybrid pedagogy to enhance learning in a nursing cohort

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Introduction:

Simulated patients (SP) is a widely supported teaching pedagogy. It enhances learning experience, improves student outcomes and allows faculty-led discussion of concepts. Hybrid sessions combining SP with flipped classroom (FC) ensure that students are well-prepared for clinical practice. While hospital-based hybrid sessions maybe marred by logistical challenges, in-class concourse has significant advantages. If resourced well, SP+FC can be a top-tier methodology in health professionals' education.

Materials and methods:

Using Miller's pyramid, a multi-step SP+FC approach was designed for a nursing cohort (n=45). The session was designed to enhance understanding of the diagnostic approach by combining: (1) learning outcomes, (2) pre-test, (3) clinical scenarios, (4) conceptual map, (5) post-test and (6) feedback. Evaluation data were collected using Likert-scale and institutional surveys.

Results: Eighty-six percent students strongly agreed that SP+FC enhanced their learning. They (76%) also valued faculty-led quiz discussion. A large proportion strongly agreed (79%) that facilitator clinical expertise, knowledge and ability to explain was remarkable and 79% strongly agreed that it stimulated their interest. Students (79%) also perceived hybrid approach as a useful tool that helped integrate theory and clinical practice.

Conclusions:

The results support a hybrid approach to enhance understanding of clinical concepts. They indicate an increased student engagement with content, optimise faculty-learner contact time and improve learning. A high student satisfaction and a positive correlation with intended objective was a significant strength of this evaluation. These results warrant further collection of empirical data on the effectiveness of hybrid curriculum for health professionals' learning.

Evaluating student experiences of “playing in the Interprofessional Education (IPE) sandpit.”

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Introduction/background:

Academics from three health disciplines were interested in quantifying student learning from four introductory interprofessional education (IPE) sessions. Interprofessional competencies for communication, role clarification, and team functioning were embedded within two case studies focusing on introductory stages of the Health Canada (2010) framework. Since self-efficacy measures reflect student preparedness for interprofessional practice, this evaluation quantified student-reported self-efficacy.

Aim/objectives:

To measure student experiences of IPE and its impact on self-efficacy for interprofessional practice.

Methods

Ethical approval was obtained from CQUniversity Human Research Ethics Committee. Participants were clinical psychology, occupational therapy, and speech pathology students early in their clinical experience trajectory. Students' self-efficacy was measured via anonymous online surveys using the University of the West of England – Inter-Professional Education (UWE-IPE) questionnaire administered before and after IPE. Survey responses were analysed after academic terms were completed to avoid perceived or actual teaching bias.

Results:

Responses varied for subsections of the UWE-IPE (*Communication and Teamwork, Interprofessional Learning, Interprofessional Interaction*). This paper will discuss key findings in relation to inter-professional self-efficacy, previous healthcare team experience, preferences for interprofessional learning and ongoing challenges with communication between healthcare disciplines.

Discussion

Students' experiences of interprofessional communication and its impact on potential future healthcare team functioning will be explored. Opportunities for further development of IPE learning, teaching and research will be discussed.

Conclusions:

Students acknowledge IPE benefits, including increased knowledge of other disciplines; however development of interprofessional competencies at higher levels of the Health Canada framework is needed to further address perceived inequalities in communication between health disciplines.

Evaluation of self-directed learning readiness and time management skills among chiropractic students in International medical university

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Introduction/background:

Self-directed learning (SDL) is “a way of turning individuals into lifelong learners”. One of the goals of lifelong learning is to equip individuals with skills and competencies that allow them to learn independently. However, students vary in their willingness towards engaging in SDL due to a variety of factors such as learning motivation, self-confidence, awareness, experience and intelligence; widely referred to as the skills required for SDL readiness. Thus, this study aimed to assess the SDL readiness and time management skills among chiropractic students and explore the relationship between them. This was a quantitative, cross-sectional study. The study population was n= 306. The students were given SDL readiness scale and time management questionnaires.

Aim/objectives:

The study aimed to evaluate the readiness of self-directed learning skills and time management skills of chiropractic students at different levels of the programme and to investigate the relationship between the readiness for SDL and time management skills.

Discussion:

This study provides an in depth analysis of SDL readiness and time management skills of students at different levels of the program. The results serve as a baseline for further future studies and informs the faculty in formulating and implementing interventional strategies to improve these skills.

Issues/questions for exploration or ideas for discussion:

Does SDL and time management skills improve as the students progress from early years to clinical semesters. Are these skills interrelated and also, are these skills influenced by other factors.

Evaluation of team functioning and perceptions of interprofessional education among nursing and medical students in an Advanced Life Support simulation workshop

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Introduction:

Foundations of collaborative care lie in interprofessional education (IPE) of students. In 2019, the Medical Doctorate program at The University of Queensland partnered with the Master of Nursing Studies program to facilitate IPE between medical and nursing students. This took place within a half-day Introduction to Advanced Life Support (ALS) simulation workshop.

Aims:

To evaluate student perceptions and understandings of key interprofessional concepts, and to determine if IPE was more effectively achieved by including medical and nursing students in the same class.

Methods

Approximately 350 second-year medical students and 55 nursing students participated in the study between July and October 2019 (Ethics approval 2019001448). Groups of 10-12 students consisted of medical students only, or a combination of medical and nursing students. Students were surveyed using the Readiness for Interprofessional Learning Scale (RiPLS), and Team Emergency Assessment Measure (TEAM). Tutors completed a TEAM assessment for each group, and a single open-ended survey at the end of the workshop series.

Results:

Students had generally positive responses regarding the activity, irrespective of being in a mixed or medicine-only group; this included high agreement with the proposition to share more learning activities between professions. Tutors reported that teamwork in the workshop was as good or better in mixed groups.

Discussion

The interprofessional ALS simulation workshop was both well received, and demonstrated core interprofessional learning outcomes.

Conclusions:

The evaluation supports continuation of the activity in future years. Further work in longitudinal exposure to IPE within the University of Queensland medical program would be advantageous.

Evaluation of the integration of public health, research and clinical science into a single capstone course

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Introduction:

Integrated Clinical Studies is a new course in the Medical Program at The University of Queensland, run in the concluding semester of the pre-clinical phase of the program. It combines clinical science, public health and research. Integration was pursued with public health and research topics embedded in lectures and case-based learning activities, and assessment was designed to encourage reasoning about individual, community and population factors relevant to clinical practice. A large team of tutors were involved in facilitating case based learning and supporting the assessments.

Aims:

To evaluate the acceptance and perceptions of students and tutors of this integrated course.

Methods:

Approximately 480 students and 25 tutors were invited to complete questionnaires in the final 4 weeks of the teaching semester. Likert scale ratings were sought on issues of integration and preparedness for a clinical career.

Results:

Survey responses were received from ~7% of students and ~40% of tutors. Students were divided in their perceptions: some appreciated the opportunity to think more broadly about clinical cases; others felt that integration reduced their opportunity to learn clinical science. Thirty percent of students agreed that integration expanded their understanding of the scope of medical practice. Less than 50% of students and tutors believed the assessment was well integrated.

Conclusions:

The integrated course was partially successful. Co-design of teaching cases to integrate public health issues was an important contributor to success. Assessment design and the integration of research require development. For 2020, student partners will be engaged to help enhance integration.

Experiences of Clinical Reasoning Development in Fourth Year Medical Students

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Introduction:

Clinical reasoning is an essential process in medical professionals' development. It is key to clinical competency and influences diagnostic and management skills. Clinical reasoning is increasingly being taught in medical schools as part of the formal curriculum using varied approaches and techniques.

Aims:

Develop a greater understanding of the development of clinical reasoning among JCU fourth year medical students and how it can be influenced. Results from this study will inform the future teaching of clinical reasoning.

Methods

Fourth year medical students across Cairns and Townsville campuses were invited to participate in a 14 point questionnaire that used a combination of likert scales, multichoice questions and free answer responses.

Results:

60 students participated. Satisfaction with the teaching of clinical reasoning was associated with its perceived importance, as well as the impact students believed this had on patient interaction. Small group tutorials were ranked as being the most useful way clinical reasoning could be taught, with students also ranking clinicians being the most useful to provide this. Clinical experience and patient interaction was commonly identified by students as an important factor in their clinical reasoning development.

Conclusions:

Clinical reasoning is perceived as an important skill by students. Students valued clinicians providing this education and believed small group tutorials were the most useful way to facilitate their learning.

Exploring Faculty's Perception Towards an Active Learning Based Orientation Program with Regards to their Academic Roles

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Introduction/background:

The roles of faculty in academic field are highly demanding nowadays. New faculty faces many challenges that may diminish their successfulness as educators in their new jobs. Toward successful transition of new ones into successful players in their new work environments; new orientation programs are developed to facilitate their establishment as effective as well as competent academic faculty.

Aim/objectives:

The purpose of this study was to:

- address the use of a formalized orientation program to develop and engage new faculty members into the academic environment of a college for medical sciences.
- explore the new faculty's perception to the adopted active learning approach.

Discussion:

The results of this study highlighted the pros and cons of this new faculty orientation program. In addition, the study revealed positive perception and high satisfaction levels of new faculty towards the orientation process. The implemented program facilitated the new transition of the newly recruited faculty. It also decreased faculty's demotivation and the challenges they face. Meanwhile, it increased their satisfaction and productivity regarding their academic roles in the college.

Issues/questions for exploration or ideas for discussion:

How to get the maximum benefits from such programs?

Exploring Students' Perception of Flipped Classrooms in Instrumentation Courses for Undergraduate Students in Medical Sciences

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Introduction/background:

There is an increasing demand to reform undergraduate Medical Sciences and Health Professions Educations. Consequently, teaching strategies that support active learning and self-directed learning abilities are considered crucial elements in such reform. Given that in Flipped Classrooms, the students receive the learning materials electronically before classes, and they are encouraged to engage, participate and be active learners during the class time. Flipped Classrooms could contribute effectively to the educational reform efforts. However, students' perceptions towards Flipped Classrooms may be variable according to the nature of the course.

Aim/objectives:

The aim of this study was to explore these students' perceptions with respect to the "Instrumentation Courses" in medical Science colleges. In addition, this study intended to validate the developed questionnaire as well.

Discussion:

Testing the psychometric prosperities of the used questionnaire through EFA, revealed that the questionnaire's items (27) resulted in four (4) factors including: Students engagement and collaboration, role of instructor, technology designs, learning Environment. Finally, there were moderate to high correlations between the factors. The Flipped Classrooms implemented in this study were appreciated and satisfactorily perceived by the medical science students. Also, the study concluded good reliability and construct validity of the used questionnaire after measuring the different types of construct validity evidence through EFA and reliability analysis.

Issues/questions for exploration or ideas for discussion:

Further exploring with respects to faculty's perception of flipped classes.

Exploring the Factors Leading to Resilience Building Phenomenon among High Professional Profile Nurses

Rahila Yasmeeen,
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Aim/objectives:

Is to explore the factors leading to resilience building phenomenon among high professional profile nurses working in nursing profession.

Methods

It was a phenomenological study in which purposeful sampling was done from high professional profile nurses from nursing college and allied hospital. Nurses included were all females, having more than 20 years professional experience. Semi-structured interviews with fifteen nurses were recorded and transcribed. Thematic data analysis was done.

Results:

Total nine themes were identified: professional challenges and stresses, motivation and professional commitment, coping with challenges, behavioural modifications, capacity building, socialization, spirituality, toughening-up, emotional toughness that leads to resilience building.

Discussion

Nursing is a stressful and challenging profession; nurses are facing professional identity issues and they are given less opportunities for professional development. Resilience ability among nurses is characterized by emotional toughness, coping with challenges, adaptability and positive professional growth.

Conclusions:

Resilience building among nurses is a multifactorial process in which personality traits and temperament factors of nurses are of prime importance. Nurses work under pressures and stresses; they need to get training to overcome negative emotions and utilization of positive emotions.

Factors associated with undergraduate students' academic and clinical performance success in an innovative nursing curriculum: a mixed-methods study

Ensieh Fooladi¹, Maya Ebrahimi Zanjani¹, Gabrielle Brand¹, Lorraine Walker¹, Md Nazmul Karim¹, Sheila Vance¹.

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Introduction/background:

Research exploring factors that influence nursing students' academic and clinical performance success in entry to practice nursing education programs in Australia is scarce.

Aim/objectives:

The aims of this study were 1) to identify factors influencing the academic and clinical performance of undergraduate nursing students at Monash University, and 2) to explore Monash year three undergraduate nursing students' perceptions of factors impacting on their academic and clinical performance throughout the course.

Methods

In this mixed-methods study, we utilised a retrospective cohort design to address aim 1. Data for nursing undergraduate students who commenced in 2017 (after a new curricula was introduced) was used. Predictor variables were age, gender, admission qualifications, and ATAR score. Academic outcome measures was assessed using GPA and WAM in years 1 to 3. Clinical outcome measures was assessed by clinical unit scores. Multiple linear regression modelling was used with academic and clinical scores as continuous outcomes. To address aim 2, we ran two focus group discussions with 13 year three domestic and international nursing students in December 2019. Thematic analysis will be undertaken for qualitative data results.

Results:

Qualitative data analysis is currently underway and will be finalised in February. The complete set of quantitative data for the analysis will be available in January. We will present the final results for both qualitative and quantitative data at the conference.

Discussion and conclusion

Our findings are expected to significantly influence nursing students' academic and clinical performance success in entry to practice nursing education programs.

Factors influencing a culture of continuing professional development for educators: Casual clinician tutors' perceptions of peer observation of teaching

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Introduction/background:

Peer observation of teaching has potential to be a powerful tool for professional development. At the University of Queensland, a model has been developed to enable both self observation and peer observation of teaching via video recording of small-group teaching sessions. It has been designed to encourage safe, confidential, constructive peer observation, without any element of supervisor review, and for maximal flexibility to allow easy engagement by a diverse cohort of casual clinician tutors.

Aim/objectives:

This research aims to explore the perceptions of tutors regarding the benefits of, and barriers to, participation in self and peer observation of teaching using a virtual (video recording) model.

Methods:

Tutors of case-based learning for year 1 and year 2 medical students were invited to participate in focus groups. Two thirty-minute focus groups with two and three participants respectively were conducted by a third party using semi-structured interviewing, and transcribed, prior to analysis by the project lead.

Results:

The full thematic analysis will be completed for results to be presented at the conference.

Discussion:

Initial analysis identifies a wide range of attitudes towards virtual self and peer observation of teaching, varying from perceptions of the process as “threatening” to it eliciting “pleasant memories” of (recent) training for conducting clinical consultations.

Conclusions:

Implementation of peer observation of teaching models needs to be done with an awareness of the pervading culture and attitudes towards professional learning amongst the intended participants. A safe culture of collegial support is vital for uptake of such a program.

Vision to reality; a palliative care interprofessional simulation case study

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Introduction/background:

Future health graduates will be required to identify and address peoples' palliative care needs. Four allied health discipline leads at one university completed a curriculum mapping activity in which gaps in the teaching around palliative care were identified. A human-patient interprofessional (IPL) simulation-based learning activity was developed to meet interprofessional and discipline-specific learning objectives and palliative care graduate capabilities. The Palliative Care Curriculum for Undergraduates (PCC4U) team provided advice on integrating PCC4U resources to strengthen the inclusion of palliative care.

Aims/objectives:

To describe an IPL palliative care simulated-learning activity with cost analysis to demonstrate sustainability within the university sector.

Results:

The simulation activity included over 110 students from four disciplines, 12 experienced simulation facilitators, six trained and scripted simulated patients and a two-hour online learning module. It was conducted over two days, totalling 10-hours of face-to-face simulated learning. Evaluation activities include pre and post student surveys, critical observation and stakeholder reflection.

The cost analysis considered actors and facilitators but excluded in-kind contributions such as staff costs, administration and room hire. The cost per simulation hour and cost per student was lower than expected for all discipline types.

Discussion:

This case study provides other simulation designers and health professional educators a guide to interprofessional learning opportunities within palliative care. Cross discipline collaboration, organisational support, clear learning outcomes and sector engagement were key enablers for this learning activity and should be considered when planning IPL simulation activities. The cost analysis is evidence that simulation activities can be implemented and sustainable within a university teaching budget.

Game-based learning in medical radiation sciences: a case study

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Introduction

Relying on specific rules and goals, game-based learning is a form of blended and interactive learning that engages students in fun, interactive tasks to encourage knowledge acquisition and retention. Various forms of gaming have been used in medical, nursing and allied health education. Adult learning theory further supports game-based learning and it provides the students with formative feedback to promote application of their knowledge. 'Jeopardy' is a popular TV game show that has been used in many training programs. The modified version of quiz-based game 'Jeopardy' has been developed in our Medical Radiation Science program to enhance learning and retention of radiographic image interpretation concepts.

Aim

This case study reports fourth year students' attitudes on the utility of 'Jeopardy' as one of the game-based learning tools during their pre-clinical workshop.

Methods

A modified 'Jeopardy' was created using Factitle.com. A flipped-classroom model was utilised to familiarize students with the concepts of eponymous fractures in radiography with the aid of reading materials. This was followed by the 'Jeopardy' game during the pre-clinical workshop. This session was mandatory (n=46) wherein students were randomly assigned into six teams. Comments from the end-of-course evaluation (MyCourseEvaluations) for the 2019 cohort evaluated student perceptions of *Jeopardy* as a learning modality.

Results

Fifty percent of students (n=23) responded to 'MyCourseEvaluations' for 2019, These responses indicated that the students found 'Jeopardy' fun, interactive and helpful in knowledge acquisition and retention. One common theme of the open responses was that 'Jeopardy' helps retain current knowledge and reinforce their existing knowledge from second and third years.

Conclusion

The findings are consistent with the results from prior studies of game-based learning. Our fourth-year students would recommend 'Jeopardy' as an interactive learning modality for enhancing knowledge retention.

Gifted program can be more attractive with student engagement

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Introduction/Background

One of the ten key features of the future medical school is an adaptive curriculum (Harden, 2018). At Chulalongkorn medical school, the gifted program – an example of adaptive curriculum – was launched in 2010. The program, revised in 2018 with student involvement, had number of admissions increased by five-fold.

Aim/Objectives

This study aimed to evaluate student perception towards the revised gifted program.

Method

To measure satisfaction among program features, questionnaires using 5-point Likert scale were distributed to candidate students. Sixteen features of the revised program – eight of which were initiated by students – were evaluated.

Results

One hundred and seventy-nine responses were analysed (19 applicants and 160 non-applicants). Mentoring throughout the program was the most attractive feature ($\bar{x} = 4.07$), followed by the opportunity to study abroad during Student Selected Components (SSCs) ($\bar{x} = 4.05$), and flexibility to switch back to the standard program ($\bar{x} = 3.99$). Interestingly, the two latter were student-proposed. The satisfaction towards student-proposed and teacher-proposed features was not different. Of sixteen features, fifteen were significantly more attractive to applicants than non-applicants (effect size ranging from 0.73 to 1.26, highest $p = 0.001$).

Discussion

The close results between student and teacher-proposed features may be because the unfavourable teacher-proposed features had been removed. The reason that the applicants have appreciated almost all features may arise from Halo effect. Hence, there must be hidden features, attractive to the applicants, waiting to be found.

Conclusion

The students had good perception towards student-proposed features. Student engagement can contribute to more desirable gifted program.

Growing Through Learning Education Framework: A four year follow up review guiding our education vision.

Glass, S., Davis, A., Whelan, L., & Golder, J.

Monash Health, Victoria, Australia

Introduction/background:

Allied Health professionals are required to participate and provide evidence of participation in ongoing professional development in order to meet the requirements of their professional bodies and AHPRA. At Monash Health, inequities were identified in the structure and accountability of allied health professional development education across the network. The 'Growing Through Learning Education Framework' was developed in 2015 to address these issues and assist in ensuring staff meet their accrediting body requirements.

As part of the frameworks evaluation, a 2 year review was conducted and identified the following gaps. The role and responsibilities of the education coordinator were not clear, study leave entitlements were inconsistently interpreted and the professional development calendar was not easy to navigate. An improvement plan was developed to address these issues. The plan included the implementation of an Allied Health Education Committee, development of an 'Education Coordinator Orientation Manual' with explicit roles and responsibilities, including learning needs identification training for education coordinators. Attendance and evaluation data from all professional development has now been centralised and distributed to all coordinators quarterly.

Education programs can now be promoted through the Education and Training intranet page and a clear organisational procedure has been developed in regards to professional development entitlements. Monash Health is currently conducting a 4 year follow up review.

Aim/objectives:

The aim is to conduct a 4 year review to determine the outcomes of the new implementations, identify any further gaps and to guide our allied health education vision.

Results/Discussion:

The results from the 4 year review will be collated and analysed for the ANZAPHE conference 2020.

HLTH1000; evaluating perceptions of first year allied health students towards a blended interprofessional course.

Norman Ng¹, and Neil Cottrell¹

¹Faculty of Health and Behavioural Sciences, The University of Queensland, Australia

Introduction/background:

HLTH1000 Professions, People and Healthcare, a blended course, was first introduced at The University of Queensland in 2017. It is currently delivered across 14 pre-professional programs, introducing first year students to interprofessional practice (IPP).

Aim/objectives:

To investigate and describe the perceptions and attitudes of first year allied health students towards a blended course offering an interprofessional learning experience.

Methods

In 2017 and 2019, students enrolled in HLTH1000 were invited to participate in focus groups upon completion of the 13-week semester course. All focus groups were conducted by non teaching staff and students to avoid bias. Focus groups data were transcribed, verified and entered into Nvivo for inductive thematic analysis.

Results:

In 2017 two focus groups were conducted, consisting of a total of ten participants. In 2019 six focus groups were conducted, consisting of a total of 22 participants. The overlapping themes for 2017 and 2019 were course content, course design and assessments. Students reported positive sentiments around the interactive workshops/tutorials that consolidated and reinforced the online content. Students reported the course content related to their professional programs. The significance of interprofessional relationships with peers and tutors also appeared to be highly valued by students.

Discussion

Overall, students felt that the presentation of the online content, on-campus learning activities and assessments were significant to their IPP learning experience. Continued research is required to validate results and provide further insight for ongoing student-centred curriculum design.

Conclusions:

Students' perceptions and attitudes towards interprofessional learning can be enhanced by careful consideration for course design, contextual learning, interactivity and meaningful relationships.

HLTH1000; evaluating perceptions of first year allied health students towards interprofessional learning and collaborative practice.

Norman Ng¹ and Neil Cottrell¹

¹Faculty of Health and Behavioural Sciences, The University of Queensland, Australia

Introduction/background:

HLTH1000 Professions, People and Healthcare, has been implemented across 14 pre-professional programs at The University of Queensland introducing first year students to interprofessional practice.

Aim/objectives:

To investigate if the perceptions and attitudes of first years students towards teamwork, professional identity and roles and responsibilities vary between discipline programs.

Methods

In 2018 and 2019, students completed the RIPLS survey prior to and after completing HLTH1000. Pre and post surveys were not matched and domain scores between programs were compared using descriptive statistics, one-way ANOVA and post hoc analyses.

Results:

In 2018, 1329 completed the pre-course and 801 the post-course RIPLS. There were differences between programs for pre-course roles and responsibilities (RR) scores ($p < 0.001$). Differences between programs were reported for post-course teamwork and collaboration (TWC) ($p = 0.004$), negative professional identity (NPI) ($p = 0.025$), positive professional identity (PPI) ($p = 0.006$) and RR ($p < 0.001$) scores.

In 2019, 1310 completed the pre-course and 607 completed the post-course RIPLS. Difference between programs were reported for pre-course TWC ($p = 0.002$), NPI ($p = 0.004$), PPI ($p = 0.041$) and RR ($p < 0.001$) scores. Difference between programs were reported for post-course TWC ($p = 0.025$), NPI ($p = 0.024$), and RR ($p = 0.002$) scores.

Discussion

Students reported high RIPLS scores for 2018 and 2019 surveys and there were differences between students from different disciplines. Students reported improved roles and responsibilities scores at post-course.

Conclusions:

A purposeful IP curriculum early in pre-profession programs can enhance understanding around teamwork, professional identity and roles and responsibilities.

How do we provide a learning culture for our Allied Health students to ensure they develop personal 'work-readiness' attributes?

Robyn Gill¹, Alex Bond², Tracey Radford³

¹Rural Support Service, SA Health; ^{2,3} College of Nursing & Health Sciences, Physiotherapy Program, Flinders University

Introduction/background:

Specific personal attributes in Allied Health (AH) graduates are desirable characteristics for employment as they signal readiness to enter the workforce. These relevant attributes can also ease transition of AH graduates into the workforce. Some of the personal attributes that indicate that AH graduates might be ready for work include professionalism; self organisation; communication skills; self reflection; resilience and an ability to engage in life long learning. Emotional stability including empathy, ability to manage stress and empathise are also valuable personal characteristics. Many of these attributes revolve around building mental fitness in our AH students. The key for facilitating the development of these personal attributes during clinical placements, could be a trusting, effective relationship between Clinical Educators and students, where these personal attributes are modelled and encouraged.

Purpose/objectives:

The purpose of this session is to explore how personal characteristics can be taught and developed in our AH students to ensure they are given the best chance to be 'work-ready' and ease the transition from student to clinician. Specific objectives of the session are to canvass what is currently being achieved in this area across the AH professions before and during clinical placements and consider ways of enhancing the development of these attributes.

Issues/ questions for exploration or ideas for discussion:

How do we ensure our students are equipped with the foundations for developing 'work-readiness' personal attributes?

How do we encourage development of these key attributes during placement?

How readily can these personal characteristics, indicating work-readiness, be measured, observed, promoted and assessed on placement?

How to find the right OSCEs: Blue printing and cataloguing a guide to success

Lizzi Shires¹, Renee Harvey¹

¹ Rural Clinical School University of Tasmania

Introduction:

A successful OSCE depends on ensuring you test your students across your curriculum for clinical skills and discipline outcomes.

Good blue printing is essential to ensure that your OSCE delivers a fair and effective test.

Cataloguing of OSCE's can allow easy retrieval of past OSCE's according to skills and disciplines.

Aim:

To present a simple guide to blue printing and cataloguing. Using a simple system for OSCE's cataloguing and searching with an excel spreadsheet.

Discussion:

Blue printing can be a challenge in setting OSCE exams. Templating OSCE mark sheets for skills can ensure that blue prints can be set for skills as well as disciplines.

Many Medical Schools struggle to find OSCEs to fit their blue prints, but often have a treasure trove of past OSCE's. Using a structured OSCE template and a cataloguing system allows Schools to reduce the workload in blue printing OSCE's and sorting OSCE's.

Issues for discussion:

How do Schools currently organise their blue printing and OSCE cataloguing?

Would this system support your OSCE process?

Linking Blueprinting and OSCE's with assessment outcomes and metrics

Managing iterative updates of OSCE's post exams.

Practical resources for how to make your own spread sheet or customise ours.

How to persuade stakeholders to 'buy into' new Medical educational initiatives?

Sabina Cerimagic,
The University of Sydney , Australia

Background

The aim of this research is to set expectations correctly and successfully managing stakeholder perceptions throughout the project lifecycle. Given human dynamics, it is important to establish awareness and clarity about the project months and even years in advance of the 'go live' and then to build commitment to the program as 'go live' draws closer.

By:

Involving and empowering staff

Developing a comprehensive communications plan

Drawing from our own experience within a large Australian medical school, the authors will drill down on the human factors that challenge communication and change management strategies, to share tips and pitfalls.

This interactive workshop will demonstrate how staff empowerment and involvement can positively impact change management.

Summary of Work

A change sizing and readiness survey was used; the survey is based on the Awareness, Desire, Knowledge, Ability and Reinforcement (ADKAR) Model.

The Survey participants were asked 17 multiple-choice questions and 3 open ended questions. For the multiple-choice questions, participants were given a Likert scale spectrum to choose from.

Summary of Results

Some of the most important factors in achieving curriculum change is clear communication and the involvement and empowerment of staff. There is no doubt that if we do not consult widely with our stakeholders, if we did not get them involved via the working parties and committees and if we did not let them have a say, make decisions and listen to their feedback, this curricular change would simply not be possible.

Conclusions

This research shines a light inside insight our 'lessons learned'; taking on board what worked well and why in our project and avoid the mistakes that we have made.

This research will challenge the audience to consider, within the context of their own organisations, how stakeholders will be persuaded to 'buy into' new educational initiatives or a new program in time for 'go-live', so that they are ready, willing and able to adapt to the new environment.

Take Home Messages

According to our research, some of the most important factors in achieving curriculum change and ensuring stakeholder 'buy into' is clear communication and the involvement and empowerment of staff.

Human Library: An opportunity to facilitate cultural competence development for occupational therapy students.

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Background:

The Australian Occupational Therapy Competence Standards (2018) state that an occupational therapist 'practises in a culturally responsive and culturally safe manner, with particular respect to culturally diverse client groups'. According to Wells (2000) there are 6 stages to the development of cultural competence. The original Human Library aimed to challenge stereotypes and prejudices and therefore, build positive relationships between people.

Aims/Objectives:

Previous occupational therapy curriculum content addressed student knowledge and, to a certain extent, awareness of cultural competencies but the experiential Human Library aimed to take this further to the development of cultural sensitivity.

Discussions:

Over 300 occupational therapy students on both the undergraduate and graduate entry Masters programs at Monash University participated in a Human Library to address Well's (2000) stages 2, 3 & 4 of cultural competence development. Students completed pre-session activities and then attended the Human Library where real people (books) are on 'loan' to readers who are encouraged to explore and challenge stereotypes and prejudices. The majority of the students and 'books' reported the Human Library to be a positive experience, with students noting it deepened their learning about prejudice, stigma or discrimination and 'books' enjoying the opportunity to share their story.

Issues/questions for exploration or ideas for discussion:

The Human Library provided the opportunity for students to develop cultural awareness and sensitivity and therefore cultural competence but was it effective in changing students' attitude? What are the benefits for both students and books? Is this teaching method sustainable?

i-CAT - Moving from a paper-based clinical assessment tool to an online tool using PebblePad. Describing the process of change, and the experience of teachers, students and clinical preceptors in using the new tool.

Catina Adams¹

¹La Trobe University, Melbourne, Australia

Introduction/background:

Child Family and Community nursing students in Victoria undertake over 300 hours of clinical practice in Maternal and Child Health centres, supported by clinical preceptors. Until now, their progress and reflections have been recorded in a hard-copy booklet. In 2020, we have transitioned from the hard-copy clinical assessment tool (VicCAT) to an online version (i-CAT).

Aim/objectives:

To describe the process of transitioning from hard-copy to an online assessment and clinical review tool.
To describe the experience of students, preceptors and university staff in using this new tool, including communication and training strategies.

To enable thematic analysis of students' and preceptors' reflections, with a focus on the transition from novice to commencing practitioner (ethics approval applied for).

Discussion:

Using an online version of the clinical tool enables a real-time review of students' work, whereas previously the VicCAT was reviewed at mid-year, and then at the end of the year.

The i-CAT can be accessed flexibly by both students and preceptors, using mobile phone, tablet or computer technology, at a time convenient to students and preceptors.

Real-time communication between students, preceptors and university staff is facilitated.

The i-CAT will include student and preceptor reflections, which will enable rich thematic analysis of reflections (with ethics approval).

Impact of a Standardised Post-OSCE Debrief on Medical Student Perceptions: Results of a Cross-Sectional Study

Lukas Kairaitis¹, Carl Parsons¹, Caroline Joyce¹

¹School of Medicine, Western Sydney University, Sydney, Australia

Introduction:

Student perceptions of an OSCE may be influenced by misunderstanding of the competencies being assessed.

Aim/objectives:

We investigated the impact of a post-OSCE debrief on student perceptions of

1. The impact of the debrief on satisfaction and knowledge
2. OSCE content and process.

Methods

Students completed a survey before and after receiving a standardised post-OSCE debrief containing information on standard setting and OSCE content. Survey questions evaluated perceptions of OSCE content and process as well as the impact of the debrief on satisfaction and knowledge. The impact of debrief timing was assessed by comparing student groups given the debrief immediately following OSCE completion or following a 1-2 hour delay.

Results:

292 survey pairs in three undergraduate years were analysed. The majority of students rated the debrief positively in relation to its impact on satisfaction and knowledge. The post-OSCE debrief was associated with a reduced score in the overall cohort for the clarity of instructions ($p < 0.01$) and improved scoring in the year 5 cohort ($n = 93$) in regard to curriculum alignment ($p < 0.05$), learning value ($p < 0.01$) and fairness ($p < 0.01$). There was no significant differences in responses between the cohorts provided with an immediate or delayed debrief.

Conclusions:

A post-OSCE debrief on the day of the OSCE is rated favourably by students however does not improve perceptions related to OSCE process. The debrief appears to have greater value in final year students perhaps related to a better overall understanding of graduate outcomes. Delaying the debrief does not appear to influence student perceptions.

Impact of introducing a threshold assessment on other assessment domains

Carl Parsons, Caroline Joyce

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Introduction/background:

In an effort to increase the motivation of medical students to learn anatomy the anatomy practical exam was made a threshold: progression in years 1 and 2 was dependent on passing anatomy. With the implementation of this threshold assessment, we saw significant increases in the performance of students in the anatomy practical exam, which we interpreted as increasing the students motivation to learn anatomy.

Aim/objectives:

To explore how the introduction of a threshold assessment affects the performance of students in other assessments during the same period.

Methods

These data were collected over a four year period, representing 2 years of baseline data prior to threshold introduction and 2 years following threshold introduction, in years 1 and 2. In year 1, including anatomy there are 5 summative assessments at the end of the second semester, while in year 2 the practical anatomy exam is in first semester along with 3 other assessments. We were interested in determining whether performance in the other assessments, held during the same examination period were affected by the change in anatomy assessment.

Results:

In the present study, when the assessment weighting was changed there was an overall decrease in performance in the written exams in year 1, $p < 0.05$, while in year 2 there was a decrease in scores but this was restricted to the lower performing group of students.

Discussion

One interpretation of these results is that students are spending more time learning anatomy at the expense of learning other course content.

Implementation of a Standardised Education and Training Plan

Elizabeth Schlossberger¹, Eithne Cannon¹

¹Prince of Wales Hospital, Sydney, Australia

Introduction/background:

The role of the Clinical Nurse Educator (CNE) is pivotal in creating a culture that supports learning thereby enabling safe quality patient care. The CNE is responsible for the coordination, delivery and evaluation of clinical education at the unit level and provides clinical supervision at the point of care in everyday practice.

Acknowledging that the CNEs have diverse experience and knowledge in education planning, the Nursing Education and Research Unit (NERU) developed a supportive framework to guide CNEs through the process whilst promoting collaborative learning and support.

Aim/objectives:

To support CNEs in meeting the education and training needs of their specific unit with the aim of each nursing team having a yearly Education and Training plan.

Discussion:

Developing a program of education involved identification of learning needs through review of mandatory training requirements, reportable incidents and quality audit results and an electronic learning needs analysis survey for all nursing staff.

A generic education plan template was designed to ensure objectives met mandatory training requirements, National Standards Local Health District and facility strategic goals. Education planning workshops and individual follow ups for the development of the education plans was provided by NERU educators and presented to and supported by Nursing Executive.

In evaluating the process the CNEs identified the positive outcomes that the education planning process could make possible, such as collaboration, accountability, transparency, strategic alignment, workforce wellbeing and provision of education evidence. The development of unit education plans in a collaborative supportive environment appears to have had broader benefits than just simply of a plan that outlines education to be conducted.

Implementing digital tools for recording work-based assessment in a multisite medicine course

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¹Monash University, Melbourne, Australia ²PebblePad, Australia

Introduction/background:

Use of digital resources to facilitate work-based learning and assessment tasks has become an increasing priority for implementation of curricula in clinical workplaces. In 2019, the medicine program at Monash introduced the use of the PebblePad ePortfolio as a platform to collect work-based assessment completed by students in their first clinical year. Approximately 400 students located across several clinical sites have been completing ePortfolios for work-based assessment tasks.

Aim/objectives:

To explore introducing and implementing web-based systems for work-based assessment and the lessons learned from the first iteration of this initiative.

Discussion:

Implementation of the ePortfolio system required translation of existing assessment tools as well as navigating implementation and user issues. Communication with and training for staff and students across multiple locations has been complex and differing attitudes and expectations across stakeholder groups has been evident. Introduction of this initiative has created some challenges but has also provided benefits in terms of monitoring and recording student performance of assessment tasks.

Issues/questions for exploration or ideas for discussion:

What are the key factors to be considered when implementing digital approaches to work-based assessment? What impact does implementation have upon learning and assessment? What additional benefits are provided by this approach?

Improving clinical assessment and decision-making skills: an educational intervention

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²Australian Centre for Health Innovation, Melbourne, Victoria, Australia

³Cabrini Health, Malvern and Brighton, Victoria, Australia

Introduction/Background

Deterioration is usually preceded by physiological changes that may not meet MET call or clinical review criteria. Failure to recognise and act on signs preceding deterioration is a global issue. Issues such as inadequacy of clinical assessment and lack of critical thinking have been postulated as reasons for failure to recognise and act on deterioration. Lack of clinical role modelling is a key contributor to the failure of development of clinical assessment skills.

Multiple interventions have been used to try and improve recognition and management of deteriorating patients with variable success. It has been suggested to improve recognition and management of deteriorating patients, implementation of educational models that target clinical decision making skills, systematic assessment and management be embedded in under graduate and post graduate education.

Aims/Objectives

To embed a web based educational program that instils a systematic structured assessment approach, incorporating critical reasoning and role modelling in the first clinical years of undergraduate medical and nursing programs. The web-based tool can then be utilised to support formal interprofessional simulation programs and for reinforcement of post graduate learning.

Discussion

The outcome measures we wish to explore are the ability of the participants to perform a systematic structured assessment of a deteriorating patient demonstrating critical thinking, appropriate escalation of care and initiation of timely management.

Questions for discussion

Can a web based learning tool that specifically incorporates role-modelling and a systematic assessment approach improve clinical assessment? Can improved patient assessment improve patient safety and outcomes?

Improving medical student learning in clinical placements: the student perspective

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²Australian Centre for Health Innovation, Melbourne, Victoria, Australia

³Cabrini Hospital, Malvern, Victoria, Australia

Introduction/Background

Medical students often find the transition from the pre-clinical learning environment to the clinical learning environment very challenging. Many reasons for this difficulty have been identified. This has led to some students preferring the relative “safety” of medical textbooks rather than spending time with patients on the wards, improving their clinical skills. Poorly developed clinical assessment and management skills impact on patient safety and clinical outcomes.

Aims/Objectives

This project aims to look at ways in which clinical schools can support student learning on clinical placements. Firstly through a literature review exploring what methods have been trialled previously. Secondly by exploring student experiences at a clinical school once they have completed their first clinical year to determine student perspectives on how their learning could have been better supported.

Discussion

Ways in which clinicians can support student learning in the clinical environment have been well researched. This project explores the student perspective. Readily available documents that outline a medical unit's clinical activity and links this with student learning objectives and curriculum areas and training students on how to ask for and receive feedback are some potential methods.

Questions for discussion

How can clinical schools support student transition from the linear “safe” environment of the university campus to the non-linear, busy clinical learning environment? What do students value most to support this transition?

In the time of the #MeToo movement, what messages do we cultivate regarding the nuance of touch in the clinical context?

Lorna Davin¹, Kylie Russell¹, Tracey Coventry¹

¹The University of Notre Dame, Australia.

Introduction:

With the heightened awareness accompanying the #MeToo movement, clinical staff—medical, nursing and allied health—have voiced their uncertainty towards the use of touch to comfort patients. This PeARL builds on a recent review, which highlighted the multiple shades of complexity when using touch to provide patient comfort in the clinical context.

Purpose:

We want to create an open, transparent conversation to discuss how this complex concept may be addressed by both academic 'teaching' staff and clinical educators in the context of their roles.

We want to consider curricula for health professional students and faculty development to provide more transparency towards what is an opaque, wicked problem.

One which despite defying easy answers demands consideration.

We wish to ensure that compassionate care is not lost to fear of misinterpretation or over-restrictive protective protocols that strip the humanity from holistic care, potentially denying patients and students the choice of compassionate care.

Issues for exploration:

When facilitating learning for your health professional students do you explicitly address the use of touch for comfort? Are academic/clinical staff provided professional development? If so, what messages do you hope to convey? If not, why?

What can we agree upon as foundational values to underpin future professional behaviours in the context of touch?

In their words- medical student reflection on interprofessional practice following observational placements

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²Australian National University Medical School, Canberra, Australia

Introduction/background:

The program provides 2nd year medical students opportunity to complete an observational placement with allied health and nursing and midwifery clinicians. Wards Services were also included in 2019. This may be the students first exposure to the clinical environment and learning objectives promote exploration of roles and responsibilities within the healthcare team. Following placement, students completed a written reflection and participated in group discussion to bring together learnings.

Aim/objectives:

Perform a qualitative exploration and thematic analysis of medical students interprofessional experiences with other health professionals and support staff.

Discussion:

An interprofessional team reviewed, coded and provided feedback to student reflections. Communication, patient-centred care, roles and responsibilities and teamwork emerged as themes:

“ I watched as they asked the patient how they were going and how they developed a rapport”.

“ ...an obvious example where patient care could have been compromised by a delay”.

“...everybody in the team had purpose and knew what they were doing without being told directly what to do”.

“work together to deliver a high level of patient care while keeping an eye out for each other and lending a hand where possible”.

Issues/questions for exploration or ideas for discussion:

The reflections provide a rich description of practice the students observed and opportunity to explore how different experiences made them feel, however, limitations were identified. Some students reported reluctance to document negative experiences, particularly as other students, and approved clinicians and faculty could view posts. To further explore these themes and to gain additional insight into all student experiences, we plan to perform focus groups.

Innovative design of curriculum to engage online and on campus students in neuroscience.

Sonia Saluja¹

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Introduction:

Neuroscience is often considered one of the 'hard' sciences. It is content heavy, requires students to memorise vast amounts of information and conceptualise application of content to complex neurological disorders. This was especially the case in a second-year undergraduate unit which required online students to understand how neurological conditions affect the body, prior to entry in the clinical environment. Neurological clinical case scenarios were developed as an assessment tool to engage online learners in response to student feedback.

Aims/Objectives:

To create a platform where students would be invested in their own learning. To identify through tutor and student feedback, specific areas in need of improvement and to adapt the curriculum to best support these needs.

Discussion:

Clinical case scenarios are widely used in medical education; however, they are usually used as a teaching tool in traditional face to face delivery, in smaller class sizes and involving facilitators. Online learning in medical education is often a complement to instructor led methods in a blended approach. The challenge in this situation was using clinical case scenarios as an assessment tool in online learners from 5 diverse health profession disciplines who had no prior clinical case-based learning. Issues included addressing tutor and student feedback and considering use discipline specific cases vs key clinical concepts.

Conclusion:

The assessment tool was designed to scaffold learning from foundation to application within the task itself which prompted students to engage with learning resources and explore the world of neuroscience.

Insights into progression through physician training: a novel application of competing risks survival analysis

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¹Royal Australasian College of Physicians, Sydney, Australia

Introduction/background:

Basic Physician Training at the Royal Australasian College of Physicians is a minimum three year intensive vocational program. To date there has not been quantitative exploration of the factors that are associated with disrupted progression or withdrawal from the training program.

To identify the likelihood of trainees completing Basic Training within a five-year study period (2014-2018), retrospective longitudinal modelling was conducted using competing risks survival analysis. The two competing events that trainees were 'at risk' of experiencing during their training were defined as either completion or withdrawal from the training program.

Aim/objectives:

To examine how the use of competing risks survival analysis can inform our understanding of variances in trainee progression through vocational training.

Discussion:

Competing risks survival analysis is most commonly applied in the field of epidemiology when determining survival rates from competing causes of morbidity. The application of this methodology in medical education is novel but offers valuable insight as it allows us to examine trainee 'survival' probabilities at different timepoints while also generating cause-specific hazard ratios to account for the impact of covariates such as demographics and program factors. This case study will illustrate the potential of this methodology for use in the evaluation of training programs and for informing educational design.

Integrating perspectives from existential psychotherapy in clinical supervision

Paul Andrews

Social Work Educator St Vincent's Hospital Sydney Australia

Introduction/background:

Clinical supervision provides a vital space for health care workers to reflect on their practice, face challenges and learn new skills. Many of us will be familiar with the conceptualisation of supervision as having educative, supportive and administrative domains. Our models for the provision of supervision often reflect the theoretical approaches we use in our clinical or counselling work. I have been exploring how perspectives and ideas from existential psychotherapy can be integrated in my supervision practice with health care workers. Working in health care settings it is inevitable that themes from our work resonate with existential givens such as death anxiety, freedom and responsibility, isolation and connectedness, emotions and embodiment, whether in direct work with patients or in response to team or organisational challenges.

Purpose/objectives:

This session will briefly outline key elements and practices of existential psychotherapy that can be adapted to clinical supervision. Ways to conceptualise common dilemmas brought to supervision in terms of existential ideas will be explored. Examples from my supervision practice will illustrate key themes. I will also draw on my own experience of receiving "supervision of supervision" from an existential psychotherapist. Demonstration of the important existential tool known as phenomenological enquiry will be provided.

Issues/ questions for exploration or ideas for discussion:

We will explore how or if these practices are useful in supervision, how they can be integrated and how they can be taught.

International Medical Graduates'(IMGs) Education Program – a Community of Practice framework for IMGs & Clinical Observers

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¹ Northern Health, Melbourne, Australia

Background:

At Northern Health we applied the community of practice (CoP) framework to establish an education program for IMGs and Observers. They are faced with unique educational needs and challenges during transition to Australian Healthcare setting. Wegner states that CoP is a “group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly”. The program brings together IMGs and Observers to share information, build relationships and develop a repertoire of shared resources to enable a smoother transition to the Australian medical workforce.

Summary of work:

'IMG Education Program' commenced in 2018 led by an enthusiastic and experienced IMG. Program was conducted fortnightly with attendance ranging from 10 – 15. Initially, sessions used a didactic teaching methodology with presentations on breaking bad news, an introduction to allied health, wound dressings etc. However, it evolved into a platform for IMGs and Observers to engage with one another, created a sense of belonging and support. A WhatsApp group was created to enable better and more meaningful communication.

Summary of results:

Program was evaluated using an online survey. Feedback was exceptionally positive with responses such as “spot on topic”, “active discussion”, “clinical scenarios are great” and “amazing”. Using the CoP framework to establish an IMG Education Program can lead to better learning outcomes, creates a dynamic support network for IMGs and Observers and a better prepared IMG workforce. It is a replicable methodology that can be applied to any healthcare service.

Introduction of an interprofessional gynaecology surgical skills workshop for undergraduate medical and nursing students

Amy Yang³, Shavi Fernando^{1,2}, Josie Tighe¹, Monica O-Halloran¹, Julia Morphet¹, Arunaz Kumar¹

Monash University¹, Monash Health², Alfred Health³

Introduction/background:

Medical and nursing students may feel underprepared in performing basic surgical and gynaecology procedural skills with scant exposure to interprofessional education (IPE) in undergraduate programs. A simulation-based Gynaecology Surgical skills Workshop (GSW) was introduced for undergraduate medical and nursing students to promote hands-on learning.

Aim/objectives:

The aim of this study was to assess pre and post-workshop confidence in taught gynaecology surgical skills and interprofessional program feasibility.

Methods

160 undergraduate medical ($n = 133$) and nursing ($n = 27$) students attended the GSW. A survey was completed by all students immediately after the workshop, addressing students' perceptions of surgical education, workshop learning for the four skill-stations (gowning/gloving, suturing, intrauterine device insertion, and urethral catheterisation), and IPE. A Wilcoxon Signed-Rank test was performed to compare students' pre and post-workshop confidence scores.

Results

Most medical and nursing students (86%) agreed their course should provide more structured surgical education with 67% medical and 59% nursing student participants reported inadequate opportunities to practice procedural skills during clinical placements. There was a statistically significant increase in post-workshop self-reported confidence scores for both medical and nursing students in all four taught skills.

Discussion

This pilot study is likely the first reporting the value of integrating IPE and procedural skills training in gynaecological surgery for undergraduate medical and nursing students. The paucity of opportunities on procedural skills indicates a need for structured simulation programs.

Conclusions:

Simulation-based, interprofessional, gynaecological surgery skills workshops are practical and valuable additions to undergraduate medical and nursing curricula.

Introduction of practical assessment to drive learning of integrated anatomy and pathology curriculum in the preclinical years of the Doctor of Medicine

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¹Deakin University, Waurn Ponds, Australia

Introduction/background:

During preclinical years of the Doctor of Medicine at Deakin University, anatomy and pathology curriculum is integrated with medical physiology curriculum and taught predominantly in system blocks. Historically learning has been assessed using a combination of multiple choice and short answer questions in written tests and exams. Questions are mapped to learning objectives and although anatomy and pathology is included, the scope was limited. As a result student perception was that anatomy and pathology content was of lesser importance and this was reflected in poor student engagement in practical workshops as well as poor outcomes in anatomy questions in the Australian Medical Schools Assessment Collaboration (AMSAC).

Aim/objectives:

To address this issue we have developed and implemented an integrated practical assessment of anatomy and pathology curriculum into each systems block.

Discussion:

We introduced a 50 station practical assessment task that assesses a student's ability to identify structures, gross pathologies, histopathological features and to describe their function, physiological relevance and provide clinical applications. Students have 90 seconds per station to answer two very short answer questions. Stations may include anatomical models, cadaveric specimens, pathology pots and histology slides. This assessment task was successfully implemented for each systems block in Year 1. The task will be implemented across Year 2 in 2020. Following introduction of this assessment, engagement in practical workshops has increased together with recognition of the importance of anatomy and pathology teaching. Feedback from students has been overwhelmingly positive. Future work will involve analysis of student outcomes in anatomy and pathology AMSAC questions.

It sounds like a good handover but can I trust it?

Malcolm Moore,
ANU Medical School, Australia

Introduction

Effective handover is increasingly recognised as important for patient safety. Handover assessment has occurred mostly in the research setting where handover quality and accuracy are measured against known patient details. In the work-based setting, clinicians make judgements about quality but can only assess accuracy against a subsequent assessment of the patient. The Clinical Handover Assessment Tool (CHAT), used in work-based handover assessment, includes a global rating based on the assessor's confidence in the accuracy of handover. This 'confidence' might not correlate with the handover's accuracy.

Aim

This study investigates the correlation between a handover's perceived quality and its accuracy.

Methods

Medical students gave handover to clinical supervisors after making initial patient assessments. Supervisors assessed the handover and then scored its accuracy after seeing the patient. Scores were analysed to identify the correlation between handover quality and accuracy.

Results

Global Assessment (GA=0,1,2,3) scores on 101 handovers were 1 (N=2), 2 (N=41), 3 (N=58). Of 41 GA scores of 2, accuracy scores (0,1,2,3) were 2 (N=16) and 3 (N=25). Of 58 GA scores of 3, accuracy scores were 2 (N=3) and 3 (N=55). Cramer's V correlation coefficient for global score and accuracy was 0.586.

Discussion & conclusion

The correlation between global assessment and accuracy (Cramer's $V=0.586$) was high (Cramer's $V>0.35$). Perceived handover quality correlates closely with accuracy in this study. Assessors identified deficiencies in handover quality that didn't impact on accuracy. The findings support clinicians trusting a 'good' handover.

Keep Calm and Chart On: interactive prescribing workshops for junior doctors at Auckland District Health Board (ADHB)

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Introduction/background:

With two thirds of hospital prescriptions written by junior doctors and 7-10% containing errors, correct charting is an important skill to master. 1-2 Recommendations from the United Kingdom suggest that practical prescribing workshops during junior doctor induction are of value. 3 Therefore when the Pharmacy department were tasked to facilitate workshops during induction, we focused on safe prescription charting practices on the National Medication Chart (NMC). 4

Aim/objectives:

Develop charting confidence and improve the Post-Graduate Year 1 (PGY1) doctor's ability to write a safe and legal prescription.

Discussion:

Safe medicines prescribing is the first step in developing an effective medicines safety culture. 5 A interactive four hour prescribing workshop was developed. The content included self-assessment of the PGY1's confidence in charting, charting exercises with practice cases, discussion and feedback. Scenarios used were similar to those seen on the wards and assessed against recognised standards for safe prescription charting. 6

Issues/questions for exploration or ideas for discussion:

Results of this intervention are being collated. We expect to see an increase in prescription charting confidence and ability. Exploration around sustainability over the year and identification of factors that can influence this will be of interest.

The identification of a knowledge gap and working to bridge that gap demonstrates the need to review and adapt teaching to suit the needs of the learners.

This approach could be incorporated into the undergraduate program to ensure consistency in the standards for safe prescription charting on the NMC. It is an example of tailoring curriculum to the needs of the workplace and enhances a culture of interprofessional collaboration.

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Keeping sight of the candidate perspective: responsive learning from surveys of candidates after high-stakes examinations

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Examination candidates have a unique vantage point looking at the quality of examination design and delivery. Harnessing this experiential perspective is fundamental in ensuring broad and comprehensive evaluation approaches.

In an extension of current quality assurance approaches, the Royal Australasian College of Physicians (RACP) surveys candidates after each of the 21 examinations it annually delivers. The online surveys seek feedback on examination organisation, facilities, candidate preparedness, examination format and content. Importantly, the feedback is gathered prior to release of results to minimise potential response bias. The results are comprehensively analysed and discussed with examination designers and administrators.

The candidate perspectives gathered throughout these surveys have yielded numerous invaluable insights.

We will illustrate three key functions of this work:

1. Better short-range insights for immediate action: feedback is used to help identify design issues on current examination such as questions that are not optimally worded or where response time was insufficient for valid discriminatory assessment
2. Better ability to identify operational details that can be improved: results help improve exam administration such as requests for better examination information and requests for the availability of stationery and other easily addressed issues;
3. Better identification of strategic initiatives: results help refine the way the examination is administered such as modification of exam format.

In an era of increasingly sophisticated evaluation methods, we argue that simple approaches that target candidate perspectives remain essential as they yield unique, timely and actionable insights.

Knowledge, understanding and process: Factors affecting clinical facilitators use of the ANSAT in undergraduate nursing students' clinical practice assessments

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Introduction/background:

Assessment of undergraduate nursing students' work integrated learning (WIL) placements are critical, yet they are known to be complex and challenging. The Australian Nursing Standards Assessment Tool (ANSAT) was developed in response to these known complexities and has been used since its inception in 2014 in many Australian universities for clinical assessment of students' practice and learning.

Aim/objectives:

The aim of this study was to investigate clinical facilitators' experiences when using the ANSAT to better understand how the assessment of student learning and practice is influenced using this tool. The study sought to identify enablers and challenges in practice and how the ANSAT structure and content might influence assessors' perceptions and assessment practice.

Methods:

Nine semi-structured face-to-face interviews were conducted with clinical facilitators at a regional Queensland, multi-campus university.

Results:

Thematic analysis of the findings identified that there are three interconnected themes that represent the experience of the study participants and highlight issues associated with using the ANSAT. The themes are: knowledge of the ANSAT, assessment process in practice and preparation and training.

Discussion:

The issues and challenges that affect the assessment process are multifactorial. The results of this study confirm ongoing challenges around consistency of interpretation and use of the ANSAT; preparation and training are key to addressing these challenges.

Conclusions:

The conclusions from this study indicate there is value in investing in training and education of clinical facilitators to promote standardisation and consistency of nursing students' WIL assessments.

Launching an allied offensive. Connecting 24 Allied Health Professions through an education lens at RCH.

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Background

In 2018, the Allied Health (AH) Clinical Education Team at the Royal Children's Hospital (RCH) Melbourne expanded its scope to support the education needs of the 12 AH Science professions, complementing existing support of the AH Therapy professions and bringing 24 AH professions together through an education lens. Given that the AH Science professions operate within different divisions of the organisation's governance structure, the AH Clinical Education Team became a central point for AH collaboration. The educational challenge facing us was to launch and promote a culture of learning, knowledge sharing, collaboration, connection and unity across the AH professions.

Aim

Using education as a central channel to enhance role recognition and collaboration across an Allied Health workforce.

Discussion

Liaison with key stakeholders was fundamental in identifying and building professional networks, who championed and communicated education opportunities within their profession. We have seen increased engagement with our AH Professional Development Program and broadened representation on our AH Education Committees. Strong advocacy for the Science professions at executive level opened up access to professional development funding across AH professions organisation-wide.

We continue to refine communication channels to maximise educational impact, with minimal burden on busy clinicians. Significant achievements in engagement, advocacy and inclusion through our multipronged approach indicate we are successfully establishing a productive learning culture across AH.

Issues for exploration

With education as the central channel for AH, how do we measure success beyond engagement? Ongoing challenges and opportunities exist for determining the impact of collaborative education on patient care.

Leading advance care planning health system transformation – *it's not just about learning modules*

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Background: Advance care planning (ACP) gives individuals choice and control over future health care decisions. Health professionals (HCP) have a role in ACP and require the capability to discuss, implement and/or enact advance care directives. Advance Care Planning Australia (ACPA) provides a national coordinated and strategic approach to support the uptake of ACP training, curricula and capabilities by students, volunteers, HCPs, professional colleges and/or universities.

Methods: A program of work governed by a National ACP Education Advisory Group. Implementation of a strategic ACP education framework including legislation and policy review, literature reviews, a national universities scoping survey, stakeholder consultation, advocacy for ACP in HCP practice standards and codes of conduct, education modules, ThinkGP module, Delphi evaluation of ACP capabilities, and education guide and resources.

Results: Delivered a nationally relevant ACP Learning program for the primary, aged and health care sectors. Increased ACP in aged care, RACGP, cancer, dementia, and health service policy. A total of 14,416 completions of education modules. Registered users represent 20 Australian universities.

Conclusion(s): The importance of ACP is well recognised and is seen as the responsibility of a diverse range of HCPs working within a wide range of settings. A strategic transformational approach to education has maximised uptake of ACP into workforce education and practice.

Learning from experience: successes of partnering with students in a fall management simulation activity

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Introduction/background:

Patient falls incidents are common in health care environments and cause considerable stress for registered nurses. Undergraduate nursing students are likely to encounter these situations in their clinical exposures and future practice. Simulation may assist in preparing them respond to patient falls using experiential learning.

Aim/objectives:

This paper aims to discuss the implementation of a patient falls management simulation activity for undergraduate nursing students.

Discussion:

David Kolb's experiential learning theory (ELT) underpinned the stages of this simulation activity. (1) Concrete experience – student volunteers acted as patients with props and moulage for realism and other students acted as registered nurses in a simulated ward setting. Simulated patients were guided by standardised cue cards. (2) Reflective observation – a semi-structured debrief session followed the activity to assist students reflect on the activity and provide opportunities to share nurse and patient perspectives. (3) Abstract conceptualisation and (4) active experimentation – students were asked to articulate their own thoughts and feelings during the activity, and action plan for future practice through a reflective essay.

Ideas for discussion:

The impact of ward set-up with simulated patients and reflective assessment provided an immersive simulation in harnessing students' critical thinking and skills acquisition.

Making paediatric education accessible for allied health and nursing professionals in regional and rural settings.

Sarah Temby, Virginia Beckerman and Helen Codman

Allied Health and Nursing Education Outreach Program. The Royal Children's Hospital, Melbourne Victoria Australia.

Introduction/background:

The Royal Children's Hospital Allied Health and Nursing Outreach Program (AHNEOP) is an innovative education and training program, developed in response to demand for paediatric education to support community clinicians across Victoria and Australia.

Aim/objectives:

This program aims to improve the skills and knowledge of regional and rural nursing and allied health practitioners therefore improving the health and wellbeing of children. This program facilitates a supportive and productive learning culture by enabling this specialised high quality education to be easily accessible with the participants not having to travel and the financial costs kept to a minimum.

Discussion:

Commonly expressed challenges for health professionals in regional and rural areas are lack of exposure to high quality education and difficulties in attending educational opportunities. Issues arise from a travel and financial perspective and the inability to leave their healthcare facility understaffed. The AHNEOP successfully delivered multi-modal high quality education to over 1200 health professionals throughout regional and rural Victoria and Tasmania in 2019. In order to facilitate a productive learning culture we have adapted our education delivery to include videoconferencing and local face-to-face study days, including half day sessions for centres with limited staff resources. Feedback has been overwhelming positive with health professionals expressing gratitude for the accessibility and quality of the education.

Health professionals deserve high quality education irrespective of their geographic location. This program improves accessibility of education delivery and supports a productive learning culture which assists in development of paediatric skills and knowledge and therefore ensures safe and quality patient care.

Mapping physiotherapy student learning in specialised vestibular placements

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Introduction/background:

The implementation of specialised vestibular physiotherapy placements is a novel approach to the traditional pre-registration clinical placement experience. In 2019, Logan Hospital commenced clinical placements focusing on exposure to complex diagnoses, specialised multi-disciplinary vestibular testing and First Point of Contact (FPOC) physiotherapy role and service.

Aim/objectives:

To map learning exposure in a specialised vestibular physiotherapy placement.

Methods

Retrospective data was collected from a pre-registration physiotherapy student placement in Logan Hospital's Vestibular Service in 2019. Data was collected on diagnoses, occasions of service (OOS), exposure to FPOC assessments, referrals to Audiology and adverse events.

Results:

BPPV and unilateral vestibular hypofunction were the most frequently encountered diagnoses. Rare conditions such as Semicircular Canal Dehiscence were also encountered. In a single placement, the student provided care to 27 patients with dizziness/vertigo with an average of 1.67 OOS per patient. It was found that 54% of patients seen by the student were referred to Audiology for specialised testing. 35% of the student caseload included high level assessments in the FPOC Vestibular Clinic. There were no recorded adverse events to patient care during the placement.

Discussion

Student involvement in specialised vestibular placements provide a unique experience to pre-registration physiotherapy students in managing complex clinical conditions, understanding FPOC physiotherapy roles and interdisciplinary patient care, preparing them for the dynamic physiotherapy workforce.

Conclusions:

Pre-registration physiotherapy students can gain valuable exposure with nil adverse outcomes related to patient care. This area of learning should be considered by other specialised vestibular services.

Measuring behavioural and practice changes in pre-qualifying interprofessional education: What are the challenges and opportunities?

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Introduction/background: Global concerns in healthcare around patient safety, quality, access, cost, and outcomes have led to recognition that no one profession can solve complex health problems independently. As a result, interprofessional education (IPE) has grown significantly within health professional education. Despite this growth, the quality of IPE outcome evidence has been questioned, particularly the focus on measuring learners satisfaction, attitude, and knowledge changes. To demonstrate the value of this educational approach to healthcare, high quality studies are needed that focus on changes in learners behaviour and practice as health professionals.

Purpose/objectives: The two main purposes of this PeArL session are: To explore the challenge to measuring IPE outcomes with trainee health professionals, and to explore solutions to these challenges that advance to field of IPE.

Issues/ questions for exploration or ideas for discussion: This PeArL aims to explore and discuss the following questions: What behavioural and practice changes are we expecting from IPE? How can we best measure these changes? This discussion will be facilitated by the presenters and other members of the the Australian Interprofessional Practice and Education Network (AIPPEN).

MEDHAX: Student Perceptions and Future Directions

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Introduction/background:

Evidence-Based Medicine (EBM) and Health Sociology (HS) are essential elements of person-based medicine. However, many pre-clinical medical students struggle with understanding the application of these topics to future practice. MRHC has created 'MEDHAX'- an integrative, 'by students, for students' resource to address this issue and provide clinically relevant connections for pre-clinical medical students.

Aim/objectives

MEDHAX was introduced into the pre-clinical graduate-entry medical program in semester one of 2019 to trial this online platform in the teaching environment, and observe students' utility of the interactive resource. The aim of this presentation is to demonstrate students' perceptions and usage of MEDHAX, with the objective of discussing its future viability in the medical curriculum.

Methods

Student surveys and website analytics were collected during the year to determine student engagement and satisfaction with MEDHAX.

Results

Website analytics revealed 438 visits to MEDHAX, with highest usage during the three-week examination period, peaking at 31 unique visitors in one day. Preliminary qualitative data also suggests positive engagement with the resource, highlighting MEDHAX's utility as a valued revision tool.

Discussion

Given the remarkable response from students utilising MEDHAX, this suggests that we have successfully created a resource that helps bridge the gap between pre-clinical teaching and clinical relevance of EBM and HS concepts.

Conclusions

Feedback suggests that MEDHAX is a well-received revision tool by pre-clinical medical students. Future directions for MEDHAX involve incorporation into other health-professional cohorts, and further engagement with practicing clinicians to strengthen the application of EBM and HS in clinical practice.

Medical student experiences of assessment feedback

Sophie Abel¹, Caroline Joyce¹

¹Western Sydney University, Sydney, Australia

Introduction/background:

The importance of feedback to the process of learning has been well established in the medical education literature. Student experiences of feedback regarding the OSCE and CAA has not been thoroughly investigated.

Aim/objectives:

To determine medical student's perceptions of the feedback they receive about their assessments. Assessments investigated included the OSCE, mini-CEX, clinical attachment assessment (CAA) and written exams.

Methods

Data was collected using audio-recorded focus group discussions, conducted separately for each year group and these were then transcribed verbatim. There were two separate focus groups for the third-year students, and one each for the fourth and fifth year students. Data was coded and thematically analysed.

Results:

Four themes emerged: 1) Assessment feedback is inadequate. Students felt that they received hardly any feedback on their assessments. 2) Low inter-assessor reliability. Assessor personality, busyness and friendliness with the student reportedly affected the feedback received. 3) Barriers to feedback uptake. Students felt feedback was being given too late meaning they felt a disconnect to its relevance. Additionally, feedback being given at the end of rotations meant there was no time to implement the recommendations. Feedback usefulness was reduced by it often being vague. 4) Unclear learning expectations hinder feedback. The students felt that no clear established standard to grade them against compromised the quality of feedback received.

Conclusions:

The type of assessment feedback students received did not match their expectations of what they considered to be useful nor did they feel it developed their learning experience.

Medical student Machine Learning literacy and attitudes

Dr Charlotte Blacketer¹, Kyle Franke¹, Dr Roger Parnis¹, Dr Stephen Bacchi^{1,2}, Dr Luke Oakden-Rayner^{2,3}, Dr Josephine Thomas^{1,2}, Professor Ian Symonds¹, Associate Professor Paul Duggan¹

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Introduction/background: Machine learning (ML), the application of artificial intelligence to learn from data, is a growing field of research which is gaining importance as a clinical tool. An understanding of ML and the ability to interpret medical ML research may be beneficial for future doctors. Currently, little is known about medical student understanding of ML.

Aim/objectives: To evaluate medical students' ability to critically appraise medical ML research and gauge student opinion regarding learning about ML.

Methods: Senior medical students at the University of Adelaide were invited to complete an online multiple-choice question examination and a survey about their views on ML.

Results: 195 students (64% of those eligible) participated in the exam. Most students reported they had never heard of ML (n=110, 56%). 79.9% (n=155) agreed that they would need to interact with ML in their medical careers, and 75.4% (n=147) that they would need to understand it. Students found it difficult to interpret statistical methods (n=182, 93.8%) and presentation of results (n=176, 90.7%) in ML research articles. 80% (n=157) would like to learn about ML at medical school. The preferred learning formats were small group teaching (n=120, 62%) or online lectures (n=80, 41%).

Discussion: Current medical students strongly believe that ML will increasingly affect their future medical practice. A poor understanding of this new technology may have significant implications for future medical research and treatment decisions.

Conclusions: Medical students currently struggle to understand machine learning and its applications. They report interest in learning about the area, particularly through small group teaching

Metaphors: Expanding our vision

Monica Moran,
Western Australian Centre For Rural Health, University of Western Australia, Australia

Introduction/background:

A metaphor is a linguistic device where words representing two ideas are compared. Commonly, one idea is well known whilst the comparison helps increase our understanding of the lesser known idea. There is an emerging use of metaphors in health professional education to assist students to make sense of complex learning experiences. The Kawa model uses a Japanese metaphor of the river to represent the life journey. Along its meandering path the quality of water flow can vary, and within the metaphor is nested a set of ideas about the influences on the water flow of features such as rocks, drift-wood and banks. The metaphor lends itself to developing new ways of exploring personal and professional meaning through an understanding of self as part of the whole ecology.

Purpose/objectives:

Educational metaphors frequently involve individualised, rational and transactional imagery such as 'transfer of learning' 'acquisition of skills' and 'boundary/portal crossing', between students and educators. Context and environment are less frequently articulated. This session aims to explore with participants, opportunities to introduce non-Western and non transactional metaphors to extend our explanations of learning to include culturally and conceptually diverse world views.

Issues/ questions for exploration or ideas for discussion:

How are participants using metaphors to support student learning experiences? What conceptual lens are being used to explain the metaphors we use? What influences participants choice of metaphor and its translation for students of diverse backgrounds and worldviews? What other metaphorical narratives are available to us?

Mismatch between the teaching and learning cultures in an undergraduate medical program

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¹University of Newcastle, Australia

Introduction/background:

A goal of medical education is to help students develop learning styles that assist them in becoming lifelong learners who can process vast quantities of complex information and apply clinical reasoning, whilst working in complex teams and in challenging clinical environments. Problem Based Learning (PBL) curricula are designed to foster these learning styles through self-directed and team-based learning.

Aim/objectives:

To understand what environmental and personality factors influence students' learning, determine how learning styles influence academic outcomes, and investigate whether the learning culture established during the first two years of the degree, fosters the development of ideal learning styles for Medical professionals.

Methods

We explored students' learning styles and experiences in PBL, as part of a professionalism 'Reflection Task' and how they changed, after the first and second years of their medical degree (BMed Sci, MD). Learning styles, PBL experience and preferences for information sources identified in the Reflection Task were analysed for associations with students' academic outcomes.

Results:

We identified potential mismatch between the intended and actual learning culture of PBL. Preliminary findings demonstrate that correlations exist between students' assessment performance and their preferred information sources. We will continue to analyse this rich dataset and discuss the results after the time two survey is conducted in January 2020.

Discussion:

It may be possible to enhance the development of self-directed and team based learning through PBL. Continued evaluation is necessary (in the context of ever-evolving availability of information) to ensure that the development of self-directed and team-based learning is optimized.

Miyarnuwimanha Student Cultural Learning

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Introduction/Background

The Western Australian Centre for Rural Health (WACRH) Aboriginal staff have been delivering Aboriginal cultural orientation to visiting health science students on placement. In 2018 Miyarnuwimanha Cultural Orientation (MCO) program was introduced offering On-Country sessions and yarning circles, complementing Clinical Yarning.

Aims/Objectives

Health Science students are encouraged to reflect on their personal values and beliefs about Aboriginal people, and how this might impact on their clinical practice and communication skills with interacting with Aboriginal health care consumers.

Methods

Students taken on 'country' over a three to four hour period ending with a yarning circle to discuss concerns students may have in engaging Aboriginal health consumers. The students are required to complete online pre and post session reflections to gauge their level of contact, knowledge and interaction with Aboriginal people.

Results

Evaluation of student reflections indicate 48% have had no contact with Aboriginal people, 50% had limited knowledge or contact with Aboriginal people and 2% said they had deeper knowledge. For a majority students meeting and talking to WACRH Aboriginal staff was their first 'real' contact with Aboriginal people.

Discussion

Miyarnuwimanha has been offered to over 150 multi-disciplinary students from Perth metropolitan and interstate universities. Effective communication is one of the biggest barriers to Aboriginal health care.

Conclusions

Results demonstrates the importance of Aboriginal cultural orientation for students away from an online experience for effective communication.

Near Peer Teaching: What's actually Around? A Literature Review

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Introduction/background:

Central Coast Medical School has a number of near-peer education initiatives to improve resident teaching skills and improve junior medical officer and medical student knowledge. While working on a review of the current programs we became aware that every recent medical education conference and publication contains at least one presentation or article about near-peer education. These all seemed to discuss the methodology of near-peer initiatives and how they were implemented at specific sites.

Aim/objectives:

What are the current near peer education programs in use among undergraduate and post graduate medical curriculums and how are they evaluated?

Methods

A Scoping review was performed reviewing English language articles within the last 15 years and available through the University of Newcastle, Flinders University or NSW Health databases utilising the PRISMA Institute Guidelines. The inclusion criteria included: undergraduate medical students as facilitators or students; programs which detail their structure, benefits to educators or students; educational programs to improve facilitator skills. Our exclusion criteria included: same level peer instruction and non-empiric reports. Study selection was performed by two independent reviewers and any discrepancies reviewed by a third. Data extraction was performed using the Joanna Briggs Institute Scoping Review Guidelines.

Results:

Following the database search 155 articles were identified, with this number reducing to 139 following title and abstract review. The results of the scoping review along with implications for further planning and research will be presented

Not so Basic

Angela Cisternino¹, Jenny Hough¹, Amy Gray¹

¹The Royal Children's Hospital Melbourne

Introduction/background:

The Royal Children's Hospital (RCH) mandated Basic Life Support (BLS) training to empower staff with the knowledge and skills to provide non-medical assistance to an unwell person in the building before medical help arrives. This training meets hospital accreditation requirements to measure competency within an employee's scope of practice. Introducing organisational wide mandatory training is complex as it must consider role requirements, employee diversity and existing training demands.

Aim/objectives:

This presentation will focus on the 12-month work flow (2018-2019) from when the Executives and Resuscitation Committee decided to mandate BLS to all RCH staff, clinical and non-clinical, it will present staff engaging in the training and providing feedback which is generating future change.

Discussion

The interactive workflow will showcase the volume of stakeholder engagement, which exceeded 15 including individuals from Executive to Administrative levels, and committees, how the process had to navigate and respond to challenges to adhere to organisational expectation of staff performing BLS to the employees' expectation of themselves in their respective roles. The impact of employee diversity including profession, education levels, age, ethnicity and staff with either developmental or acquired disabilities on respective learning abilities will also be discussed.

Nutrition Knowledge, Confidence and Competence of Nursing and Midwifery Students: A pilot study of an adaptation of the NUTCOMP tool

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Introduction/background:

The role of diet and nutrition in the prevention of chronic disease is well recognised, however the provision of training in nutrition related topics to health professional students, including nursing and midwifery, is not extensively integrated into degree training or evaluated effectively

Aim/objectives:

This project aimed to assess nursing and midwifery students' confidence in nutrition knowledge and skills using an adaptation of the NUTCOMP tool.

Methods

This study was approved by the VU Human Research Ethics Committee (HRE19-100). The study used the NUTCOMP survey tool, which was adapted for use with healthcare student cohorts. Students undertaking degree qualification in Nursing and/or Midwifery at Victoria University were approached electronically and invited to participate in the pilot study.

Data was collated and scored responses were analysed using Excel software and SPSS v 24. Descriptive statistics and comparisons by year group and by course were undertaken.

Results:

A total of 37 responses were received, of these 26 were complete for analysis. Results found that while confidence in knowledge, skills and communication nutrition information was similar between nursing and midwifery students, there was a decreasing trend in confidence by year.

Discussion

Currently nutrition is not identified within the training standards for nursing and midwifery. Results suggest that students become less confident in their knowledge and skills as they progress through their training. This may reflect a better self-awareness with respondents indicating a need and desire for training. This is something that should be further explored.

Conclusions:

The adapted NUTCOMP tool is effective at identifying confidence in nutrition knowledge and skills within a student population

Part 2 - Surveying the digital literacy landscape through the lenses of academics and employers

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Introduction/background:

We previously explored students' digital capabilities. To enhance understanding of the digital intersection between students, academics and their future workplace, we seek to explore academics and employers' perceptions of digital skills and competencies.

Aim/objectives:

The project aims to understand academics' and employers' opinions regarding desirable graduates' characteristics, and the digital skills requirements to enhance employability.

Methods:

Academic staff and university alumni were invited to complete an online anonymous Qualtrics survey.

Results:

158 academics across 13 disciplines and 37 employers across 20 sectors participated in the survey. Both academics and employers were not confident in creating digital applications and using augmented/virtual reality (AR/VR) technologies but reported high confidence in using basic tools and technologies. There is low demand for graduate capabilities in creating digital artefacts, but some understanding in AR/VR technologies is seemed as beneficial. Employers regarded communication tools such as video conferencing technologies are relevant. This echoes the realities of multi-site organisations and flexible working methods.

Discussion:

Higher education institutional structures and systems in partnership with workplace demands are strong drivers for students' digital capabilities around tools and technologies.

Conclusions:

A stronger connection needs to be made between digital skills and employability outcomes. There is a need for Universities to increase awareness, training and support in digital literacy competency.

Perception of Paired-learning Model in Speech Therapists with Conditional Registration at Tan Tock Seng Hospital

See [San;Chok¹](#), [Ei Leen;Fong²](#)

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Introduction/background:

Tan Tock Seng hospital (TTSH) has been actively recruiting speech therapists to provide care to a rapidly aging population in Singapore. All speech therapists are required to go through a 6-month conditional registration and work under strict supervision postgraduate. This has challenged the traditional clinical education model involving one-to-one supervision. Therefore, 2 learners to 1 clinical educator (CE) supervision model (2:1) was implemented since 2017 to promote efficiency and effectiveness in learning.

Aim/objectives:

This education research is to study learners' perception of paired learning model adopted.

Methods

An online survey was carried out for 9 learners who joined TTSH Speech Therapy department in 2017. The survey includes 10 questions with a 5-point Likert scale, and three open-ended questions.

Results:

All learners agreed that they benefited from paired-learning model. They learnt from each others' feedback. However, 25% of the learners felt that paired learning was stressful. 12.5% of them had difficulty providing feedback to peers. 12.5% of them felt insufficient education provided by CEs.

Top two challenges faced by learners:

1. Differences in learning style and clinical competencies.
2. Too reliant on each other.

Almost all respondents suggested having individual sessions at certain stage of their learning journey.

Discussion

Paired-learning model contributed to the learning of speech therapists. However, further evaluation of the program is needed to address the difficulties faced.

Conclusions:

Paired learning model will continue to be implemented in speech therapy department. The feedback solicited was important for the department to evaluate effectiveness of this model.

Pharmacy-led EMR training strategy

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Introduction/background:

In 2018, a multi-site health network with four hospitals and numerous community clinics, implemented an electronic medication management system within its existing electronic medical record (EMR). The medication component was tailored to the specific requirements of the department by members of the Pharmacy team. Pharmacists were involved in the building and testing of this module, including the training of all clinicians. This support has continued and evolved as the EMR has become embedded in practice.

Aim/objectives:

To describe the training and education strategy developed by Pharmacy leading up to and throughout the EMR implementation.

Discussion:

A Pharmacy training team was identified prior to go-live, consisting of one Training Lead, 19 trainers, and the existing Pharmacy Clinical Informatics team. Trainers underwent a two week "train-the-trainer program", followed by a consolidation period. Trainers delivered 20 hours of face-to-face training to pharmacist Superuser (40 staff) and 12 hours to Pharmacist end users (120 staff). The training was split into four-hour sessions offered in a flexible and modular manner to minimise disruptions to clinical services. Pharmacy Trainers also trained over 5,500 medical, nursing and allied health staff. Each trainer facilitated an average of 30 hours of training per week over a 12-week period. Pharmacy trainers and Superusers provided 24-hour roaming support for clinicians following implementation.

EMR Training for the medication management component for all end users continue to be led by the Pharmacy Clinical Informatics and Pharmacy Education teams. Training and proficiency testing is mandatory for new staff prior to using the system.

Physiotherapy students demonstrate comparable performance in public and private sector placements.

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Introduction:

Clinical education within physiotherapy programs are essential in ensuring students can work safely and competently upon graduation, with guidance from the current and future needs of the profession. The modern workforce landscape shows the majority of physiotherapists work in the private sector, however, clinical education has been largely sourced within the public sector. The Macquarie University Doctor of Physiotherapy commenced in 2012, with a deliberate intention of aligning clinical education to the current physiotherapy workforce and thus purposefully sourced placements in the private and non-traditional sectors of health.

Aim:

To evaluate student clinical performance by analysing student performance over time, between sectors, and with other Australian entry-level physiotherapy programs.

Methods:

A retrospective longitudinal analysis was conducted of the first five cohorts. The primary outcome was student clinical performance measured by the national standardised tool, the Assessment of Physiotherapy Practice (APP).

Results:

APP evaluations from 1136 placements undertaken by 284 students were analysed. Private sector placements accounted for 47% of these placements, with 99% of students completing at least one placement in this sector. Students improved their clinical performance over time, regardless of the sector, and were comparable with other Australian graduate entry-level physiotherapy programs.

Discussion and Conclusion:

The study shows that an innovative approach to clinical education, including increased participation in the private sector, allow students to achieve competencies required for registration and gain experience in the sector they are likely to work upon graduation. It also contributes to the sustainability of clinical education within physiotherapy programs.

Physiotherapy students' exposure to confronting clinical situations: a qualitative review

Kristin Lo¹, Michael Storr¹

¹ Monash University, Melbourne, Australia

Introduction/background:

During clinical placements students may experience confronting situations. While these situations may be helpful learning experiences they may also surpass students' capacity to cope. Characterising these types of confronting situations allows us to design appropriate curriculum to adequately prepare students for experiences in the health care setting. This may help minimise the distress felt by the student when placed in a confronting situation.

Aim/objectives:

To investigate the types of confronting situations physiotherapy students are exposed to, characterise where they seek help what strategies they require. This will help us better prepare students for workplace integrated learning.

Discussion:

The most common confronting situations were: palliative care and dying, followed by degenerative diseases, suicidal clients and patients who were children. Students seek help from peers first and then their clinical educators and family / friends. It is therefore important to give students and educators training on the role of being a support person and the services to refer onto. Strategies such as mental health first aid might be important. In reflecting on plans for if a similar situation happened again, the theme was to seek support early and be mindful of one's own feelings and coping strategies. Students indicated the importance of additional curriculum addressing management of pain, confused clients, medical emergencies, palliative care issues, mental health issues and managing aggressive patients.

Issues/questions for exploration or ideas for discussion:

What type of confronting situations are physiotherapy students exposed to, what preparation do they need and where do they seek support?

Picking up the threads after bad news: simulation to develop student empathy and communication skills.

Katrina Recoche¹, Samantha Dix¹, Jacqui Allen¹, Ian Munro, Dawn Whittal¹, Carole Patullo¹

¹ Monash University, Melbourne, Australia.

Introduction/background:

Nurses and other health professionals often pick up the threads after communication to a patient about a life limiting illness. Nurses and allied health professionals support people to come to terms with the information about their diagnosis and the impact it will have on their lives and families.

Aim/objectives:

The aim of this learning activity is to equip pre-registration nurses and midwives to provide quality communication care that includes a linked simulation and reflective activity.

Discussion:

Prior to participating in the simulation, students viewed two short video vignettes from an existing learning package (Queensland University of Technology, 2019), and read clinical guidelines for communicating prognosis and end of life issues. A professional actor portrayed the role of the patient who had been informed that her breast cancer was progressing and that she had months to live. A small number of students worked in pairs to provide communication care and support to the patient. Remaining students observed the live simulation. Facilitators then lead debriefing that included feedback from the patient/actor and student participants on their perspectives about the communication care and questions from the audience. Students subsequently complete a guided reflective writing task about their experience of the simulation. Students reported high satisfaction with the learning activity. Analysis of students' guided reflective writing indicates that more than 90% of students meet the core competencies of self-reflection re communication care in accordance with the Gibbs Reflective Framework (1988).

Issues/questions for exploration or ideas for discussion:

The audience will be invited to explore how simulation provides a safe space to practise difficult conversations.

Preparation of pre-internship medical students through near-peer teaching from junior doctors

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Introduction/background:

University-based medical education was traditionally believed to prepare graduates for professional practice. However, it is recognised there are deficiencies in clinical judgment and practical knowledge of new graduates. We developed a program of near-peer teaching from current junior doctors to address this gap.

Aim/objectives:

To understand the impact of near-peer teaching in preparing final-year medical students for internship.

Methods

A total of 74 pre-internship students at Nepean Clinical School from 2018-2019 were included. Teaching was delivered via workshop stations by PGY1 and PGY2 doctors. Quantitative feedback was gathered using a 5-point Likert scale questionnaire measuring the self-reported impact of the sessions on preparedness and confidence for commencing internship. Qualitative feedback was collected by free-text responses. Descriptive statistics and content analysis were used to analyse the data.

Results:

161 individual feedback scores were received across 11 stations (response rate 40%). Students found the sessions useful for preparing for internship (average score 4.52/5), increased confidence for starting as an intern (average score 4.35/5), enjoyable (average score 4.52/5), and would recommend them for future students (average score 4.55/5). Qualitative analysis showed students valued the interactive and clinically oriented nature of the sessions.

Discussion

Junior doctors who have recently completed the transition to internship uniquely understand the challenges of commencing professional practice. The results suggest they are well-suited to facilitating pre-internship students make this transition through the delivery of practical and clinically oriented teaching.

Conclusions:

Near-peer teaching of specific intern activities is an effective method of preparing pre-internship medical students for commencing internship.

Preparing doctors to manage ENT conditions: Investigating learning and teaching of the Otorhinolaryngology, Head and Neck Surgery curriculum

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²Dunedin School of Medicine, University of Otago, New Zealand

Introduction/background:

Otorhinolaryngology, Head and Neck (ENT) Surgery makes up a notable proportion of non-ENT doctors' practice and include general practitioners, emergency physicians, and paediatricians. Many non-ENT doctors report feeling unprepared when managing ENT conditions and this sentiment is echoed by recent medical graduates. This situation suggests there is a need to enhance our teaching of these conditions.

Aim/objectives:

This study aims to examine the effectiveness of the ENT curriculum delivered to fourth-year students at the Dunedin School of Medicine, University of Otago, New Zealand. Teaching will be delivered through on-line tutorials, simulation activities, patient contact and group tutorials. A quasi-experimental pretest-posttest design will collect qualitative and quantitative data from the students using a self-efficacy questionnaire and questions requiring written responses. Data from ENT and non-ENT teachers will be collected from a standard setting exercise and an interview about their expectations for teaching and assessing fourth-year students about ENT. Bandura's Social Learning Theory will provide the framework for interpreting our data so that findings are compatible with the constructivist philosophy underpinning the teaching and learning practices used in the ENT module.

Discussion:

It is anticipated that findings from this study will be contribute to an evidence-base from which conclusions may be drawn about how students engage with this speciality and are prepared for managing ENT conditions.

Issues/questions for exploration or ideas for discussion:

- What are students' expectations, experiences, and self-efficacy about ENT?
- How do teachers' expectations for student learning relate to student expectations, experiences, self-efficacy and performance about ENT?

Preparing for class: Promoting a culture of active learning by removing student barriers to engagement

Ms. [Beth Pierce](#)¹, Dr. Susan Hall¹, Mr. Christian Frost¹

¹Griffith University, Nathan, Australia

Introduction/background:

Despite compelling evidence highlighting the effectiveness of active learning (AL) in university classrooms, barriers to establishing an AL culture prevail including student resistance to engage (Finelli et al., 2018). Research suggests explaining the purpose, value and expectations related to AL can encourage students to prepare for, and engage with AL in more meaningful ways (Deslauriers et al., 2019; Tharayil et al., 2018).

Aim/objectives:

This study aimed to explore student experiences of preparing for, and engaging in AL after exposure to a video outlining expectations.

Methods

Initially, students in several health-related courses viewed a short animated video related to the purpose and expectations around preparation and classroom participation in AL. Later, students completed an anonymous online survey about their experiences preparing for/engaging with AL.

Results:

Preliminary results indicate 80% of students who viewed the video “Agreed” or “Strongly Agreed” that the video helped them understand expectations related to AL and made a conscious decision to attend in-person classes. However, only 40% of participants reported they “Agreed” or “Strongly Agreed” that the video positively impacted time spent on preparatory activities.

Discussion

The results suggest that a short video describing AL may be enough to establish expectations for learning activities and improve class attendance, however, may not motivate students to engage in preparatory activities.

Conclusions:

The impact of a short video on student behaviour is promising. More videos outlining the expectations of students on a variety of different learning activities will be developed, deployed, and evaluated.

Preparing the future health workforce for rural and remote work: an interprofessional immersion experience of health promotion.

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¹Southern Cross University, Gold Coast/Lismore, Australia

²Broken Hill University Department of Rural Health

Introduction/background

Sourcing suitable placements aligned with interprofessional health experience is a significant challenge affecting many disciplines. It is equally difficult to establish such placements within rural and remote areas, where health accessibility does not equate metropolitan services.

The School of Health and Human Sciences at SCU has established a rural/remote immersion program in connection with partners at rural health departments. By utilising a health promotion (rather than clinical) framework, students deliver projects that address community-identified service gaps as part of their work integrated learning.

Aim/objectives:

This presentation describes examples of the immersion program in Lightning Ridge and Cobar – both remote mining towns in central western New South Wales. Students of Occupational Therapy, Speech Pathology and Nursing travelled to these sites for a 4 week period. They worked in schools, developing social skills programs for girls aged 11-14 (Cobar) and age appropriate resources for hand hygiene to address an outbreak of gastroenteritis in younger children (Lightning Ridge).

Discussion:

Students regarded the placement as a rich learning experience and reported positive increases in their interprofessional collaborative competencies, including changes in their understanding of rural and remote health. However, students identified implementation issues with support strategies to assist living and working in the areas.

Issues/questions for exploration or ideas for discussion

Broader issues for discussion include the utility of health promotion and social skills training as main foci of placement activity. Utilising more immersion experiences in a rural/remote context also may improve efficacy in teaching the social determinants of health.

Prevalence and barriers to reporting bullying, discrimination and sexual harassment of WA medical students on clinical placements

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Introduction:

There is limited Australian data published on bullying, discrimination and sexual harassment of medical students and the barriers to reporting.

Aim/objectives:

This study investigated the prevalence of these behaviours against medical students at a Western Australian university during clinical placements and to determine student confidence to address them.

Methods:

454 final year students completed a voluntary online survey from 2017 to 2019. The survey investigated the prevalence and demographics of people reported as demonstrating these behaviours and barriers to reporting. A resource outlining support pathways available and strategies to deal with these behaviours was launched early in 2019.

Results:

41%, 28% and 14% of students reported having experienced bullying, discrimination and sexual harassment respectively, and 80% witnessed bullying of their peers. Those higher in the medical hierarchy reportedly demonstrated these behaviours more frequently, with males statistically more likely to display these behaviours than females at 95% confidence intervals. Most students did not address the behaviours; the most common barriers being; the stress associated with making a complaint, concerns if might affect their grades or career options and concern of not being believed or taken seriously. Student understanding of avenues to address these behaviours did not change significantly after the introduction of our written resource.

Discussion:

These results highlight the need to better inform students and educators about policy which regulates against these behaviours and provide an environment where students feel safe and confident in taking action.

Conclusion/future research:

Alternative ways to raise awareness of our resource will be investigated.

Promoting student learning through industry partnerships in postgraduate education

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Introduction/background:

Australian healthcare expects postgraduate nursing programs to provide industry ready graduates in an ever-evolving health system. Understanding the 'real' world can be achieved through postgraduate work integrated learning (WIL), which provides experience in a structured practice environment with feedback and reflection.

Aim:

To determine the impact of postgraduate WIL programs on student learning and career progression.

Method:

An explanatory sequential mixed method design, using the WIL Evaluation Tool online survey to inform the subsequent qualitative phase of focus groups

Results:

WIL provided a positive foundation to engage in learning and opportunities to share experiences, stories, and ways of practicing. The extension of knowledge and skills empowered students to question practice and seek new ways of delivering care. Review of global best-practice standards increased confidence to question and make practice recommendations. Completion provided an 'advantage' when applying for promotion and the allocation of increased responsibility within the service.

Discussion

WIL programs provide students an opportunity to develop their professional practice from an academic and clinical perspective. While participants articulated benefits to their professional knowledge and practice, cited enhanced career promotions and opportunities, and indicated they were more likely to stay in nursing, the significant cut-backs in nursing education across healthcare sectors were of concern.

Conclusions:

WIL is a strategy to support the postgraduate nurse's professional development, sense of achievement, confidence and a greater understanding of the wider healthcare sector standards and processes in a complex and changing health workplace.

Psychosocial determinants of success in clinical education. What are the key factors and how can we foster them in undergraduate student education?

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¹Curtin University, Perth, Australia

Introduction/background:

Clinical placements provide health science students with opportunities to apply knowledge and skills in real-life settings. Recent research highlights the many challenges and increasing levels of stress and anxiety associated with these learning opportunities, as contemporary students aim to juggle competing academic and life demands. Furthermore, when students are unsuccessful in clinical education contexts, there are significant costs borne by multiple stakeholders (e.g. students, government and educational institutions). The ability to identify and then foster key psychosocial factors that improve student success on clinical placements is therefore an important endeavour.

Purpose/objectives:

To explore attendees' perspectives on (i) key psychosocial factors that might be identifiable early in a health professional degree to predict success in clinical placements, and (ii) how to foster these factors, before and during placements, to maximise student success.

Issues/ questions for exploration or ideas for discussion:

This PeArL aims to explore and discuss the following questions: What do you believe are the relevant psychosocial factors that make meaningful contributions to optimising clinical performance? What mechanisms do you use to identify students who are likely to struggle in clinical placements? What interventions have you used to better prepare students for success in clinical placements?

PUNCCS ; Paediatric Undergraduate Nurses & Childrens Centre Socialisation

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Monash University, Melbourne Australia

Introduction/background:

Australian registered nurse education programmes have a limited focus on paediatric nursing. - Students may reach the end of their study not knowing if they would like to pursue paediatric nursing. This may then impact on choices of applying for graduate positions.

Aim/objectives:

- To develop paediatric communication strategies for nursing students within a childrens centre. To identify if undergraduate nursing students experience of socialisation with well children helps prepare their readiness for a paediatric clinical placement.
- To provide professional experiences which may improve employment pathways into paediatric nursing.

Methods

Twenty eligible students applied to join the project. An immersive orientation was followed by 12 hours of supervised socialisation visits in a children centre. Focus groups were conducted at the end of the socialisation experience and at the completion of their 200 hour paediatric placement. Thematic analysis of the data was undertaken using Braun & Clarke (2006)

Results:

Four themes were identified; childrens knowledge, family relationships, confidence of the student & career choices, Early findings from this project indicates the premise that both a socialisation experience combined with a paediatric placement enables successful transition into a paediatric graduate specialty program.

Discussion: The experiences and professional socialisation of this program may allow undergraduate students to increase their confidence with working with young children. Thus allowing them to make a more informed career choice of paediatrics

Issues/questions for exploration or ideas for discussion:

This experience allows students to make an informed decision about their career pathway.

Raising the ceiling on Allied Health Assistant career pathways with education opportunities

Lucy Whelan¹

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Introduction/background:

Allied Health Assistants have reported over time, the ceiling effect felt when they reach the highest available grading, Grade 2 and 3 in Victoria. A recent workforce publication by Nancarrow for the Department of Health and Human Services (DHHS) Victoria reported that , 50% of Allied Health Assistants plan to leave their roles to complete further study in the next five years. The attrition of experience and training with this is less than desirable.

Monash Health currently employs 150 Allied Health Assistants and is a placement provider of choice for Allied Health Assistant students. With the growing demand on health care,, we need to find ways to grow our Allied Health Assistant workforce and keep them engaged. Allied Health Assistants identified in staff surveys that further up-skilling, education and training were considered ideal professional development opportunities to enhance their job roles.

Aim/objectives:

The aim of this initiative was to broaden career pathways and provide a professional development opportunity for Monash Health Allied Health Assistants with an interest in education.

Discussion:

In partnership with an Allied Health Assistant education provider, Monash Health offered the Certificate IV in Training and Assessment to a cohort of Monash Health Allied Health Assistants over a six month period.

As this cohort of Allied Health Assistants complete the Certificate IV in Training and Assessment in December 2019, a formal evaluation via focus group and survey is taking place. We look forward to reporting these outcomes at ANZAHPE 2020 and reviewing the outcomes long term.

Ready set GO! : Educational challenges in developing coping mechanisms for new graduates to become independent practitioners.

Aaron Grogan¹

¹The University of Queensland

Introduction:

Healthcare education aims to provide a foundation of knowledge, encompassing broad clinical theory, practical skills and models of care all of which provide structure in the area of clinical decision making in the healthcare setting. Graduates though continue to struggle with the added complexity of reality within the clinical setting, subsequently struggling with the anxieties, pressures and stress of expectation which impede their clinical competence. There is a growing need to build multidisciplinary interaction within education to develop structure to facilitate development of multi-dimensional graduate skills sets, prior to initiating independent practice.

Aim:

Aim of this oral presentation is to build an understanding of the challenges associated with implementing a self-management matrix within a post graduate educational master's program.

Discussion:

New graduate Nurse Practitioners (NP's) like other multidisciplinary autonomous decision makers within the clinical setting express the burden of expectation as impacting on both their mental health and clinical competence. Although not a new phenomenon would the creation of clinical resilience / awareness modules develop capacity for this cohort of new practitioners?

Issues / questions for exploration / discussion

Is new graduate fear / anxiety self-imposed?

How would this process to build resilience look?

What concept of clinical reality do health professional educators have?

What are the origins of this pressure – clinician or healthcare setting?

Real world assessment: Using root cause analysis to develop critical thinking skills

Amanda Carter¹, Mary Sidebotham¹, Debra Creedy¹

¹Griffith University, School of Nursing and Midwifery, Queensland

Introduction/background:

Employers often express dissatisfaction about health graduates' preparation for practice. Assessment of final health students' learning should therefore engage them in clinical issues and evaluate their decision-making and critical thinking abilities in preparation for practice.

Aim/objectives:

To present an innovative real-world assessment strategy that prepares health students for clinical practice, enhancing critical thinking and clinical decision-making skills.

Discussion:

To achieve authentic learning, midwifery students work in small groups to complete a root-cause analysis of actual Coroners' reports. Root-cause analysis is a systematic process used to identify the source of a problem and develop strategies to prevent a reoccurrence. Each group presents their findings in a seminar format. Evaluation of this assessment item by students and health service partners revealed high rating for Educational Acceptability, Educational Impact and Preparation for Practice. In focus groups partners also commented favourably on the development of students' critical thinking skills, multidisciplinary teamwork and collaborative skills.

Issues/questions for exploration or ideas for discussion:

This presentation will provide an example of this real-world assessment within a midwifery program. However, this assessment could easily be utilised in assessment or teaching of all healthcare students. This assessment strategy has received favourable evaluation by students and health services partners. Anecdotal feedback from midwifery graduates has indicated that when been involved in a critical incident, this assessment not only reduced their stress and anxiety in the immediate aftermath of the event but also enabled them to share their knowledge of the root cause analysis process with their peers.

Recalcitrant, retaliative and rude. Educational challenges embedding research into an online multidisciplinary health professionals' postgraduate program

Anthony G Tuckett¹

¹The University of Queensland

Introduction/background:

Healthcare research (HCR) reveals the best available evidence and ensures existing treatments are used in the best possible ways. HCR seeks to fill in gaps in knowledge and change the way that healthcare professionals work. In the health and social care disciplines, there is a push for interprofessional learning/interprofessional education (IPL/IPE). This latter reality sees students from two or more professions learning together, interacting and collaborating. Additionally, there is in the higher education sector a contemporary and ever rising interest in and demand for online learning, providing mobile access that is 24/7.

Aim/objectives:

Aim of this oral presentation is to foster an understanding about the educational challenges of embedding an online research and evidence based practice course into a postgraduate master's program for health professionals.

Discussion:

Having the health professional extend her/his understanding of research and evidence based practice to further develop the healthcare professional's critical appraisal skills and enhance their decision making is uncontroversial. Providing only a 24/7 online delivery of content and assessment could be viewed differently. Purposefully creating an interprofessional course with students from nursing, midwifery, social work and counselling has proven to be 'challenging'.

Issues/questions for exploration or ideas for discussion:

What shared 'research reality' and appreciation and understanding of evidence based practice underpins this IPL/IPE online course?

What have students identified as facilitators and barriers to their learning?

How important is the consumer's feedback?

With a futuristic vision, what might an online course of this type look like?

Recruiting medical students as curriculum development partners to drive student engagement and participation in less-popular medical statistics classes

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Introduction/background:

Teaching basic statistics and evidence-based medicine (EBM) to junior medical students is a difficult task due to their limited engagement and understanding of the day-to-day clinical applicability of EBM. Senior medical students were recruited as curriculum development partners in an attempt to improve student engagement.

Aim/objectives:

To improve participation and engagement of 3rd year medical students in EBM classes by remodelling the classes with the input of senior medical students.

Methods:

Less-effective EBM classes were identified based on their poor student engagement from formal and informal feedback. Senior medical students were employed as development partners and collaborated with the course convenor to revamp the classes. They redeveloped the classes into evolving clinical scenarios derived from their recent ward experiences, also implementing team-based discussion questions covering all relevant learning objectives.

Results:

Preliminary feedback from these reformed classes was overwhelmingly positive, contrasting the feedback from the initial class. Qualitative feedback from the class tutors' reflections highlights increased engagement from the students.

Discussion:

Redeveloping these classes with student partners allowed the inclusion of a different perspective and resulted in the creation of an engaging, relevant, 'high yield' class. They integrated their recent clinical experiences as students into the scenarios to make them directly relevant to participants' day-to-day encounters on the hospital wards. Junior students perceived the content developed by their seniors as more relevant and applicable. The student partners benefitted enormously from the experience.

Conclusions:

The introduction of *students as partners* initiatives in medical education may improve student engagement and satisfaction.

Reflective practice and feedback: medical student perspective in Thailand

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Introduction/background:

Reflective practice is learning through and from experience towards gaining new insights into self and practice. Feedback has a powerful influence that enhance students to achieve their goal from instructors.

Aims/objectives:

The study aims to determine the student perspective toward self-reflection practice and feedback process.

Methods:

Self-administered questionnaires were used to determine the perspectives of medical students towards the self-reflection writing and feedback process in clinical clerkship.

Results:

The majority of participants have agreed that they benefit from self-reflection report (74%) and providing feedback from mentors (76.2%). The ability of the mentor teacher in students' perspectives should have comprehensive feedback skills, provide opportunities for students to ask questions and help the students to develop critical-thinking skills in self-reflection (83.8%, 83.4%, and 80.4% respectively). The perspective of participants in low academic performance group significantly agreed that mentors should provide students with self-evaluation before feedback process, the personality characteristics of the mentors linked with qualities of mentoring process, and self-reflective practice should be implemented entire course of study ($p < 0.05$).

Discussion:

Self-reflection practice are the keys to improve student's performance and learning. Reflective writing can be used as a tool to enhance reflective capacity. Feedback is a crucial element in the self-reflection process. Mentors are an important part to enhance student growth and development and help students maximize education experiences, improve their clinical decision-making skills and enhance academic performance.

Conclusions:

Self-reflection and feedback enhance the learning and critical-thinking skills. The experienced mentors can facilitate student learning and improve student academic performance.

Resilience: Meeting Life's Challenges Head On

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¹The University of Sydney, Discipline Nutrition & Dietetics, School of Life and Environmental Sciences at the Charles Perkins Centre, Sydney, Australia

Introduction:

Evidence shows that university students can be at increased risk of psychological distress that may result in or exacerbate mental health issues. A program on resilience was introduced to the Master of Nutrition & Dietetics (MND) students at the University of Sydney during their clinical placement and research semesters to assist them to deal with potentially challenging situations.

Aims:

To increase student awareness of resilience and provide skills in implementing strategies in practical settings

Methods

Final year MND students attended a 3 hour practical workshop mid second year in 2018 and 2019. The workshop involved defining resilience and exploring strategies to strengthen personal resilience. Students anonymously identified and analysed a personal situation that had impacted on their performance in the workplace. These situations were discussed in small groups, and possible solutions were suggested to enhance resilience. Pre and post surveys were completed including qualitative feedback.

Results:

A total of 88 students completed pre and post surveys. Knowledge of resilience increased from 6.0 (SD 1.7) to 8.7 (SD 1.1) out of 10. The majority of students reported content was good (89%), the session was presented well (97%), adequate time was allocated (84%), and found the session interesting (84%) and very useful (72%). Qualitative feedback included incorporating the workshop earlier in the program and to allow students time pre-workshop to reflect on challenging situations for discussion.

Conclusions:

This activity was successful in increasing student knowledge of resilience and assisted in identifying practical strategies to implement in challenging situations.

Route to IRB approval from medical students' perspective: what they have learned outside the curriculum

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Introduction/background:

The 2015 WFME Standards for Basic Medical Education indicate that medical schools should encourage students to participate in research. However, there is currently no literature discussing the implications of Institutional Review Board (IRB) review filing in student researchers.

Aim/objectives:

This study aimed to explore medical students' lessons learned from IRB submission as well as their perceptions and challenges throughout the process.

Methods

We interviewed Chulalongkorn undergraduate medical students who had received the IRB approval. The participants were recruited by snowball sampling until the data was saturated. The interviews were conducted using interview guide approach. The recorded interviews were transcribed, coded, clustered into categories, and subsequently analysed using content analysis approach.

Results:

Data was saturated after eleven students were interviewed. Most students perceived IRB submission as complicated and time-consuming. Studying IRB instruction and regulations helped broaden students' perspectives in ethical theory and emphasized its practical implementation. Filing the IRB form challenged students to convey their thinking process and helped them form a solid framework which was further refined by the IRB suggestions and inquiries. Approval represented a concrete milestone which reassured the legitimacy of their work. Lack of guidance from experts and time constraints were major obstacles in many participants.

Discussion/Conclusions:

IRB review is considered educationally valuable. Students, themselves, should be encouraged to file for IRB review as there are valid grounds for learning. It would be interesting to conduct further studies to determine whether students perceive IRB differently in the setting where research projects are a compulsory part of the curriculum.

Rural Community Engagement for Rural Health Professional students: learning and listening through immersion

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Introduction/background:

Service-learning and community engagement (SLCE) is a relatively new educational concept in Australian higher education. In our Rural Health School, we have embedded SLCE into one discipline with the aim of enhancing students sense of social accountability through engagement in real world experiences but realise the value of introducing to the other 10 disciplines within our school. To do this, we commenced a Rural Community Engagement subject in 2020 for rural health students with a community immersion project component. The overall goal is for students to have positive rural experiences and to consider future rural work.

Aim/objectives:

First year rural health professional students undertake a rural community experience in which they work with a community group on a small project. The aim of the immersion is for students to experience asset-based rural communities, and to practice communication in planning and presenting their project.

Discussion:

This new subject was trialled with 60 dentistry students in 2020 in preparation for 500 first year students across La Trobe University's regional campuses in 2021. The key learnings for educators were the importance of developing and maintaining relationships with rural community members, and ensuring students understood the nuances of their community.

Issues/questions for exploration or ideas for discussion:

How do educators avoid these experiences being 'academic projectitis' for communities?

Self-reported extracurricular activities, professional development, and personality traits in Thai medical students

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Introduction/background:

Extracurricular activities (ECA) are recognized as an effective learning approach for professional competency development. Personality traits could be used as a predictive value on ECA participation.

Aim/objectives:

The study aims to determine the correlation between medical students' personality traits, perspectives toward ECA involvement and professional development.

Methods:

The self-assessment personality test was used to classify personality characteristics. Self-administered questionnaires were used to determine the attitudes toward ECA involvement and professional competency.

Results:

No correlation was found between ECA participation and academic performance. The majority of participants have agreed that ECA engagement develops their communication skills (94.2%), open-mindedness (93.3%), team working skill (92.3%), management skills (85.6%), and leadership skills (84.6%). A significantly higher number of extraverted students participated in ECA. Advanced social skills, leadership development and effective strategy in mastering new skills ($p < 0.05$) are perceived benefits of ECA engagement among participants.

Discussion:

The results showed participating in ECA does not affect academic performance. All students were aware of the valuable benefit of ECA. Those who participated reported significant improvement in their humanitarianism, integrity and leadership abilities. This affirms ECA's influence in promoting lifelong learning, encouraging students to become self-educators, and developing administrative and interpersonal skills. Extroverted students are more likely to participate in ECA. This correlates to the key trait of extroverts who often described as talkative, sociable, action-oriented, enthusiastic, friendly, and out-going.

Conclusions:

ECA offers valuable opportunities to develop professional competencies. Different personality traits have direct effects on level of ECA engagement.

Service learning placements: Innovating to create work ready graduates

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Introduction/background:

Service learning placements for health students is growing not only in numbers but also in value in Australia. On a service learning placement, students develop work ready skills whilst providing a much needed service to the community. Students are consistently reporting on the benefits of having been on a service learning placement whilst, universities have begun to gain confidence in the outcomes of these placements.

Purpose/objectives:

The success of a service learning placement is dependent on all stakeholders understanding what exactly a service learning placement is and how it is of value to all involved including the host site, the student, the university and the community. Health students on service learning placements play an active role in transforming community health outcomes and hence it is essential that these placements are well designed and managed to ensure their success. In this session the experience of the Going Rural Health team in supporting service learning placements in rural Victoria will allow for further exploration of service learning placements.

Issues/ questions for exploration or ideas for discussion:

Issues to explore include; how to develop a successful service learning placement, why a service learning placement is necessary for all health students, how service learning transforms a student as a contributor to society, what benefits students gain from the service learning model, what students do on a service learning placement and what impact these placements can have on health outcomes. Through these discussions participant will have the opportunity to gain confidence in the use of the service learning model as a tool for transformational learning and a means to ensure students develop work ready skills.

Setting our sights on improvement methodologies: Evaluation of a physician training support program

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Introduction/background:

The Royal Australasian College of Physicians (RACP) introduced a training support program to provide tailored support to physician trainees experiencing difficulty during postgraduate vocational training. Since implementation in 2016 over 300 trainees have been supported through this program.

To review the effectiveness of the program and identify improvement opportunities, an evaluation was conducted utilising a blend of Lean/ Business Process Improvement (BPI) and Clinical Practice Improvement (CPI) approaches.

Aim/objectives:

To examine how the use of BPI and CPI approaches can identify improvements to the RACP's training support program and how these methodologies can facilitate stakeholder engagement and the uptake of evaluation findings.

Discussion:

BPI approaches are commonly used in organisations across industries and are used by the RACP to improve workflows and business processes. CPI methodology is used by clinicians, including physicians and physician trainees, to improve processes of patient care with a focus on quality, efficiency and safety. Both approaches emphasise stakeholder engagement and continuous improvement.

Applying BPI and CPI approaches to evaluate the RACP training support program seeks to capitalise the engagement of stakeholders and optimise the uptake of evaluation findings and program improvements.

Issues/questions for exploration or ideas for discussion:

How did BPI/CPI approaches impact stakeholder engagement and improvement implementation?
How can BPI/CPI methodologies be effectively utilised in evaluating medical education initiatives and fostering a learning culture?

Simulation-based learning: Do students and clinical educators share perceptions about learning within simulation?

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Introduction/background:

Clinical educators provide critical support for students in all clinical learning contexts. Simulation-based learning is viewed as an alternative to real clinical environments within health professions. Research has determined that simulation-based learning is recognised by students to be a valuable means to prepare them for practice. However, clinical educator insights around student learning within simulation are less well researched.

Aim/objectives:

This study had two aims: firstly, to explore speech pathology students' perceptions of clinical learning immediately following a simulated learning experience and secondly, to investigate perceptions of both students and clinical educators at the end of a subsequent clinical placement.

Methods

Thirteen third year undergraduate speech pathology students and five clinical educators participated in this research. Students completed a simulated learning program prior to a six-week clinical placement. A student focus group was held following the simulation experience and semi-structured interviews were conducted with individual students and clinical educators at the completion of the subsequent placement. Thematic analysis of the data was conducted and themes were summarised using a thematic network tool.

Results:

Overall interpretation of data from the students' and clinical educators' perspectives revealed an overarching global theme of *simulation offers unique learning benefits to prepare students for typical clinical placement*.

Conclusions:

The results of this study demonstrate that students and clinical educators share perceptions regarding the benefits of learning within a simulated environment. These findings support the inclusion of simulation-based learning within university program curricula to prepare students for subsequent placements.

Socrative quiz application: individual or team-based?

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Introduction/background:

Socrative is a free online assessment tool allowing teachers to create different types of questions for teaching and learning purposes in real time. Previous studies have revealed that using Socrative by individual students in class promotes their learning more than traditional paper-based instructions (e.g., Abdullah, 2018; Balta & Tzafilkou, 2019).

Aim/objectives:

This research fills the gap by exploring whether using Socrative via two approaches have different impacts on students' performance in the assessment tasks in a first-year health sciences subject at a university in Victoria, Australia. This research aims to examine the difference between individual-based and team-based Socrative activity in relation to student learning.

Methods

Out of 1703 enrolled students, 3 workshop classes (n=86) were selected for the team-based working in small groups of 4-6 students, and 3 workshop classes (n=84) were selected for the individual-based Socrative. Students' performance in the assessment tasks throughout the semester (one team presentation, two essays, three online exams), were compared between the two groups using t-test.

Results:

Findings showed that students participating in the team-based quizzes scored statistically significantly ($p < 0.05$) higher in each of the assessment tasks than those participating in the individual-based quizzes, except in the online exams ($p = 0.4009$). Both groups performed above average of the total student cohort in most assessments.

Discussion

While using this tool individually allows teachers to empower the engagement and assessment of students, this area on a team-based has not been examined in the literature.

Conclusions:

Results support the application of Socrative on a team-based approach.

Speech Language Therapy Students' Impressions of Psychological Safety within a Peer-to-Peer Observation Clinic – A Focus Group Study

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Background:

Similar to other allied health professional programs, the entry-to-practice level Speech-language therapy program is critical in supporting novice students into becoming competent, professional clinicians. Psychological safety refers to the degree to which learners perceive their work or learning environment as conducive to engaging in behaviours that have potential for intrapersonal risk. Our study is interested in understanding the clinical learning environment of peer-to-peer observation, and student experiences of psychological safety within this learning context.

Methodology:

Out of 40 students enrolled in the two-year program, 12 students participated in two different focus group interviews, (four Year 1 students and eight Year 2 students), lasting for 60-90 mins. Transcripts were analysed using Content Analysis.

Findings:

This study outlined a number of factors within peer-to-peer observation learning environments that hinder student feelings of safety. Ultimately, these results highlight the pivotal role of the clinical supervisor in shaping feedback provision, how feedback is welcomed, and the nature of peer learning and peer dynamics. Insights from this study can be beneficial in guiding areas of supervisor training to promote greater collaborative practices, which could enhance psychological safety.

Speech pathology new graduates' perceptions and their experiences with client-centred communication skills in practice.

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Introduction/background:

Throughout health professions education, there is growing awareness that communication skills for safe and effective health care need to be identified, taught, and assessed. Despite these advances in other health professions, speech pathology education has remained relatively isolated from these developments.

Aim/objectives:

The aim of this project is to explore new speech pathology graduates' experiences and perceptions of their client-centred communication in speech pathology practice within the school context.

Methods

The study design was mixed methods utilising a survey and semi structured interviews underpinned by de Haes & Bensing's 'Six function model of medical communication' and informed by COMPASS®, a tool designed to assess the performance of speech pathology students. New graduate speech pathologist 1-3 years post-graduation were recruited across Australia through Speech Pathology Australia (SPA). The survey data were analysed using descriptive statistics. Interview data were analysed thematically.

Results:

Forty-four speech pathologists completed the survey and six speech pathologists participated in interviews. The findings from the survey indicated that the majority of participants were able to demonstrate consistent effective communication skills with key stakeholders. The main themes that arose from the interviews included; teaching approaches and professional development.

Discussion

The main findings were the importance of explicitly teaching communication skills (e.g. preparing for difficult conversations). Speech pathologists reiterated the importance of additional role play in their university programs, placements, simulated sessions and continued professional development.

Conclusions:

The findings could provide the opportunity for SPA to review their COMPASS® document and for professional development opportunities in communication skill development.

Staff and student preferences for work ready development

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Introduction:

Physiotherapy students undertake clinical placements in a variety of health settings to equip them with the skills, knowledge and attributes to be registered as qualified physiotherapists. Physiotherapy staff question student and new graduate insights to attributes and knowledge considered important working as a graduate in a hospital setting.

Aim/objectives:

To investigate whether student preferences for work ready tutorial topics corresponded to topics physiotherapy staff considered important for students or new graduates in a public hospital setting.

Discussion:

With seven work ready topics developed for a four-part tutorial program, physiotherapy staff (managers, senior and junior clinicians) ranked “*Resilience and managing work related stress*” as the most preferred topic for delivery. “*Professionalism*”, “*Communication in the health care setting*” and “*Job applications/interview preparation*” were the next equally ranked preferred topics. Across three placement blocks, seventeen students from three Australian universities consistently selected “*Maintaining a Continuous Professional Development portfolio*” and “*Communication in the Healthcare setting*” as preferred discussion topics.

Issues/questions for exploration and discussion:

Do hospital physiotherapy staff recognise subject matter that requires development in physiotherapy students and graduates? Without work experience, students may not recognise attributes and challenges that physiotherapy staff consider important in the workplace. Is a four-part tutorial program sufficient to provide students and new graduates with insight? Allowing student preferences for tutorial topics may increase tutorial attendance but not address perceived learning needs. If continued mix-match of student and staff preferences occur, tutorial programming may need to change. Project continuation and data collection will better answer the investigation question.

Student and supervisor perceptions of a new research project course for medical students

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Introduction:

Medical educators worldwide agree about the importance of developing research competencies in medical students. As such, the University of Queensland offered a new elective course called “Foundations of Medical Research” to second year medical students. The course was designed based on the theory of experiential learning, with authentic assessment tasks providing scaffolding.

Aim:

To evaluate the implementation and preliminary outcomes of a project-based course which has been designed to foster critical thinking skills and improve research capabilities of medical students.

Methods

Students and supervisors were surveyed using online questionnaires consisting of multiple choice items and open-ended questions. Survey responses were used in combination with assessment data to determine whether the course met its objectives, and to inform future iterations of the course.

Results:

Seventy-eight second year medical students conducted 16-week projects under the supervision of university and state health system researchers. Projects came from a variety of disciplines including lab-based biomedical research, clinical research, medical education and humanities and information technology. Response rate was 42% and 70% from students and researchers, respectively. Students gained a variety of skills; 90% felt sufficiently supported by supervisors and 73% have an increased interest in research. Supervisors derived a range of benefits from supervising students and 85% are interested in supervising students in 2020.

Conclusions:

This course successfully improved medical students’ knowledge, skills and interest in research. The challenges and benefits of delivering a large project-based course will be discussed.

Student perceptions of using the Agenda-Led Outcome-Based Analysis (ALOPA) feedback model during Communication and Clinical Skills (CCS) tutorials in the first year of a Graduate Medical Program

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Introduction/background:

Effective feedback is a crucial part of learning clinical skills for students in the health professions. In 2017, the Calgary-Cambridge Guide, an evidence-based model for learning of communication skills in medicine, was introduced to the School of Medicine, Sydney (SoMS) at the University of Notre Dame Australia. This included the implementation of ALOBA as a supporting model of delivering feedback.

Aim/objectives:

To increase understanding of student perceptions of receiving feedback from peers and tutors during Communication and Clinical Skills (CCS) tutorials using the ALOBA feedback model, at the University of Notre Dame, Sydney.

Methods

The research project consisted of a short and anonymous online survey emailed to all 1st year medical students at the SoMS. The survey consisted of 14 Likert scale questions and two free-text questions.

Results:

Thirty-two (27%) first year medical students completed the online survey. Preliminary review of results shows a positive view on feedback in general, with 94% of students agreeing that receiving feedback is important during CCS tutorials. Thematic analysis of free text questions has revealed themes of self-reflection, agency and structure.

Discussion

Preliminary results indicate respondents have an overall positive view of the ALOBA model. Further analysis will provide insight into the ALOBA method to allow quality improvement in the delivery of the Calgary-Cambridge model.

Conclusions:

- Feedback is perceived by students as highly relevant to clinical skills learning
- Student perceptions of feedback models can be used as part of quality improvement of clinical skills teaching.

Students' vision of the learning culture: The do's and don'ts of clinical education

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Introduction/background:

Clinical education is an essential component of health professional education. Strategies to educate clinicians about their role in education are important. Students may be an important resource for information on developing positive and negative educator attributes. This may be used to inform academics and health services on the most useful strategies to prepare clinicians for the educator role.

Aim/objectives:

The aim was to gain physiotherapy students' perceptions regarding positive and negative clinical educator qualities using the criteria from a recent systematic review.

Discussion:

Students discussed a number of qualities including various personal, environmental, teaching and communication characteristics. The most diverse responses were about the teaching strategies. The most important teaching strategies to be encouraged were: identifying how students learn best, understanding how to use the assessment tool, setting clear expectations early, providing educational opportunities instead of just 'marking' students and delivering feedback in a timely manner. Students felt that it was very important to have a clinical educator who has undertaken specific education in clinical supervision. However, they did not consider it as important to have a clinical educator with extensive clinical experience (senior physiotherapist). This research clarifies the do's and don'ts of clinical education as stated by physiotherapy students. The merits of devising clinical educator professional development around addressing these factors is discussed. These findings may have application across all health professional courses.

Issues/questions for exploration or ideas for discussion:

What are the positive and negative clinical educator qualities that could be demonstrated to best support students' learning?

Supporting junior doctors at resource-limited hospital campuses through Medical Emergency Team (MET) simulation training

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Background

Stand-alone subacute settings providing services such as rehabilitation are typically resource limited in Australia. After-hours staffing heavily relies on inexperienced, poorly confident junior doctors who manage clinical deterioration ('MET calls') in commonly elderly patients.

Methods

Low-fidelity MET simulation training sessions targeting junior medical and senior nursing staff working on the subacute campus ran for approximately 1.5 hours during working hours, 4 times a year (in line with junior doctor rotations) at the subacute campus itself and used scenarios encountered in the subacute setting. Sessions were interdisciplinary with medical and nursing staff training together in a team. Three sessions were delivered each time to cover all junior medical staff. Team leader training for junior medical staff was an important component of these sessions. Mixed methods evaluations were conducted.

Results

There were 14 responses pre-training and 14 post-training. Post-training, 100% of doctors "agreed" or "strongly agreed" they felt confident recognizing a deteriorating patient compared with 79% (n=11) pre-training; 100% "agreed" or "strongly agreed" they felt confident recognizing when a patient required transfer back to the acute campus compared to 79% pre-training. 64% (n=9) felt confident leading MET calls after hours post-training compared to 43% (n=6) pre-training.

Discussion and Conclusions

MET simulation training sessions taught in context (setting, scenarios, personnel) are valuable for the confidence of junior doctors in their management of deteriorating patients in a resource-limited setting.

Take Home Messages

Context-based MET simulation training is relatively low-resource but high yield and should be considered for junior doctors in resource-limited settings.

Supporting students with the demands of handwritten documentation.

Narinder Verma

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Introduction/background:

Within occupational therapy practice, there are many occasions where there is the need for documentation to be hand written. It is an important issue because there is a legal requirement for reports to be coherent. Students who are not good at hand written reports are likely to write minimum information and therefore limit the amount of material being shared. These students also take extensive time to complete written records. Their difficulties may be in grammar, punctuation, sentence construction or writing legibly, which can all impact on meaning.

Aim/objectives:

Do specifically designed workshops lead to improvements in skills and increased confidence with documentation?

Discussion:

Partnered with a Learning Advisor at Otago Polytechnic to develop the project and conduct the remedial workshops. A short contextualised writing assessment was used to identify which year 3 occupational therapy students had difficulties in literacy skills. They were invited to participate in a series of specially designed workshops aimed to work on areas identified as requiring further development. Followed by a short reassessment at the end of the workshops. Students were encouraged to talk with a researcher at the end of the project to identify any potential changes that could have occurred. The focus of the poster will be the results of this project.

Issues/questions for exploration or ideas for discussion:

Is there an increase in issues relating to literacy skills? what has worked for others facing this?

Systematic review of the learning impact of the formative objective structured clinical examination (OSCE) in medical education

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Introduction/background: The objective structured clinical examination (OSCE) has been implemented in medical schools across the world as a means to assess the clinical skills competency of medical students. The recent introduction of the formative OSCE, also referred to as a mock or learning OSCE, aimed to aid student learning by providing students with personalised feedback on their performance and allow students to become familiar with the OSCE structure.

Aim/objectives: The aim of this systematic review is to evaluate the utility of the formative OSCE in medical education by evaluating medical students' perceptions of the formative OSCE as a preparation tool for the summative OSCE and to identify whether medical students' participation in the formative OSCE improved summative OSCE performance.

Discussion: The formative OSCE has been consistently reported in medical education literature as a useful tool to guide self-directed student learning and to identify relevant gaps in knowledge. The literature supports its role in building confidence and reducing anxiety amongst medical students. The formative OSCE also provides students with a satisfying and safe learning environment. However, the formative OSCE has not been consistently shown to improve academic outcomes in the summative OSCE.

Issues/questions for exploration or ideas for discussion: The format of the formative OSCE varies widely between medical schools. Further research is required to compare the utility of the peer-led, faculty-led, compulsory and non-compulsory formative OSCE. Importantly, the quality and mode of feedback provided to students is a key factor in determining the effectiveness of the formative OSCE as a learning experience.

Teaching about palliative care to undergraduate health professional students- a systematic review and meta-analysis of randomised controlled trials

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Introduction/background:

End of life care is challenging for health professional students. Students are feeling that they need more preparation in this area. Palliative care education can support health professional students' transition to cope with the challenges of working in this complex area.

Aim/objectives:

The aim is to collate all of the relevant information regarding how to teach undergraduate health professional students about palliative care.

Methods

PRISMA, AMSTAR 2 and Cochrane collaboration guidelines were followed.

Results:

Palliative care education has a positive effect on knowledge SMD 0.92 [0.16, 1.69] and perceptions 0.56 [0.13, 0.98] but not on skills 0.02 [-0.34, 0.37]. Quality assessment scores ranged from 1/10 to 7/10 (mean 5, SD 1.73).

Discussion

A 2-hour seminar accompanied by readings seems sufficient to improve both knowledge and attitudes. Key areas lacking rigor were in concealing the randomization, omitting intention-to-treat analysis and not blinding participants, therapists, or assessors.

Conclusions:

This review highlights the need for more high quality trials on the effect of palliative care education to determine the most effective mode of palliative care education.

Teaching and learning discipline-specific communication skills: The case of international social work student writing

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Introduction/background:

Throughout the past decade, Australian universities have experienced a substantial increase in international student numbers (DET 2018) in health care professional courses (Harrison & Felton 2013; Norton, Cherastidtham & Mackey 2018) including social work (Battaglia, Flynn & Brown 2018).

For many international students, English is an additional language. They may lack knowledge of local systems, cultural contexts and writing conventions (Freeman 2018; Ross, Ta & Grieve 2019) which poses additional challenges, as compared to their local counterparts. Studying at an English-medium university does not guarantee writing development of non-English-speaking-background students (Knoch et al. 2015). Such challenges may impact on their employability due to a commonly-held view among Australian employers and professional associations that international graduates lack English language competence and soft skills, integral for successful transition into the labour market in Australia (Humphreys & Gribble 2013). Further, they are viewed as incompetent users of English language by Australian employers and professional associations (Humphreys & Gribble 2013).

Social work student writing has declined in recent decades (Alter & Adkins 2001, 2006; Horton & Diaz 2011) with anecdotal evidence suggesting that international students' writing skills are lacking in the areas of embedded social work knowledge, values and ethics, writing conventions and grammar (Ross & Flynn 2019). Writing is crucial for students and professionals with estimates that 60% of the work is documentation (Ross & Flynn 2019). It is complex (Healy & Mulholland 2012) and requires knowledge of the field and its professional values (AASW 2010).

Aim and Methods

This presentation outlines preliminary analysis of international social work student writing. Data consists of student writing and educator feedback, and student and educator interview data. The three main categories used to analyse the data comprise: 1) ability to demonstrate knowledge of, and embed social work values, knowledge and ethics in writing; 2) demonstration of appropriate writing conventions for the task; 3) Appropriate use of grammar and knowledge.

Results and discussion

Findings reveal that international student writing reflects a lack of knowledge of local and social work context and values. In line with research in the field, our findings suggest that writing should be viewed as a practice that differs considerably across disciplines rather than as a generic skill (Harper & Vered 2017), and that the teaching of discipline-specific academic writing can promote subject knowledge (Christensen, Hjortsjö & Wårnsby 2017).

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Teaching creativity, and teaching creatively: Using visual thinking strategies and artful thinking methods in health professional education to improve clinical practice skills.

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Introduction/background:

Theories grounded in humanities and education have informed medical school curricula to promote clinical skills and professional role formation in many university programs. Visual thinking strategies (VTS) is one of these grounded theories that has been utilised in health professional education. VTS uses visual arts to build observation and critical thinking skills. It is based on three questions: 'What is going on in this picture?', 'What do you see that makes you say that?' and 'What more can you find?.' Artful thinking is a similar strategy where connections can be made to the topic of interest, allowing students to appreciate contextual relevance to clinical practice.

Aim/objectives:

To run a pilot program in early 2020 in conjunction with The University of Queensland Art Gallery that invites health professional students to engage in VTS and artful thinking. To examine the utility of these sessions in relation to five key clinical practice areas for the medical student.

Discussion:

Medical students must develop and practise thinking processes around global issues that are complex, ambiguous, changing, and requiring synthesis across disciplines. Using VTS and artful thinking methods may help in focusing learning and creating a culture of thinking that is required to practice medicine in the twenty first century.

Issues/questions for exploration or ideas for discussion:

How does a medical student evolve as a result of these interventions? What specific changes are there in five key areas: clinical observation/diagnosis, empathy, team building/communication, promoting wellness, and cultural sensitivity? What is the impact of learning VTS in an interprofessional team?

Teaching Procedural Skills: Why isn't there ever enough time?

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Introduction/background:

One of the most common pieces of feedback to procedural skill teachers is that the scheduled sessions did not allow for enough practice time. Analysis of the time spent teaching procedural skills, demonstrated that a significant proportion of a session is spent teaching theoretical knowledge which can be gained prior to attending. In addition skills are often required to be assessed within a session, which can further limit available practice time. Flipped classroom methodology combined with the introduction of theoretical knowledge quizzes can maximise time available for students and facilitators to practice skills.

Aim/objectives:

1. Apply flipped classroom methodology to procedural skills education
2. Improve student engagement with the flipped classroom model

Discussion:

As part of developing the procedural skills curriculum for the first year of clinical placement at the Central Coast Medical School (CCMS), we developed a framework of eight categories which are required theoretical knowledge for each procedural skills. Teaching the first group of students revealed approximately half the session (1.5 hours) was spent teaching theoretical knowledge or performing skill assessment.

As anyone who has participated in or taught sessions with required pre-reading is aware, a large proportion of students will have either had a cursory look through the material or not looked at it at all. In order to combat this we developed three 10-minute recordings consisting of two narrated PowerPoints and a video demonstration of the procedural skill. Narration was performed by two of the regular procedural skills teachers as a dialogue to engage students.

Teaching randomised controlled trials – an experiential learning approach.

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Introduction/background:

Engagement of students using traditional lecture and tutorial materials can be difficult and teaching staff are always looking for innovative teaching activities. The 2016 Christmas edition of the Medical Journal of Australia reported a trial that showed Australian rock music impairs the performance of men who are pretending to be surgeons. This trial utilised a novel approach, testing the effect of different types of music on speed and accuracy of multi-organ resection using the children's board game, 'Operation'. This trial seemed appropriate for translation to a first year health student teaching activity.

Aim/objectives:

To report an innovative activity to teach undergraduates the key features of randomised controlled trials (RCTs).

Discussion:

In conducting an adapted version of this trial we have developed an engaging teaching activity and at the same time provided students with practical experience in various aspects of conducting a RCT. Students conducted all aspects of trial design during tutorials. The RCT was implemented across two days on our campus. Students recruited and consented participants, delivered the interventions and collected the data. Student evaluations reported this activity as being one of the most engaging aspects of the unit.

Issues/questions for exploration or ideas for discussion:

At the time of writing this abstract we have only run this activity once, in 2019. We did not have time for students to analyse the data in class, though the authors analysed it later. In 2020 we plan for students to also undertake the data analysis.

Teaching strategies to improve medical emergency knowledge, skills and perceptions: A meta-analysis of randomised controlled trials

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¹Monash University, Melbourne, Australia

Introduction/background:

Health professional students feel underprepared for medical emergencies. “Medical emergency” is “a patient requiring resuscitation or otherwise immediate medical attention”. Traditionally, education about medical emergencies has been given online or didactically. However, simulation is now being used as a strategy because it is interactive, resembles real clinical situations and allows opportunities for formative assessment. We wished to investigate the most effective way to teach health professional students medical emergency management.

Aim/objectives:

To evaluate the effectiveness of medical emergency education on student knowledge, skills and perceptions to help guide future education. A secondary aim was to describe the elements of included programs.

Methods

A systematic review and meta-analysis was conducted based on PRISMA, Cochrane Collaboration and AMSTAR 2 guidelines.

Results:

Twenty RCTs were included. When compared to control, for continuous data, there were significant differences favouring the intervention for knowledge [Standard Mean Difference 0.96; 95%CI 0.45 to 1.47], skills [1.04; 0.23, 1.86] and perceptions [3.59; 0.84, 6.33]. For the dichotomous data which compared intervention versus traditional education, results favoured the interventions but were only statistically significant for skills [1.04; 0.23, 1.86].

Discussion

LoFi interventions confer benefits of similar magnitude to Medium to HiFi interventions in terms of knowledge but for continuous data medium to HiFi has significant benefits in terms of skills. LoFi simulation is adequate to change perception.

Conclusions:

Lectures with both low or HiFi simulation may improve medical emergency knowledge and perceptions, higher fidelity is needed for skills. More high quality RCTs are indicated preferably with long-term follow-up.

The allied health early graduate education program: learnings so far

Melissa Bartlett¹ Melanie K. Farlie² Annette Davis¹

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Introduction/background:

Commencing in 2013, the Monash Health Allied Health Early Graduate Education Program is designed to support new allied health graduates in their transition from student to allied health professional in their first year of clinical practice. The program is interprofessional; and consists of four x three hour sessions facilitated by the Early Graduate Education Advisor and guest health industry presenters from across Monash Health.

Aim/objectives:

In 2015 a survey was undertaken to ascertain the impact of the program in assisting graduates in the transition from student to allied health professional. The survey was open to all allied health staff across Monash Health and 80 responses were obtained. The results were translated into modifications to the program. In 2018 the survey was repeated, and 110 responses obtained. Important learnings were evident in the data about the need for graduate education to be embedded in the workplace culture and to respond to a changing workforce.

Discussion:

The Allied Health Early Graduate Education Program is critical to ensuring new graduates at Monash Health have access to peer support, whilst acquiring new skills and knowledge to help shape their practice. It is clear that ongoing evaluation is crucial to ensure that the program continues to evolve and meet the changing needs of our allied health graduates.

Issues/questions for exploration or ideas for discussion:

How do health care educators ensure that graduates receive education, support and professional development that is relevant, contemporary and meeting the needs of a changing work force?

The best of both worlds – a Victorian metro/ rural Graduate Nurse Program

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¹Alexandra District Health, Alexandra, Victoria, Australia

Introduction/background:

Alexandra District Health (ADH) is a small rural health service located about 2 hours from Melbourne CBD. ADH has partnered with Eastern Health (EH), a large metropolitan, multi campus tertiary health service, to establish a collaborative Graduate Nurse Program (GNP). Our GNP offers Graduate Registered Nurses the opportunity to undertake a 12 month program, working 6 months in a rural health environment and 6 months in the metropolitan setting. We believe this innovative model is the first of its kind in Victoria.

Aim/objectives:

ADH strives to be recognised as a leader in our rural community and throughout the State in the provision of education, learning & development. This includes opportunities to partner with other organisations in order to offer unique, supportive learning experiences in a small rural health setting.

Discussion:

ADH recognises the beginning practitioner & values safe, contemporary practice. 60% of our workforce is aged over 50 compared to our peer group 53%. Our GNP is a key initiative of our workplace plan ensuring ongoing sustainability of a small rural health service. The experience with the GNP translates across disciplines and we are now exploring the opportunity to expand into Allied Health commencing with physiotherapy.

Issues/questions for exploration or ideas for discussion:

We encountered initial reluctance identifying a partner organisation willing to challenge the status quo. However, with persistence, determination and an amazing partnership we believe we have the Best of Both Worlds.

The complexities of health and nutrition education in schools

Thea Werkhoven¹

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Introduction/background:

In the treatment or prevention of youth obesity in schools, perceived responsibility is often greatly attributed to health and physical educators. The educators themselves do not necessarily share this perception. Indeed, up-to-date and appropriate nutrition education in schools is necessary and can be a shared responsibility between educators. Nutrition training for educators should address nutrition knowledge and perceptions of obesity, as inaccurate knowledge or weight based judgements threaten efficacy of school based nutrition education regardless of who delivers it.

Aim/objectives:

The objective of this study was to measure obesity knowledge and perceptions of the roles of educators and schools in treating or preventing youth obesity amongst pre-service professionals prior to graduation.

Methods

Pre-service professionals including educators were surveyed using the Perceptions of Youth Obesity and Physical Education Questionnaire before and after a twelve week attitude and knowledge intervention.

Results:

Pre and post-intervention surveys demonstrated strengthened opinions that schools should be involved in treating youth obesity, specifically health and physical educators and school counsellors. The belief that health and physical education classes should be teach fitness and weight control.

Conclusions:

Obesity rates are likely to remain of high public health concern, with school curricula including healthy lifestyle and nutrition messages. Regardless of weight status, all youth deserve nutrition education that does not discriminate based on weight and provides age appropriate, up to date nutrition education by any educator whose roles include nutrition education or counselling. This points to a need for pre-service nutrition training that equips an educator with appropriate skills and knowledge.

The essence of why a Rural Health Interprofessional Programme (RHIP) learning experience in the Eastern Bay Plenty is benefiting students and communities.

Yvonne Boyes RN, BN, Post grad Dip. Academic Coordinator, Rural Health Interprofessional Programme Bay of Plenty District Health Board. Whakatane New Zealand

Students who learn through inter professional education and practice in rural settings not only have greater knowledge, skills, and appreciation of rural practice, but also learn about rural life and the health impacts of those living in rural communities. Students on a program such as RHIP learn about rural life, rural health issues, and are exposed to particular community needs. This can also be of significant benefit for rural communities where the interprofessional students practice. The importance of rural training as part of health professional education and maintaining rural training programs is an effective educational strategy to build a rural health professional workforce. This is entirely the opportunity the Rural Health Inter professional program is delivering in the Eastern Bay of Plenty.'

Gaining interprofessional experience in practice, as experience is necessary for students in healthcare and allied healthcare disciplines. During these rural experiences, students must collaborate and work together, with each profession working alongside another for the benefit of patient care and an understanding of self. The learning involves collaboration among students, learning institutions and others, across many different levels, including site or practice areas. Administrative support involves leaders who can communicate a vision of collaborative practice, motivate practitioners and staff to participate, and create a working environment that nurtures inter professional practice. This is ensured by relationships with the community and is evident by opportunities experienced by our students.

The impact of rural surgical mentoring programs on students' attitudes towards surgical culture and rural training

Jenny Pham

University of Melbourne

Introduction/background:

Negative notions towards surgical culture and rural training exist amongst medical students. Social isolation and the perceived lack of opportunity to network contribute to the challenge of retaining students in rural areas.

Aim/objectives:

To assess the impact of a mentoring program on students' attitudes towards surgical culture and rural training.

Methods

Eight relationships were formed between second year medical students and surgical consultants across Ballarat and Shepparton. Students completed a survey at the commencement and end of the program. The surveys were designed to assess experience of surgery in medical school; attitudes towards surgery; perception of surgical career pathways; aims for the mentoring program and the achievement of these aims.

Results:

At the end of the program, students had a good understanding of surgical career pathways and lifestyle. They conveyed confidence in the support from surgical colleagues and consultants but remained concerned about bullying and sexual harassment. Students felt less pressured to return to tertiary hospitals for internship, with half wishing to train in rural areas.

Discussion

Through forming vertical networks in rural medical communities, the mentoring program created a positive shift in the attitudes of towards surgical culture and rural training. Mentoring programs have the potential to improve medical student experiences, build on positive hospital environments, alleviate social isolation in rural settings and increase the rural medical workforce.

Conclusions:

Due to the positive impact and potential benefit for all levels of the rural medical workforce, mentoring programs should be further assessed, improved and implemented.

The Interprofessional Journey Begins- Observation Placements for Medical Students

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Introduction/background:

The program provides 2nd year medical students the opportunity to complete an observational placement with a clinician from allied health and nursing and midwifery. Wards Services were also included as placement opportunities in 2019. The placement may be the students first exposure to the clinical environment and learning objectives promote exploration of roles and responsibilities within the healthcare team. The Interprofessional Socialisation and Valuing Scale-21 (ISVS-21) is a validated tool that explores the individuals perceptions of their learning about working with professionals from other disciplines.

Aim/objectives:

To explore and measure medical students perceptions of interprofessional collaboration with other health professionals and support staff following initial exposure to the clinical environment.

Discussion:

The ISVS was completed by students at a face-to-face session following both observational placements. The statements that the students rated highest related to their perceived value in working with others, "*I have gained an appreciation for the benefits in interprofessional teamwork*". Lower scores related to perceived comfort in working with others, "*I feel comfortable initiating discussions about sharing responsibility for client care*".

Issues/questions for exploration or ideas for discussion:

The results were not surprising considering participating students have nil to minimal experience in a clinical environment. Medical students are also not expected to significantly integrate within the team. Most students consented to follow-up assessment using the ISVS as they progress through clinical placements and integrate into the clinical teams in their intern year and onward. The discussion will focus on strategies to promote medical students self-perceived ability and comfort to demonstrate interprofessional practice on clinical placements.

The relationships of physician's experiences in administration work and role-perception of clinical supervision in teaching hospitals

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²National Kaohsiung Normal University, Kaohsiung, Taiwan

Introduction/background:

Physicians as clinical supervisors would have three role functions including educational, supportive and supervisory functions. Background experiences with either clinical or educational administration work may have impact in perception of supervisor's role functions.

Aim/objectives:

To investigate the relationships between role-perception of physicians supervisors and administration experiences.

Methods

The study subjects were physicians in 7 teaching hospitals in Kaohsiung city. The role perception questionnaire was developed according to previous studies. The questionnaire for physician's experience in administration work included questions for experiences in administrations of clinical affairs, hospital educational administration works. Data were analyzed with instruments including description statistics, one-way ANOVA.

Results:

There are 364 valid questionnaires responded with a responding rate at 91%. Research participants with experiences in administrations of clinical affairs, hospital educational administration works, and experiences as directors in educational programs have better role-perception in educational and supportive function, but not the clinical supervisory function. Altogether, physicians with experiences of administration works in either clinical affairs and educational affairs would have better educational and supportive role-perception but not in the clinical supervisory roles.

Discussion

Experiences of clinical and educational administration works would enhance the role enactment educational and supportive function while physicians are also clinical supervisors for the clinical trainees. However, supervisory roles which refer to supervisions in healthcare performance and patient safety are no different in different administration work experience.

Conclusions:

Experiences of administration works would enhance the role perception in educational and supportive role functions in physicians who also are clinical supervisors for clinical trainees.

The role of understanding values in delivering patient-centred care

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Introduction/background:

Patient-centred care is an integral part of the Code of Conduct for optometrists in Australia and New Zealand. At Deakin University, students are taught the theory of patient-centred care and are encouraged to demonstrate this skill during their clinical interactions. However, a gap in our students' ability to demonstrate patient-centered care was identified; they had not been overtly introduced to the importance of discovering the patient's agenda, in particular their ideas, concerns, and expectations. In order to teach this, we designed a communication workshop to guide students in the discovery of their own values and the values of others. Students then completed a structured self-reflection on their experiences. In groups, students used 'The Values Deck' and sorted through 57 cards to discover their top 10 values. These cards included reflection questions to help them understand the role of values in their life, and by extension, how these values may interact with those of their patients.

Purpose/objectives:

To explore your values and how they may impact the decisions you make in your life.
To discover potential ways to identify the values of others.

Issues/ questions for exploration or ideas for discussion:

- 1) Did you discover unrecognised values about yourself?
- 2) Did anything surprise you while watching others discover their values/discuss them?
- 3) Could you identify how your values influenced your decision-making in the past?

Participants will be invited to participate in discovering their values and those of their colleagues.

The supervisory relationship in a PhD: what are the perspectives from supervisors?

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Introduction/background:

There is a body of literature on the experiences of PhD students, from the students' perspective, including how to choose a supervisor, what to do when things go wrong in the relationship, and how the relationship can foster or hamper completion and subsequent academic and career success. Much of this writing is implicitly or explicitly written from the perspectives of the PhD candidate. There is much less written from the perspective of the supervisor.

Purpose/objectives:

To discuss the PhD supervisory experience from the perspective of supervisors.

Issues/ questions for exploration or ideas for discussion:

How can we decide who to accept, or not, as a PhD student?

What are the costs and benefits of supervision, for the supervisor?

What internal (e.g. university) and external (e.g. funding) forces are at play in the relationship?

What might be the best ways to research this?

How can the experience of supervision be improved/optimised, for supervisors?

The unconference: dismantling traditional structures and process to create communities of practice – a critical reflection.

Kylie Moon
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Introduction:

When critical care practitioners collaborate and learn together the benefits are significant and impact positively on patient outcomes. Recently an innovative and inventive space has been created to promote interprofessional learning in critical care – the unconference. Despite its obvious strengths, the unconference has not been widely adopted in critical care and there is very limited understanding of how the unconference can be used to develop practice and promote collaboration.

Objectives/Aims:

The Australian and New Zealand Clinician Educator Network (ANZCEN) is a collaborative interprofessional group that aims to promote learning in critical care. In February 2018, the group called for expression of interests from critical care practitioners interested in developing a community of practice. Key leaders in this group developed the critical care interprofessional unconference (CCIPU). The CCIPU was a one day event, which aimed to deliver an innovative approach to healthcare learning and collaboration, through a collaborative framework with interprofessional representation and participation across critical care specialties. The aim of the CCIPU was to explore and identify how interprofessional health professional educators in critical care, can engage and collaborate together.

Methods:

We will provide a critical reflective analysis of engaging in the CCIPU and using Brookfield's reflective lenses we explore how the CCIPU challenged our assumptions about our educational practices. Results: Three key areas of learning emerged from our reflective lenses: 1) engagement with a community of practice, 2) using technology to communicate and collaborate, 3) participation in interprofessional learning that developed a number of important education and scholarly outputs.

Conclusion:

Engaging and participating in the unconference enabled us to develop key learning concepts that developed our clinical and educational practices and encouraged sustained collaboration with the critical care interprofessional community.

Those Who Respond and Those Who Don't: Validation of the New Zealand Medical Schools Outcome Database Postgraduate Surveys

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Background:

The New Zealand Medical Schools Outcome Database (MSOD) is a longitudinal tracking project of medical students and graduates. The response rates of the postgraduate year 1 (PGY1) and PGY3 surveys are approximately 50%. It remains unknown whether these are representative samples of the graduate cohorts.

Aim:

To determine the representativeness of MSOD PGY1 and PGY3 survey respondents as a sample of the overall graduate cohort.

Methods:

The percentage of graduates not practicing in New Zealand at PGY1, PGY2, and PGY3 were extracted from New Zealand MSOD reports for PGY1 (2012-2016) and PGY3 (2014-2016) cohorts. Details regarding vocational training, and location of medical school and internship were also extracted.

Practicing certificate data for all graduates from New Zealand medical schools corresponding to these cohorts were obtained from MCNZ. University graduate databases were used to determine the total number of graduates for each cohort.

Results:

The response rates of the PGY1 and PGY3 surveys were 54.7% and 47.2% respectively. MSOD surveys underreported the percentage of graduates not practicing clinically in New Zealand (PGY1 4.3% vs. 8.5%; PGY2 4.4% vs. 12.9%; PGY3 11.4% vs. 17.5%). The percentage of MSOD responders enrolled in a vocational training programme was similar to MCNZ data at both PGY2 (18.9% vs. 19.5%) and PGY3 (44.7% vs. 38.9%). Otago graduates were over-represented in MSOD responses at both PGY1 and PGY3.

Conclusions:

The MSOD survey over-represents Otago graduates and under-represents graduates who are no longer practicing in New Zealand. Researchers using this dataset should be aware of these limitations.

Through the affective domain: What clinical teachers found there

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Introduction/background:

As is well-acknowledged in the literature and in practice, many health professionals are involved in teaching as part of their clinical role. In the Australian context, there is no requirement to undertake professional development for this teaching role, however; many health professionals who teach or supervise learners do participate in faculty development or Masters qualification level or PhD programs to advance their educational scholarship or research (Tekian & Harris, 2012; Lamba et al., 2016; Sethi et al., 2016).

Aim/objectives:

The Graduate Certificate in Clinical Teaching (GCCT) at the University of Melbourne is a one year course specifically designed for health professionals seeking to develop their skills as educators. As part of the course requirements participants are asked to reflect how the course has informed and impacted on their clinical teaching. This paper describes the influence of participating in the GCCT on a cohort of clinical educators.

Methods

The reflective assignments from the Effective Clinical Teaching subject were analysed to evaluate the effectiveness of the course to scale up the participants' teaching and understanding of student learning.

Results:

The findings of the research and the recommendations will be discussed.

Discussion/ Conclusions:

The ability to appraise the impact of professional development on health professionals that teach has potential relevance to all other health professions who want to improve their skills and knowledge of teaching and learning when supervising or teaching in the clinical environment.

Validation for the Diagnostic Thinking Inventory for Optometry (DTI-O)

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Background: Clinical reasoning is a central component to optometrists' professional responsibility outlined in the entry-level competency standards for Australian optometrists. Despite a need to teach this skill there is a paucity of research on evaluating the development of clinical reasoning in optometry students. Bordage, Grant & Marsden (1990) developed the Diagnostic Thinking Inventory (DTI) for assessing diagnostic thinking and clinical reasoning in medical students and practitioners. The successful use of the DTI in medicine and other health professions provides a vision for adapting this tool in optometry.

Aim: To validate the Diagnostic Thinking Inventory for Optometry (DTI-O) as a tool to evaluate clinical reasoning in optometry.

Methods: The DTI was adapted with context-based changes to create the DTI-O (41 question survey). This was given to two groups; optometry students and qualified optometrists in 2 phases. Phase 1 included participants from both groups. Phase 2 surveyed qualified optometrists to investigate external reliability. The validity of the DTI-O was determined by comparison of results from the DTI-O with the DTI.

Results: Item discrimination was performed on response of both groups. For internal reliability Cronbach's alpha was 0.925 for the total scores. Pearson's correlation for phase 2 was 0.86. For validity a Two-Way ANOVA between the two groups was less than $p=0.0001$.

Conclusions: With comparison to the original DTI these results validate the use of the DTI-O to evaluate CR in the optometry profession.

Towards coherent curricula in somatisation (aka functional illness, 'BDS' or 'MUS')

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Background:

Somatisation or functional illness account for 5-20% of patient presentations in all specialties. Also referred to Bodily Distress Syndrome (BDS) as even as 'medically unexplained symptoms' (MUS), these symptoms appear to be caused by maladaptive functioning of body systems without underlying tissue or organ damage. Previous research on student learning confirms the absence of formal curricula within medical undergraduate curricula for these illnesses. However, through the learning culture of the hidden curriculum, students often acquire negative attitudes to these patients.

Objectives:

The aim of the session is to explore educators' experiences of developing curricula for functional illness. Discussion will be based on questions listed below, which will also be included in a survey of participants.

Questions for exploration:

1. Do you formally teach students about common somatisation syndromes such as irritable bowel, non-cardiac chest pain, undiagnosed abdominal or other chronic pains, fibromyalgia, chronic fatigue syndrome, and so on?
2. What is the appropriate terminology or framing of these illnesses; what sources of evidence have informed your views?
3. What is your understanding of underlying pathophysiologies?
4. How did you gain your knowledge and skills for managing such patients during your training and career so far?
5. What explanations do you use for your own patients; do you teach these to medical students?
5. Would a formal curriculum for teaching medical or other students about these illnesses and syndromes be helpful for student learning?
6. If so, what content would you teach, and how would you assess student learning?

Trainee perceptions of a communication skills training: A qualitative study of trainee experiences of ComPsych

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Introduction/background:

ComPsych communication skills training (CST) teaches psychiatry trainees to effectively communicate information about diagnosis, prognosis and treatment of schizophrenia to patients and their families.

Aim/objectives:

This qualitative study investigated trainees' learning response, their perceptions of ComPsych's delivery and usefulness, and how to improve the training process in the future.

Methods

17 postgraduate psychiatry trainees were interviewed approximately six months after training. Thematic analysis was used to analyse responses to semi-structured questions and were coded in NViVO. Themes were developed based on the findings by the research team.

Results:

Trainees were tremendously positive about working with simulated patients in a small group roleplay setting. Trainees appreciated the opportunity to gain insight into their clinical practice in a collegiate and safe atmosphere, by augmenting the modelling of their supervisors and senior peers with watching performances of doctors closer to them in experience level. Some social anxiety was evident, mainly in the form of being videotaped and performing in front of peers and a facilitator, however, some found this anxiety actually helpful for learning. Suggestions for improving the program was based on resources, length, frequency and timing of the program. Trainees would like more training based on different topics and disorders, and the inclusion of refresher modules at later times in their psychiatry training.

Conclusion:

Overall, trainees were positive about the ComPsych program and their learning response was strong. Trainees felt the ComPsych program altered and enhanced their communication style by utilising the framework (blueprints and roadmaps) to navigate a consultation.

Training medical educators how to teach evidence based medicine to junior doctors in China

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²The Children's Hospital at Westmead, Westmead, Australia

Introduction/background:

The application of evidence based medicine principles allows health professionals anywhere in the world access to the best and most up to date research to inform healthcare decision. Traditionally, doctors in China are taught by didactic styles of teaching using text books and other written sources, with limited access to reliable online health research data. Although many doctors in China have heard of evidence based medicine, few know how to access online health information to inform their clinical decision making.

Purpose/objectives:

I will present a workshop designed for Chinese medical educators to help them teach evidence based medicine to junior doctors in the clinical setting– specifically about how to search for online information using available databases and how to critically appraise and apply that information to their local context.

Issues/ questions for exploration or ideas for discussion:

We will discuss the importance and rationale for teaching health professionals in resource limited settings about evidence based medicine and how to search for, critically appraise and apply relevant health information found online to their local setting.

We will explore and share ideas about how to make evidence based medicine appealing and helpful for junior doctors in their day to day work, and how to adapt the teaching style and course content for teaching EBM in different settings and cultures.

Understanding the culture behind assessment decisions: calibrating multiple assessors' expectations of tutorial and clinical participation

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Introduction/background:

Health professional students are often assessed on their participation in clinical placements and small-group learning sessions. These assessments may encompass knowledge and clinical skills, alongside observed behaviours such as professional conduct and engagement in learning. Such assessments are generally completed by large numbers of tutors or preceptors, each observing a small number of students longitudinally. The medical program at the University of Queensland comprises up to 500 students per year level. Up to 50 case-based learning tutors and over 100 clinical tutors are involved in assessment of year 1 and 2 students' participation in these activities, across multiple teaching sites. Interpretation of rubric descriptors varies between assessors, with evidence of 'hawks' and 'doves' amongst assessors, along with a general culture of a reluctance to fail students.

Purpose/objectives:

The use of large numbers of assessors is necessary in health professional education, but raises the issue of how to achieve calibration across multiple assessors, and reassure students that consistent expectations are being applied. This PEARLS aims to bring together a broad range of health professional educators managing such assessments in both pre-clinical and clinical settings for an interactive discussion of challenges and potential solutions.

Issues/ questions for exploration or ideas for discussion:

The culture of assessment will be considered, including factors which may influence an assessor's grading decision and the concept of "failure to fail". How might we address 'hawks' and 'doves' in our assessor cohorts and apply moderation appropriately? How might exemplars and training be provided to guide assessor expectations?

UNSW Medicine's Clinical Mentoring Scheme: Developing students' clinical skills and other benefits.

Judy Kell

UNSW Sydney

Aim/objectives:

To evaluate whether a Clinical Mentoring Scheme (CMS) has assisted medical students to develop their clinical skills and gain insights into the world of medical practice.

Discussion:

The CMS is an initiative to assist medical students in Years 3 to 6 of the UNSW 6-year undergraduate Medicine program. The CMS focuses on developing students' clinical and professional skills, as well as their confidence as they progress through the program, prepare for internship and future independent practice. Mentors share their professional knowledge, skills and experiences with mentees, thereby enhancing students' learning and development, career confidence and employability.

Issues/questions for exploration or ideas for discussion:

1. To identify some of the key concerns that students have as they enter the clinical years of the Medicine program
2. To evaluate the extent to which the CMS has contributed to addressing these concerns
3. To identify the range of benefits and outcomes reported by students

UQ Healthy Community Program: an interprofessional, community-based learning space for students

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Background:

Provision of high-quality healthcare strongly relies on interprofessional collaboration, awareness of the socioeconomic drivers of disparities in health and disease and awareness of the cultural and social background of patients. Community-based programs provide opportunities for students to learn these important concepts and to be introduced to interprofessional collaboration early in their career.

Objectives:

The UQ Healthy Community Program aims to provide students with an experiential learning experience into the concepts of interprofessional collaboration and the social and cultural context of health in a relevant clinical environment. The core of the program is to establish student teams with representation from Medicine, Nursing, relevant Allied Health professions and Social Sciences that each address a particular healthcare-related need relevant for a local community.

Discussion:

Key conditions for the program will be close collaboration with local community partners during the planning and implementation of the student projects and a high degree of self-directed learning. A partnership between key staff from different relevant faculties has been established. The funded program will start as a trial from March 2020 for the duration of a semester. Students will participate in this trial as an extracurricular activity. The student teams will present their findings in a closing symposium for students, staff and community stakeholders. The program will be evaluated with a student survey and open feedback session.

Issues for exploration:

1. The student experience of the community project program
2. Student attitudes towards interprofessional collaboration and community-based practice.
3. Community partner experiences of the program.

Using psychometrics to make evidence-based choices in assessment

Dragan Ilic^{1,2}, Basia Diug^{1,2}, Md Nazmul Karim¹, Eva Patak¹, Peter Barton³

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³ Faculty of Medicine, Nursing and Health Sciences, Monash University

Introduction/background:

Assessment in the medical and health professions provides learners and educators with formative and summative feedback opportunities. Psychometric analysis of assessment items can identify poor and good performing questions/stations.

Aim/objectives:

This paper explores how psychometric analytic techniques can inform assessment design and aspects of further assessment.

Methods

Data from MBBS students completing the written examination and OSCE in 2018 from years 2A, 3B and 4C were examined using the Theory of Generalisability. Data was modelled on the total number of items in the assessment and optimised to examine the effect of item discrimination on overall reliability.

Results:

The reliability coefficient was similar in the written examinations across the three clinical years (based on 100 questions reliability was, Year 2=0.79, Year 3=0.74, Year 4=0.72). A similar effect was noticed with OSCE assessment across the clinical years. Incorporating a total of 20 stations across an OSCE consistently produced G-coefficients >0.80. This increased reliability reduces the need for additional stations to be constructed as 'further assessment' for students in the 'borderline' range, whilst providing greater 'certainty' of overall student performance.

Discussion

Psychometric analysis of items provides an insight into the performance of an assessment regime. Modelling of such data can provide educators with an insight as to how to optimise their assessment design. For example, extending the number of assessment items may reduce the need for further assessment.

Conclusions:

Coupled with other variables, such as cost and organisational resourcing, the use of psychometrics can inform educators make evidence-based decisions about assessment design.

Using self-reflection and peer feedback to guide pre-clinical medical students to improve patient history-taking skills

[Inta Rudaks](#)

University of Adelaide, Australia

Introduction/background:

One of the most important attributes of a good doctor is good communication. The use of both peer feedback and self-reflection of recorded simulated patient interviews can help students improve these communication skills.

Aim/objectives:

How can we maximise the gain for students taking a history from simulated patients?

Discussion:

It is recognised that self-reflection is an integral part of the development of a physician's competence. In addition, peer feedback gives students the opportunity to develop evaluative skills and gain a deeper understanding of required competencies.

Second year medical students at the University of Adelaide will be asked to self-reflect on a recorded history taken from a simulated patient and also consider written feedback received from a peer for that interview. Of several instruments in use for assessment of communicative skills the Liverpool Communication Skills Assessment Scale is chosen for students to use both for self-reflection and for peer feedback. A student-led initiative of a forward plan will be encouraged, so that students can improve their history-taking skills. A future plan is to record all history taking sessions of students with simulated patients to be stored in a student's E-portfolio for further review by the student.

Issues/questions for exploration or ideas for discussion:

How can student learning be maximised in the history-recording process? What else should be considered to make this teaching process effective?

Using the Sustainable Development Goals, a model of immersion learning and inter-professional practice to develop global citizenship in health professional students

Carolyn Cracknell¹, Louisa Remedios¹, Jessica McCubbin¹, Gillian Webb¹

Introduction/background:

The graduate attribute of global citizenship is often addressed through global placements in under resourced countries. These placements have been criticised as creating value for the visiting student at the expense of the host community. The Global Learning Partnership (GLP) program is an alternative model designed to build capacity of local and visiting health professional students and add value for community. This placement focuses on building knowledge of the United Nations Sustainable Development Goals (SDGs) and its Agenda 2030 through an interprofessional community engagement experience.

Aim/objectives:

Our aim is to present a model of interprofessional and international practice designed to build local and visiting health professional students' capacity to thrive in diverse contexts of practice and to drive change at individual and systems level.

Discussion:

The SDGs and their targets provide a focus for collaborative interprofessional practice within a community engagement model. Immersive placements facilitate a beneficial 'disorientated experience' needed for transformative learning. Students report greater self-belief in ability and motivation to advocate and act for the SDG's. As such, capabilities are built to drive ongoing socially consciousness and global citizenship.

Issues/questions for exploration or ideas for discussion:

1. Can we use partnerships between health professional students from highly resourced and less resourced universities to promote action on the SDGs?
2. What specific strategies can be used to build students' capabilities to work towards the 2030 agenda?
3. Can transformative global learning opportunities be designed to build capacity without imposing a burden on communities?

Utilising an adaptive online platform to enhance nutrition consultation skills and develop interprofessional education in medical students during pre-clinical years.

Ashlee Forster¹, Beth Shirley¹, Benjamin K Barry¹

¹School of Clinical Medicine, The University of Australia, Brisbane, Australia

Introduction/background:

The importance of nutrition in the medical curriculum has been widely recognised, yet there remains a lack of knowledge and confidence in Australian medical graduates to perform a comprehensive nutritional assessment and provide relevant dietary and lifestyle advice to their patients. Patients place a high level of trust in their doctors, and doctors typically encounter patients earlier than dietitians, so there is an opportunity to upskill medical students to assess nutritional risk. The University of Queensland has developed and implemented an online Nutrition Masterclass using multimedia to enhance nutrition competency in medical students.

Aim/objectives:

The online Nutrition Masterclass aims to support the integration of nutrition into the current curriculum through development of a comprehensive online learning activity delivered on the Smartsparrow platform. It represents a collaboration between the School of Clinical Medicine, School of Human Movement and Nutrition Sciences, School of Public Health and the BEST Network.

Discussion:

The Nutrition Masterclass was released to 458 first-year medical students in 2019. From 268 respondents to the evaluation survey, 86% agreed that it was clinically relevant, 82% considered it aligned well with a parallel clinical science course, 89% indicated the length of the activity was just right, and 70% favoured the online format.

Issues/questions for exploration or ideas for discussion:

How can we extend the current module to include special populations and incorporate adherence? What are the barriers to engaging in nutrition education within the medical curriculum, and how well can these be overcome with online activities?

Utilising expert judgements to develop a preclinical bioscience curriculum

Katharine Reid¹, Lisa Cheshire¹, Tamara Clements¹, Narelle Bethune¹

¹University of Melbourne, Melbourne, Australia

Introduction/background:

There is no consensus on foundation understanding in biomedical science concepts for preclinical medical students. Revising a preclinical curriculum with multiple disciplines to emphasise core, clinically relevant content, is challenging and there is little guidance in the literature.

Aim/objectives:

We sought to systematically revise our first-year bioscience curriculum to decrease content, increase curriculum relevance, and manage stakeholder expectations.

Methods

We gathered experts' judgements on bioscience curriculum content using a modified Delphi approach that incorporated stakeholder consultation. First-year biomedicine tutors developed a questionnaire to gather cardiology experts' views on bioscience concepts relevant to cardiology that should be taught in-depth, at an introductory level or not at all preclinically. This survey was used to guide the development of surveys in other disciplines.

Results:

Eighty-seven clinical experts from the specialities of gastroenterology, respiratory medicine, neurology, nephrology, reproductive medicine, and endocrinology identified relevant bioscience concepts, common and important conditions, and investigations, knowledge, skills and behaviour. Summaries of these findings informed discussions with relevant medical education curriculum leads and subsequently with bioscience curriculum developers.

Discussion

There is little evidence to guide the development of core content for a preclinical bioscience curriculum. We devised an approach based on expert judgement of core content, which was used to present evidence to curriculum developers to negotiate specific bioscience content and the depth at which it would be taught.

Conclusions:

Our approach suggests a model that may be adopted by other medical schools who need to regularly review and update their curriculum and wish to implement structured and consultative approaches to doing so.

Ways of seeing and speaking in the realm of loss: Grief and Loss practitioner training for hospital social workers

Greg Lewis¹

¹Social Work Department, Royal Brisbane and Women's Hospital, Herston, Australia

Introduction/background:

The human gaze habitually seeks to both mediate loss through grief rituals, and to understand and gainfully respond to these rituals through science, the arts, philosophy and therapies. Practitioner education in grief and loss often focuses on the crucial foundations of theory or therapy, but for allied health staff in acute hospitals loss is encountered daily and rarely involves ongoing therapeutic work. Instead, practical skills are required such as broaching conversations about loss and assessing loss implications for the patient and family. Interventions such as short term, solution-focused crisis planning, psycho-education and a self-care emphasis are grounded in both theory and therapy, but are essentially skills-based and therefore amenable to practical training.

Aim/objectives:

This presentation outlines a skills-based workshop for social workers which aims to bridge theory and therapy. The training was developed by a social work working group from a major inner-city hospital and draws on current grief and loss literature to address the specific learning needs of the staff group.

Discussion:

Training was delivered annually over three years. In feedback, the majority of participants believed the training increased understanding of their purpose and role in responding to grief and loss, and increased their confidence in initiating conversations. Overall comments show staff felt better equipped to make meaningful connections with practice in the acute healthcare environment.

What education design can reduce prescribing errors by junior medical staff

Avril Lee^{1,2}, Dale Sheehan³

¹ Waitemata District Health Board, Auckland, New Zealand. ² University of Auckland, Auckland, New Zealand,

³ University of Canterbury, Christchurch, New Zealand

Background:

Funded by the ANZHAPE research grant, our team explored the transferability of a successful UK research project, known as ePPiFany, to an Australasian context. We wanted to improve prescribing practice of junior doctors in various contexts using a flexible education design.

One criticism of new initiatives such as this is their limited progression from initial phases in single sites. In this case, the funding allowed research teams to carefully plan sustainable multisite implementation.

Objectives of this Presentation are to share the outcomes of this project:

1. The role of the hospital pharmacist in training junior doctors
2. The ePPiFany approach
3. Two alternative flexible and sustainable methods

Discussion:

UK ePPiFany used small-group simulation to create individual learning needs at the start of placements, measuring their achievement by the end of placements. This method was effective but resource intensive; a dilemma when both the UK and NZ study findings showed the effectiveness of this evidence-based educational model.

Therefore, feasibility in Australasian sites required development and testing of a model for larger cohorts. Collaboration between the UK and NZ research teams as well as consideration of feedback informed iterative development.

Two alternative approaches were considered. (a) Substitute simulation with pharmacy-led large-scale workshops at the start and pharmacy review at the end of the placement (trials November 2018 *n*60), (b) In-situ simulations during ward-rounds (not yet trialed). Approach (a) exceeded expectations encouraging another DHB to consider implementation

Issues for discussion:

The impact:

on pharmacists; the opportunities and challenges

of site-specific structure and culture on interprofessional projects

of funding - from pilot to Business as Usual

What is the nature of tacit knowing experienced by GP Supervisors as they teach GP Registrars in clinical practice?

Dr Hubert van Doorn

Masters in Clinical Education Student, The Prideaux Centre, Flinders University, Bedford Park, South Australia.

Introduction/background:

Expertise is constituted by both explicit and tacit features. The latter, because they are by definition ineffable, are elusive. This session will share the results of a research project that attempts to capture the nature of the tacit knowing that GP Supervisors employ in their practices

Aim/objectives:

To provide descriptions, interpretations and some essential themes on the nature of GP Supervisors' tacit knowing.

Methods

A hermeneutic phenomenological approach was used. The source of the data came from interviews with 9 Victorian GP Supervisors undertaken in 2019.

Results:

Selections from the crafted stories arising from the interview transcripts, the resultant descriptions, interpretations and key themes will be shared.

Discussion

This research hopes to give voice to the tacit forms of knowing and skill that GP Supervisors use to assist their GP Registrars in their learning.

Conclusions:

The hope is that the emergent themes arising from the hermeneutic research process will have a form that can be more widely shared.

Why or why not do junior doctors teach medical students?

Daniel Wilson^{1,2}

¹JMO Forum, Postgraduate Medical Council of Victoria, Melbourne, Australia; ²Ballarat Health Services, Ballarat, Australia.

Introduction/background:

There is growing pressure on junior doctors to supervise and teach medical students in clinical placements. However, many junior doctors have not been provided education on how to teach. The benefits of teaching are well understood, including consolidation of prior learning and enhanced interpersonal skills.

Aim/objectives:

1. To understand how junior doctors in Victoria, Australia currently engage in medical student teaching
2. To understand the enabling factors and barriers for junior doctor involvement in medical student teaching

Methods

A ten-question multiple-choice survey was circulated via email, word-of-mouth and social media platforms between May 2019 to September 2019 to gauge the opinions of junior medical officers in Victoria, Australia regarding their engagement with teaching medical students.

Results:

Fifty-six junior doctors responded to the survey. Majority (88%) of respondents were interested in teaching medical students, however only 37% of respondents currently were. Personal fulfilment, and professional development were identified as reasons why junior doctors teach medical students. Identified barriers to teach included regarded issues of time, logistics and knowledge. An overwhelming majority (98%) of respondents agreed that they could learn by teaching.

Discussion

Victorian junior doctors agree that learning by teaching is a modality for professional development, however may institutional barriers need to be addressed in order to permit their participation. Solutions need to be further explored, and could be implemented at local, state or national levels.

Conclusions:

There appears to be high levels of interest among Victorian junior doctors to teach medical students, however institutional barriers currently impede their involvement.

Why would I want someone to criticise me? The potential perils of peer review ...

Lorna Davin¹ Kylie Russell¹
The University of Notre Dame Australia¹

Introduction/background:

Providing staff with an opportunity to engage in alternative feedback mechanism, separate to student feedback, affords a more rounded reflection on their educational practice.

Aim/objectives:

The School of Medicine, Fremantle, developed, piloted and iteratively reviewed an on-line, formative, peer review of educational practice program.

Methods

Using Action Research, volunteer academic staff (n=22) completed an on-line module and Survey Monkey survey.

Results:

Academic staff feel highly vulnerable about being peer reviewed. Consequently, a non-content expert educationalist, was preferred by some staff, to review their practice. Staff emphasised the need to develop their expertise in engaging in feedback with peers, their relationship adding a layer of complexity.

Discussion

Being peer reviewed can promote anxiety and awkwardness for both experienced and inexperienced educators alike, as they may feel vulnerable to both *giving* and *receiving* what they may perceive as potential criticism. We emphasis creating a safe space, for an engaged exchange, which focuses on building understanding rather than passing judgement.

Conclusions:

Peer review, if implemented in a supportive way, can provide a unique, and safe opportunity for academics to engage in feedback about educational practice, to learn from each other and reflect on performance. Despite some challenges along the way, our experience has been positive; overall academic staff interest remains ... more importantly, a change in attitude, culture and practice is slowly being observed...

WIL ROAR: Connecting feedback to specific strategies for student development.

Dr Jennie Brentnall¹ Dr Alix Theoming² Ms Felicia Bruzzese¹ Dr Belinda Judd¹

Faculty of Medicine and Health, University of Sydney, Australia
Educational Innovation, University of Sydney, Australia

Introduction/background:

Work Integrated Learning (WIL) is a critical, but challenging component of health professional degrees. Early on, students engage in a range of practice-based learning opportunities including on-campus, pre-clinical preparation, and workplace-based experiences. A proportion of these students require additional support to adjust to performing and learning in practice-based settings, and to develop foundational competencies in communication and knowledge application.

While autonomy and ownership of their learning is essential to their success, students frequently experience feedback that is oral, often disjointed across multiple educators and experiences, and inadequately connected to strategies for improvement. For educators, the provision of quality support to students in difficulty is time-consuming, and despite commonalities in needs, there is little sharing of resources across disciplines.

Aim/objectives:

To address these needs, we developed a living repository for strategies and activities to improve students' skills and enhance future placement success. We founded this project on sound research regarding the needs of these novice students, and the judicious use of supportive technologies to ensure sustainability and feasibility at scale.

Discussion:

WIL ROAR is an eLearning 'Repository Of Additional Resources' that applies freely-available student engagement software to enable both self-directed and educator-guided options that are feasible to individualise at scale. With educator and student input across multiple disciplines, the repository incorporates self-paced modules in the priority areas of learner behaviour, professional behaviour, communication, and integrated reasoning through cases. We will share the underpinning principles and learner-centred technology tips enabling (relatively) painless success in this endeavour.

Working with students as partners for educational excellence

Adrienne Torda
UNSW Sydney, Australia

Introduction/background:

Student feedback has been shown to be a valuable improvement tool, and powerful stimulus for teacher reflection. It also opens a dialogue around teaching that empowers the student voice and allows the faculty to identify obstacles and opportunities in learning.

Aim/objectives:

The aim of this project was to examine different avenues, types, and approaches to student feedback in the medical program at UNSW Sydney. We also reviewed both faculty initiated and student initiated approaches, the benefits and limitations of the different approaches and avenues for feeding forward (for action) and feeding back to students (outcomes).

Discussion:

There are 5 formal faculty tools for student feedback currently used within the medicine program with various levels of student engagement. One of the biggest issues is student engagement with the process largely due to 'survey fatigue'. Generalisable feedback is also complicated by the multi-disciplinary nature of each course. The UNSW Medical Society has even more avenues for student feedback and more recently has developed an approach that involves small groups of students giving focused feedback on a particular course which allows high level granularity. It has been found that synthesising feedback from a variety of forms is the most effective method of gathering reliable, actionable feedback.

Issues/questions for exploration or ideas for discussion:

The main issue in obtaining high quality useful student feedback that can enhance the quality of educational deliverables is the creation of a culture of psychological safety in which students feel that they can give feedback safely and that their voices are valued.

‘Nothing about us without us’: Interdisciplinary approaches to collaborating and learning with lived-experience experts in health professional education.

Libby Callaway^{1,2}, Gabrielle Brand^{3,4}, Darshini Ayton⁵, Sandra Braaf^{5,6}, Eli Chu¹, Nikos Thomacos¹, Ellie Fossey^{1,7}, Chris LeCerc¹ & Kate Tregloan^{8,9}

¹Occupational Therapy Department, Faculty of Medicine, Nursing & Health Sciences, Monash University, Melbourne, Australia.

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³Nursing Department, Faculty of Medicine, Nursing & Health Sciences, Monash University, Melbourne, Australia

⁴Monash Centre for Scholarship in Health Education, Monash University, Melbourne Australia.

⁵Monash Partners Academic Health Science Centre, Monash University, Melbourne Australia

⁶School of Public Health and Preventive Medicine, Monash University, Melbourne Australia

⁷Living with Disability Research Centre, School of Allied Health, La Trobe University

⁸Melbourne Design School, Faculty of Architecture, Building & Planning, University of Melbourne

⁹Department of Design, Faculty of Art Design & Architecture, Monash University

Introduction/background:

The World Health Organisation identifies the importance of health care cultures that use co-design between professionals and the people using services, in an equal and reciprocal relationship. With this global vision, Australia needs to ensure the health professional graduate workforce is able to effectively learn from, and collaborate with, people with lived experience of the issues they are working to address. The new 2019 VicHealth guidance on co-design highlights that partnering with consumers is essential in order to provide safe, high quality care and engage communities to design, develop and implement solutions. This includes involving health care consumers with lived experience, health professions students and government or other funding bodies in co-designing education for current and future health professionals.

Aligned with ANZAHPE’s 2020 focus on vision for learning cultures, collaborating with consumers as legitimate experts (by experience) to design, develop and deliver education through co-design methodologies is imperative in the health professional learning environment. Recent research has shown that co-designed education has the potential to inspire questioning, reflection and in-depth discussions that deepens the learner’s understanding of complex health issues. This involves curriculum redesign, and a focus on pedagogy that equalises power relationships with lived experience experts. Although guidance is available on different ways to engage consumers in health research, there are limited educational guidelines for health professionals on how to collaboratively and meaningfully involve consumers.

Purpose and objectives:

The purpose of this interactive symposium is to provide a brief overview of current policy context and research on codesign of health professional education; explore with symposium participants opportunities to grow consumer collaboration in health profession research and education; and outline a range of interdisciplinary approaches being used for consumer driven curriculum design.

The workshop will offer learning opportunities for participants to:

1. Explore and discuss collaborative consumer and educator engagement models and levels across the co-design spectrum, that can be applied in health professional education;
1. Understand how interdisciplinary curriculum design approaches are currently developed and implemented in practice;
2. Reflect on opportunities within participants’ own practice to grow consumer collaboration in health professional research and education design and delivery.

Discussion:

Issues and question for exploration include:

- How may symposium attendees approach consumer collaboration and codesign in their own fields?
- What are the levels of collaborative consumer and educator engagement across the continuum of codesign?
- How do you identify and ethically engage stakeholders for engagement?
- Are there tools that may be helpful to self-assess or explore and grow consumer collaboration in health professional education?

Co-design of innovative rural community placements to positively impact student learning and workforce: insights from a UDRH

Sarah Hyde¹, Brent Smith², Jayne Lawrence³, Jo Marjoram¹, Rebecca Barry⁴, Elyce Green⁵, Cathy Rogers³

Three Rivers University Department of Rural Health (TRUDRH), Charles Sturt University

¹ Orange, NSW; ² Albury, NSW; ³ Dubbo, NSW; ⁴ Griffith, NSW; ⁵ Wagga Wagga, NSW

Introduction/background:

Aboriginal health, mental health and disability, early childhood intervention, and chronic care are recognised areas of need for rural health workforce. These needs are compounded by changes in the service landscape resulting from commissioned services under Primary Health Networks and the National Disability Insurance Scheme (NDIS). Workplace learning models and curricula are not always agile enough to adapt to these changes which present challenges for accessing clinical placement and supervision, especially for allied health. We have engaged with healthcare services across our footprint to co-design, deliver and evaluate student placement models that encompass interprofessional learning, service learning, shared and remote supervision, and virtual models of care using telehealth.

Purpose and objectives:

Our vision encompasses community immersion and partnerships alongside a specifically designed student engagement strategy to positively influence rural intention and potentially enhance rural recruitment and retention. Factors to sustain high quality student placements and community partnerships will be explored alongside our early evaluation framework to identify and evidence impact at different levels.

List of Presentations

Brent Smith, Jayne Lawrence, Rebecca Barry, Elyce Green, and Cathy Rogers. *Service learning for allied health students using shared interdisciplinary supervision in an early learning centre*

Lake Cargelligo is a remote community with ~1500 residents. The early learning centre (ELC) reached out to work with children and families who are pre-NDIS. This visit prompted the co-design of a new placement model delivered by the UDRH and the community. We highlight key engagement and support processes, and early outcomes from this placement with Physiotherapy and Occupational Therapy students.

Jayne Lawrence, *Utilising Yindymarra to build trust and interprofessional learning opportunities with Aboriginal Community Controlled Healthcare Organisations (ACCHO)*

Opportunities for, and processes of, building interprofessional collaborative practice through co-designed student placements within three ACCHO's will be explored in this reflective piece. This experience has shown that students' cultural awareness is heightened as they reflect on their own values and cultural identity, whilst recognising and respecting difference in others in the process of delivery culturally safe healthcare.

Jo Marjoram, *Our vision for a learning culture where all health students experience a meaningful, quality placement in Mental Health and Disability*

There is a recognised need for all health service providers in rural areas to be skilled in delivering services to consumers living with mental illness and/or disability, but access to learning opportunities with providers can be difficult. This pilot will showcase how we expanded student placement opportunities in mental health and disability services through building clinical capacity using strategies led by the agency. Early outcomes will be presented across paramedicine, dentistry and physiotherapy disciplines.

Discussion: Issues/questions for exploration or ideas for discussion:

Sustaining high quality placements in community settings.

Building clinician capacity to supervise students in NDIS services.

Resourcing and sustaining innovative student placement models – beyond the pilots and 'champions'

Implementing a clinical InterProfessional Learning (IPL) strategy at a metropolitan health network: lessons learned

Anne Smart¹ Allison Hilbig¹ Kim Boniwell¹ Reginald Ng¹

¹Eastern Health

Introduction/background:

There is a significant literature and subsequent theoretical base available to inform IPL. Unfortunately, there are limited resources available to inform its practical 'real life' application. Many health service based educators wishing to implement this approach to student preparation for collaborative practice are working in isolation and have to overcome significant barriers and pockets of resistance.

In 2017 a Health Network from metropolitan Melbourne set out to remodel student placements in order to offer interprofessional learning opportunities. It began with IPL practice placements, and has expanded to include short learning activities and workshops supported by an electronic learning platform and resource hub.

Purpose and objectives:

This session explores the challenges, achievements and learnings from that journey and aims to share the experience with other Health Services wishing to take a similar approach. Specifically, this session aims to:

1. Compare and contrast learning's between health services attempting to implement IPL programs.
 1. Explore varying contexts for IPL
 2. Analyse the barriers and
 3. Identify potential solutions to address these barriers
 4. Evaluate the feasibility of an ongoing committee dedicated to IPL implementation across health services.

List of Presentations:

Aligning student placements to achieve opportunities for interprofessional learning

The role of relationships and trust in achieving an organisational IPL strategy

Structures and tools that support IPL

The lived experience of an interprofessional learning placement from the patient, student and clinicians' perspective: the power of the ripple effect.

Discussion: Issues/questions for exploration or ideas for discussion:

Interprofessional socialisation strategies to facilitate development of a student team

Practical aspects of facilitating an interprofessional practice placement: Tools, communication-strategies and culture development.

Resource requirements: strategies to balance resource utilisation and growing opportunities for access to IPL

Integrating sustainability into health professions curricula: Time to collaborate across the professions?

Michelle McLean¹, Anne Roiko², Judith Singleton³, Chanika Ilangakoon⁴, Lynne Madden⁵, Kristen MacKenzie-Shalders¹, Jo McCormack², Jennifer Boddy²

¹Bond University, Gold Coast, Australia ²Griffith University, Gold Coast, Australia ³Queensland University of Technology, Brisbane, Australia, ⁴Monash University, Melbourne, Australia ⁵University of Notre Dame, Sydney, Australia

Introduction/background:

Australia is vulnerable to drought, bushfires and scorching temperatures, causing extensive property and stock losses and devastating native flora and fauna populations. Declining air and water quality, rising sea levels and catastrophic coral bleaching are also impacting our environment and communities. Through its environmental footprint, health care has contributed to this situation. For a sector whose mission is to promote health, it contributes to ill-health through its greenhouse gas emissions, natural resource usage and waste generation. Globally, if the health sector was a country, it would be the fifth largest emitter. A 2019 Green Paper reports that the global health care climate footprint is equivalent to 4.4% of global net emissions. For Australia, this figure is above 5%, making it a 'top emitter' *per capita* (> 1t/person) with Canada, Switzerland and the US. As the natural environment is a determinant of health, health professionals have a responsibility to address the moral paradox of delivering health care that is currently negatively impacting health.

Purpose and objectives:

Many health professional organisations have declared a climate emergency, calling on practitioners to mitigate further warming and environmental degradation by personally and professionally reducing their environmental footprints. In addition, with some environmental tipping points imminent and with many communities and countries at risk, we are probably educating and training the last generation of health professionals who can realistically make a difference. Although Australian health professions education has been slow to respond, integration of environmental determinants of health and ecological justice and advocacy is now underway. This work has, however, been siloed within individual professions. As health protection and care is delivered in interdisciplinary teams, it makes sense that health professional students learn together. This symposium will discuss progress made in several health-related professions and explore how we can build consensus and make sustainable health education truly interdisciplinary at this critical time. This call comes from a position that optimal health outcomes are achieved through an interdisciplinary approach.

List of Presentations

Michelle McLean (Medicine), Judith Singleton (Pharmacy), Lynne Madden (Medicine), Kristen MacKenzie-Shalders, Jo McCormack (Dietetics) Chanike Ilangakoon (Nursing), Anne Roiko (Environmental Health)

Discussion: Issues/questions for exploration or ideas for discussion:

Having integrated sustainability education into various health curricula, how do we take the next step (i.e. interprofessional education)?

How do we engender a sense of moral obligation in our learners to practise and to live more sustainably?

Lessons learned from the Sport of Curling - improving interprofessional collaboration in healthcare using parallels from team sport.

Helen Wright^{1,2} Kristen Tsourlenes³ Dean Hewitt, Anne Powell^{4,5}

¹University of Western Australia, Perth, Australia, ²Perth Children's Hospital, Australia, ³Epworth HealthCare
⁴Central Clinical School, Monash University, Australia; ⁵Alfred Health, Melbourne, Australia

Introduction/background:

Team work can be defined as a group of people, usually with different skills, working together towards a common goal. Curling is an example of a team sport, where team members are trained to develop complementary and specific skills to maximise the chance of team success. Training and coaching focus on aspects of individual skills and the development of strategies to manage possible scenarios during competition. An important coaching focus is to facilitate an understanding of fellow members' varied communication styles. This ensures a smooth change in strategy, in particular when the team is under pressure.

Healthcare is increasingly multidisciplinary and, while there are significant differences between sport and health, parallels can be drawn to sports teams. The basic principles of teamwork can be used to inform health professionals practice, areas of success and barriers to interprofessional collaboration. In addition, effective communication is essential in a stressed healthcare system where conflict can arise due to a lack of understanding of roles and different communication styles. An understanding of the roles and preferred communication style of each member, developing common strategies and goals are vital to the success of any team.

Purpose and objectives:

This symposium will use World Café methodology to explore the common threads between sports and healthcare teams and how healthcare educators can use learned lessons from sport to enhance interprofessional education.

List of Presenters:

All of the presenters have represented Australia at World Curling Federation competitions and been involved in international training programs incorporating sports psychology on effective communication and team work.

Dr Helen Wright Paediatrician and Medical Educator at Perth Children's Hospital and the Rural Clinical School of Western Australia.

Kristen Tsourlenes Graduate nurse at Epworth HealthCare.

Dean Hewitt Exercise Physiologist working within corporate health.

A/Prof Anne Powell Rheumatologist and General Physician, Alfred Health and Director of Medical Student Programs, Central Clinical School, Monash University

Discussion: Issues/questions for exploration or ideas for discussion:

Round 1: "Let's Curl" - An exploration of team sports coaching and team psychology.

Round 2: "Lets Round". Which aspects of team sports can be applied to the health care setting to improve interprofessional collaboration.

Round 3: "Burning the Rock". A review of the barriers that exist for the successful inclusion of team sport strategies in health care.

The role of mixed methods in health professions education research.

Claire Palermo¹, Louise Allen¹, Sue Kleve¹, Margaret Hay¹

¹Monash University, Clayton, Victoria, Australia

Introduction/background:

Mixed methods research, or the gathering, examination and integration of both qualitative and quantitative data in a single study are increasingly being used in health professions education research. This welcome addition to available methodologies adds depth and answers research questions that would otherwise not be answered by traditional qualitative and quantitative designs alone due to their complexity. However, to implement a true mixed methods study is challenging.

Purpose and objectives:

The aim of this symposium is to encourage the quality application of mixed methods designs in health professions education research. By the end of the symposium participants will be able to: Discuss three main types of mixed method study approaches used in health professions education research; Identify criteria for quality in mixed methods designs and reporting; and Evaluate use of mixed methods designs for emerging research questions in health professions education research.

List of Presentations

Claire Palermo, is a Fellow of the Dietitians Association of Australia and Director of the Monash Centre for Scholarship in Health Education at Monash University

Louise Allen, is a PhD candidate in the Faculty of Medicine, Nursing and Health Sciences at Monash University.

Sue Kleve, is an Accredited Practicing Dietitian and is lecturer and researcher in public health nutrition at Monash University.

Margaret Hay is Academic Director, Professional and Continuing Education, Portfolio of the Deputy Vice-Chancellor (Education), Monash University

Discussion: Issues/questions for exploration or ideas for discussion:

Mixed methods research has been grouped into three major designs: (i) explanatory sequential (ii) exploratory sequential (iii) convergent. The choice of design depends on careful consideration of the research question and research world view. The symposium will provide examples of health professions education research using some of these designs and audience will be engaged in a critique of these existing studies using a mixed method validation framework proposed. This will include a discussion of what mixed methods research is and is not and the philosophical and theoretical underpinnings of mixed methods research. Participants will be encouraged to consider health professions education research questions in which a mixed method design would be of benefit.

Addressing uncertainty in feedback - moving from principles to building relationships. Tips for clinical and non-clinical supervisors.

Dr Heather Grusauskas, Dr Patrick Kinsella

Eastern Victorian GP Training, Victoria, Australia

Introduction/background

Educators can often experience distress triggered by uncertainty over how to successfully participate in feedback processes that both support their training programs and trainees. Despite multiple feedback models, there often remains a degree of uncertainty over the process.

Purpose and outcomes

The purpose of the workshop is to explore and utilise a series of strategies to lessen the unease that uncertainty can create. These strategies will focus on what can be achieved within a feedback culture as opposed to working only within a set of principles.

Issues for exploration or questions for discussion

The following themes will be explored during the session: establishing a learning climate; fostering a growth mindset in learners; encouraging both educators and trainees to create opportunities for behavior change and establishing a balance of supervision and autonomy.

Outline of workshop activities

The workshop will include the following activities to ensure that the audience has maximum engagement: small group discussion of case studies; self-reflection on the identification of skills that can be used by experienced supervisors to cope with uncertainty; role-plays and a growth mindset quiz and scoring sheet. These activities will take place within a safe learning environment.

Co-designing clinical placement models that enhance student learning AND service delivery

Tanya Thompson¹, Gillian Nisbet², Merrolee Penman², Sue McAllister²

¹South Western Sydney Local Health District, NSW, Australia ²The University of Sydney, NSW, Australia.

Introduction/background:

Allied health is in the unique position of needing to actively source placements across multiple sectors in an extremely competitive environment where allied health programs seem to be proliferating on a daily basis! Furthermore, different priorities between key stakeholders can be a source of tension when developing and facilitating student placements. Service providers need to ensure safe, high quality patient/ client services are maintained; universities need to ensure quality immersive student learning experiences that develop graduates who are work-ready; students want to develop their specific professional competencies; and patients want positive quality care experience. This workshop will share what we have learnt through a collaborative research project founded on a partnership between a health service provider and university to co-design placement models that identified the most appropriate service caseload, supervision structure and learning opportunities for students. This co-design approach was successful in generating mutual benefit for service providers, universities, students and patients and has utility for innovative placement design for all health professions.

Purpose and outcomes:

This workshop is an opportunity for both service provider and university staff involved in planning and supporting student placements to explore opportunities for co-designing innovative student placements within their workplace that generate mutual benefit. By the end of the workshop, participants will have a toolkit of evidence-based strategies to co-design student placement models that enhance service provision whilst simultaneously providing authentic student engagement in innovative service delivery.

Issues for exploration or questions for discussion:

Workshop participants will explore experiences, challenges and success in co-designing clinical placement models. Specific discussion points will include: (i) identify areas of practice where students could be more engaged, and could contribute to enhancing service provision (ii) explore the factors that contribute to positive learning experiences for students and quality service delivery and inherent tensions between the two, (iii) design placement models that benefit both student learning and service delivery, and (iv) recognise how to develop and support health/faculty partnerships.

Outline of workshop activities

This interactive workshop will draw on findings from a recent multi-site research project and participants' experience and expertise to explore the benefits and challenges of co-designing student placements. Following an interactive discussion, participants will have the opportunity to work in small groups to identify how this may apply to their own work and education contexts and develop strategies that can be implemented following the workshop.

How to write the OSCE mark sheet that your examiners actually want to examine!

Karen D'Souza¹, Bunmi Malau-Aduli², Karina Jones², Clare Heal², Richard Hays²

¹ Deakin University, Geelong, Australia ² James Cook University, Townsville, Australia

Introduction/background:

Much has been written in the literature regarding the optimal way to conduct and analyse Objective Structured Clinical Examinations (OSCEs) in various health professional courses, however psychometric analysis of OSCE results reveal that examiners contribute to a large degree of score variability. There is relatively little in the literature about how to design a reliable OSCE station, and how the examiners interact with the OSCE mark sheet when examining candidates (examiner decision making). The Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM) represents most medical schools in Australia, and provides quality assurance and benchmarking in OSCEs.

Purpose and outcomes:

This workshop has been designed to reimagine the task of OSCE station writing, by commencing with writing a well-designed mark sheet. ACCLAiM is often asked to run OSCE station writing workshops, and this workshop makes use of research conducted by ACCLAiM exploring examiners' decision making processes – and translating this into good station design, by designing a mark sheet that aligns with the examiner's internal cognitive framework.

The outcome of this workshop is for participants to understand how to develop an OSCE mark sheet that will align station content with the clinical knowledge, skills and attitudes that OSCE examiners value and want to examine.

Issues for exploration or questions for discussion:

Participants will learn about the key characteristics that examiners look for when assessing student performance (SPOILER: it isn't always what is written on the marksheet!). Participants will then practice developing a station mark sheet, with marking criteria that align with these characteristics.

Outline of workshop activities

Participants will be asked to explore what they believe examiners consider when judging student performance in the OSCE.

ACCLAiM will then present findings arising from qualitative research conducted with OSCE examiners. Participants will undertake an exercise in reviewing and rewriting an OSCE mark sheet utilising the results of this research, with ACCLAiM members providing real time feedback.

The participants will share aspects of their work during the session and reflect upon new knowledge with the group.

The ACCLAiM members will summarise and conclude the workshop.

Talking theory in HPE research

Svetlana King¹, Koshila Kumar¹, Amy Seymour-Walsh¹, Lambert Schuwirth¹

¹ Prideaux Centre for Research in Health Professions Education, Flinders University, Adelaide, Australia

Introduction/background:

Theory is a powerful tool in health professions education (HPE) research. It can magnify and illuminate, facilitate meaning-making, provide a foundation for deeper critique, focus and define boundaries of interest, and provide support for locating a study in the broader literature. Yet, theory is not always easily identified, selected or applied. For example, using theory requires the HPE researcher to have a deep understanding of their research phenomenon, their own values and orientation to research, and the broader literature (e.g., education, sociology and psychology). Additionally, it is important for researchers to provide a clear and persuasive rationale for the choice of theory.

Purpose and outcomes:

This session seeks to discuss the role of theory in HPE, and assist novice HPE researchers to productively engage with theory. Specifically this workshop seeks to demystify the selection and use of theory (or theories) in HPE research.

Throughout the workshop, participants will be supported to reflect on, and articulate their philosophical stance to research and their phenomenon of interest as a basis to explore the selection and use of theory in HPE research.

Issues for exploration or questions for discussion:

This workshop will consider the following questions:

- Why use theory?
- Where can I find theory (theories)?
- How do I identify which theory/theories might apply to my research?
- How do I justify the selection of a theory/theories?
- How do I apply my selected theory?

Outline of workshop activities

This workshop will involve short presentations, reflective activities, and small and whole group discussion.

To maximise the value-add of the workshop, participants are asked to bring along a research topic or question they are developing and any questions they have been grappling with about how to apply theory to their research.

The use of virtual patients in teaching motivational interviewing skills: Adopting new technologies and cultures of learning

Adrian Schoo¹, Candice Oster¹, Richard Leibbrandt¹, Anthony Maeder¹, Christopher Antonello¹, Andrea Morello¹, David Powers¹, Belinda Lange¹, John Litt¹, Sharon Lawn¹

¹Flinders University, Adelaide, Australia

Introduction/background:

Motivational Interviewing (MI) is a key skill for supporting behavioural change during client consultations and is of crucial importance across all health professions to address the growing burden of chronic conditions, but it is challenging to learn and maintain fidelity. There is a growing trend towards using virtual patients to educate health professionals in various clinical skills. Virtual patients (VPs) allow learners to engage with simulated patients, providing a safe environment in which to practice their skills. There are various approaches to the development of and engagement with VPs. It is important that VP development incorporates input from health professionals and educators to ensure the integration of VPs with cultures that support learning.

Purpose and outcomes:

This workshop provides the opportunity for participants to engage with a pilot version of a virtual patient conversation tool for MI, provide input into the ongoing development of the VP, and explore the use and value of VPs in teaching MI and other clinical skills to health professionals.

Issues for exploration or questions for discussion:

To explore participants' views of the features, functionality and usability of a VP in the context of education in MI, and explore ideas for using VPs as a technology to support learning cultures.

Outline of workshop activities

1. Presentation (*15 mins*) on virtual patients (VPs) in health professional education, including: (i) Key disciplines in which VPs are used; (ii) The types of skills VPs are used for; (iii) Using VPs to teach counselling skills – benefits and issues; and (iv) Using VPs to teach Motivational Interviewing – current approaches and technologies.
2. Interactive session (*40 mins*) involving: (a) Pre-survey; (b) Introduce the pilot VP; (c) Workshop attendees engage with the VP (on portable devices); (d) small group discussions to explore the conversation flow, VP technology such as text selection versus voice recognition, provision of formative feedback within the conversation, VP interface (text/avatar/actors), enablers and barriers to using VPs (compared to traditional training), and how participants from different disciplines could incorporate VPs into their work; and (e) Post-survey.
3. Reporting findings (*15 mins*) of each group followed by a general discussion and recommendations (*15 minutes*), and post survey/evaluation (*5 minutes*).

Use of generalizability theory in analysing OSCEs and workplace-based assessments

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Introduction/background:

Performance-based testing methods (e.g. OSCEs, MMIs, workplace-based assessment methods) are commonly used in health professions education. Because these methods involve multiple sources of measurement error (eg, marker stringency, station/case/task difficulty, content specificity), classical reliability theory does not furnish the tools needed to investigate their measurement characteristics. Generalizability theory (g-theory) provides the necessary tools for estimation of the reproducibility (reliability, precision) of scores and for evaluating the impact of alternate approaches to assessment design and administration.

Purpose and outcomes:

This workshop will provide health professional educators involved in developing OSCEs and workplace-based assessments with an intuitive introduction to g-theory, the tools it provides for analysis, and the indices of reproducibility it provides to guide assessment design. The workshop does not assume any familiarity with g-theory or classical reliability theory; attendees should be comfortable with analysis of variance.

Issues for exploration or questions for discussion:

At the conclusion of the workshop, participants will be able to:

- Identify advantages of g-theory over classical test theory
- View OSCEs and workplace-based assessments from a g-theory perspective
- Identify procedures/software for conducting generalizability analyses
- Interpret indices of reproducibility (generalizability coefficients and standard errors of measurement) from generalizability analyses and apply them in assessment design

Outline of workshop activities

The workshop will be run in a highly interactive, seminar-style format that includes the following activities. Each attendee will receive a copy of the slides used and a detailed handout covering each activity except the last which will focus on applications of g-theory to assessment problems raised by attendees.

1. A sampling-oriented framework for thinking about assessment
2. Generalizability theory: Basic concepts
3. Faculty ratings of observed student-patient encounters (Raters : Students design)
4. Use of G-theory to analyze OSCEs
 - Single circuit (Persons X Stations) designs
 - Multiple-circuit [(Persons X Stations) : Circuits] designs
5. Issues in analyzing longitudinally administered workplace-based assessments
6. G-theory readings and software for conducting generalizability analyses
7. Applications of g-theory to assessment problems raised by attendees

What to do with wards rounds? Perspectives, and potential solutions for teaching and learning in a complex environment.

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²Royal Children's Hospital, Melbourne, Australia.

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Introduction/background:

Ward rounds are a fundamental component of hospital-based patient care and the medical culture. Their primary focus is to review the medical care and progress of patients, make treatment decisions and communicate these to patient and their families. However they are complex activities, with an increasing number of competing priorities and pressures.

There is a long tradition of educating medical students and training doctors on ward rounds, yet this too is increasingly competing for time and space as service takes an understandable priority. While there is much opportunity from learning on the job it can often be implicit, unsystematic and opportunistic.

We rarely challenge this situation and consider whether there could be better way of working or ways to get the most out of what we do – both for health care and for teaching and learning.

Purpose and outcomes:

The purpose of the workshop is explore ward rounds as a pedagogically-rich activity, to challenge the assumptions or expectations of rounds for teaching and learning and to explore some practical solutions for teaching and learning on rounds.

At the end of the workshop participants should

- Have practical tools for teaching and learning on rounds
- Understand patient and student perspective on rounds
- Generate new ideas around how ward rounds can be redesigned or rethought

Issues for exploration or questions for discussion:

What assumptions do we make about ward rounds and what evidence exists for the way we teach and learn in this complex activity?

What are practical ways to make teaching and learning on rounds more effective, but also more efficient?

What are the perspectives of clinicians, students and patients?

If we had to design rounds for the patient, what would they look like?

Outline of workshop activities

The workshop will begin with a discussion of assumptions about and experiences of ward rounds to acknowledge their challenges but also their potential. Potential solutions will be presented and participants will work in groups to workshop the use of a tool for structuring rounds to enhance education. A final session will use the patient perspective and design thinking principles to generate new ideas for running rounds.